



Results Report 2020





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ON THE COVER:

Nombasa Krune-Dumile is a front-line health care worker in Cape Town, South Africa, where she has dedicated her life to supporting tuberculosis patients through treatment. Nombasa has fought and survived HIV, TB and COVID-19. Now she has made it her life's mission to help others in South Africa to also overcome these diseases. After beating COVID-19 in June, she is back in the trenches, supporting people suffering from TB. Nombasa has an urgent appeal to governments and global health partners to help. "Health workers need training and more PPE to protect themselves and their families. That support is needed now," she says.

Read Nombasa's full story here: <https://www.theglobalfund.org/en/blog/>



Letter from the Executive Director

At the end of 2019 there was a palpable sense of excitement and expectation across the Global Fund partnership as we celebrated the success of the Global Fund's Sixth Replenishment conference in Lyon, France.

Responding to our challenge to Step Up the Fight, the world had committed more than US\$14 billion – the largest sum ever raised by the Global Fund, and the largest international fundraising in global health ever. This success meant we could increase country allocations by 23.4% for the next three-year grant cycle, a huge step towards getting the world back on track towards ending the three epidemics by 2030.

Then the COVID-19 pandemic hit, and everything changed.

As usual, our annual Global Fund Results Report focuses primarily on the progress and challenges of the previous year, so most of the facts and data included here predate the

emergence of COVID-19. However, this year's report underscores why we must do more to safeguard the gains we have made against HIV, TB and malaria as we fight the new pandemic.

The stakes are extraordinarily high. Our 2019 results show the Global Fund partnership has continued to achieve great impact against HIV, TB and malaria, saving 38 million lives since 2002, including 6 million in 2019 alone. But the knock-on effects of COVID-19 could be catastrophic. Recent modelling studies show that deaths from HIV, TB and malaria could as much as double in the next year as a result of COVID-19, wiping out decades of progress.

While the Global Fund partnership is already acting to mitigate the knock-on impact of

COVID-19, we cannot escape the reality that the results for 2020 will look very different from the achievements of 2019 portrayed in this report. To protect hard won-gains and to sustain momentum, we must act with urgency, massively increasing collaboration, resources and innovation. Otherwise, we will go backwards.

We cannot let this happen. We must safeguard what we have achieved. And we must leverage the lessons we have learned in fighting HIV, TB and malaria to defeat COVID-19.

The fight against HIV and AIDS – the most recent deadly pandemic before COVID-19 – demonstrates how a united world, led by strong communities, can work together to drive a disease into retreat. Deaths caused by the three diseases have dropped by nearly half since the peak of the epidemics in countries where the Global Fund invests. The world has made progress in expanding testing and treatment towards UNAIDS's 90-90-90 targets¹. At the end of 2019, nine countries in which the Global Fund invests – Botswana, Cambodia, Eswatini, Namibia, Rwanda, Thailand, Uganda, Zambia and Zimbabwe – had achieved this target.

There is still a long way to go. There were still 690,000 AIDS-related deaths worldwide in 2019, far too many, and much higher than UNAIDS' global target of fewer than 500,000 by 2020. Even more concerning is the slow pace of progress in reducing new HIV infections. Globally, there were 1.7 million new infections in 2019, meaning the global target of reducing new HIV infections to fewer than 500,000 by 2020 would have been missed by a big margin, even before the impact of COVID-19.

Human rights barriers to accessing health care services, stigma, discrimination and gender inequality continue to impede progress in the fight against the HIV, TB and malaria. In the fight against HIV, these issues continue to make key populations and adolescent girls and young women much more vulnerable to infection. For instance, in sub-Saharan Africa, five in six new infections among adolescents aged 15–19 years are among girls. Key populations and their sexual partners account for more

than 60% of new HIV infections globally; sex workers, men who have sex with men and people who inject drugs are 26–30 times at greater risk of acquiring HIV than the general population, and transgender people are 13 times more likely to be infected. Accelerating progress in addressing the gender and human rights barriers to accessing health care is vital to reducing the number of infections and improving the effectiveness of treatment services.

TB was also once a global pandemic, and while it is no longer a significant public health threat in much of the developed world, it remains the world's leading infectious disease killer, preying on poor and marginalized communities. We have continued to step up progress against TB, building on the increased political commitment emerging from the UN High-Level Meeting on the Fight Against TB in 2018. The percentage of people with TB "missed" by health systems – people who go undiagnosed, untreated and unreported – dropped significantly from nearly 40% in 2017 to around 30% in 2018. But approximately 1.5 million people still died from this preventable, treatable disease in 2018, a shocking number. Moreover, multidrug-resistant TB poses an increasing challenge, and now accounts for one-third of the world's deaths from antimicrobial resistance. Of the three diseases, TB is where we are furthest off track. We have not been making fast enough progress on deaths or infections to achieve a significant shift in trajectory. A strategic initiative by the Global Fund, the Stop TB Partnership and WHO that focuses on 13 countries with the highest TB burden has sharply accelerated progress in finding people with TB. In these countries, by the end of 2018, more than 800,000 additional people ill with TB were found and treated, compared with the baseline of 2015. In 2019, we also saw indications of improvement in treatment of those with multidrug-resistant TB. We began 2020 committed to stepping up such efforts even further, as well as investing more in treating latent TB by broadening access to better preventive therapy.

¹ Global targets of 90% of HIV-positive people who know their status; 90% of HIV-positive people who know their status on treatment; 90% of people on ARVs with suppressed viral load by 2020



The Global Fund / Vincent Becker

In the fight against malaria, another disease that was once a global pandemic, the number of deaths worldwide continues to decline – from 585,000 in 2010 to 405,000 in 2018. Since 2016, six countries – Algeria, Argentina, Kyrgyzstan, Paraguay, Sri Lanka and Uzbekistan – have been certified by WHO as malaria-free, and other countries are getting closer to this hugely important milestone. However, the reductions in malaria mortality rates and number of malaria cases have slowed markedly. In 2018, an estimated 228 million cases of malaria occurred worldwide compared with 251 million cases in 2010. Cases of malaria in pregnant women and children remain high. Children under 5 accounted for 67% of the total malaria deaths in 2018, while an estimated 11 million pregnant women living in sub-Saharan Africa were infected with the disease and as a result 872,000 children were born with a low birth-weight. Moreover, insecticide resistance threatens to undermine the effectiveness of two of our most powerful tools: insecticide-treated mosquito nets and indoor residual spraying. Drug resistance to the most commonly used malaria treatment, artemisinin, is also on the rise. After making

massive gains in malaria control in the earlier part of the decade, progress has slowed significantly.

To end these epidemics and to confront new threats like COVID-19, we must continue to build more resilient and sustainable systems for health. We must strengthen workforce capacities, support dynamic community responses, build more efficient and effective supply chains and data systems, and secure adequate and sustainable financing. The Global Fund is already the largest multilateral funder of grants for systems for health, investing more than US\$1 billion a year, and the increased resources from the Sixth Replenishment will enable significant expansion of funding, particularly in the highest burden, lowest income countries.

We began 2020 committed to stepping up the fight against HIV, TB and malaria, determined to save even more lives, accelerate the end of the epidemics, and help turbocharge progress towards SDG 3: health and well-being for all. However, COVID-19 threatens to derail our plans and reverse the gains we have all worked so hard to achieve.

Since the beginning of March 2020, the Global Fund has been actively supporting countries' responses to COVID-19, making up to US\$1 billion available to adapt existing HIV, TB and malaria programs, set up COVID-19 testing, tracing and patient care, and reinforce key components of health and community systems, such as laboratory networks and community-led monitoring. We must act with urgency to minimize disruption to lifesaving programs to prevent and treat HIV, TB and malaria through investment in modified service delivery approaches. We must provide front-line health workers across formal and informal health sectors with the training and equipment they need to protect themselves and their communities. And we must ensure all countries have the tools to fight COVID-19, so that in the fight against this new virus, as in the ongoing fights against HIV, TB and malaria, we leave no one behind.

This report is published as the world grapples with an extraordinary global health crisis that has already destabilized the global economy and threatens to derail the entire Sustainable Development Agenda. This is an inflection

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This is an inflection point. We can surrender the gains we have made against HIV, TB and malaria, and allow our progress towards the SDGs to be sharply reversed. Or we can act with speed and scale, investing far greater resources than have yet been committed, to counter both the direct impact of COVID-19 and to mitigate the knock-on consequences for HIV, TB and malaria.

point. We can surrender the gains we have made against HIV, TB and malaria, and allow our progress towards the SDGs to be sharply reversed. Or we can act with speed and scale, investing far greater resources than have yet been committed, to counter both the direct impact of COVID-19 and to mitigate the knock-on consequences for HIV, TB and malaria.

The battle against COVID-19 cannot be seen in isolation. We must see this not just as a fight against a specific virus, but as a catalyst to finish the as yet unfinished fights against HIV, TB and malaria, and to strengthen preparedness against future pathogens. We must measure success not just in reducing the death toll from COVID-19 itself, but in reducing the total impact of the pandemic, including the knock-on effects on the three epidemics. And we must leverage all the lessons from the fight against HIV, TB and malaria, and the capabilities we have developed, to maximize our effectiveness in combating the new virus.

HIV, TB and malaria were all once global pandemics, threatening people across the

world, whether rich or poor. In the richest parts of the world where these diseases have been mostly eliminated as public health threats, some may think the fight against these diseases has been won. The harsh truth is that in the fight against HIV, TB and malaria the world did leave people behind and these diseases continue to kill millions of people in poor and marginalized communities.

The Global Fund's mission is to correct that wrong by ending the epidemics for everyone, everywhere. We must not repeat this mistake with COVID-19, leaving the fight only part won. And we must redouble our efforts to finish the fight against HIV, TB and malaria so that no one is left behind. In the fight against infectious diseases as formidable as these, and we know there will be more, no one is truly safe until everyone is safe.

By its nature, a results report such as this is backward-looking, setting out the progress achieved in previous years. But given the crisis we face, this report should also be seen as a call to action. In 2020 we could lose all we have achieved in the previous decade. We cannot let that happen. We must unite to fight.

Key Results and Lives Saved

In the fight to end HIV, TB and malaria as epidemics, we measure our progress against the targets set in the global plans for HIV, tuberculosis and malaria¹ and in Sustainable Development Goal 3: Health and well-being for all.

The following page highlights the key results in the countries where the Global Fund invests in 2019.

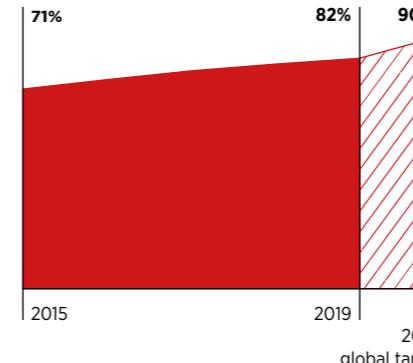
¹Targets for each disease are included in the UNAIDS Fast-Track Update on Investments Needed in the AIDS Response, 2016; WHO Global Technical Strategy for Malaria, 2015; WHO End TB Strategy, 2014; and The Stop TB Partnership Global Plan to End TB 2016 to 2020, 2015.

The Global Fund / Karin Schermbrucker

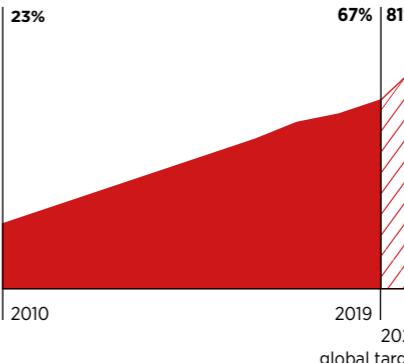


20.1 million* PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV

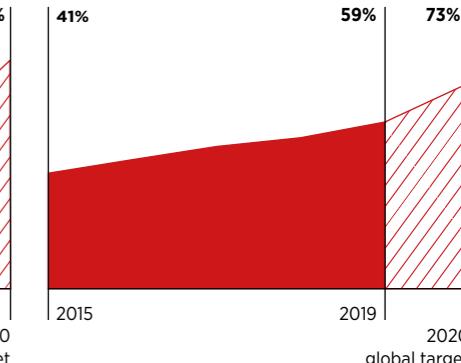
PEOPLE LIVING WITH HIV WHO
KNOW THEIR STATUS



ART COVERAGE

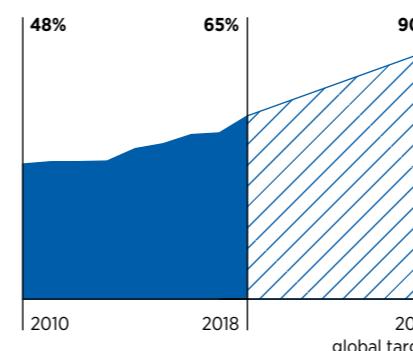


PEOPLE LIVING WITH HIV WITH
SUPPRESSED VIRAL LOAD

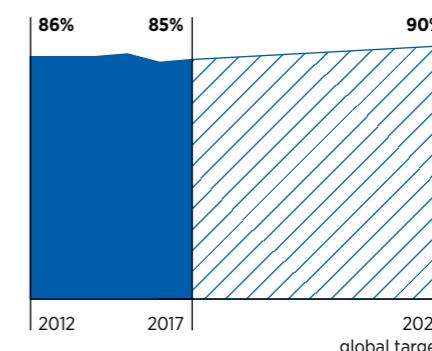


5.7 million* PEOPLE WITH TB TREATED

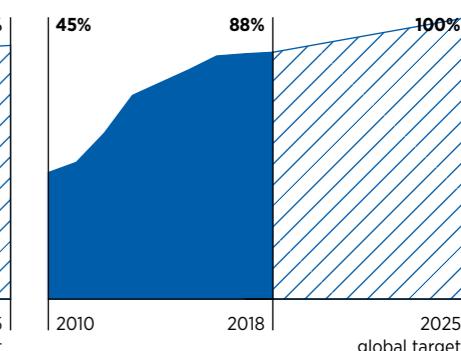
TB TREATMENT COVERAGE



TB TREATMENT SUCCESS RATE
(ALL FORMS)

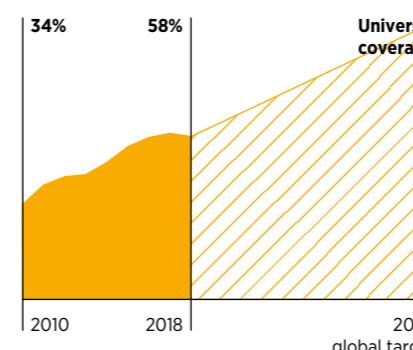


ART COVERAGE AMONG HIV+ TB PATIENTS

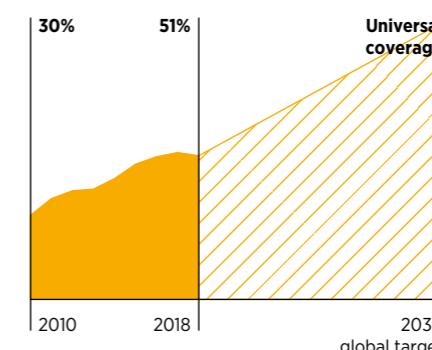


160 million* MOSQUITO NETS DISTRIBUTED

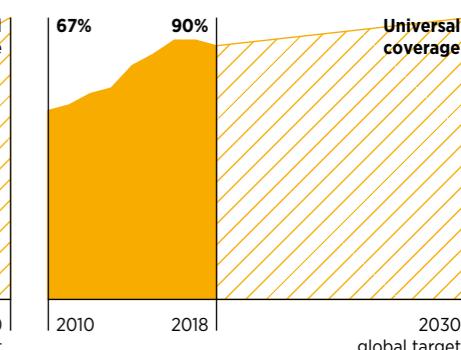
MOSQUITO NETS POPULATION COVERAGE



MOSQUITO NETS POPULATION USE



SUSPECTED MALARIA CASES TESTED



*Programmatic results achieved during 2019 by countries and regions where the Global Fund invests. Progress graphs are based on latest published data from WHO (2019 release for TB and malaria) and UNAIDS (2020 release).

Malaria coverage calculated based on 38 African countries for which data is available from WHO / Malaria Atlas Project estimates.



Health programs supported by the Global Fund partnership had saved 38 million lives as of the end of 2019. Overall, the number of deaths caused by AIDS, TB and malaria each year has been reduced by nearly 50% since the peak of the epidemics in countries where the Global Fund invests.

It is important to recognize that this achievement is the result of efforts by a wide array of actors comprising the Global Fund partnership, including significant investments and initiatives implemented independently of the Global Fund. Key partners contributing to the progress against the three diseases include implementing countries; civil society groups; people affected by the diseases; bilateral partners such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), Agence Française de Développement, the UK's Foreign, Commonwealth & Development Office, Germany and Japan; key multilateral and technical partners such as World Health Organization, UNAIDS, the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaid and Gavi, the Vaccine Alliance; private sector partners such as (RED); and foundations such as the Bill & Melinda Gates Foundation.

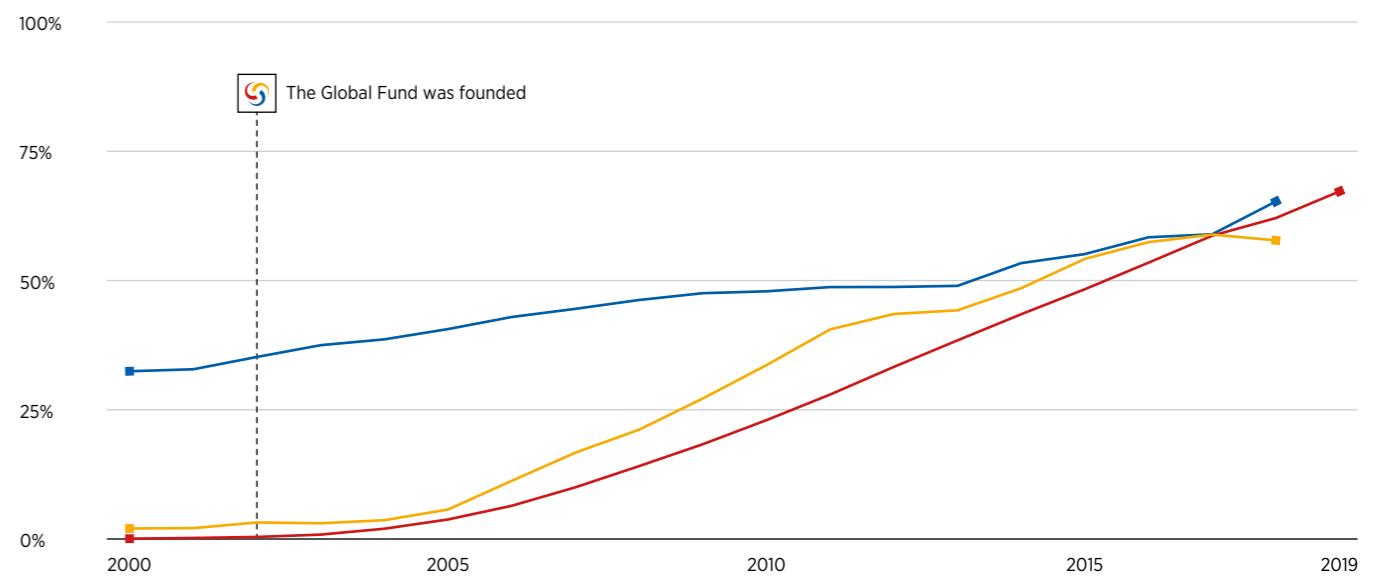
For more information, see Note on Methodology section.

38 million lives saved

Coverage of treatment and prevention interventions

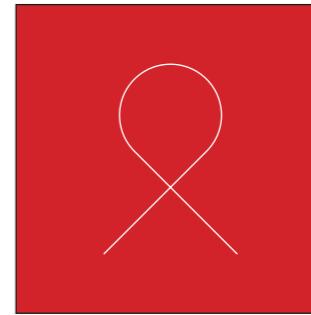
IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

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



Malaria coverage calculated based on 38 African countries for which data is available from WHO / Malaria Atlas Project estimates in countries where the Global Fund invests. HIV and TB estimates are based on all countries where the Global Fund invests. Latest published WHO / UNAIDS data is used.

The Global Fund / Vincent Becker



HIV: State of the Fight

The fight against HIV and AIDS – the most recent deadly pandemic before COVID-19 – demonstrates how a united world, led by strong communities, can work together to drive a disease into retreat.



The Global Fund / JB Russell / Panos

Educators from Alliance Côte d'Ivoire provide HIV prevention information and testing for HIV at a transport hub for buses, taxis and trucks in Toumodi, Côte d'Ivoire.

This report captures the latest information available on progress against HIV. The initial impact of COVID-19 on the fight against HIV in 2020 is addressed on page 57.

The challenge

The world has made remarkable progress in the fight against HIV over the last two decades. Efforts by communities, governments and global health partners have led to a decline in the number of new HIV infections and saved millions of lives. Treatment for people with HIV in particular has registered great success. For instance, as of 2019, 14 countries – many of them in Africa – had achieved the UNAIDS 90-90-90 HIV treatment targets (90% of HIV-positive people who know their status; 90% of HIV-positive people who know their status on treatment; 90% of people on ARVs with suppressed viral load by 2020).

But continued progress is not a given without sustained political and financial commitment. Total HIV funding for low- and middle-income countries continues to decline, with an estimated shortfall of 30% in the overall

amount needed to effectively respond to HIV in 2020. While new infections have declined since the peak of the epidemic, progress is too slow. An estimated 1.7 million people were infected with HIV in 2019 – the same number as in 2018.

To end HIV as an epidemic, we must reach people with the greatest HIV prevention needs with prevention programs and break down the barriers that prevent people from accessing services. For example, while we have seen a 27% decrease in HIV infections among young women and girls globally since 2010, gender-based violence and gender-related inequalities continue to make young women and adolescent girls disproportionately vulnerable to HIV in the hardest-hit regions. In 2019, young women and adolescent girls in sub-Saharan Africa accounted for one in four new infections, despite making up just 10% of the total population.

The Global Fund response

Globally, infections among key populations remain high. Sex workers, people who inject drugs, prisoners, transgender people, and men who have sex with men – and their sexual partners – accounted for more than 60% of

new adult HIV infections globally in 2019. We must do more to ramp up HIV prevention efforts among those who carry the highest burden or are most vulnerable to the disease.

The rise of antimicrobial resistance is also a factor we must grapple with in the fight against HIV. Drugs for HIV treatment are at risk of becoming partly or fully inactive because of the emergence of drug-resistant forms of the virus. To counter drug-resistance, the Global Fund has aligned funding requests with the WHO Global Action Plan on HIV Drug Resistance (2017-2021), which seeks to prevent HIV drug resistance from undermining efforts to achieve global targets on health and HIV, and to provide the most effective treatment to all people living with HIV.

The Global Fund / Kevin Keen



In Ulaanbaatar, Mongolia, Delgerzaya M. and Usukhbayar D. help connect sex workers with the Perfect Ladies, a nongovernmental organization that provides HIV prevention training, outreach, testing, stress management resources and counseling for sex workers.

Key results for 2019 in countries where the Global Fund invests:

- 133 million HIV tests taken; HIV-positive people with knowledge of their status increased from 71% in 2015 to 82% in 2019. Global target: 90% by 2020.

- 20.1 million people on antiretroviral therapy for HIV. Coverage increased from 48% in 2015 to 67% in 2019. Global target: 81% by 2020.

- People living with HIV with suppressed viral load increased from 41% in 2015 to 59% in 2019. Global target: 73% by 2020.

- 718,000 HIV-positive mothers received medicine to keep them alive and prevent transmitting HIV to their babies in 2019; coverage increased from 44% in 2010 to 85% in 2019. Global target: 100% by 2020.

20.1m

PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV IN 2019

718,000

HIV-POSITIVE MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES IN 2019

AIDS-related deaths and HIV infections by age and sex

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

■ Female ■ Male

AIDS-RELATED DEATHS, 2019

Aged 0-14

49% (45k)	51% (47k)
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Aged 15+

44% (223k)	56% (279k)
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0% 100%

NEW HIV INFECTIONS, 2019

Aged 0-14

49% (71k)	51% (73k)
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Aged 15+

53% (601k)	47% (523k)
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0% 100%

Treatment, care and support

Together with PEPFAR, the implementation of WHO's "treat all" guidance and the UNAIDS 90-90-90 strategy have led to a significant increase in the number of people tested and started on antiretroviral therapy. Timely antiretroviral therapy saves lives, reduces onward transmission of HIV and is highly cost-effective. While the 90-90-90 strategy alone is not enough to end the epidemic, achieving these targets is crucial to cutting the death toll and reducing new infections.

Prevention

The Global Fund is committed to scaling up the quality and quantity of HIV prevention programs and to increasing investments in HIV prevention for key and vulnerable populations. The Global Fund's determination to strengthen HIV prevention is reflected in our participation in the Global HIV Prevention Coalition and our commitment to the 10-point plan to improve country delivery of prevention programs. Building on the plan's

five prevention pillars - adolescent girls and young women and their partners; key populations; condoms; voluntary medical male circumcision; and pre-exposure prophylaxis (PrEP) for populations at risk - the Global Fund is increasing funding and attention to HIV investments in these five areas. For example, we are improving condom programming by strengthening demand creation and last mile supply efforts, along with ongoing investment in condom and lubricant supplies.

The Global Fund's HER initiative, launched in 2018, works with the private sector in 13 priority countries in sub-Saharan Africa - Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe - to reduce HIV infection rates among adolescent girls and young women.

The HER Voice Fund, established with support from the Global Fund, offers adolescent girls and young women small grants to ensure they are at the center of designing, delivering and evaluating programs and to reduce new HIV infections.

The HER Voice Fund is supported by ViiV Healthcare Positive Action and implemented by the Global Network of Young People Living with HIV (Y+), with technical support from Global Network of People Living with HIV (GNP+).

In these 13 hardest hit countries, the Global Fund's matching funds program used US\$55 million to mobilize an additional US\$140 million for programs to reduce new HIV infections, violence, and unintended pregnancies among 1 million adolescent girls and young women.

Access to HIV prevention services for key populations varies greatly in countries where the Global Fund invests, and despite significant progress more must be done to protect these groups from HIV. In many countries that have conducted surveys since 2016 and reported the data to UNAIDS, access for key populations to HIV prevention services such as condoms and lubricants, counselling on condom use and safe sex, testing for sexually transmitted infections and sterile injection equipment remains low. In 12 out of 20 countries, approximately two-thirds

of female sex workers stated that they were unable to access at least two HIV prevention services in the three months preceding the survey. Among gay men and other men who have sex with men in 13 of 27 reporting countries, only one-third of this group was able to access at least two HIV prevention services in a similar period. For men who inject drugs, access to at least two HIV prevention services in the three months preceding the survey was recorded in 5 out of 9 reporting countries, while one-third of transgender women achieved similar results in 8 of 9 reporting countries¹. The Global Fund continues to invest more to expand access to prevention services for key populations and improve monitoring evaluation systems to track progress.

Global Fund investments in HIV prevention are increasing. We will continue to track this trend as we strive to see that HIV prevention investments continue to be prioritized, alongside our investments in high-impact HIV testing and treatment programs.

Key results for 2019 in countries where the Global Fund invests:

- 9.9 million people reached with HIV prevention services, including 5 million members of key populations and 3.4 million young people.
- 1.3 million medical male circumcisions for HIV prevention.
- Working together with PEPFAR and other organizations, the Global Fund has increased our investments in adolescent girls and young women fivefold in the 2017-2019 period, to US\$200 million.

9.9m

PEOPLE REACHED
WITH HIV PREVENTION IN 2019

1.3m

MEDICAL MALE CIRCUMCISIONS
FOR HIV PREVENTION IN 2019

¹ Data on HIV prevention services for key populations is from the UNAIDS 2020 report "SEIZING THE MOMENT GLOBAL AIDS UPDATE : 2020 Tackling entrenched inequalities to end epidemics"
https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

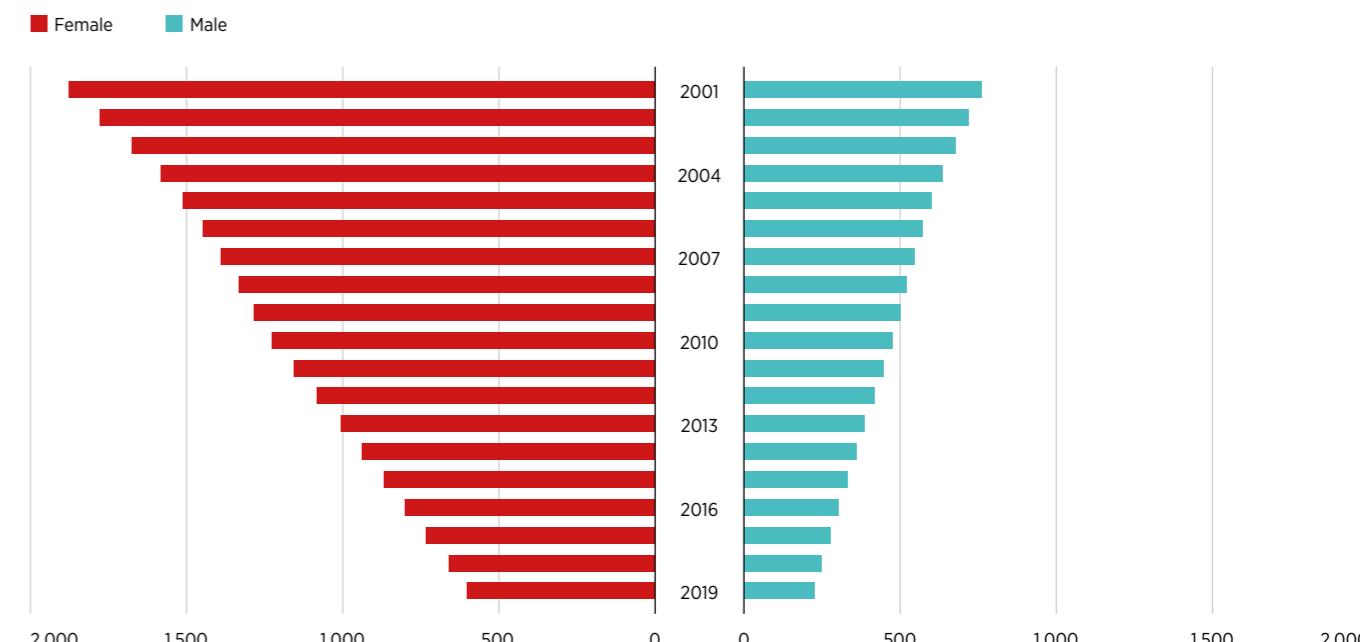


(RED/ Jonx Pillener)

The IHATA Shelter hosts a sexual reproductive health workshop in Cape Town, South Africa. These gatherings provide vital services to young women such as TB/HIV care and HIV testing.

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

PER 100,000 PEOPLE AT RISK, IN 13 PRIORITY COUNTRIES



HIV burden estimates from UNAIDS, 2020 release. 13 priority countries: Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe.

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In 2000, a one-year supply of antiretroviral therapy cost more than US\$10,000; now the figure is as low as US\$66 per year.

differentiated testing measures such as HIV self-testing means more people can know their status so that those with HIV can start treatment, while those without the virus can access prevention services, thereby reducing infection rates. At least 77 countries around the world have adopted HIV self-testing policies, while many others are currently developing them. The Global Fund supported the purchase of 3.7 million self-testing kits between 2018 and 2019.

investing in improving the quality of program implementation across the prevention and treatment cascades with a focus on differentiated service delivery and overall program planning, continuous improvement and assurance.

Progress

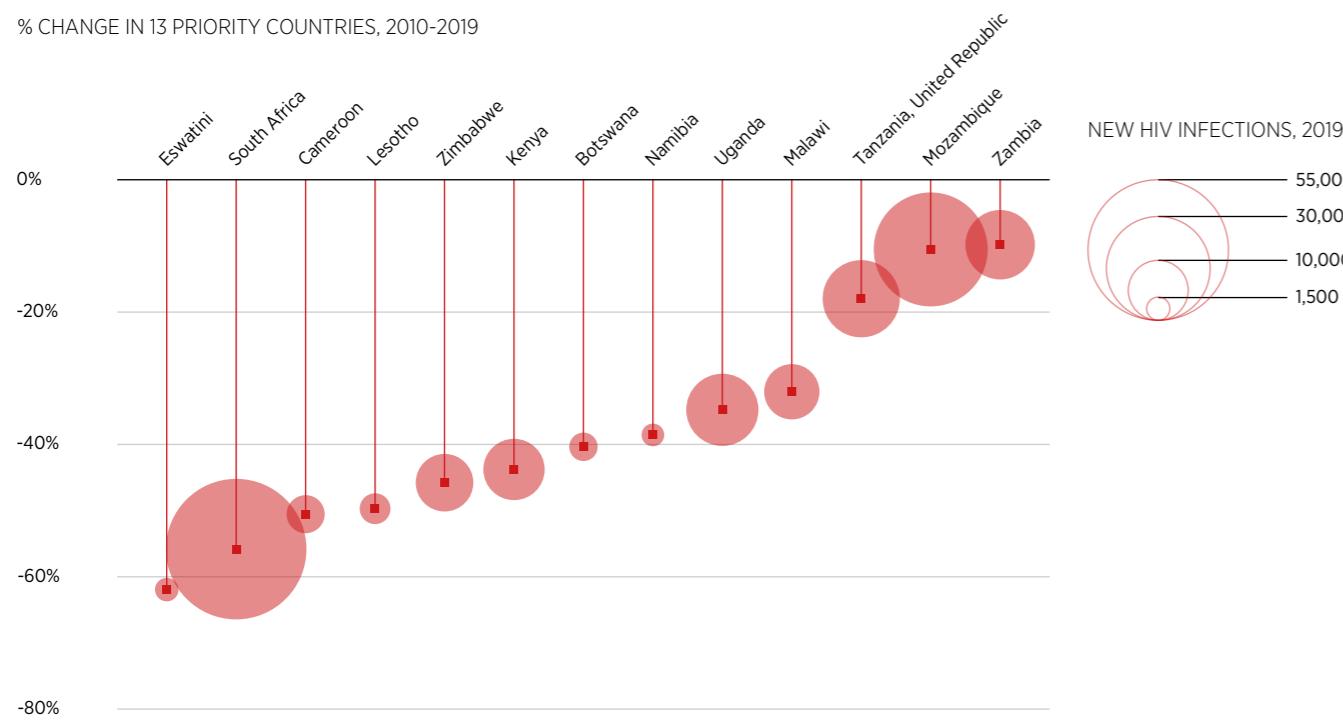
In countries where the Global Fund invests, AIDS-related deaths since the Global Fund was founded in 2002 have been reduced by 61% and new infections have been reduced by 41% (see graphs on page 19). This achievement reflects steady progress toward the UNAIDS 90-90-90 targets. The Global Fund's allocation model channels investments to the countries with the highest disease burden and the lowest economic capacity to respond, so the impact is maximized. While girls are still disproportionately affected compared to their male peers, HIV infection rates among adolescent girls and young women have dropped by 51% since 2010 in the 13 priority countries (see graph below).

Improved implementation

HIV testing is an important strategy for prevention and to enable entry into treatment. We support countries to expand differentiated testing measures with the goal of increasing the number of people who know their HIV status. HIV self-testing kits, developed with the support of Unitaid, are a powerful and innovative tool for increasing access to testing for populations at higher risk of HIV infection by empowering them to choose where and when they want to take an HIV test. At the end of 2019, globally 81% of people living with HIV knew their HIV status. Accelerating access to

New HIV infections among women age 15 to 24

% CHANGE IN 13 PRIORITY COUNTRIES, 2010-2019



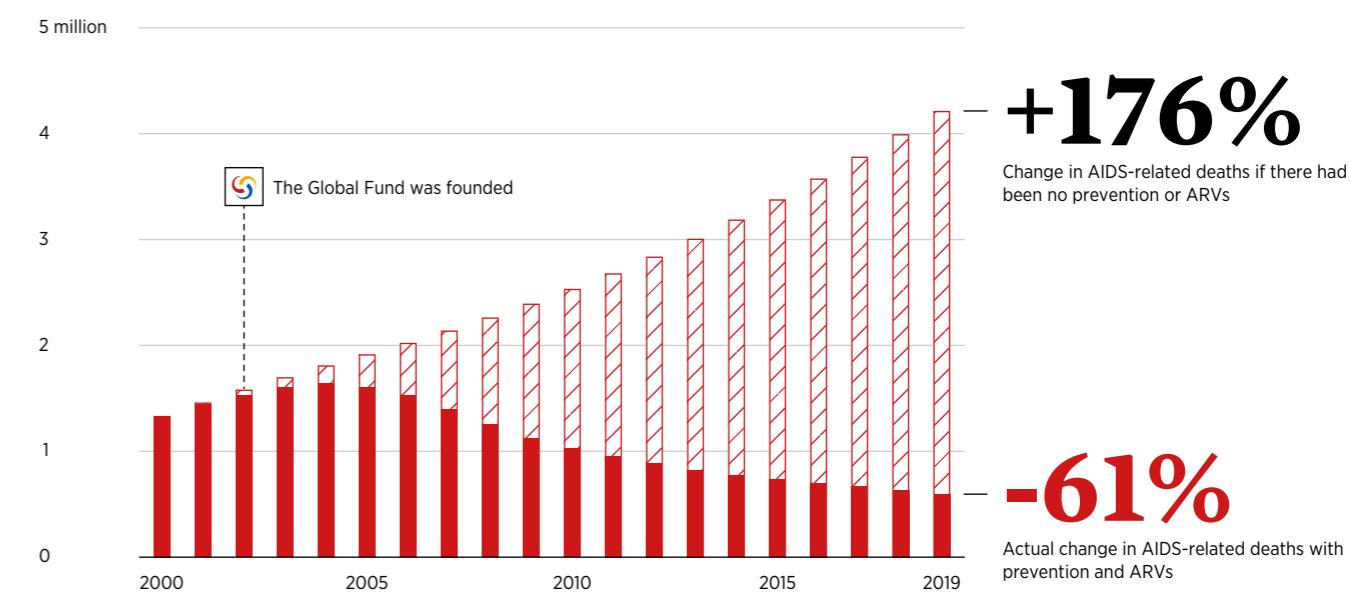
HIV burden estimates from UNAIDS, 2020 release.

Trends in AIDS-related deaths

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

■ With prevention and ARVs (actual) □ If there had been no prevention or ARVs

% CHANGE, 2002-2019



+176%

Change in AIDS-related deaths if there had been no prevention or ARVs

-61%

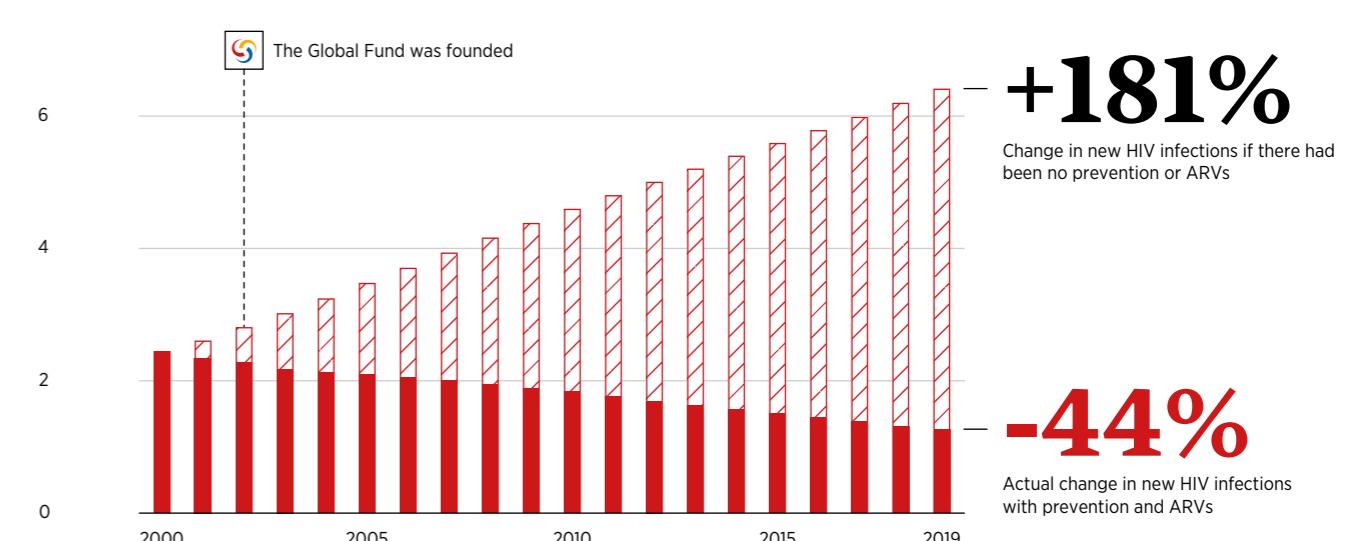
Actual change in AIDS-related deaths with prevention and ARVs

Trends in new HIV infections

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

■ With prevention and ARVs (actual) □ If there had been no prevention or ARVs

% CHANGE, 2002-2019



+181%

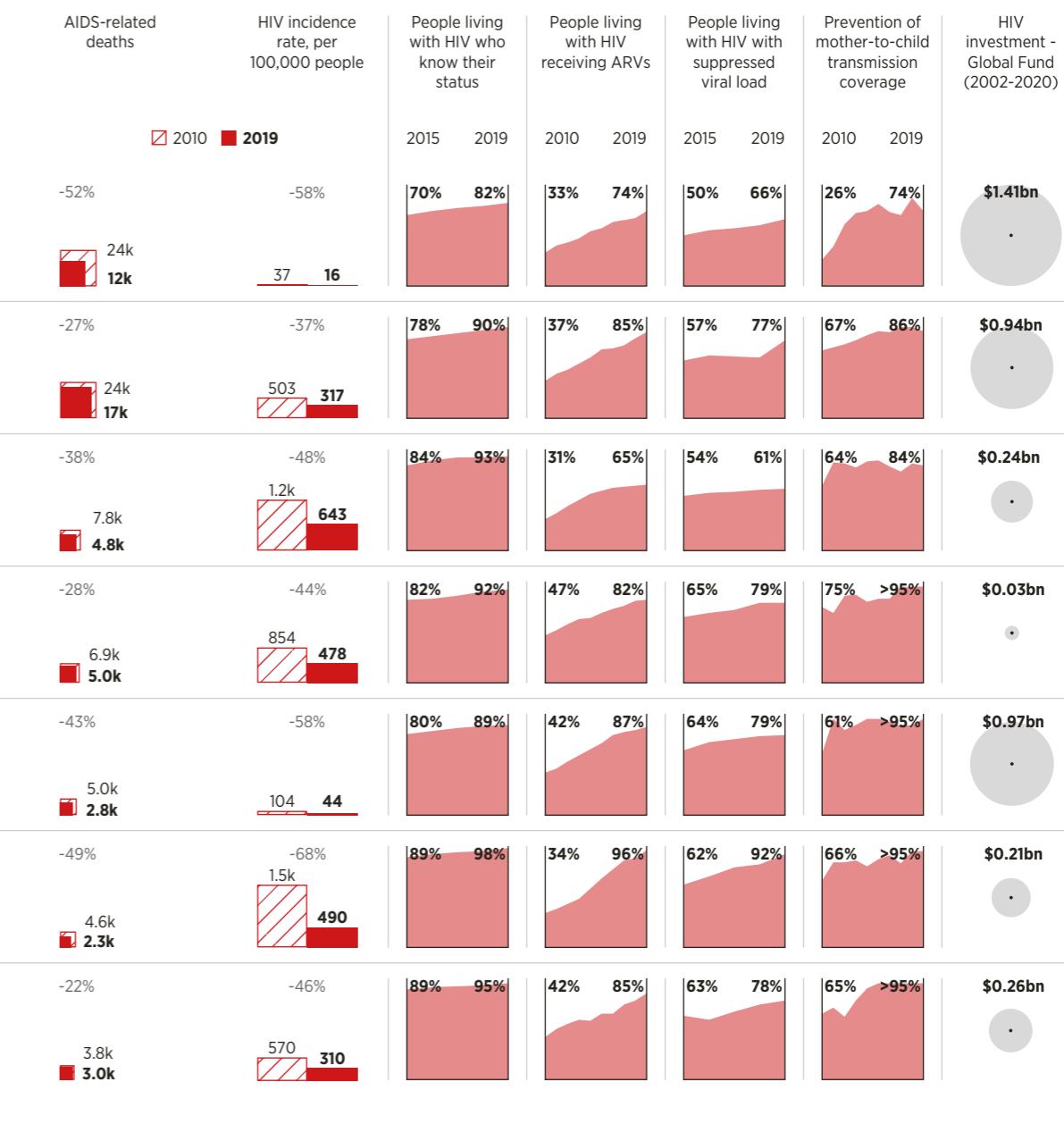
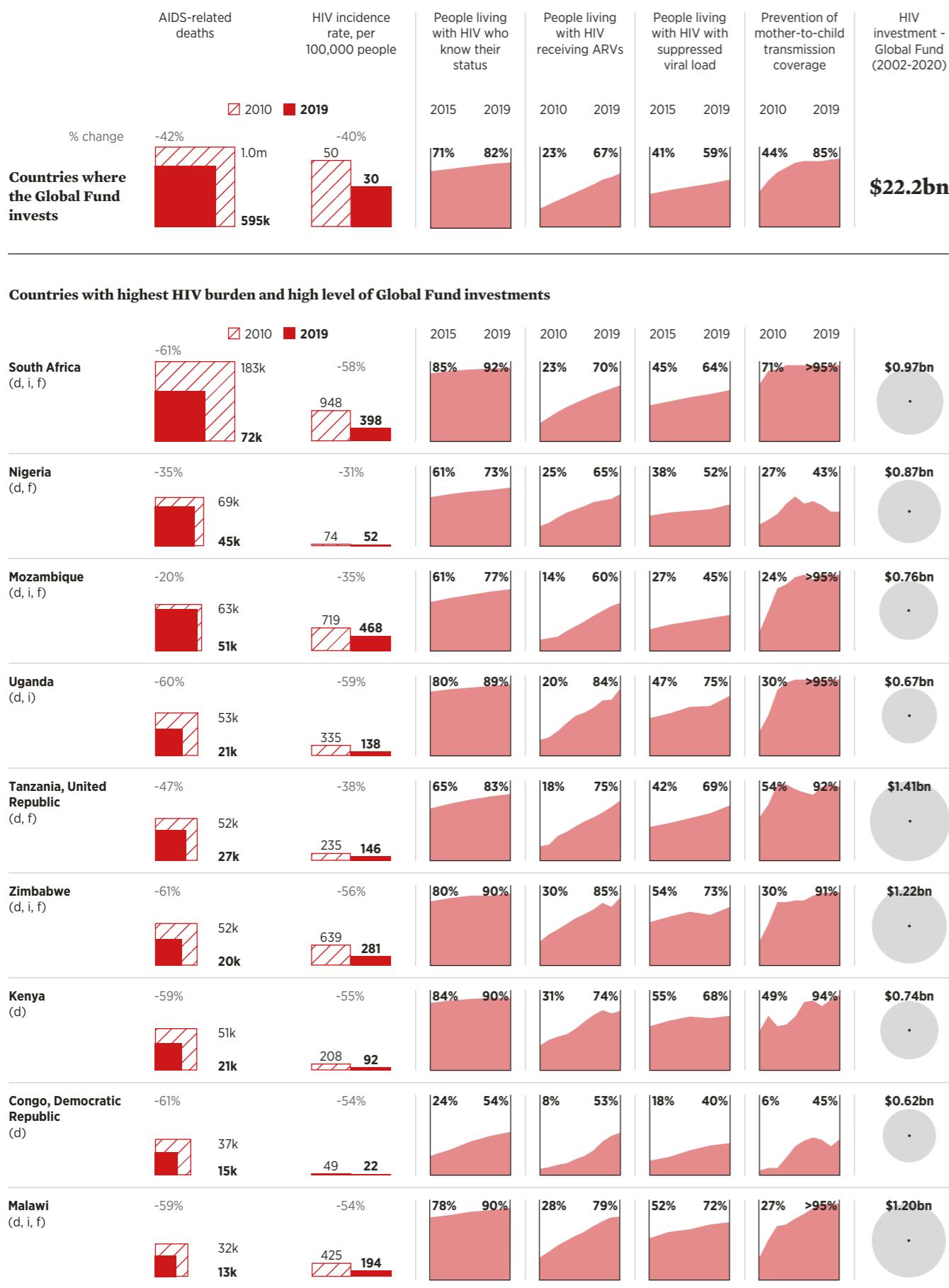
Change in new HIV infections if there had been no prevention or ARVs

-44%

Actual change in new HIV infections with prevention and ARVs

HIV burden estimates from UNAIDS, 2020 release. Estimation of "no prevention or ARVs" trends from Goals, AEM and AIM models.

Investment and impact: HIV



For a detailed look at HIV results per country, visit the Global Fund Data Explorer at data.theglobalfund.org/

All data is based on mid-point estimates from UNAIDS 2020 release <http://aidsinfo.unaids.org/>, other than Global Fund disbursements which are available on the Global Fund Data Explorer. The denominator for the three 90s is People Living with HIV.

1. Countries listed on this page were selected based on three criteria:

- being among the top-10 countries with the highest number of deaths in 2010 (d)
- being among the top-10 countries with the highest incidence rate in 2010 (i)
- being among top-10 countries that received the largest amount of funding from the Global Fund from 2002 to end-June 2020 to support HIV programs (f)

Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as "Countries where the Global Fund Invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$22.2 billion over 2002 to end-June 2020 to support HIV/AIDS and a portion of TB programs. Additionally, they received US\$853 million for cross-cutting support across the three diseases. Countries that did not receive an allocation over the 2017-2019 cycle received US\$1.3 billion since 2002 resulting in a total of US\$23.5 billion.

3. Having received more than US\$1.2 billion in HIV/AIDS funding from the Global Fund, India ranks 4th in terms of share of Global Fund investment for HIV, however, the data for disease burden estimate and service coverage was not available from UNAIDS at the time of publication.

4. In line with the Global Fund results reporting methodology, these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners domestic and international. For High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: <https://data.theglobalfund.org/home>. See <https://www.theglobalfund.org/en/methodology/> for a description of the Global Fund results methodology.



Eswatini meets global 95-95-95 HIV target

“

This success can be attributed to investments in HIV prevention and treatment interventions targeting the hardest-to-reach and most vulnerable populations. This includes girls and young women.

Eswatini, a tiny country of just over a million people in southern Africa, has one of the highest HIV prevalence rates in the world: 27% of adults live with the disease.

But Eswatini, together with Switzerland, are the first countries to achieve the '95-95-95' global HIV target. This means that 95% of people living with HIV in Eswatini know their status, that 95% of people who know their HIV-positive status are accessing treatment and that 95% of people on treatment have suppressed viral load. The '95-95-95' deadline is 2030, meaning Eswatini reached the target an entire decade in advance.

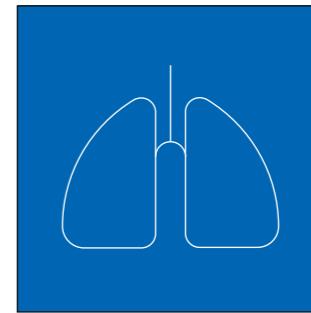
This success can be attributed to investments in HIV prevention and treatment interventions targeting the hardest-to-reach and most vulnerable populations. This includes girls and young women – who across East and southern Africa continue to be disproportionately affected by HIV. In Eswatini, 63% of people living with HIV are women.

63%

OF PEOPLE LIVING WITH HIV
IN ESWATINI ARE WOMEN



Adolescent girls and young women take part in a safe sex training facilitated by Pact Eswaziland, where they learn about relationships, safe sex, HIV prevention, gender and strategies for those living HIV.



Tuberculosis: State of the Fight

Once a global pandemic,
TB remains the world's
leading infectious disease
killer, preying on poor and
marginalized communities.



The Global Fund / Vincent Becker

A Syrian family in Zaatari refugee camp in Jordan. The father completed treatment for TB. TB treatment is available free of charge to people living inside the camp.

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The gap between TB notifications and TB incidence in 13 focus countries fell from 49% in 2014 to 33% in 2018. The largest increases in the numbers of people being diagnosed with TB were achieved in some of the countries with the highest burden of TB in Asia.

169,571

CHILDREN EXPOSED TO TB RECEIVED PREVENTIVE THERAPY IN 2019

This report captures the latest information available on progress against TB. The initial impact of COVID-19 on the fight against TB in 2020 is addressed on page 57.

The challenge

TB remains the world's biggest infectious killer, with 1.5 million people dying of the disease in 2018 (including HIV-positive people). The disease is still the leading killer of people living with HIV, causing one in three deaths. Progress in ending TB as an epidemic remains slow.

“Missing” people with TB – people who go undetected, untreated or unreported – contribute to ongoing transmission of the disease and the spread of drug-resistant TB. Of the 10 million people who fell ill with TB in 2018, around 3 million people were missed by health systems. One person with active, untreated TB can spread the disease to as many as 15 other people in a year.

Drug-resistant TB is on the rise. In 2018, about half a million people became ill



A patient undergoes a chest exam at the only hospital in the small South Pacific island country Tuvalu.

with drug-resistant TB, with 78% of them developing multidrug-resistant TB. Only one in three people with drug-resistant TB accessed care – and only half of those completed treatment. The other half died or continued to spread the disease. This drug-resistant form of TB poses a potentially catastrophic risk to global health security. Already drug-resistant TB accounts for one-third of deaths caused by all types of antimicrobial resistance.

The Global Fund response

The Global Fund provides 73% of all international financing for TB (9% of total available resources) and has invested US\$7.2 billion in programs to prevent and treat TB as of June 2020. Key indicators for success in the fight against TB focus on: finding more missing people with TB; improving access to quality diagnosis, treatment and care; scaling up prevention; and identifying and treating drug-resistant TB. We have accelerated progress on all these fronts.

Testing and treatment

In the last two years, a coalition of global health partners including the Global Fund has invested vigorously to find more of the millions of people falling ill with TB who are missed by health systems. Those efforts are bearing fruit. In 2018, 7 million people with TB were found globally – up from 6.4 million in 2017. The percentage of people missed by health systems dropped significantly from 46% in 2013 to around 30% in 2018.

The Global Fund is working with the Stop TB Partnership and WHO to find 1.5 million more “missing” people with TB every year (against a 2015 baseline) in the 13 countries that account for 75% of missing cases globally (Bangladesh, Democratic Republic of Congo, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania and Ukraine). The results recorded in these countries in the last year are tremendously encouraging. The Global Tuberculosis Report 2019 shows that the gap between TB notifications and TB incidence in these 13 focus countries fell

from 49% in 2014 to 33% in 2018. The largest increases in the numbers of people being diagnosed with TB were achieved in some of the countries with the highest burden of TB in Asia: Bangladesh, India, Indonesia and the Philippines. African countries such as Mozambique and the Democratic Republic of Congo also achieved large proportionate increases in their TB case notifications. This progress in finding missing people with TB puts us on track to meet the goal set at the UN High-Level Meeting on the Fight Against TB of finding and treating 40 million people by 2022.

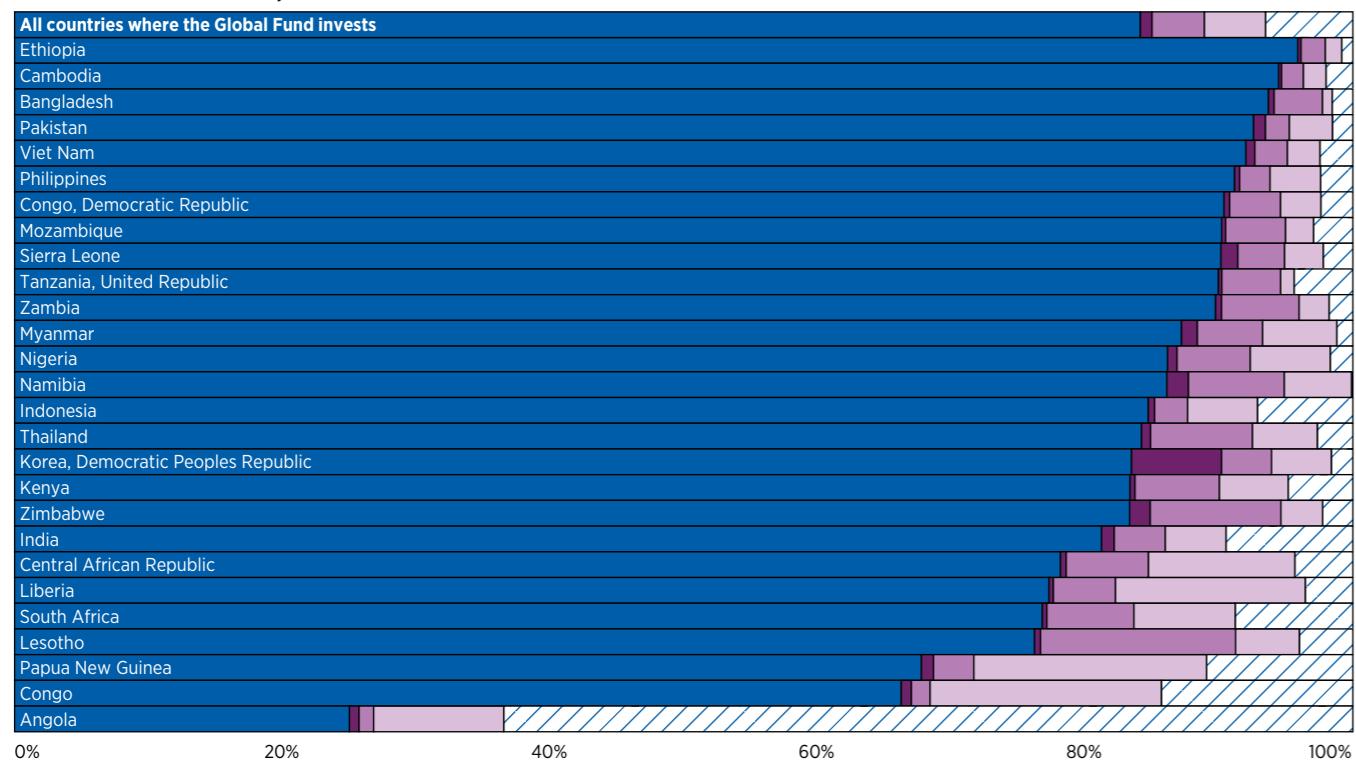
To fight antimicrobial resistance, we must invest strongly in the fight against drug-resistant TB. Our partnership has also negotiated reduced prices for bedaquiline – a relatively new drug to treat drug-resistant TB. The drug has fewer side effects and is more effective than earlier treatments, increasing the probability that people will stay on the treatment and be cured.

Treatment outcomes

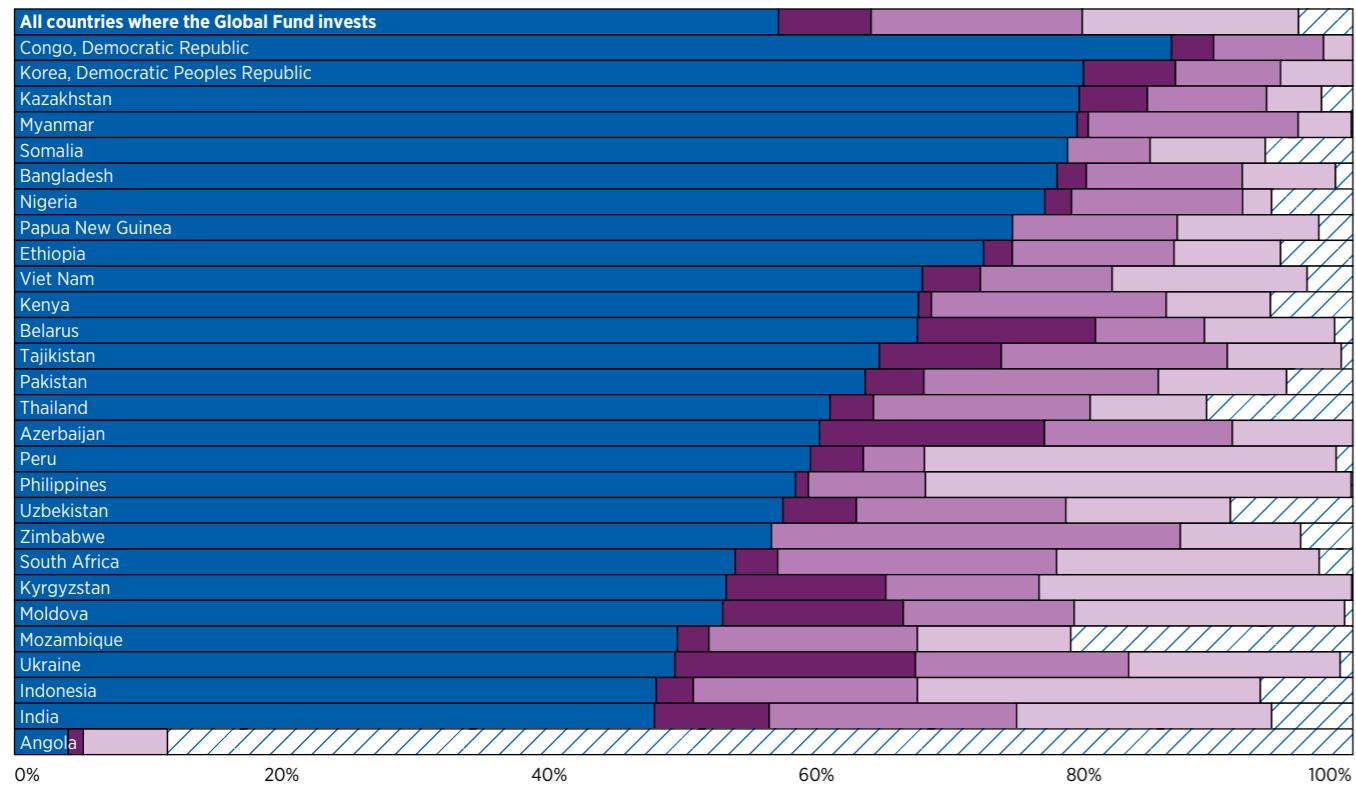
IN WHO HIGH BURDEN COUNTRIES SUPPORTED BY THE GLOBAL FUND

Treatment successful Failed Died Lost to follow up Not evaluated

DRUG-SENSITIVE TB CASES, 2017



MDR-TB CASES, 2016



Source: TB treatment outcomes for new and relapse TB cases, WHO Global TB Report 2019, WHO list of high burden countries. See footnote 3, p. 33 regarding data for India.

“

In countries where the Global Fund invests, TB deaths since the Global Fund was founded in 2002 have been reduced by 25%.

Prevention

To win the fight against TB, preventing more infections is fundamental. About 30% of the Global Fund's TB investments support interventions on TB care and prevention, particularly for children and other vulnerable groups such as people living with HIV. In line with the global targets set at the 2018 UN High-Level Meeting on the Fight Against TB, 169,571 children in contact with TB patients received preventive therapy in 2019 in countries where the Global Fund invests.

In 2019, we entered into an agreement with Unitaid and Sanofi to achieve a significant reduction in the price of rifapentine, a critically important drug used to prevent TB. The agreement will bolster efforts to treat latent TB infection – currently estimated to affect 1.7 billion people worldwide – by broadening access to better preventive therapy. The volume-based agreement will discount the price of a three-month treatment course of rifapentine by nearly 70%, from approximately US\$45 to US\$15 in the public sectors of 100 low- and middle-income countries burdened by TB and TB/HIV coinfection.

Improved access to TB diagnosis and transition to newer regimens for multidrug-resistant TB are also yielding results. Improved case notification through contact tracing will require the effective use of a range of systems, including stronger community systems to ensure people ill with TB are treated and monitored.

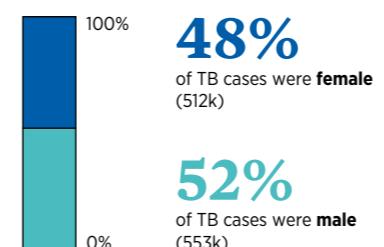
Progress

In countries where the Global Fund invests, TB deaths (excluding HIV positive) since the Global Fund was founded in 2002 have been reduced by 25%. TB control measures have stopped the TB epidemic from expanding (see Trends in TB cases graph on page 30).

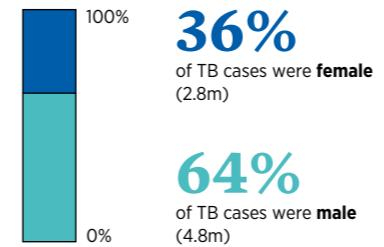
TB cases by age and sex

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

TB CASES, AGED 0-14, 2018



TB CASES, AGED 15+, 2018



Key results in countries where the Global Fund invests:

- 5.7 million people treated for TB in 2019. TB treatment coverage increased from 48% in 2010 to 65% in 2018, and the TB treatment success rate reached 85% in 2017. Global targets for coverage and treatment success rates: 90% by 2025.
- 125,000 people on treatment for multidrug-resistant TB in 2019; treatment coverage reached 38% in 2018 and MDR-TB treatment success rate increased from 51% in 2010 to 57% in 2016. Global targets: 90% MDR-TB treatment coverage and success by 2030.
- 6,107 people with extensively drug-resistant TB on treatment in 2019.
- 315,000 HIV-positive TB patients on antiretroviral therapy during TB treatment in 2019; coverage of ARVs in notified HIV-positive TB patients increased from 45% in 2010 to 88% in 2018. Global target: 100% among detected cases.

5.7m

PEOPLE TREATED FOR TB IN 2019

125,000

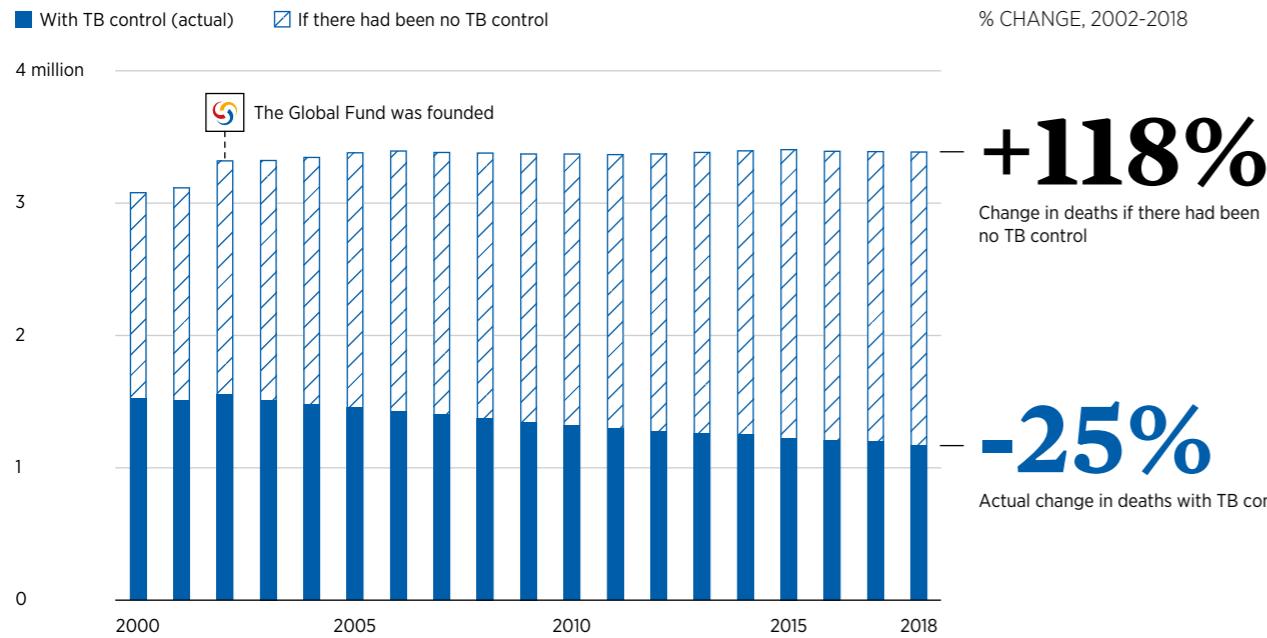
PEOPLE ON TREATMENT FOR MDR-TB IN 2019

6,107

PEOPLE WITH EXTENSIVELY DRUG-RESISTANT TB ON TREATMENT IN 2019

Trends in TB deaths (excluding HIV-positive)*

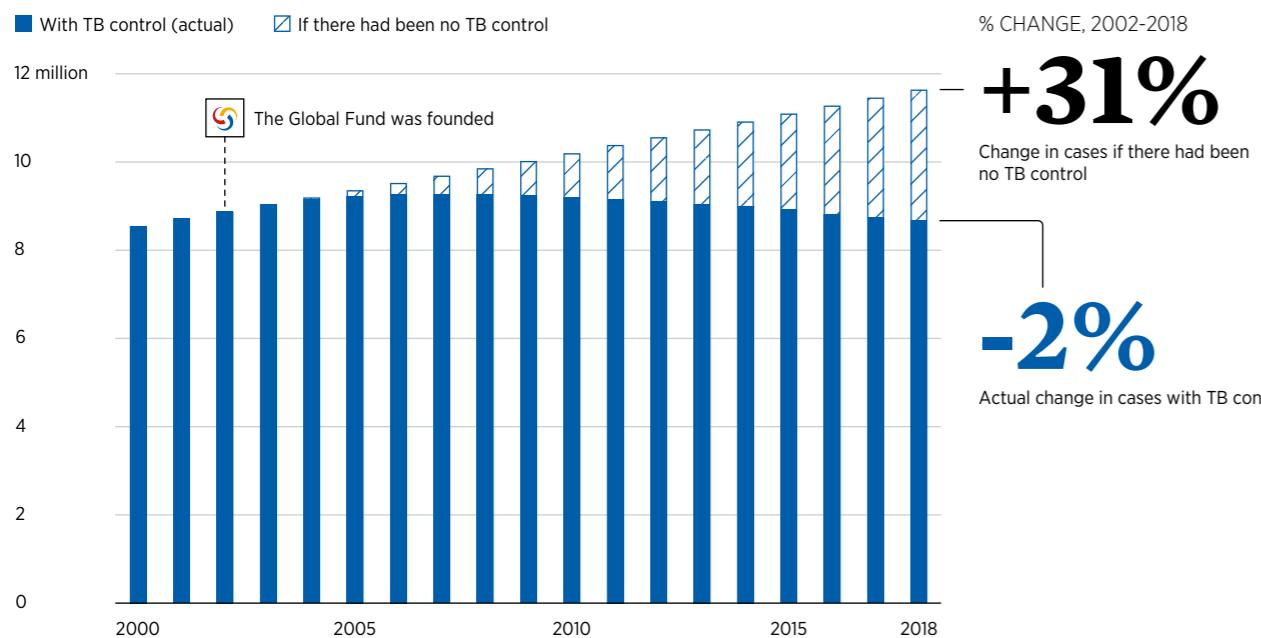
IN COUNTRIES WHERE THE GLOBAL FUND INVESTS



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

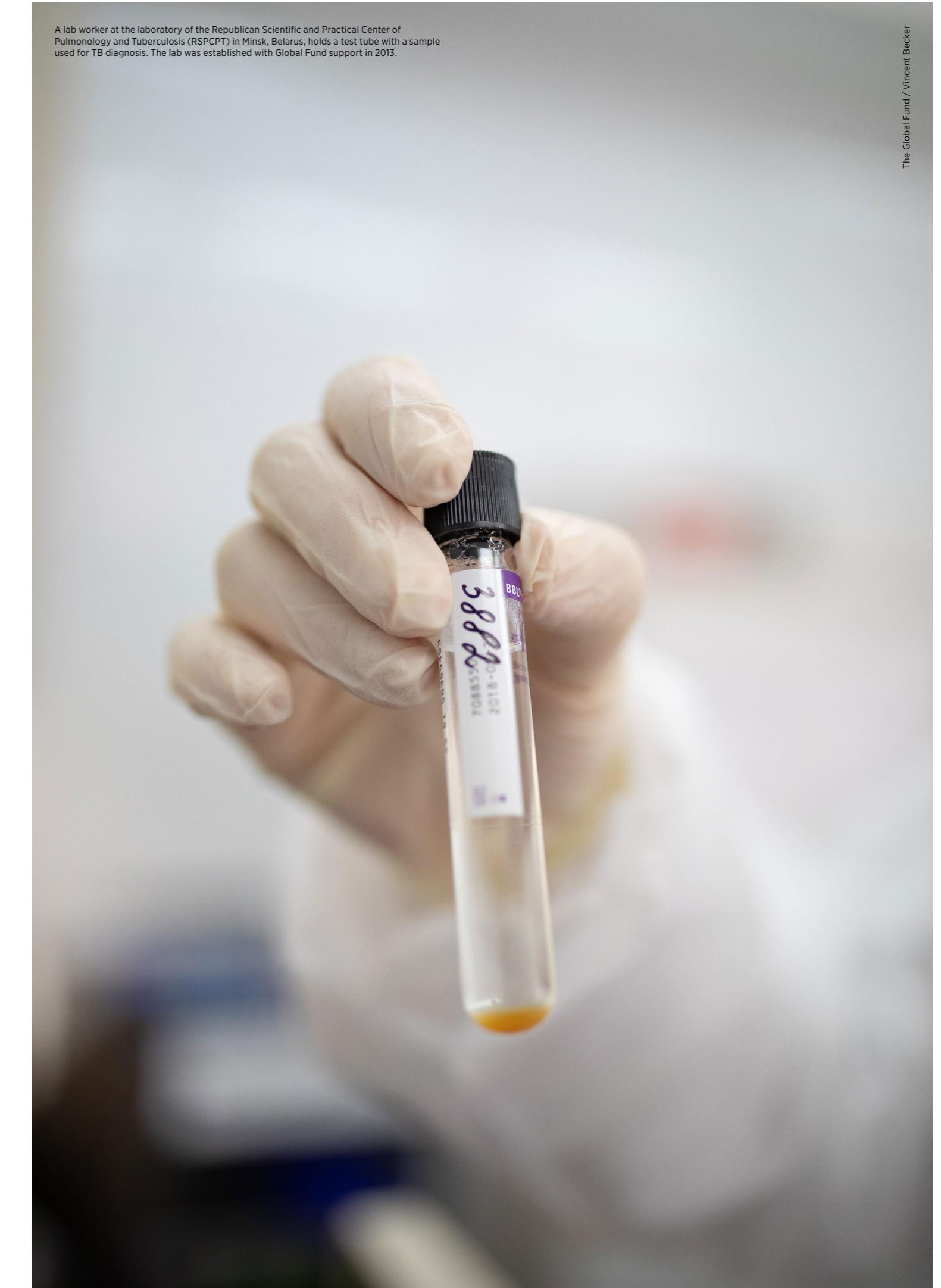
Trends in new TB cases (all forms)

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

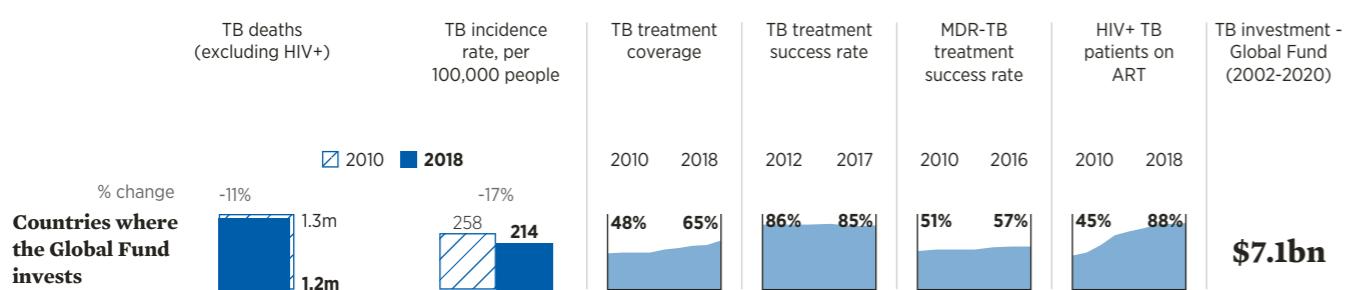


TB burden estimates from WHO Global TB Report 2019. Estimation of "no TB control" trends for TB deaths from WHO and for new TB cases based on the assumption of constant trend in new TB cases since 2000.

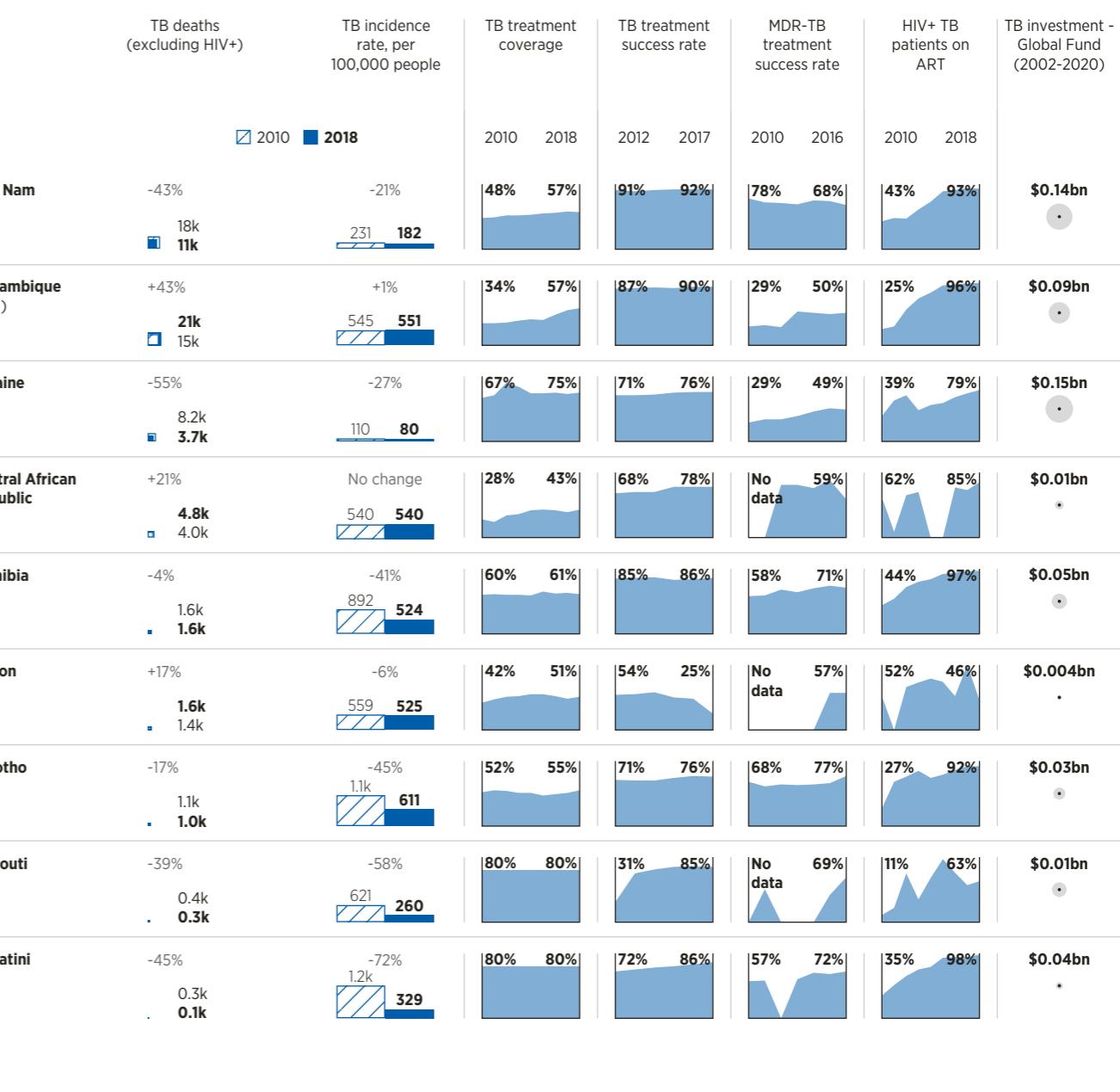
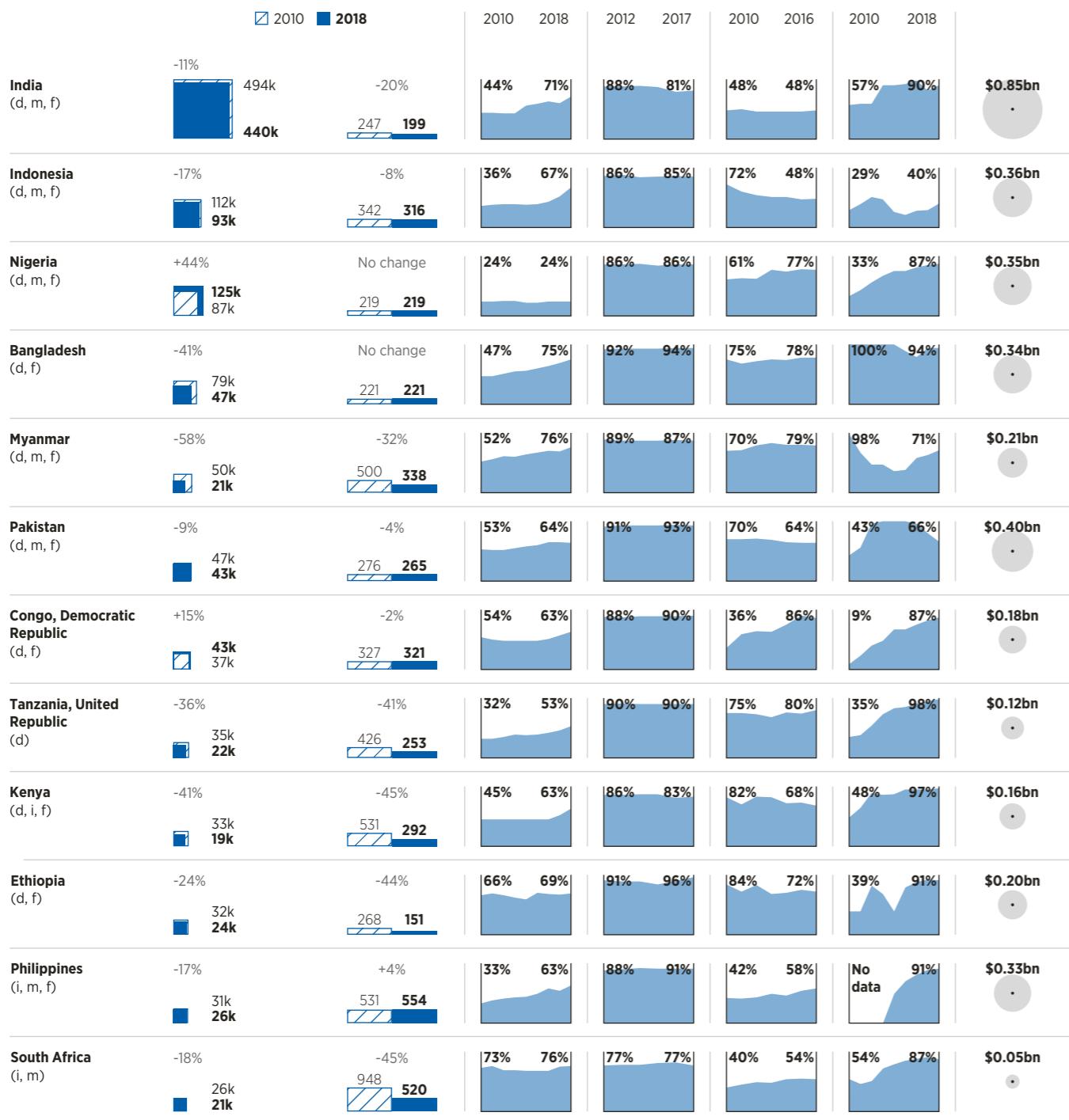
A lab worker at the laboratory of the Republican Scientific and Practical Center of Pulmonology and Tuberculosis (RSPCPT) in Minsk, Belarus, holds a test tube with a sample used for TB diagnosis. The lab was established with Global Fund support in 2013.



Investment and impact: Tuberculosis



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



For a detailed look at TB results per country, visit the Global Fund Data Explorer at data.theglobalfund.org

All data is based on mid-point estimates from Global tuberculosis report 2019 <https://www.who.int/tb/data/en/>, other than Global Fund disbursements which are available on the Global Fund Data Explorer.

1. Countries listed on this page were selected based on four criteria:

- being among the top-10 countries with the highest number of deaths in 2010 (d)
- being among the top-10 countries with the highest incidence rate in 2010 (m)
- being among the top-10 countries with highest number of estimated MDR-TB cases in 2018 (m)
- being among top-10 countries received highest amount of funding from the Global Fund from 2002 to end-June 2020 to support TB programs (f)

Some countries appear in multiple lists; therefore, the total number of countries is less than 40.

2. The aggregate numbers presented as "Countries where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$7.1 billion from 2002 through June 2020 to support TB and a portion of HIV programs. Additionally, they received US\$870 million for cross-cutting support across three diseases. Countries that did not receive an allocation over 2017-2019 cycle received US\$764 million since 2002, resulting in a total of US\$7.8 billion

3. Due to the improved method for monitoring treatment outcomes in India which is a significant country for portfolio level results, the 2016 and 2017 treatment success rate results cannot be compared with the historical results. The TB patients reported from the private sector to the national program were excluded from the 2016 and 2017 cohort for India since the monitoring system for assessing their outcome was not fully in place.

4. In line with the Global Fund results reporting methodology, the charts reflect the achievements of national health programmes, representing the outcomes, efforts and investments of all partners, domestic and international. For High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: <https://data.theglobalfund.org/home>. See <https://www.theglobalfund.org/en/methodology/> for a description of the Global Fund results methodology.



Finding and treating India's “missing” TB patients

“

An initiative supported by the Global Fund, WHO and the Stop TB Partnership showed that six countries in Asia found an additional 555,000 cases of TB in 2018 compared to 2017 results. More than 60% of these patients – approximately 344,000 people – were in India.

A significant challenge in the fight against TB is identifying the estimated 3 million “missing” people with active TB – those who are undiagnosed, unreported and untreated – each year. Often these patients come from groups that are particularly vulnerable to the disease and who continue to face barriers accessing their right to health care such as migrants, miners, prisoners, children and people affected by HIV.

India has the world’s largest TB epidemic, but recently, the country has experienced significant progress in finding and treating

molecular technology that is more accurate and yields faster results than traditional TB diagnosis methods. In the town of Rajgurunagar, about 150 kilometers east of Mumbai, these machines cut down TB test result wait times from eight days to only a few hours.

With continued investments in finding “missing” TB patients, India is making steady progress to meet its ambitious goal of eliminating TB by 2025.

344,000

**“MISSING” TB PATIENTS
IN INDIA FOUND IN 2018**

The Global Fund / Vincent Becker

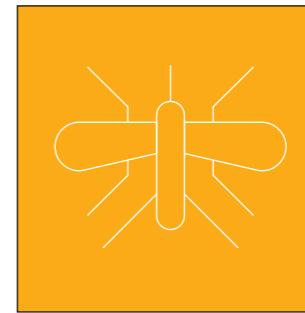
Inside a high-tech mobile testing lab, a lab technician uses a GeneXpert machine to identify the presence of TB bacteria in sputum samples. These mobile vans travel from clinic to clinic throughout rural India, increasing local TB testing capacity.



A mobile testing lab is parked outside a rural clinic east of Mumbai, India.



Patients wait in the entrance hall of a rural clinic east of Mumbai India. TB testing and treatment is provided at no cost to the patient.



Malaria: State of the Fight

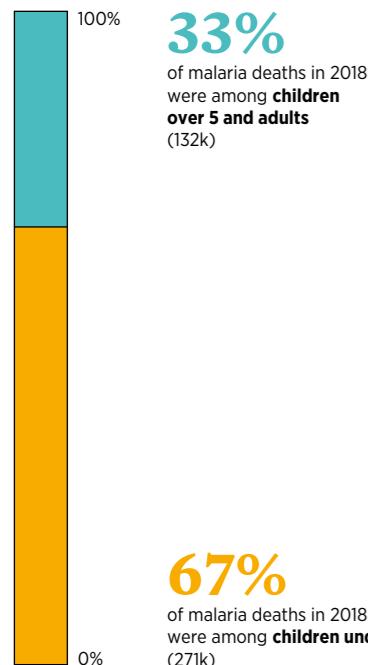
In the fight against malaria, another disease that was once a global pandemic, the number of deaths worldwide continues to decline – however, the reductions in malaria mortality rates and number of cases have slowed markedly.

“

Global malaria death rates have dropped by 60% since 2000. Between 2010 and 2018, estimated malaria deaths globally declined from 585,000 to 405,000, and malaria cases fell from 251 million to 228 million.

Malaria deaths by age

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS



This report captures the latest information available on progress against malaria. The initial impact of COVID-19 on the fight against malaria in 2020 is addressed on page 57.

The challenge

While great progress continues to be made against malaria, the world's extraordinary achievements in the fight against the disease in the past 20 years are at risk. Global malaria death rates have dropped by 60% since 2000. Between 2010 and 2018, estimated malaria deaths globally declined from 585,000 to 405,000, and malaria cases fell from 251 million to 228 million. In 2016, WHO identified 21 countries with the potential to eliminate malaria by the year 2020. Since then six countries – Algeria, Argentina, Kyrgyzstan, Paraguay, Sri Lanka and Uzbekistan – have been certified by WHO as malaria-free. Other countries are edging closer to this milestone.

However, we continue to face challenges that threaten our investments in malaria. Insecticide resistance has become a significant threat, undermining the efficacy of two of our greatest tools: insecticide-treated nets and indoor residual spraying of homes and other buildings. In Asia's Mekong region, we are seeing growing resistance to today's most effective malaria drug, artemisinin. Progress in malaria control over the past decade has stalled, with the number of malaria cases increasing in several high burden countries.

The number of deaths from malaria is not decreasing fast enough. To safeguard the gains we have made against the disease, and continue to make progress towards ending malaria, we must continue to develop, test and bring to scale new tools and solutions.

The Global Fund response

The Global Fund provides 56% of all international financing for malaria programs (37% of total available resources) and has invested more than US\$13.2 billion in malaria control programs as of June 2020. We are taking urgent steps to invest to safeguard progress against the disease as well as push to accelerate the progress towards meeting the global goal of ending malaria by 2030.

Testing and treatment

Community health workers are on the frontlines in testing and treating people for malaria. These health workers are at the center of malaria prevention and treatment in many countries. They are trained to offer basic education and primary care in the fight against infectious diseases, bringing access to malaria prevention and treatment to homes of underserved rural communities out of reach of health clinics. They support communities to use mosquito nets to prevent malaria and in testing and treating the disease. The community health workers offer a trusted first point of care for people with malaria. In WHO's African Region, which accounts for more than 90% of malaria cases, there are about a million community health workers.

Responding to the threat of increasing drug resistance in the Greater Mekong region, the Global Fund continues to invest strongly through the Regional Artemisinin-resistance Initiative (RAI). It is the Global Fund's largest regional grant and seeks to accelerate malaria elimination in the region through rigorous testing, treating and tracking of malaria cases. The RAI program shows what can be done through a targeted, multi-country approach: the number of cases has fallen by 71% since 2012, and deaths have plummeted by 91%. Continued progress is critical to avoid drug resistance from spreading, which could lead to a devastating setback for the region itself and elsewhere.

Prevention

To prevent malaria, a multi-pronged approach using multiple tools is key: mass distributions of insecticide-treated nets; surveillance systems to track and report on outbreaks; indoor residual spraying to kill mosquitoes in homes and buildings; and seasonal malaria chemoprevention, which helps to prevent malaria in children under 5. But as the malaria parasite evolves and drug resistance increases, we must develop more innovative tools and approaches.

The Global Fund and Unitaid are each investing US\$33 million from 2018 to 2022 to introduce new insecticide-treated nets to fight malaria-carrying mosquitoes. The nets were first deployed in 2019 in Burkina Faso with further distributions in Mali and Rwanda in

early 2020. Studies have shown that the new nets are better than standard nets at repelling and killing mosquitoes, including those resistant to pyrethroids. The fact that the nets are treated with two insecticides means they can still kill mosquitoes that are resistant to one of the two main insecticides, thus better protecting people who use the nets. Global health partners are working to determine how much better these new nets are when compared with standard nets to help inform both global and national-level decision making on the best tools for each setting.

In 2019, Ghana, Kenya and Malawi launched pilots of the world's first malaria vaccine in partnership with the Global Fund, WHO, Gavi, the Vaccine Alliance, and Unitaid. The pilots aim to vaccinate around 360,000 children per year in the three countries to assess the vaccine's potential role in reducing childhood deaths and its safety in the context of routine use. If successful, these trials could give us a potentially valuable new tool in the fight against the disease.

Malaria knows no borders, so we are also increasing cross-border partnerships. In 2019, together with the U.S. President's Malaria Initiative (PMI) we supported the governments of Senegal and Gambia to launch a joint campaign to distribute 11 million mosquito nets to fight malaria, synchronizing mass net distribution on both sides of an international border for the first time.

Key results in countries where the Global Fund invests:

- 160 million mosquito nets distributed to protect families from malaria in 2019. Coverage of population with access to a long-lasting insecticide-treated net increased from 34% in 2010 to 58% in 2018.

- Coverage of population using a net increased from 30% in 2010 to 51% in 2018. Global target: Universal access to vector control for populations at risk.

- 11 million pregnant women received preventive therapy in 2019.

- 8 million structures covered by indoor residual spraying in 2019.

In the Sahel, where we see some of the world's highest rates of malaria among children, the Global Fund supports community health workers to implement seasonal malaria chemoprevention campaigns to prevent malaria in children under 5. Investments to provide this intervention in the Sahel over four transmission seasons – 2015 to 2018 – are estimated to have prevented over 22.5 million malaria cases and 100,000 deaths.

Progress

Since 2010, the highest burden countries have achieved significant declines in the overall number of deaths as well as driving down incidence rates (see graphs on page 40). In countries where the Global Fund invests, malaria deaths have reduced by 46% since 2002. Through leveraging economies of scale, working with partners and negotiating directly with manufacturers, the cost of an insecticide-treated mosquito net is now down to less than US\$2 and the cost of antimalarial treatment dropped to US\$0.58 in 2019 – savings that enabled us to purchase more than 14 million extra nets and treat more than 24 million additional people for malaria.

243m

SUSPECTED CASES TESTED FOR MALARIA IN 2019

124m

CASES OF MALARIA TREATED IN 2019

160m

MOSQUITO NETS DISTRIBUTED TO PROTECT FAMILIES FROM MALARIA IN 2019

8m

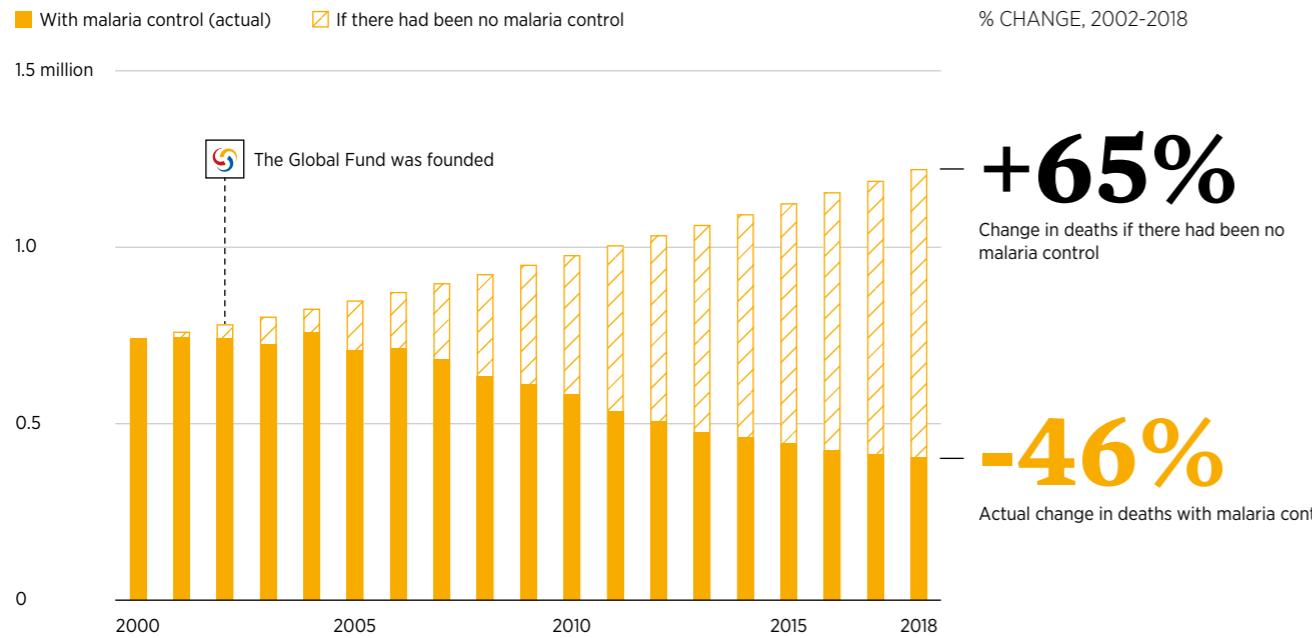
STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING IN 2019

11m

PREGNANT WOMEN RECEIVED PREVENTATIVE THERAPY FOR MALARIA IN 2019

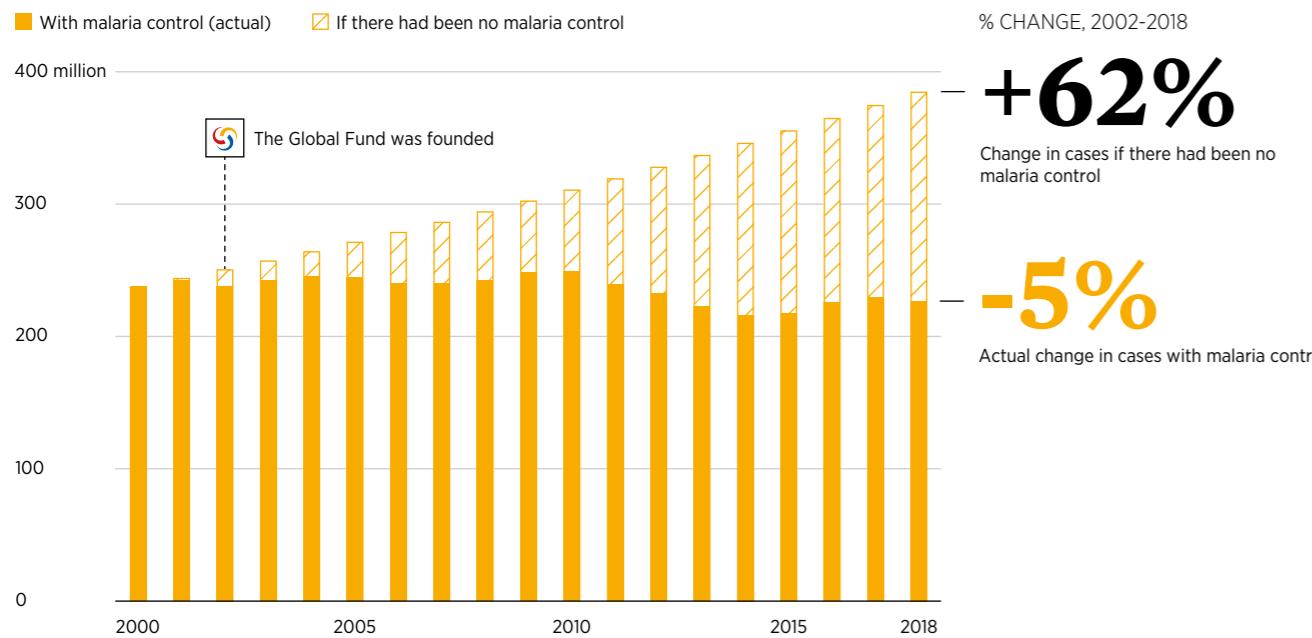
Trends in malaria deaths

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS



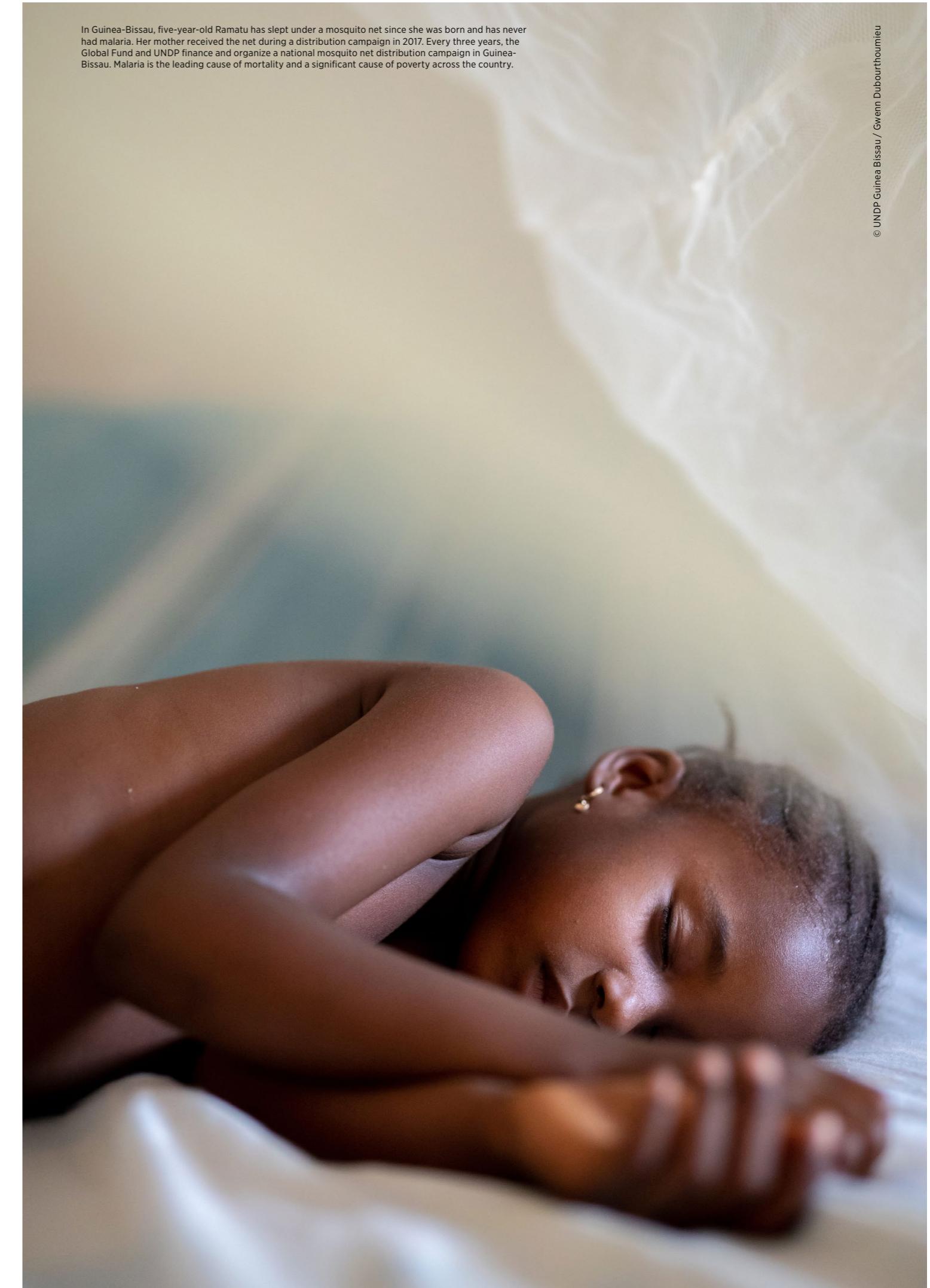
Trends in malaria cases

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

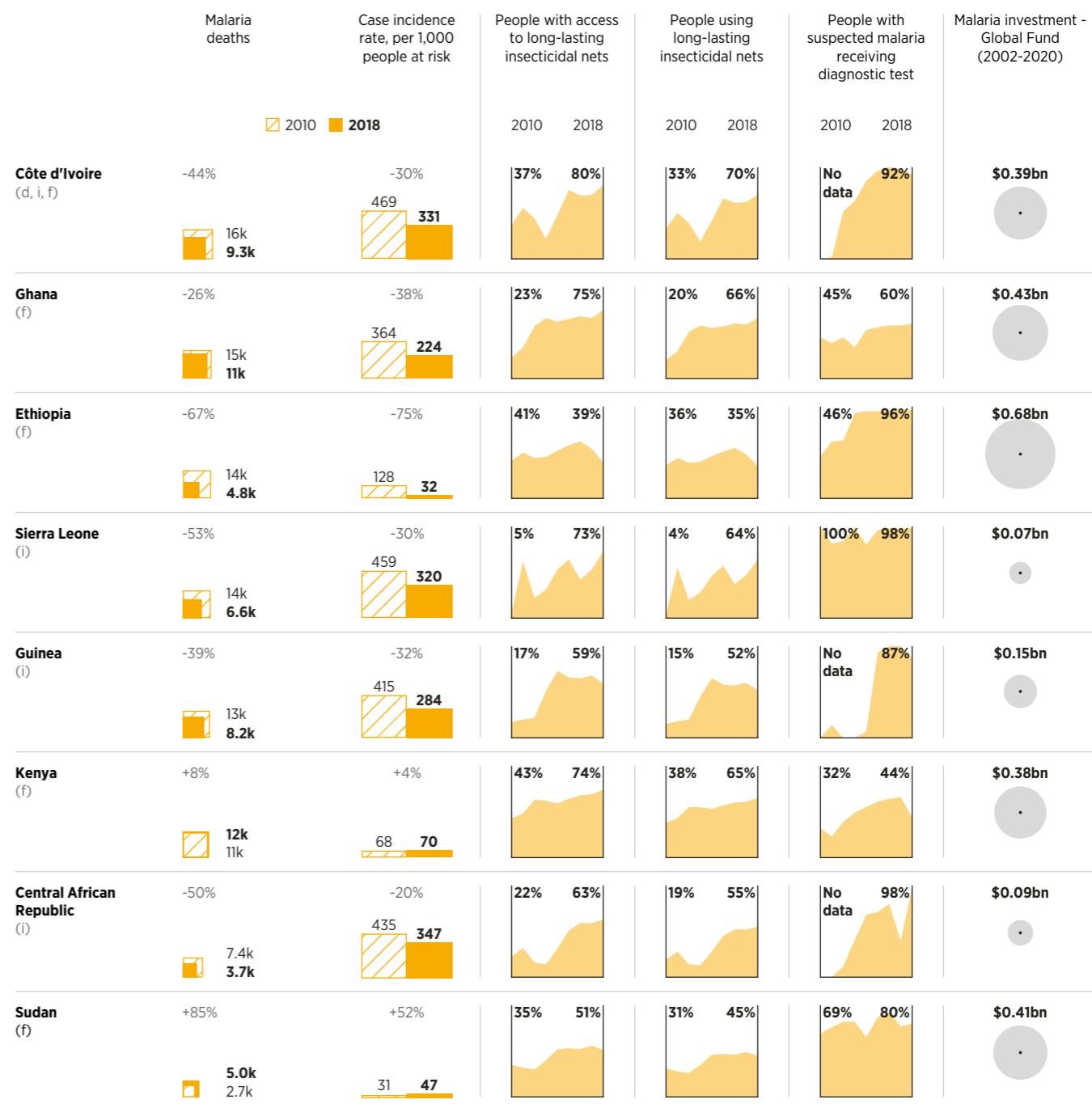
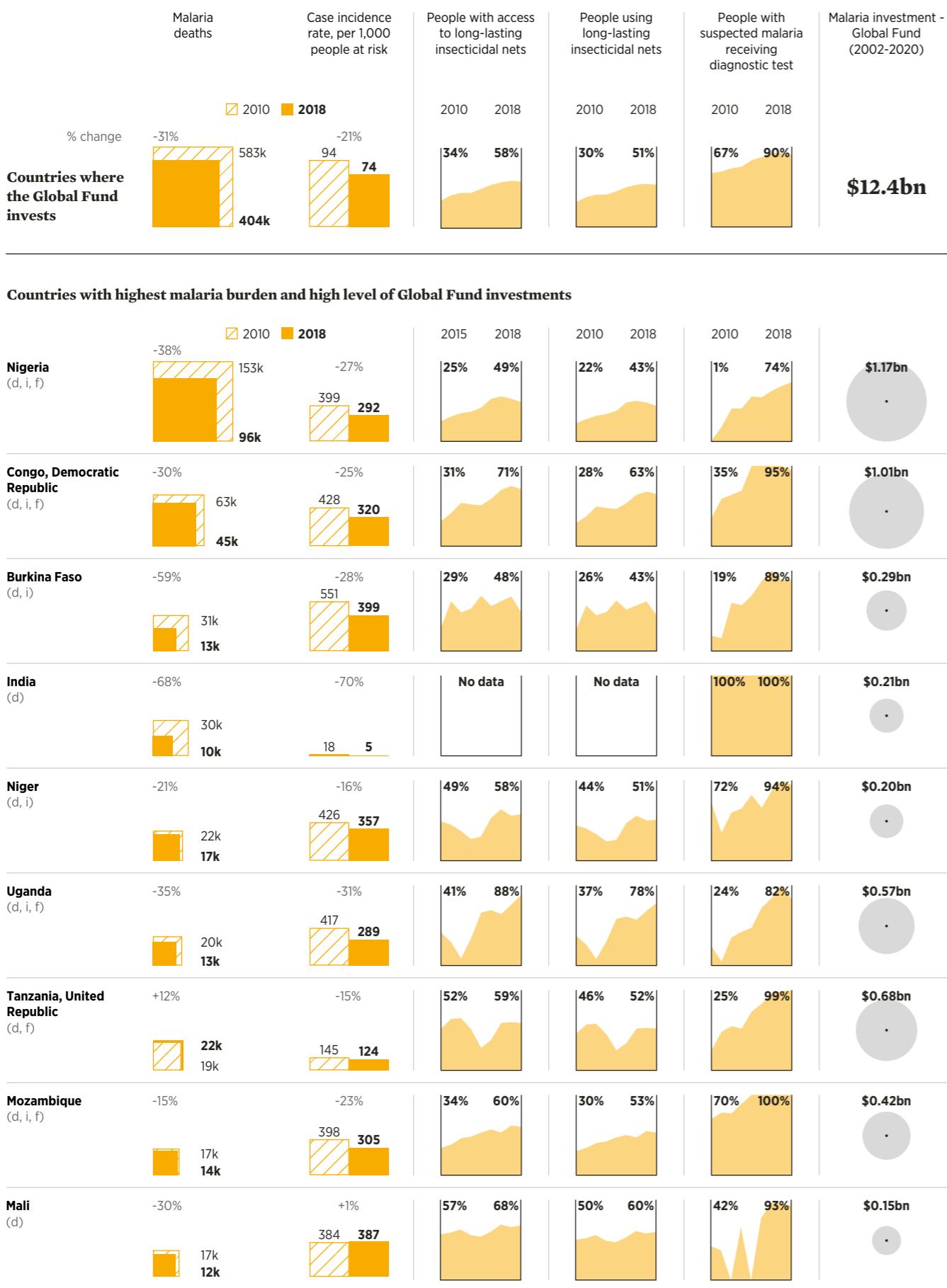


Malaria burden estimates and estimation of "no malaria control" from WHO Global Malaria Program, 2019 release.

In Guinea-Bissau, five-year-old Ramatu has slept under a mosquito net since she was born and has never had malaria. Her mother received the net during a distribution campaign in 2017. Every three years, the Global Fund and UNDP finance and organize a national mosquito net distribution campaign in Guinea-Bissau. Malaria is the leading cause of mortality and a significant cause of poverty across the country.



Investment and impact: Malaria



For a detailed look at malaria results per country, visit the Global Fund Data Explorer at data.theglobalfund.org/

Data is based on mid-point estimates from World Malaria Report 2019 <https://www.who.int/publications/item/9789241565721>. World Malaria Atlas Project data for bednet access and use in countries for which estimates are available, <https://malariaatlas.org/>; and Global Fund disbursements which are available on the Global Fund Data Explorer.

1. Countries listed on this page were selected based on three criteria:

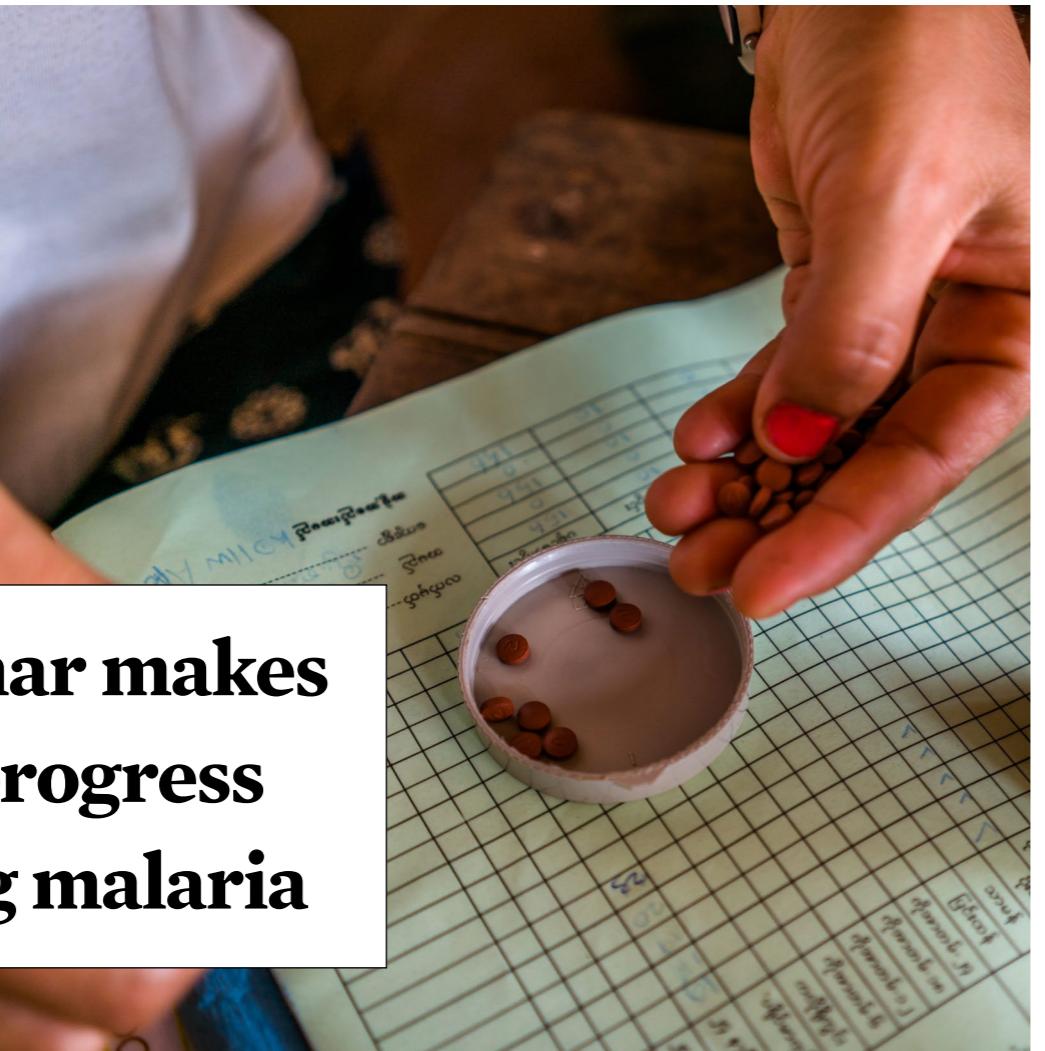
- being among the top-10 countries with the highest number of deaths in 2010 (d)
- being among the top-10 countries with the highest incidence rate in 2010 (i)
- being among top-10 countries received highest amount of funding from the Global Fund from 2002 to end-June 2020 to support malaria programs (f)

Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as "Countries where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$12.4 billion from 2002 through June 2020 to support malaria programs. Additionally, they received US\$848 million for cross-cutting support across three diseases. Countries that did not receive an allocation over 2019-2019 cycle received US\$730 million since 2002, resulting in a total of US\$13.2 billion.

3. In line with the Global Fund results reporting methodology, the charts reflect the achievements of national health programmes, representing the outcomes, efforts and investments of all partners, domestic and international. For High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: <https://data.theglobalfund.org/home>. See <https://www.theglobalfund.org/en/methodology/> for a description of the Global Fund results methodology.

A community mobilizer prepares malaria treatment at a patient's home in the village of Xwe Lay, Kayin State, Myanmar.



The Global Fund / Quinn Ryan Mattingly

Myanmar makes major progress fighting malaria

“

A decade ago, Myanmar had more than 1 million malaria cases every year; today the country has slashed this number to 108,000.

Ten years ago, more than 3,800 people died from malaria in Myanmar every year. Today, that number has dropped to approximately 170.

Much of this progress has been made through the tireless efforts of some 17,000 malaria health volunteers across the country. These community volunteers, through the support of the Global Fund and partners, receive training and the basic tools and resources they need to protect their communities from the disease. This includes providing rapid malaria testing and treatment as well as referring the most serious cases to health facilities. The volunteers also provide vital community-based education through national anti-malaria campaigns. These health workers play a key role in improving access to malaria diagnosis and treatment for hard-to-reach populations. Last year the Global Fund and partners provided community health workers with approximately 6 million long-

lasting insecticide-treated nets which were distributed across the country.

Global Fund investments are also supporting the development of new technology to support Myanmar's fight against malaria. This includes developing a "Malaria Case-based Reporting App" enabling health volunteers to map malaria cases, enhancing the efficiency and effectiveness of elimination efforts.

A decade ago, Myanmar had more than 1 million malaria cases every year; today the country has slashed this number to 108,000. With continued investments in prevention, treatment and education programs, including supporting the country's thousands of health volunteers, Myanmar continues to make great strides forward in its efforts to address artemisinin resistance and eliminate the disease.



Naw Htay Htay Myint, a community mobilizer, supervises and checks in on a community malaria volunteer in the the village of Xwe Lay, Kayin State, Myanmar.



Saw Soe Aung, a 21-year-old village health volunteer and trained microscopist, examines blood samples to screen for malaria in a rural health center in Xwe Lay village, Kayin State, Myanmar.

The Global Fund / Andrew Esiebo



Resilient and Sustainable Systems for Health: the Cornerstone of Global Health Security

Resilient and sustainable systems for health are the essential foundation to fighting infectious diseases, whether ending HIV, TB and malaria as epidemics, fighting new pandemics like COVID-19, or preparing and responding to future health threats.

The challenge

Resilient and sustainable systems for health are essential to fighting infectious diseases, yet many low- and middle-income countries still have weak health and community systems, with capability gaps and infrastructure deficiencies across multiple components. This includes shortfalls in health workforce skills and numbers, costly and incomplete supply chains, inadequate disease surveillance systems, overburdened laboratory networks, poor integration of formal and informal health and community systems, and weak financial management and oversight mechanisms. In many such countries, people cannot access testing and treatment because they are unable to pay, live too far from health services, or are denied access due to stigma or discrimination. Such shortcomings undermine the pace of progress in the fight against existing diseases and impede an effective response to infectious disease outbreaks.

COVID-19 and other infectious disease outbreaks such as Ebola and MERS (Middle East respiratory syndrome) demonstrate that countries around the world rely on each other having strong systems for health for our global health security. Local outbreaks can rapidly translate into global health threats. Weaknesses in the systems for health of individual countries can allow pathogens to gain momentum and spread across borders. In today's increasingly interconnected world, no one is safe until everyone is safe. We all have an interest in the strength and resilience of every health and community system.

The Global Fund response

Investment in resilient and sustainable systems for health is a core component of the Global Fund's strategy for 2017-2022. We are already the largest multilateral investor in grants for systems for health, investing more than US\$1 billion a year to strengthen and build diagnostic tools and laboratory facilities; data and surveillance systems; procurement and supply chains; community systems; and training of health workers.

The fight against HIV, TB, and malaria both depends on and contributes to stronger systems for health. We will not succeed in defeating the three epidemics without reinforcing key components of health and community systems. By reducing the burden

of HIV, TB and malaria, we will free up health system capacity for other health priorities. The impact of Global Fund investments on health and community systems has been evident in countries' COVID-19 responses: the infrastructure, equipment and capabilities put in place to fight HIV, TB and malaria have played a critical role.

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There are more than 2 million community health workers in the countries where the Global Fund invests, mainly serving rural and hard-to-reach populations.

Investing in human resources

Investing in the training and support of health workers, especially community health workers, in both formal and informal settings, remains critical to delivering the Global Fund's mandate. There are more than 2 million community health workers in the countries where the Global Fund invests, mainly serving rural and hard-to-reach populations. The ability to train and deploy community health workers rapidly, the trust that communities place in them, and their presence in areas with few resources make community health workers a vital part of systems for health in many low- and middle-income countries.

Investing in gender equity and human rights

Removing barriers to accessing health care, helping end violations of human rights and striving to improve gender equity are critical elements of efforts to end the three epidemics. In many countries, people cannot access prevention, testing or treatment services, because they are unable to pay, live too far from health facilities, or are denied access due to discrimination, stigma or gender norms. The Global Fund

invests to remove those barriers, making health services more readily available and financially accessible, and supporting countries in their progress toward universal health coverage.

The Global Fund has invested approximately US\$123 million to remove human rights barriers in the 2017-2019 allocation cycle through the "Breaking Down Barriers" initiative. The initiative has helped to catalyze increased investments in human rights and helps policymakers identify the root causes of human rights and gender barriers, determine what is needed to tackle them, and establish the costs involved. For example, South Africa's new three-year plan to tackle gender inequality and human rights-related barriers to HIV and TB health services, launched in 2019, was shaped by the extensive baseline assessment studies into human rights and gender barriers conducted as part of "Breaking Down Barriers". South Africa's new plan helps vulnerable and key populations to access lifesaving health care services, while addressing the root causes of human rights and gender-related barriers.

The Global Fund supports the African Coalition to Fight TB (ACT Africa) in its use of a gender responsive agenda to address TB in sub-Saharan African countries with the highest number of "missing" people with TB. The coalition integrates gender approaches in interventions such as strengthening community voices in national TB programs; training communities in gender assessment tools; planning TB programs; and developing community-led strategies for finding "missing" people with TB.

The Malaria Matchbox tool, introduced with partners in 2017, is now being used more widely to assess inequities in access to malaria services and address human rights and gender risks and vulnerabilities. In Niger for example, the national response to malaria has increasingly used a gender and human rights lens to strengthen its strategy, including use of the Malaria Matchbox tool. Working with Malaria No More and local communities, the National Malaria Control Program has used the tool to collect data and identify gaps in Niamey and Maradi regions. From this effort, Niger created an action plan to better reach those underserved populations and to strengthen the overall participation of communities in malaria programs.

Improving procurement and supply chains

Efficient procurement and supply chain systems are critical to fighting HIV, TB and malaria, and are a key component of resilient and sustainable systems for health. The Global Fund is investing in improving and integrating supply chains and pharmaceutical management in order to improve product availability, reduce product waste and lower supply chain costs, not least by significantly improving forecast accuracy and increasing inventory turnover. Grant investments supported by Supply Chain Transformation Plans aim to improve availability of key medicines and diagnostics at the facility level. In 2019, the percentage availability of all diagnostics and first-line drugs for HIV and TB needed in health facilities exceeded targets, and the target of availability of malaria drugs was nearly met (see graph below).

Strengthening data systems and data use

More frequent and timely data allows countries to quickly identify and respond

to changes in epidemiology and to learn which interventions are having most impact.

The Global Fund, in coordination with other partners, is supporting the rollout and maintenance of electronic, integrated national health management information systems in over 30 countries. The percentage of countries that have fully deployed and functional health management information systems nearly doubled between 2018 and 2019, from 22% to 43%. We are on track to reach our target of 70% by the end of 2022.

We are also working with partners to collect critical subnational data, such as mapping and estimating the size of key populations and their needs. In some countries, collecting such data entails using a network of mobile phones at community-level clinics to collect diagnostic, treatment and drug delivery information. In others, it involves sophisticated laboratory analysis data. For instance, the Global Fund invests in Uganda's Supranational Reference Laboratory, which supports 21 countries across Africa with drug resistance surveillance and to conduct complicated tests of drug-resistant TB. In DRC, the Global Fund and Gavi, the Vaccine

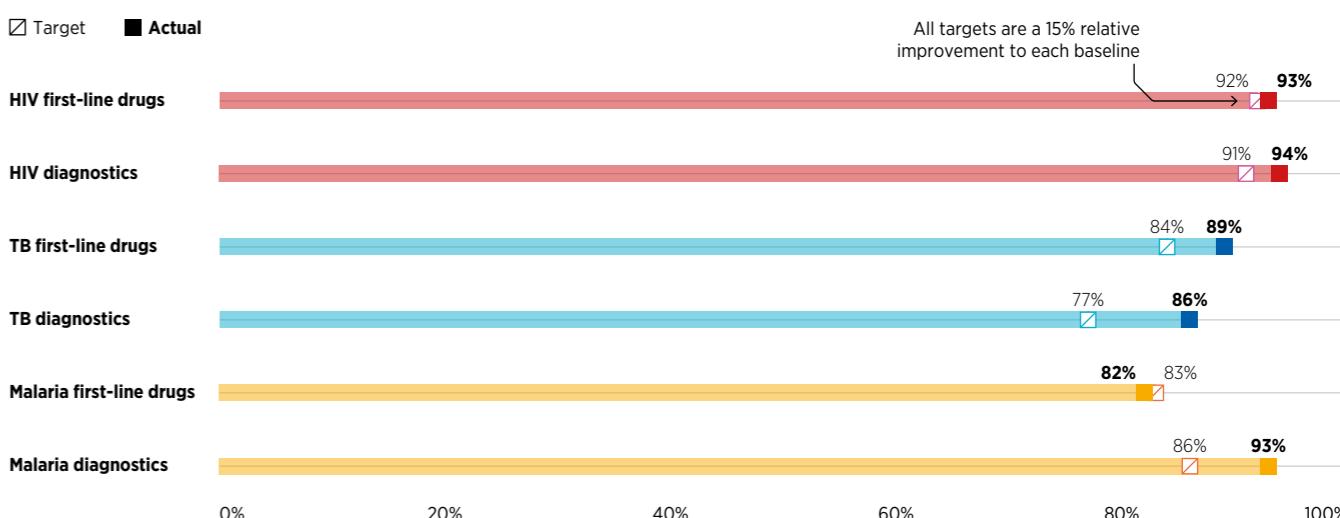
Alliance supported the countrywide rollout of District Health Information Software 2 (DHIS2), an open source platform for managing health data.

Domestic resource mobilization

Encouraging and stimulating domestic investments in health is an essential component of the Global Fund's strategy. The US\$14 billion raised for the Sixth Replenishment seeks to spur domestic investment of US\$46 billion through co-financing requirements, and technical assistance on health financing. The Global Fund's Sustainability, Transition and Co-Financing Policy aims to support countries as they move toward full domestic funding of their systems for health, including their HIV, TB and malaria programs. In our 2017-2022 strategy, the Global Fund commits to work with all implementing countries to increase domestic resource mobilization for health, with a particular emphasis on investing in programs that support key and vulnerable populations. In 2019, the India

Average on-shelf availability

COUNTRIES IN SUPPLY CHAIN TRANSFORMATION INITIATIVE



Results reported at the end of 2019.

On-shelf availability is measured as the percentage of health facilities visited providing tracer medicines available on the day of the visit or as per Logistics Management Information Systems status; or percentage of health facilities visited providing diagnostic services with tracer items on the day of the visit.

Countries included in the initiative are: Bangladesh, Burkina Faso, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Liberia, Malawi, Niger, Nigeria, South Africa, Pakistan, Tanzania and Uganda.

The Supply Chain Transformation Initiative strengthens in-country supply chains through renewed strategic efforts that enhance and promote advances in the supply of medicines and other key health products to improve universal access.

Health Fund, an innovative fundraising initiative established by Tata Trusts and the Global Fund in 2016, launched the nationwide "Quest for Innovations towards Eliminating Tuberculosis" in partnership with the Global Fund, Tata Trusts, and India's national TB program, among others. This effort is meant to support India's ambitious aim to eliminate TB in India by 2025.

Building stronger community responses and systems

Communities play a critical role in leading the response to infectious diseases – as trusted providers of health information and care, as advocates and, with new threats such as COVID-19, as providers of disease surveillance and data. The Global Fund invests in community-led monitoring to support people in communities to assess the effectiveness, quality, accessibility and equity of health services they receive. Communities decide what to monitor and what to act on once data is collected. By incorporating advocacy in its framework, community-led monitoring uses evidence gathered to hold service providers and decision makers accountable. In this endeavor, the Global

Fund has supported countries including Georgia, Kyrgyzstan, Moldova, Tajikistan and Ukraine to implement the Rights – Evidence – Action (REAct) system, which allows communities to record and respond to human rights violations among HIV and TB key populations. In Zimbabwe, the Global Fund's technical assistance has supported the development of an adolescent girls and young women community scorecard, which is helping to increase access to gender-based violence services.

The Global Fund invested more than US\$100 million in community systems strengthening in the 2017-2019 allocation cycle.

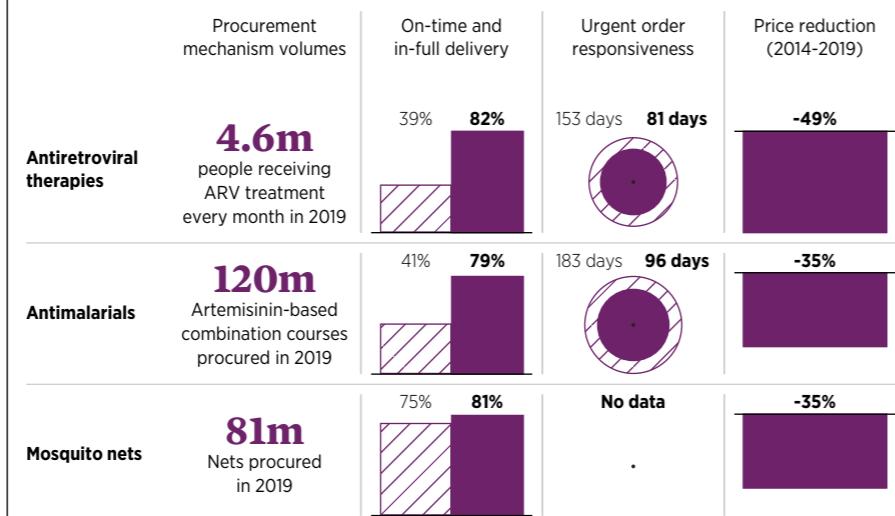
Promoting integrated, people-centered health services

The Global Fund supports HIV, TB and malaria programs that go beyond a narrow focus on the specific diseases to deliver integrated, people-centered health services to maximize efficiency and improve overall

Pooled Procurement Mechanism results

■ 2014

■ 2019



All information as of the end of 2019. Indicative figures to show magnitude of procurement, not representative of every product procured through the Pooled Procurement Mechanism.

The Pooled Procurement Mechanism is used to aggregate order volumes on behalf of participating grant implementers to negotiate prices and delivery conditions with manufacturers. It provides access to competitive market terms and prices no matter the size or value of the order, eliminates procurement delays, supports timely grant expenditure and ensures quality-assured goods and medicines reach those most in need in a timely manner.

health outcomes. For example, interventions to prevent mother-to-child transmission of HIV, ensure early diagnosis of HIV in infants, screen pregnant women and children for TB, and protect pregnant women and infants from malaria. These interventions are designed and implemented as components of an integrated strategy for strengthening overall antenatal and postnatal care.

The Global Fund seeks to improve quality of care by supporting countries to achieve integrated health services, which are safe, timely, efficient, and equitable. We support countries as they strive to achieve a supportive policy and programmatic environment, which promotes and entrenches integrated services with the aim of achieving quality health care. That includes investing to strengthen governance and accountability to help maintain strategic oversight over health goals and priorities. The Global Fund invests strongly in sexual and reproductive health and rights services. Often, these services are the first point of contact with the health system for key and vulnerable populations. These services include screening and testing of sexually

transmitted infections, post-violence care and antenatal care, training of health personnel and family planning. Addressing unmet HIV and other sexual health needs of key and vulnerable populations through an integrated sexual and reproductive health rights approach, combined with addressing discrimination and violence against these groups of people, is critical to ending the epidemics.

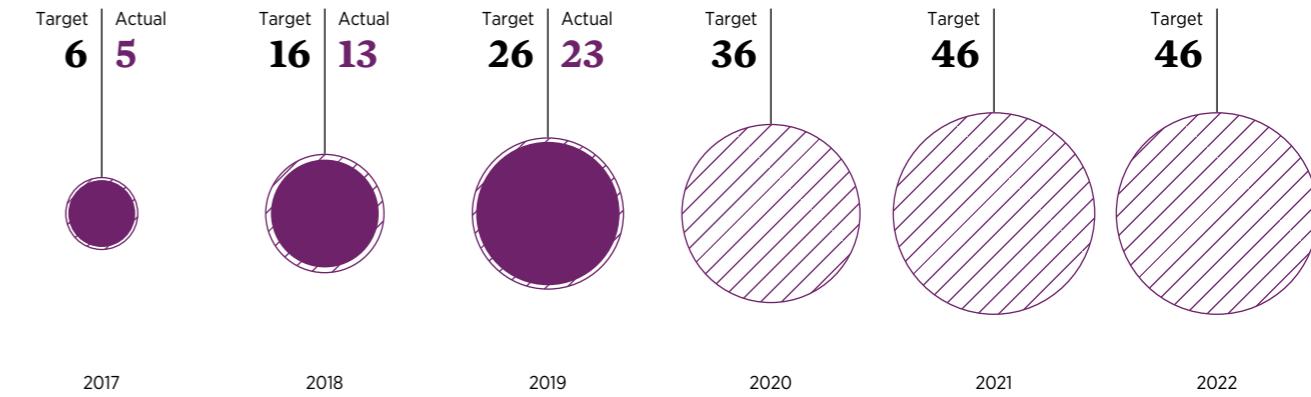
The integrated infrastructure, staff and resources created to fight HIV, TB and malaria contribute to the overall quality of primary health care and strengthen the health system's ability to respond to new threats like COVID-19 and prepare for future pandemics. For instance, as the COVID-19 pandemic accelerated in South Africa in 2020, the country repurposed infrastructure built over the years in the fight against HIV and TB to fight the new pandemic, implementing the same "find, treat and prevent" strategies.

Financial management systems meeting defined standards

NUMBER OF COUNTRIES

■ Target

■ Actual



Defined standards are measured as at least 80% of agreed actions for improvement of financial systems implemented.

Countries targeted include High Impact and Core Countries where the use of Public Financial Management Systems or Donor Harmonized Systems are not feasible, therefore the Global Fund supports grant implementers to strengthen their financial management systems for effective and efficient management of grants/programs.

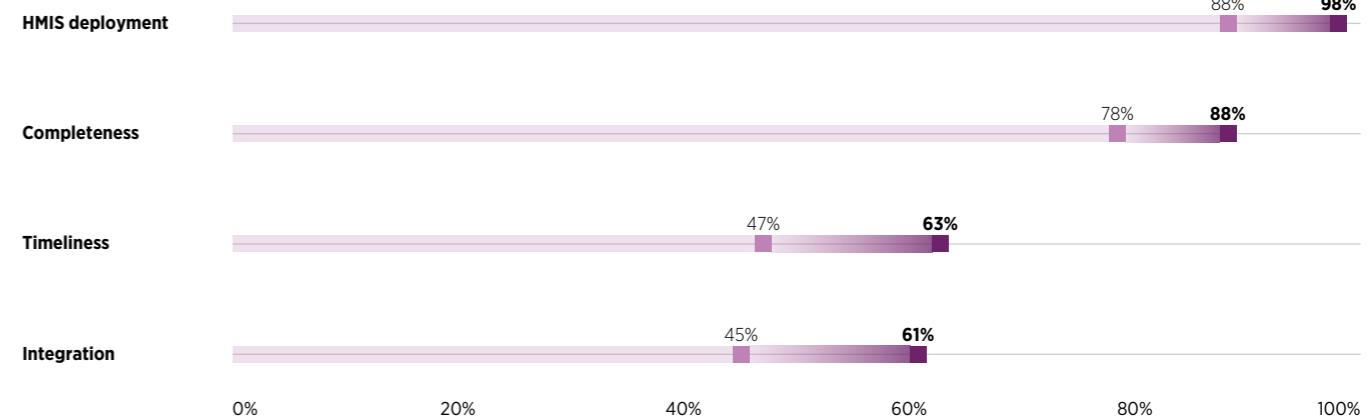
"Agreed actions" relate to agreed actions to strengthen the people, processes and information systems of financial management systems.

Financial management systems meeting defined standards represents only one of multiple RSSH key performance indicators.

Health management information systems

PERCENTAGE OF HIGH IMPACT/CORE COUNTRIES THAT ACHIEVED HMIS DEPLOYMENT, COMPLETENESS, TIMELINESS AND INTEGRATION THRESHOLDS

■ 2018 ■ 2019



High Impact/Core Countries are approximately 50 countries with the highest burden of at least one disease or largest Global Fund investment.

Sub-indicators are:

HMIS deployment: countries with > 80% of facilities/reporting units expected to submit monthly/quarterly reports to the electronic HMIS

Completeness: countries where > 80% of expected facility monthly reports were actually received

Timeliness: countries where > 80% of submitted facility monthly reports were received on time

Integration: countries where HIV, TB & malaria aggregate data integrated/interoperable with national HMIS

Community health workers leading the fights against HIV, TB and malaria in Kenya



Amref Health Africa / Kennedy Musyoka



“

Doreen Oruoch is one of the nearly 1 million community health workers in countries across sub-Saharan Africa where the Global Fund invests.

Community health worker Doreen Oruoch has helped protect hundreds of people from malaria in Homa Bay, her community in Western Kenya. She advises families on how to use mosquito nets, she tests for the disease and provides treatment for people when they are diagnosed.

Oruoch is one of the nearly 1 million community health workers in countries

across sub-Saharan Africa where the Global Fund invests. These health workers – most of whom are volunteers and receive only a small stipend – have been on the frontlines of the fights against HIV, TB and malaria for years, providing vital health services to communities that are often the most remote and hardest to reach.

There are currently around 63,000 community health workers in Kenya alone. This includes 11,000 community health workers supported through Global Fund partner Amref Health Africa. Since 2016, Amref-supported health workers have conducted 1.4 million malaria tests and treated 800,000 cases of malaria. The work of community health workers has contributed significantly to the progress made in the fight against malaria particularly in malaria endemic regions like Homa Bay.

These same community health workers are now leading efforts to prevent, detect and respond to COVID-19 – while at the same time continuing to protect progress made in the fights against HIV, TB and malaria.

The Global Fund / Ricci Shryock



Fighting HIV, TB and Malaria in the Shadow of COVID-19

To protect the progress outlined in the previous chapters and save lives, we must see the fights against COVID-19, HIV, TB and malaria as one and the same fight.



The Global Fund / Andrew Esiebo

Community TB worker Sewande Jekenu's job is to talk to people in the streets of Lagos, Nigeria, about the dangers of tuberculosis and to collect sputum samples for testing. She says that misconceptions about COVID-19 and TB have made her work very difficult: "Some people send us away. They say we are coming to isolate them because of COVID-19. They should know TB is not about isolation - it is about getting the right treatment."

“

Deaths from the three epidemics may as much as double in the coming year as health and community systems are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted.

If the world's poorest and most vulnerable countries don't receive urgent and adequate support to fight COVID-19, deaths and infections from all four diseases will skyrocket.

This is already happening. Deaths from COVID-19 in the first seven months of 2020 have already exceeded the total deaths from HIV and malaria combined in the same period in 2019. Recent modelling studies by WHO, UNAIDS and the Stop TB Partnership indicate deaths from the three epidemics may as much as double in the coming year as health and community systems are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted.

Since the pandemic began, the Global Fund has conducted biweekly surveys in 106 countries to monitor the impact of COVID-19 on Global Fund supported programs. While qualitative, this monitoring tool provides invaluable insights into where and how COVID-19 is having the most impact on Global Fund-supported programs. The results show widespread disruptions to HIV, TB and malaria work as a result of both the COVID-19 pandemic itself, and the associated public

health measures. Approximately three-quarters of HIV, TB and malaria programs have been moderately or significantly impacted.

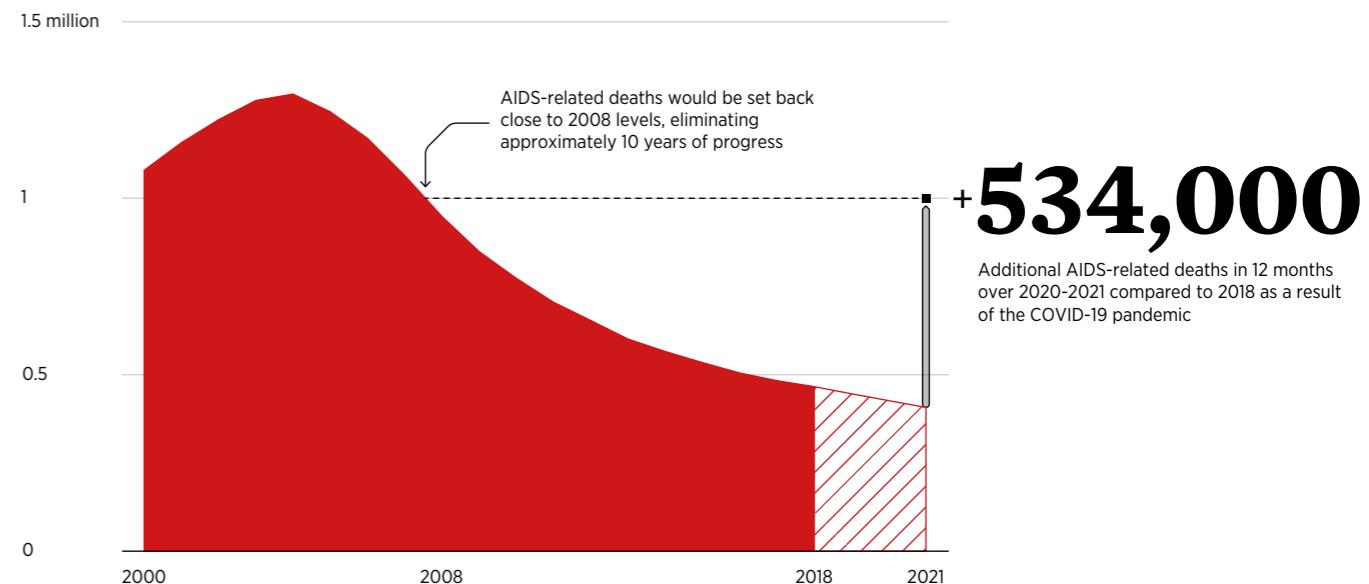
In the first few months of 2020, lockdowns, restrictions on gatherings of people and transport stoppages have been the main reasons program activities have been suspended or delayed. As lockdowns have been at least partially relaxed in many countries, and as the pandemic itself has gained momentum, the pattern has begun to change, with more disruptions occurring as a result of the impact on health workers and the health system as a whole, and unavoidable fears among the general public to go to facilities for services.

Increasing disruptions to HIV, TB and malaria programs are being observed, and include: the reassignment of existing medical and laboratory staff from programs fighting HIV, TB and malaria to the fight against COVID-19; health workers, in particular laboratory workers, falling ill with COVID-19; COVID-related stigma and the reluctance of health workers to attend to people suspected of having TB or malaria – which have many of the same initial symptoms

AIDS-related deaths: impact of COVID-19

POTENTIAL INCREASE IN AIDS-RELATED DEATHS DUE TO HIV TREATMENT DISRUPTION IN THE CONTEXT OF THE COVID-19 PANDEMIC IN SUB-SAHARAN AFRICA

- AIDS-related deaths (actual)
- Projected AIDS-related deaths based on trends prior to COVID-19 pandemic
- Potential additional AIDS-related deaths due to COVID-19 pandemic



Estimates of AIDS-related deaths over 2000-2018 from UNAIDS, 2019 release. Estimation of projected AIDS-related deaths over 2018-2021, based on continuation of trends prior to COVID-19. Estimation of potential AIDS-related deaths as a result of the COVID-19 pandemic from modelling work convened by WHO and UNAIDS, 2020.

+534,000

Additional AIDS-related deaths in 12 months over 2020-2021 compared to 2018 as a result of the COVID-19 pandemic

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as COVID-19; and people unwilling to seek health services due to fear of getting infected with COVID-19

Impact of COVID-19 on HIV

COVID-19 is disrupting people's access to lifesaving ARV therapy and to prevention and testing programs. According to recent projections by UNAIDS and WHO, deaths from HIV and AIDS in sub-Saharan Africa could double in the next 12 months – reversing more than a decade of progress. Results from the Global Fund's COVID-19 monitoring tool suggest there has been a 50% decrease in the volume of HIV testing in some places, which could lead to a rise in new infections as people unaware of their status continue to transmit the disease to others.

Movement restrictions have resulted in community-based service delivery being scaled back or halted completely including for key populations. COVID-19 could also have a devastating impact on HIV infections among children. Estimates from UNAIDS show that interruptions to ARVs for pregnant women and new mothers could lead to new

child HIV infections rising by as much as 83% in Mozambique, 106% in Zimbabwe, 139% in Uganda and 162% in Malawi (UNAIDS).

Impact of COVID-19 on TB

The impact of COVID-19 on the fight against TB could be equally devastating. Some TB laboratory services are under acute pressure. As of June 2020, 20% were experiencing high or very high levels of disruption. In some places, new TB case notifications have dropped by up to 75%, which could result in increased numbers of "missing" TB patients. This is particularly concerning as identifying and treating the estimated 3 million TB patients who are "missed" every year is vital to ending the epidemic.

COVID-19 is especially concerning for people with TB, as often their lungs are already damaged, making them particularly vulnerable to the respiratory stress COVID-19 can cause. The similarities between the initial symptoms of COVID-19 and TB contribute to confusion and stigma, hindering efforts to identify and treat TB patients.

Molecular diagnostic instruments used to diagnose TB are being diverted to test for COVID-19. This has contributed to the reduced effectiveness of programs to reach "missing" TB patients. As with HIV, some people with TB have encountered difficulties in sustaining their treatment given impediments to accessing medicines, economic privation and disruption to support mechanisms.

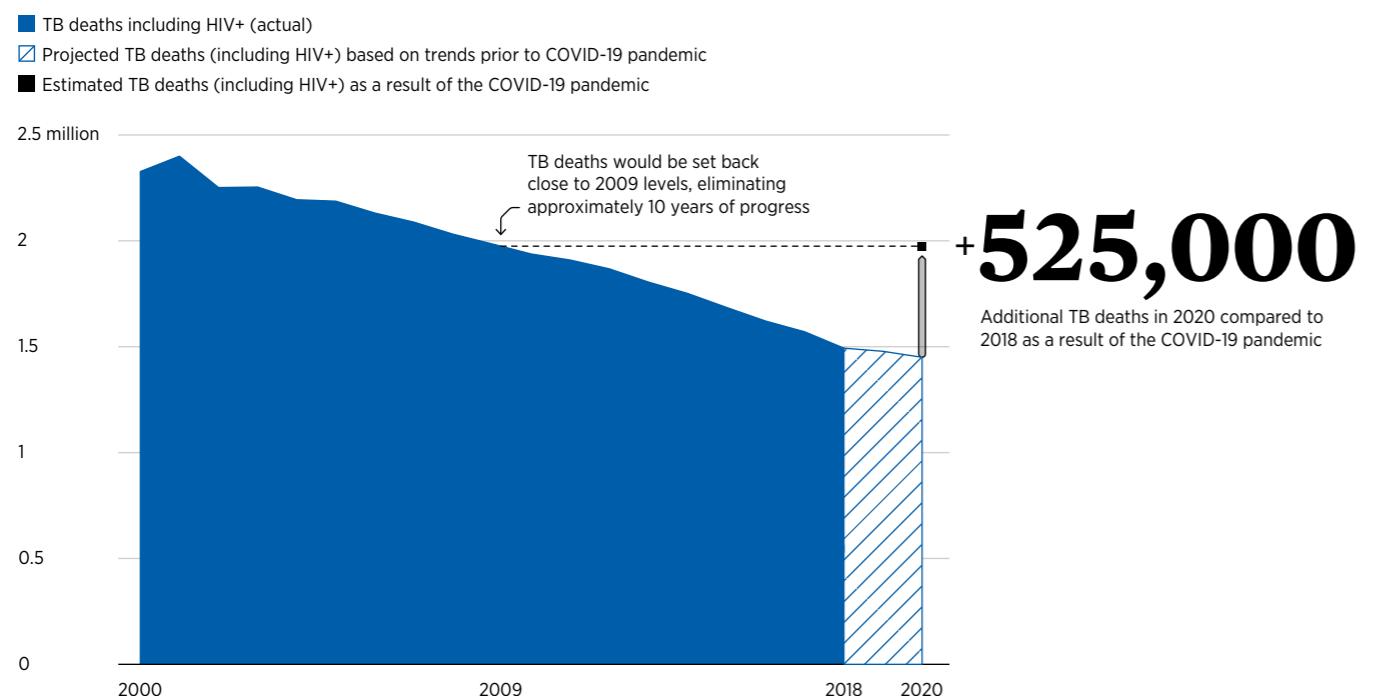
According to the Stop TB Partnership the COVID-19 pandemic could result in an additional 525,000 TB deaths in 2020 compared to 2018 levels. Combined with the extensive disruption to testing and prevention activities seen in many countries, more than a decade of progress in the fight against TB could be reversed.

Impact of COVID-19 on malaria

On malaria, COVID-19 threatens to reverse 20 years of progress. According to WHO estimates, COVID-19 could result in an additional 382,000 malaria deaths in 2020

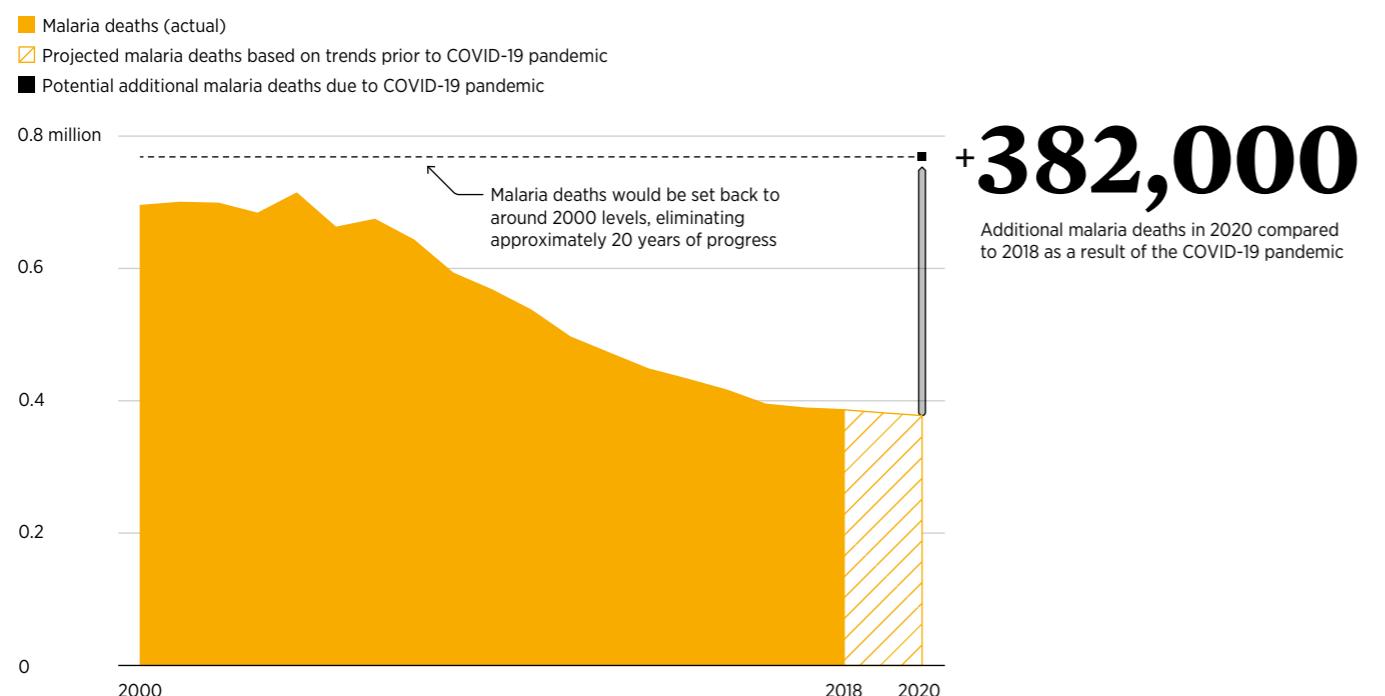
Tuberculosis deaths: impact of COVID-19

POTENTIAL INCREASE IN TB DEATHS DUE TO TB SERVICE DISRUPTION IN THE CONTEXT OF THE COVID-19 PANDEMIC GLOBALLY



Malaria deaths: impact of COVID-19

POTENTIAL INCREASE IN MALARIA DEATHS DUE TO MALARIA SERVICE DISRUPTION IN THE CONTEXT OF THE COVID-19 PANDEMIC IN SUB-SAHARAN AFRICA



alone. This would take worldwide deaths from malaria back to levels not seen since 2000.

In some countries mosquito net distribution campaigns have been delayed. Case management has been affected in some places by constraints on the movement and availability of health workers, while some countries face potential stock-outs of essential anti-malaria medicines. COVID-19 symptoms, in particular fever, has led to malaria being thought to be COVID-19 and vice-versa. Too often people who feel sick are not seeking treatment, frightened of contracting COVID-19 at a health facility.

Impact of COVID-19 on systems for health

In many countries, both the health and community systems and the workers who make them function risk being overwhelmed by COVID-19. Laboratory networks in some countries have been under acute pressure as they struggle to scale up COVID-19 testing, with a negative impact on viral load testing for HIV and testing for TB. Restrictions on movement have also impacted diagnostics, including the transportation of TB specimens.

Many health workers, particularly community health workers, lack training on infection and prevention and have inadequate access to personal protective equipment, resulting in increasing numbers of health workers falling sick, having to isolate or die. Health workers without personal protective equipment can also face hostility from communities fearful of infection. As the pandemic gains pace in many of the countries in which HIV, TB and malaria are prevalent, there is a risk that health systems could collapse, with potentially disastrous consequences.

COVID-19 has caused considerable disruption to procurement and supply chain systems across the world in 2020. We are closely monitoring the impact on our supply chain, to be able to anticipate and prevent potential problems. As of 14 August 2020, 16% of orders looked likely to be delayed by 30 days or more.

The Global Fund's response

As the world's trusted, proven partnership fighting major infectious disease at scale around the world, the Global Fund reacted

decisively to the emergence of COVID-19 and we are playing a critical role in the COVID-19 response in the poorest and most vulnerable countries. Together with partners, we are strengthening systems for health so they can test, track and treat for the virus now and be prepared to roll-out vaccines once available; procuring and distributing COVID-19 diagnostics now and therapies once available; protecting front-line health workers with personal protective equipment; and adapting lifesaving HIV, TB and malaria programs so they can safely continue.

In early March 2020, the Global Fund introduced new grant flexibilities to enable countries to use savings and reprogramming from existing grants to rapidly adapt HIV, TB and malaria programs, purchase protective equipment, procure COVID-19 diagnostics and medical supplies, and strengthen the immediate response to the pandemic. In April, the Global Fund launched the COVID-19 Response Mechanism with an initial capacity of an additional US\$500 million. As of 21 August, grant flexibilities totaling US\$184 million had been approved for 92 countries and 11 multicountry programs, while US\$514.5 million had been approved through the COVID-19 Response Mechanism to 73 countries and 2 multicountry programs.

Rapidly redesigning HIV, TB and malaria programs to the COVID-19 context has required intense effort, innovation and close collaboration with partners. Innovative HIV prevention, testing and treatment approaches introduced by countries and community groups include digital prevention programs, multi-month dispensing and courier delivery of antiretrovirals as well as increased deployment of HIV self-testing. Significant investments have been made to procure additional molecular diagnostics machines across high burden countries to mitigate the risk of existing machines being diverted to test for COVID-19. Virtual observation of TB treatment via smartphone applications have been introduced, alongside digital support systems for TB preventative therapies. To be consistent with social distancing, mosquito net campaigns are done door to door rather than having people collect the nets from central distribution points.

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To mitigate the risk of stock-outs, we have worked with partners to improve forecasting and bring forward orders and established mechanisms to expedite shipments delayed

by lockdowns. We are also tracking the potential impact of COVID-19 on pricing and availability of essential commodities, as manufacturers switch capacity to COVID-19 medicines and diagnostics. For example, the Global Fund has already taken action with partners to ensure continuity of supply for malaria rapid diagnostic tests.

Fighting COVID-19 requires intense coordination and collaboration. The Global Fund is a founding partner of the ACT-Accelerator (ACT-A) to accelerate development, production and equitable access to COVID-19 testing, treatment and vaccines. We are a co-convenor of both the ACT-A Diagnostics Partnership (with the Foundation for Innovative New Diagnostics - FIND) and of the ACT-A Health Systems Connector (with the World Bank), and we are leading the workstream on procurement and deployment in the ACT-A Therapeutics Partnership. For example, for COVID-19 diagnostics, ACT-A partners are working together to accelerate the development and deployment of new antigen rapid diagnostic tests. Meanwhile, we are providing existing tests, including high throughput molecular diagnostic cartridges, to low- and middle-income countries, using an allocation framework to ensure that the poorest countries do not lose out.

The investments that the Global Fund has made in systems for health over the last 20 years are underpinning the response to COVID-19 in many low- and middle-income countries. Billions of dollars invested in front-line health workers, laboratory systems, supply chain improvements, and health information systems have put many low- and middle-income countries in a much stronger position, but these need to be vastly expanded now.

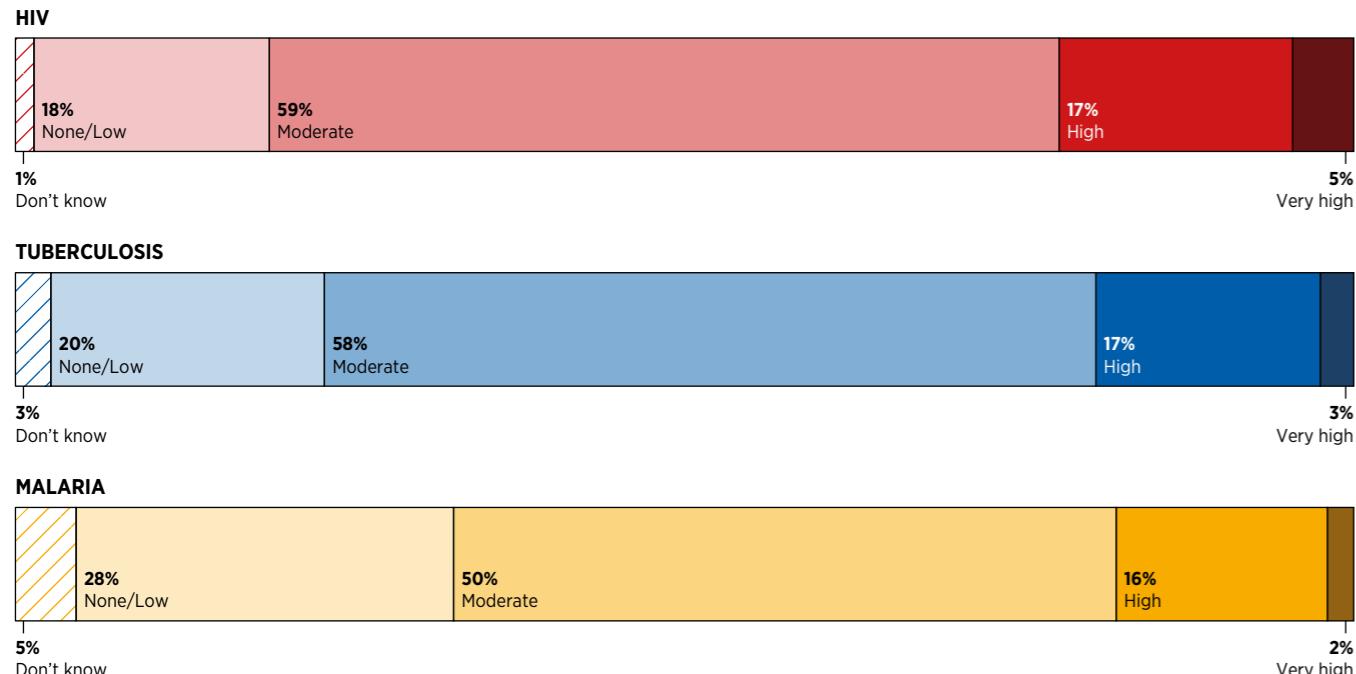
Funding gap

The Global Fund urgently needs US\$5 billion over the next 12 months to continue to fight COVID-19, protect health workers and systems for health, and defend progress in the fights against HIV, TB and malaria.

So far only a small fraction of this funding has been received, and it is estimated that our emergency response fund will run out of money by the end of September 2020. Without these urgently needed funds to fight

Health service delivery

REPORTED LEVELS OF DISRUPTION TO THE SERVICE DELIVERY OF GLOBAL FUND-SUPPORTED PROGRAMS AS A RESULT OF THE COVID-19 PANDEMIC



Survey results as of 1 August 2020. The biweekly survey is completed online by country-based Local Fund Agents (Global Fund service providers) who consolidate views of various in-country stakeholders, but the data are not verified. The tool helps identify potential risks and disruptions to programs, but is not intended to be a rigorous assessment of the country situation, nor should it be interpreted as such. A total of 106 countries completed the survey.

“

Decades of hard-won gains made against HIV, TB and malaria – and trillions of dollars invested to fight disease and progress on the 2030 Sustainable Development Goals – could be lost.

COVID-19, countries will be unable to: deliver on their targets for lifesaving services for ongoing HIV, TB and malaria programs; purchase personal protective equipment to protect health workers; and procure additional COVID-19 tests or treatments that are critical to fighting the disease. Private sector support, particularly rapid deployment of supply chain and information technology solutions, is critical to help low-income countries quickly strengthen their capacities to fight COVID-19.

In the fight against COVID-19, we must leave no one behind – because it's the right thing to do, and because everyone's safety depends on it. It is estimated that at least US\$28.5 billion is required to mitigate the impact of COVID-19 on countries affected by HIV, TB and malaria over the next 12 months, train and protect health workers, reinforce systems for health so they don't collapse and are prepared to roll out testing, treatments and vaccines (once available), and respond to COVID-19 itself.

The Global Fund's extraordinary record of impact is proof that when the world unites

around a common goal, the deadliest infectious diseases can be driven into retreat and millions of lives can be saved.

The world faces a critical turning point. Decades of hard-won gains made against HIV, TB and malaria – and trillions of dollars invested to fight disease and progress on the 2030 Sustainable Development Goals – could be lost. The world must act with speed and scale, investing far greater resources than have yet been committed, to counter both the direct impact of COVID-19 and to mitigate the knock-on consequences for HIV, TB and malaria.

75%

HIV, TB AND MALARIA PROGRAMS
MODERATELY OR SIGNIFICANTLY IMPACTED BY COVID-19

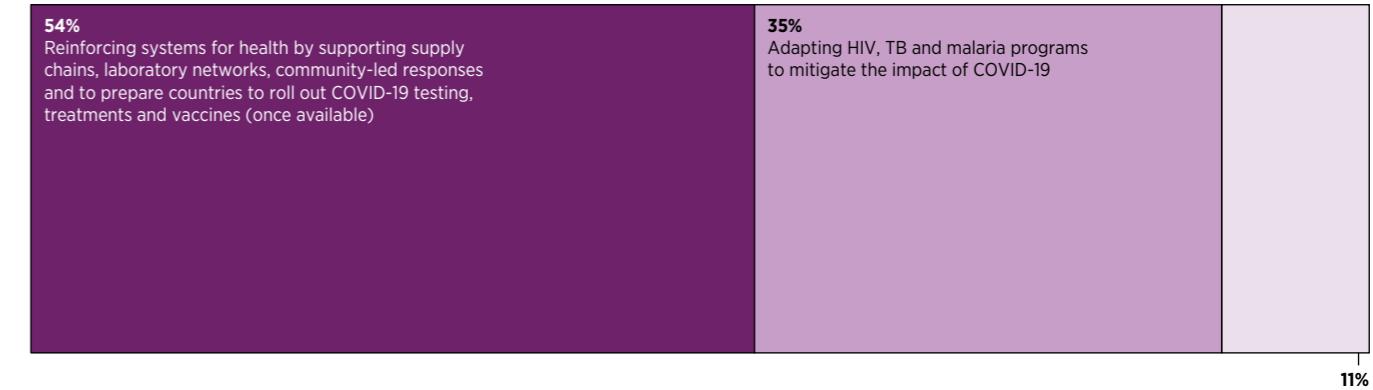
Distribution of COVID-19 Response Mechanism funds

AS OF 21 AUGUST 2020 (ALL FIGURES IN USD)

\$514.5m **\$168m**

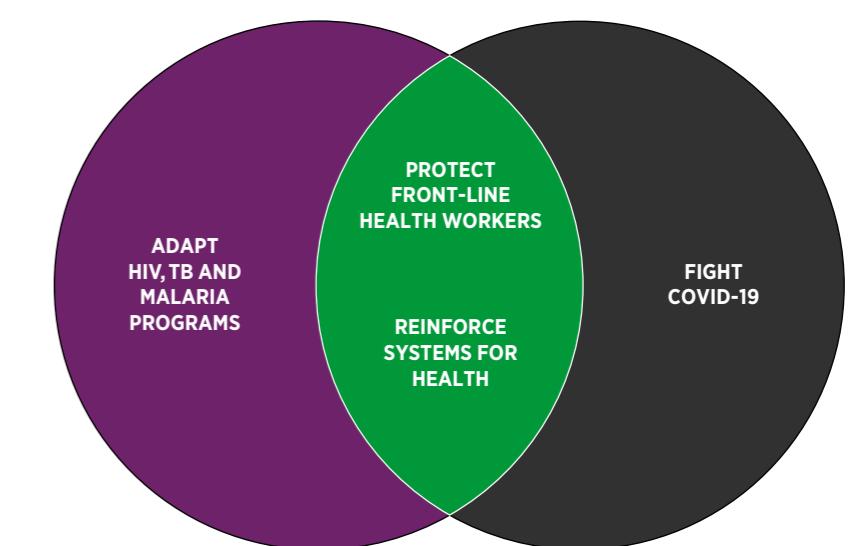
Total approved through the COVID-19 Response Mechanism

Of COVID-19 Response Mechanism funds have been used for the provision of personal protective equipment for health workers



The Global Fund has adopted a four-pronged response to the pandemic:

- Adapt HIV, TB and malaria programs to mitigate the impact of COVID-19 and safeguard progress;
- Protect front-line health workers through the provision of personal protective equipment (PPE) and training to front-line health staff, including community health workers;
- Reinforce systems for health so they don't collapse by supporting urgent enhancements, including to supply chains, laboratory networks and community-led response systems;
- Fight COVID-19 by supporting control and containment interventions, including testing, tracing and the support of isolation, communications and treatment (as therapeutics become available).



In Ukraine courier services are being used to deliver ARVs and other medicines directly to people's homes during COVID-19 lockdowns.



CO "100% Life"

Country responses to COVID-19

Delivering HIV medication by post in Ukraine

Across the world, COVID-19 lockdowns and restrictions on public transportation have made it more difficult to access treatment. Not everyone can afford a taxi to their health center, and this seemingly small hurdle can result in death.

In Ukraine, the Global Fund is supporting an initiative by "100% LIFE", a local HIV community network that organizes courier services to deliver ARVs and other medicines directly to people's homes. The country's two biggest post operators, Ukrposhta and Nova Poshta, offer the service. People living with HIV in remote areas where postal services are not available have their medications delivered by car. Approximately 123,000 people are on ARV therapy for HIV in Ukraine, which has the second-largest HIV epidemic in Eastern Europe.

The Global Fund is supporting countries to mitigate the impact of COVID-19 on the fight against HIV, such as:

- In Côte D'Ivoire patients receive drug supplies for one to three months for TB and HIV to reduce the number of trips to health centers.
- In Malaysia, masks, gloves and other protective equipment have been procured for outreach workers providing HIV services to key populations such as sex workers, transgender people, and men who have sex with men.
- In Uganda, HIV-positive mothers and pregnant women receive door-to-door health services and ARVs to prevent transmission of the virus to their babies.

Protecting progress in Indonesia's fight against TB

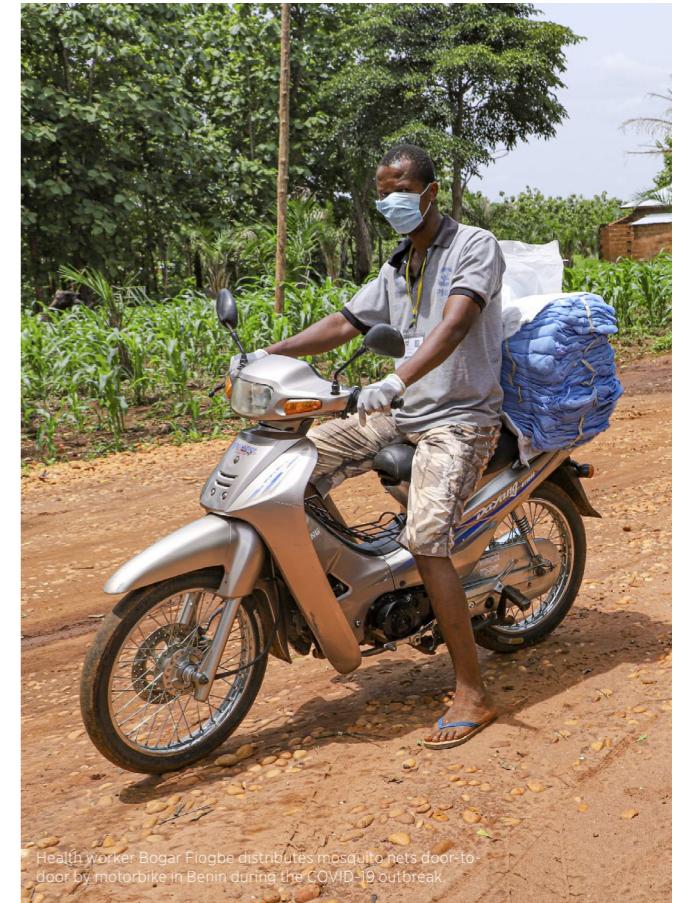
Indonesia has one of the heaviest TB burdens in the world, and COVID-19 threatens to make things worse. The Global Fund has worked closely with partners and the government to test and treat millions of people across Indonesia, including testing 564,000 people in 2018 alone. Investments from the Global Fund also support the purchase of GeneXpert machines – molecular diagnostic instruments that have revolutionized TB control by providing swift turnaround of test results. With support from the Global Fund, over 800 of these machines have been installed in health facilities across the country.

Now the Global Fund is enabling countries to use GeneXpert machines in the fight against COVID-19, through the procurement of special testing cartridges that can test for the new virus. This is being done while sustaining TB testing capacity by purchasing new testing machines and running double shifts for laboratory workers. Global Fund partners are also distributing larger amounts of medication to TB patients to reduce the

A nurse working at the Persahabatan Hospital in Jakarta, where Indonesia's leading TB center is located.



The Global Fund / Jiro Ose

Health worker Bogar Fiogbe distributes mosquito nets door-to-door by motorbike in Benin during the COVID-19 outbreak.
Hugues Ahounou/Catholic Relief Services

Going door to door to deliver 8 million mosquito nets in Benin

As the rainy season approached in West and Central Africa, the Global Fund worked with partners to implement new strategies to distribute mosquito nets to protect families from malaria within the context of COVID-19.

For the first time, community health workers in Benin went door to door to distribute more than 8 million mosquito nets across the country. About 5,500 community workers were mobilized to complete this lifesaving activity in just 20 days. Other countries across Africa have adopted this approach to ensure distribution of mosquito nets continue despite the COVID-19 pandemic.

- In El Salvador, TB and COVID-19 testing capacity is being supported among the prison population. Surgical masks, N95 respirator masks, alcohol gel and thermometers have been procured to mitigate the impact of COVID-19 on TB programs.
- In Moldova, 5,000 HIV and TB testing kits have been purchased as well as personal protective equipment.
- In Niger, nomadic communities are being screened for TB through mobile teams and laboratories. In the capital city Niamey, a new mobile TB data collection tool was piloted.

The Global Fund is supporting programs to mitigate the impact of COVID-19 on the fight against malaria, such as:

- In Afghanistan, malaria testing facilities have been expanded beyond the capital of Kabul and additional testing kits and antiseptics have been purchased.
- In Cambodia, mosquito nets have been distributed through door-to-door campaigns. Health workers have received personal protective equipment and training on how to use remote working technologies.
- In Mali, net distribution campaigns are now a mix of a door-to-door distribution in urban areas and fixed distribution points in rural areas. Fixed points are open for multiple days to avoid large crowds, and families receive more nets than usual to ensure universal coverage.



Investing for Impact

Since its creation in 2002 the Global Fund has disbursed more than US\$45.4 billion in the fight against HIV, TB and malaria and for programs to strengthen systems for health across more than 155 countries, including regional grants, as of June 2020, making it one of the largest funders of global health.

us\$45.4 billion

DISBURSED BY THE GLOBAL FUND AS OF JUNE 2020

“

In 2019, the Global Fund disbursed US\$3.5 billion across 150 countries, including regional grants.

In 2019, the Global Fund disbursed US\$3.5 billion across 150 countries, including regional grants. To maximize the impact of donor resources, the Global Fund uses a formula that directs funding to the countries with the highest burden of disease and lowest economic capacity. In line with this methodology, approximately 74% of disbursements in the current funding cycle went to countries in sub-Saharan Africa, where HIV and malaria are most prevalent. The Global Fund strives to maximize impact through innovation, collaboration, and continuous improvement in program quality. In 2019, the Global Fund continued to diversify our donor base, grow domestic resource mobilization, expand partnerships, and increase efficiencies and effectiveness through greater collaboration and economies of scale.

An evolving resourcing model

The financial model of the Global Fund partnership continues to evolve, reflecting the strengths of our diverse stakeholders and the changing needs and capacities of implementing countries. While public donors continue to be the primary source of funding for the Global Fund with 92% of total pledges in the Sixth Replenishment, private sector partners are playing a more significant role, complementing the contributions of other development partners through funding and innovative solutions. Yet the biggest change is the increasing role of domestic resource mobilization, as national governments take on more of the challenge of funding the fight against the three epidemics as part of their overall

journey towards delivering universal health coverage and the SDG 3 goal of health and wellbeing for all.

Global Fund resources

The Global Fund raises funds in three-year periods known as “replenishment cycles.” The Sixth Replenishment cycle, which runs from 2020 to 2022, was launched at the Replenishment Conference in Lyon, France, in October 2019, hosted by French President Emmanuel Macron. In an extraordinary show of global solidarity, donors pledged US\$14.02 billion for the next three years against the target of US\$14 billion – the largest amount ever raised for a multilateral health organization, and the largest amount ever raised by the Global Fund. This represents a 15% increase over the amount raised for the Fifth Replenishment. Many donors significantly increased their pledges, responding to the call to “Step Up the Fight” and recognizing the urgency to take decisive action to get back on track towards ending the epidemics. Further expanding our donor base, the Global Fund also welcomed 21 new and returning public donors. A record number of 24 implementing countries from Africa made pledges to the Global Fund, more than doubling the number in the previous replenishment.

Private donors pledged more than US\$1.1 billion for the first time ever, an extraordinary achievement led by the Bill & Melinda Gates Foundation’s pledge of US\$760 million and (RED)’s pledge of US\$150 million, alongside longstanding supporters such as Dato Sri Dr. Tahir, Comic Relief and Takeda. Six new private donors also returned or joined, including Children’s Investment Fund Foundation and the Rockefeller Foundation. Eleven partners committed other resources to expand innovation and impact focused on key areas such as TB case finding, fighting HIV among adolescent girls and young women, maternal and child health, reducing malaria among children, and strengthening of supply chain and data management. These included partners such as Google, Microsoft, Mastercard, Thomson Reuters Foundation, Société Générale, YMCA, Zenysis Technologies and Project Last Mile.

The largest contributors to the Global Fund (on a cumulative basis) are the United States of America, France, the United Kingdom, Germany, Japan and the European Commission. Following their public pledge announcements, donors then make payments over the replenishment cycle, based on an agreed payment schedule. As of June 2020, donors had contributed a total of US\$11.4 billion under the previous Fifth

Replenishment cycle, which corresponds to the full conversion of expected contributions. As of the same date, conversion of pledges to the Sixth Replenishment, which has just begun, is also on track.

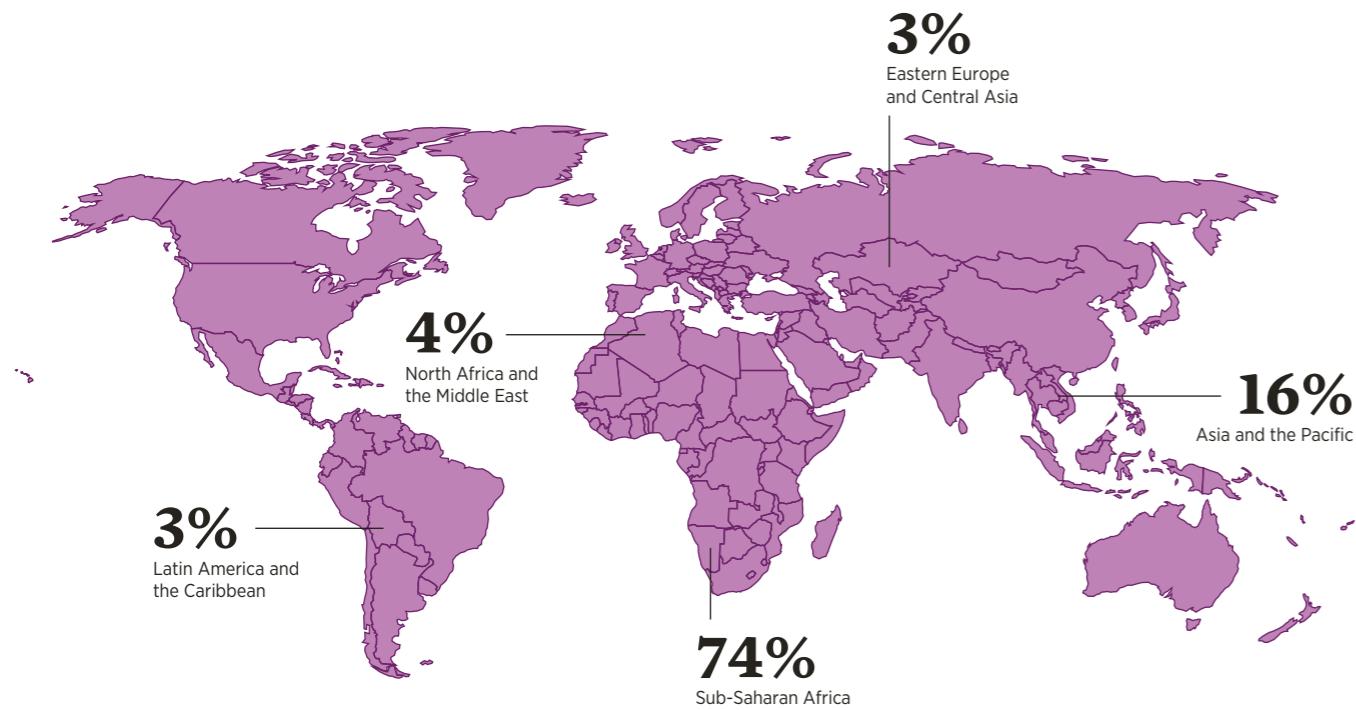
Co-financing

As countries increase their investments in health, including the fights against HIV, TB and malaria, domestic resource commitments have risen rapidly, in part catalyzed by Global Fund co-financing requirements. Typically, 15-30% of the Global Fund country allocation is provided as a co-financing incentive which is accessible when the country invests additional domestic resources. This mechanism has proved remarkably successful in incentivizing increased domestic investment in health, with co-financing commitments in the current cycle up 46% compared with 2015-2017. For the implementation period of the 2014-2016 allocation, actual co-financing investment exceeded the overall target (reaching 127% of target).

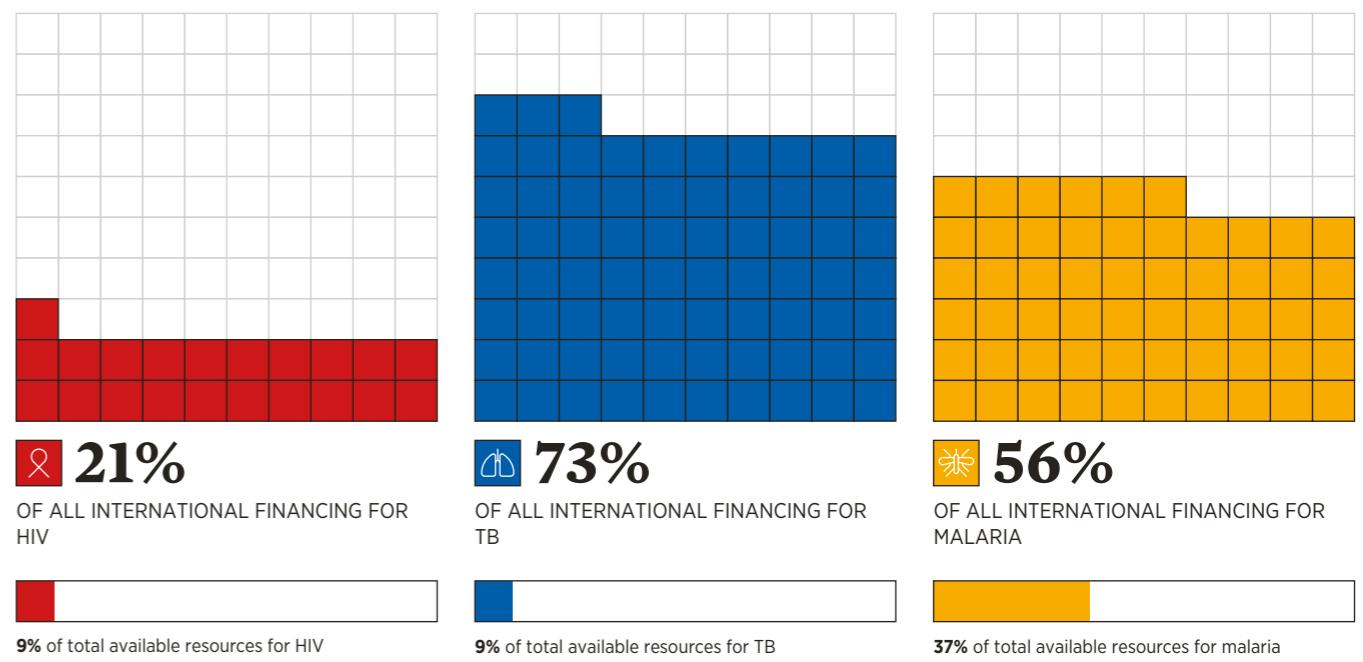
Given the severe economic impact of COVID-19 in most of the countries affected by HIV, TB and malaria, we anticipate that some countries will find it challenging to meet Global Fund co-financing requirements.

Global Fund investments by region

DISBURSEMENTS IN 2018-2020 AS OF JUNE 2019



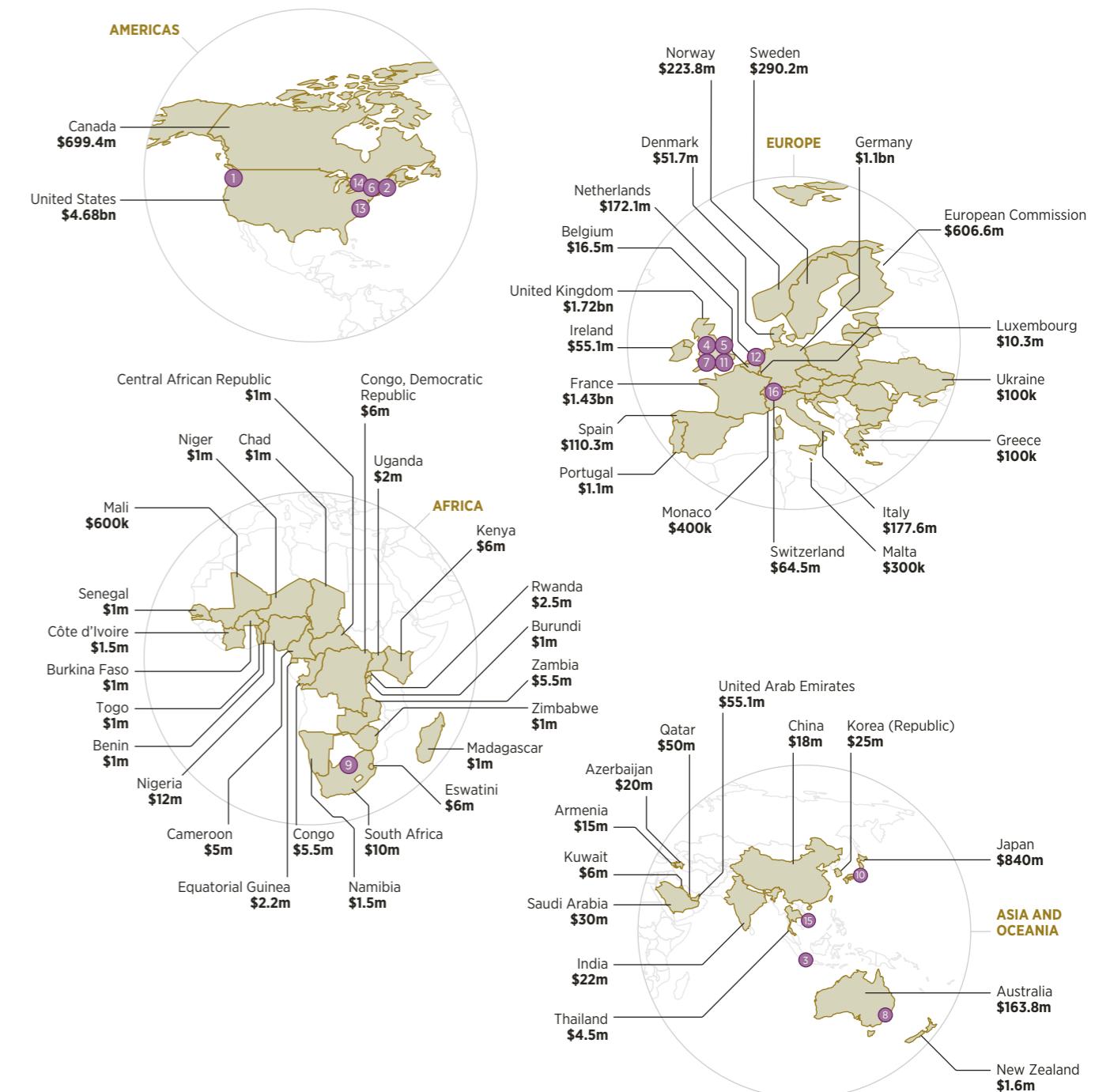
International grants provided by the Global Fund in 2019





Financial pledges for the Sixth Replenishment

AS OF DECEMBER 2019 (ALL FIGURES IN USD)



\$14.02 billion

TOTAL PLEDGES FOR SIXTH REPLENISHMENT

PLEDGES FROM PRIVATE SECTOR, NON-GOVERNMENT AND OTHERS

1. \$760m Bill & Melinda Gates Foundation
2. \$150m (RED)
3. \$30m Tahir Foundation
4. \$25m Children's Investment Fund Foundation
5. \$17m Comic Relief
6. \$15m Rockefeller Foundation
7. \$10m Human Crescent
8. \$7.2m Rotary Australia World Community Service and Rotarians Against Malaria
9. \$5.5m Goodbye Malaria
10. \$5.3m Takeda Pharmaceutical
11. \$5.1m Co-Impact
12. \$5m Cordaid
13. \$3m Catholic Relief Services
14. \$2.9m Plan International and Plan Canada
15. \$1m Le Nu Thuy Dong
16. \$500k YMCA and Y's Men International
17. \$150.6m Other Public and Private Sector
18. \$100m Commitments to be personally secured by Bill Gates and Bono with the active support of France

us\$175 million

SAVED THROUGH THE GLOBAL FUND'S POOLED PROCUREMENT MECHANISM

Innovative partnerships

The private sector can play a transformational role when it comes to ending the world's deadliest infectious diseases through investment in areas such as new technologies, health innovations and greater efficiency.

Some examples in 2019 include (RED), a groundbreaking initiative that works with the world's biggest brands to fight HIV in Africa, increasing its pledge to the Global Fund by 50% and bringing 16 new partners on board including Johnson & Johnson and Primark. (RED) has pledged more than US\$750 million to the Global Fund since inception. Co-Impact, a global philanthropic collaborative, is making a US\$20 million investment in partnership with the Global Fund and Last Mile Health to strengthen support to Liberia's community health worker program, increasing domestic investment and expanding access to health care. A new partnership with PharmAccess Foundation, a Dutch NGO, will support countries in sub-Saharan Africa to accelerate progress toward universal health coverage by harnessing digital technology. Goodbye Malaria, which is backed by the international restaurant group Nando's, supported the elimination of cross-border malaria transmission in Eswatini, Mozambique and South Africa. Project Last Mile continued its work supporting supply chain efficiency and effectiveness, as well as behavior change programs across 10 countries.

In 2019, the Global Fund strengthened its collaboration with a number of development finance institutions, exploring models of blended finance to increase health funding for implementing countries. This includes a public-private alliance with the Inter-American Development Bank and other partners that has committed US\$102.5 million to finance the work of a Regional Initiative to Eliminate Malaria in Central America, Colombia, the Dominican Republic and Mexico. The World

Bank and the Global Fund have signed a co-financing framework agreement that outlines a new approach for joint financing of investment-type operations between the two organizations, as well as results-based financing. Collaboration with the World Bank also includes the ground-breaking innovative financing initiative to accelerate tuberculosis elimination in India and make progress

towards the Global End TB Strategy targets

through the financing of a partial buy-down of the principal of an IBRD and Government of India US\$400 million loan. The Global Fund has worked closely with the Lives and Livelihood Fund, a concessional financing facility established by the Islamic Development Bank and the Bill & Melinda Gates Foundation, to support increased financing for health systems strengthening in two countries. After the finalization of the El Salvador debt swap for health (D2H) agreement with Germany in 2018, cumulative D2H support to programs fighting HIV, TB and malaria reached

US\$142.2 million as of June 2020.

Allocation

Following the record-breaking Sixth Replenishment Conference, Global Fund allocations for the next three-year cycle are larger than ever before, comprising US\$12.71 billion for country allocations and US\$890 million for catalytic investments for the period beginning 1 January 2020

- 23.4% more than for the previous three-year period. The Global Fund's 2020-2022 allocation methodology is geared toward increasing the overall impact of programs to prevent, treat and care for people affected by HIV, TB and malaria, and to building resilient and sustainable systems for health. The allocations provide significantly more resources for the highest burden and lowest income countries, while maintaining current funding levels or moderating the pace of reductions in other contexts.

Increased collaboration and efficiencies

More than ever, collaboration and efficiencies are needed to fight HIV, TB and malaria, build resilient and sustainable systems for health, and unite to fight the new COVID-19 pandemic. During 2019 the Global Fund and 11 multilateral agencies launched Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All. The joint plan outlines how the 12 agencies will collaborate to be more efficient and provide more streamlined support to countries to deliver universal health coverage and achieve the health-related SDG targets over the next 10 years.

The Global Fund was ranked in the top category in the 2020 AID Transparency Index for its transparency and accountability, underlining our commitment to tracking health investments and providing quality data.

On-time and in-full deliveries of health commodities remained high at 85% in 2019, resulting in decreasing reports of stock-outs.

Consolidated financial statements and external audit

In 2019 the Global Fund once again received a clean audit opinion from KPMG SA. The Global Fund has elected to maintain our financial statements in compliance with the International Financial Reporting Standards and our financial year follows a standard calendar year. Since 2012, the Global Fund has kept operating costs steady at less than US\$300 million per year. Full financial data is available in our Annual Financial Report.

© UNDP Guinea Bissau / Gwenn Duburthoumeau



We must unite to fight

The 2019 results show considerable progress in saving lives and fighting HIV, TB and malaria. However, the COVID-19 pandemic threatens to reverse the extraordinary gains made in the fight against the three epidemics.

Fighting COVID-19 and the impact of the new pandemic on the countries most affected by HIV, TB and malaria requires swift action, extraordinary levels of leadership and collaboration, and significant resources.

We must recognize that this is not just a fight against a single virus, but a fight to protect and save lives from multiple infectious diseases. We must support efforts to combat COVID-19 while sustaining the unfinished fights against HIV, TB and malaria. We must unite to fight.

Idelzita Mendoça Ferreira, Warehouse Manager of the National Generic Drug Central Purchase (CECOME), is checking a shipment of malaria drugs and mosquito nets for the region of Cacheu in northern Guinea-Bissau. Malaria is the leading cause of mortality and significant cause of poverty in the country.



Note on Methodology



A woman checks her weight on a scale as part of being screened for malaria in Bosau Village, Battambang Province, Cambodia.

The Global Fund Results Report 2020 presents selected programmatic results (e.g., people on antiretroviral therapy, people with TB treated, mosquito nets distributed) achieved by supported programs in 2019.

To measure impact, the Global Fund also uses the official disease burden and impact estimates developed and published by our technical partners, including WHO and UNAIDS.

We do not create our own disease burden and impact estimates. The disease burden and impact numbers are based on the latest available data from UNAIDS and WHO; in this report, data for HIV are up to 2019, but data for TB and malaria are up to 2018, as the 2019 data from WHO was not yet available at the time of publication. The Global Fund's results (nets distributed, people on ARVs, as well as coverage and outcomes for portfolio) are calculated using the data for HIV, TB and malaria in countries where we invest in a given year. This means our results are different from

the global figures presented in the WHO and UNAIDS reports, which include all data from all countries worldwide.

The Global Fund reports full national results for the countries where we invest, rather than reporting solely on the specific projects or interventions we fund. This reflects a core principle of the Global Fund: that we support national health programs and strategies to achieve national goals. By reporting full national results, we can show the impact of the programs we support together with all partners and demonstrate where countries are on the trajectory toward achieving 2030 targets to end the epidemics.

The "lives saved" figure in the Global Fund's results is calculated in conjunction with technical partners using the most advanced modeling methods currently available, yielding estimates, not scientifically exact figures. The number of lives saved in a given country in a particular year is estimated by subtracting the actual number of deaths

from the number of deaths that would have occurred in a scenario where key disease interventions did not take place. For example, consider a country in which there is a TB program that provides treatment to people with TB and in one year, 1,000 people diagnosed with TB were treated and 100 people died of TB. If in that same country, studies showed that the probability of dying with TB was 70%, it would be reasonable to assume that 700 people would have died had there not been the availability of treatment for TB. Therefore, the estimate of the impact of the treatment intervention in this case would be 600 lives saved. The same principle is used in all countries and for all diseases, using the best available estimates of intervention effectiveness and epidemiology.

For a fuller explanation of the Global Fund's reporting methodology, visit theglobalfund.org/en/methodology.



Kamate Muhindo is head nurse at the Majengo Marie Health Center in the Democratic Republic of Congo. He is passionate about saving lives in his community, even if his salary is not enough to feed his six children. "The biggest problem is that many patients are not able to pay for treatment or consultation," he says. He also says that COVID-19 has made the situation worse. "We hope that with partners and advocates we will have the necessary equipment to protect ourselves during our work because at the moment there is not enough for everyone."

Community health worker Nombasa and her husband from Cape Town, South Africa have borne the full brunt of HIV, TB and COVID-19. "Health workers need training and more PPE (personal protective equipment) to protect themselves and their families," she says. "That support is needed now."

