

HEALTH SYSTEMS IN CRISIS

THE GLOBAL FUND'S IMPACT IN UKRAINE



MAY 2022

RESULTS

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RESULTS

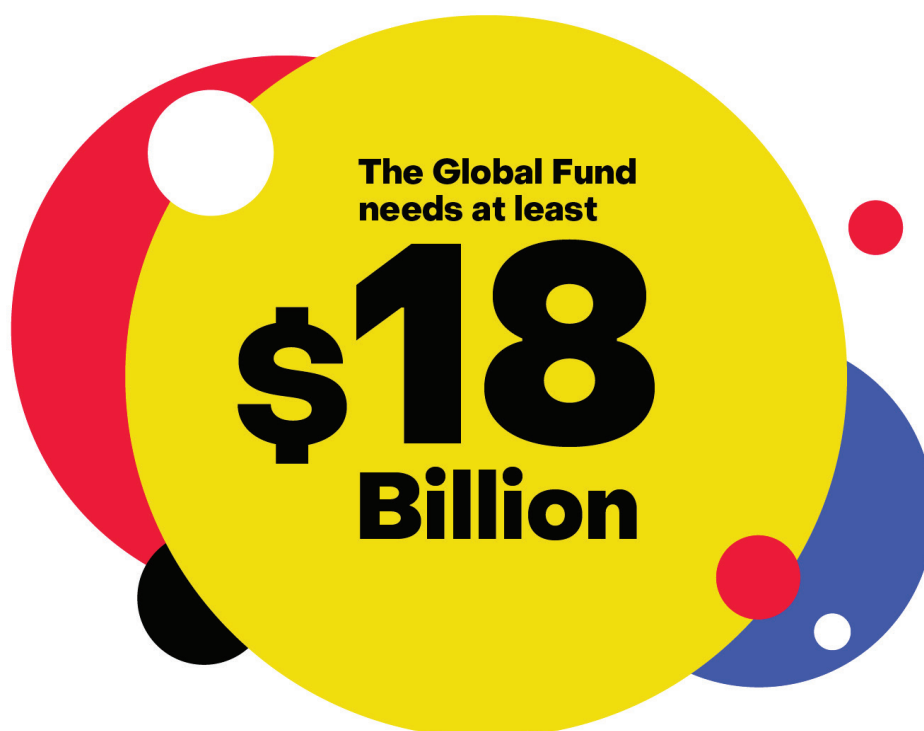
EXECUTIVE SUMMARY

Since its creation, the Global Fund to Fight AIDS, TB and Malaria has supported local organisations around the world to reduce the number of deaths from the three diseases drastically, as well as working to strengthen health systems globally. This work is all the more important in the face of crisis, like the Russian invasion of Ukraine launched on 24th February 2022. Prior to the outbreak of war, the Global Fund already invested \$850million in Ukraine, where HIV and TB rates - particularly multidrug-resistant TB - are some of the highest in Europe.

Global Fund investments have helped to reduce new HIV infections to around a third of the number in 2002, and almost halved the number of people living with TB. Additional funding has been mobilised from within the Global Fund to ensure that, through the course of the war, people living with HIV and TB, are still able to receive the support they need and to reduce the spread of infectious diseases across the region.

This report sets out the critical importance of ambitious commitments from key donors like the UK for the Global Fund. Continued funding will support both long term health systems strengthening, particularly for vulnerable groups, women and girls, as well as providing adaptable, community-centred funding in the face of crises like the ongoing war in Ukraine. **This is why the UK Government must commit £1.8 billion - a 30% increase on its previous pledge - at the Global Fund's Seventh Replenishment in September 2022.**

THIS REPORT HIGHLIGHTS THE URGENT NEED FOR THIS FUNDING THROUGH THE EYES OF THOSE PEOPLE MOST DIRECTLY AFFECTED - PEOPLE LIVING WITH HIV AND TB ACROSS THE COUNTRY.



100% LIFE

100% LIFE

100% LIFE

100% LIFE

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Handwritten notes in blue ink:

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- 2. *Анализ*
- 3. *Анализ*
- 4. *Анализ*



INTRODUCTION

The Global Fund to Fight AIDS, TB and Malaria is a critical tool in the eradication of the three diseases. Since its creation in 2002, the Global Fund has helped save 44 million lives. Overall, the number of deaths caused by AIDS, TB and malaria each year have been reduced by 46% since 2002 in countries where the Global Fund invests,¹ helping progression towards SDG 3.3. - to end epidemics of TB, HIV and malaria by 2030.^a



STRENGTHENING HEALTH SYSTEMS

The Global Fund works with local experts in long-term, sustained partnerships across more than 100 countries to accelerate an end to the three diseases. It's impossible to do this without also making substantial investments in the health systems that deliver this care. The Global Fund is committed to strengthening global health systems, with a total of \$1bn invested per year² specifically to build resilient and sustainable systems for health, contributing to pandemic preparedness and global health security. The Global Fund also has in place an Emergency Fund which allocates additional financing in contexts where access to primary and secondary health care is limited, as a result of conflict or humanitarian emergency. This has been critical in the response to a number of humanitarian crises in the past, most recently in the ongoing Russian war in Ukraine.



ALIGNMENT WITH UK PRIORITIES

Investment in long-term health systems strengthening and humanitarian response aligns clearly with the UK Government's priorities, particularly within the Foreign, Commonwealth and Development Office. The Foreign Secretary has articulated that ending preventable deaths of women and girls and responding to the Ukraine crisis are high on the agenda. It is well-documented that conflict has a major impact on health outcomes; so ensuring the Global Fund is fully financed in order to support emergency responses, as well as longer term recovery, in areas of conflict is critical.



THE SEVENTH REPLENISHMENT

In September, the United States will host the Global Fund's 7th Replenishment conference, where they are seeking \$18bn in pledges from international donors for the next three year funding cycle in order to meet the increased need in the world as a result of the COVID-19 pandemic.

Since co-founding the Global Fund in 2002, the UK has been its third largest sovereign donor. The UK has consistently supported the Global Fund in their efforts to eradicate the three diseases and strengthen health systems. This commitment significantly contributes to ending the preventable deaths of women and girls across the countries in which the Global Fund invests.

Now more than ever, as the world continues to respond to both the immediate and long-term impacts of the COVID-19 pandemic, it is essential that the UK and other donors step up. Donors must continue their historic partnership and commit to increasing their funding for the Global Fund by 30%, as set out in the Global Fund's investment case.³ If the world is to meet the Sustainable Development Goals and end the epidemics of TB, HIV and malaria by 2030, we must meet the Global Fund's replenishment target as a minimum.

^a SDG 3 is to "Ensure healthy lives and promote well-being for all at all ages" and within this, target 3.3. is "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases" <https://sdgs.un.org/goals/goal3>

THE GLOBAL FUND

The Global Fund is an international financing institution that accelerates the end of the AIDS, tuberculosis and malaria epidemics. AIDS, TB and malaria are all preventable and treatable and the partnership promotes innovative solutions to these global health challenges and future ones. Since its creation in 2002, the Global Fund has disbursed more than US \$50 billion in the fight against HIV, TB and malaria. It has invested in programmes to strengthen healthcare systems across more than 155 countries and provides prevention, treatment and care services to hundreds of millions of people.⁴

The Global Fund has a rich history of adapting to meet the urgent and emerging needs of communities living with TB, HIV and malaria as well as broader health systems globally. In 2020, the Global Fund established its COVID-19 Response Mechanism (C19RM). This is now the primary channel for providing grant support to low- and middle-income countries for COVID-19 tests, treatment, and personal protective equipment (PPE).⁵ In more than 120 countries around the world, the Global Fund continues to make urgent adaptations to life saving HIV, TB and malaria programmes to respond to COVID-19 cases in endemic countries.

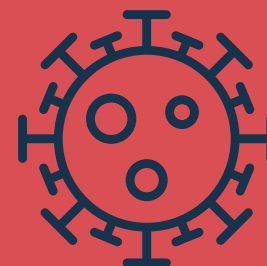
THE UK AND THE GLOBAL FUND

SINCE ITS INCEPTION, THE UK HAS PLAYED A PIVOTAL ROLE IN THE SUCCESS OF THE GLOBAL FUND BY:

- CO-FOUNDING THE GLOBAL FUND IN RESPONSE TO THE ENORMOUS IMPACT OF THE TB, HIV/AIDS AND MALARIA EPIDEMICS.
- BEING THE THIRD LARGEST DONOR TO THE FUND OVERALL HAVING COMMITTED A TOTAL OF AROUND £5 BILLION TO ENDING THE PREVENTABLE DEATHS OF PEOPLE LIVING WITH HIV, TB AND MALARIA, RESPONDING TO COVID-19 AND STRENGTHENING HEALTH SYSTEMS GLOBALLY.
- SAVING 3,129,089 LIVES THROUGH UK INVESTMENTS IN THE GLOBAL FUND⁶
- PLEDGING £1.4 BILLION IN 2019, MAKING THEM THE SECOND LARGEST DONOR AT THE SIXTH REPLENISHMENT.
- INFLUENCING OTHER DONORS TO MAKE AMBITIOUS PLEDGES.



IMPACT OF COVID-19 AND NEED FOR FUNDING



Despite the Global Fund's work through the course of the pandemic, the catastrophic impact of COVID-19 on health systems globally has seen major setbacks for HIV, TB and malaria programmes.

For the first time since the Global Fund's inception, progress against the three diseases went backwards in 2020. The number of people reached by HIV prevention programmes fell by 11% and testing dropped by 22%, while malaria deaths increased by a shocking 12.4% in Global Fund eligible countries. TB health workers, diagnostic machines and health centres were repurposed for the COVID-19 response, setting back progress against TB by twelve years with 1.5 million people dying from TB in 2020.⁷

As such, there is an exceptional need for increased funding over the Global Fund's Seventh Replenishment period if the world is to meet its target of ending TB, HIV and malaria epidemics by 2030. The Global Fund's investment case sets out its plan to raise \$18 billion at the Seventh Replenishment. This figure will help the world get back on track to end AIDS, TB and malaria by 2030, accelerate progress to universal health coverage and strengthen pandemic preparedness.⁸ In order to achieve this, all donors are being asked to make a 30% increase on their pledges at the Sixth Replenishment.

\$18 billion represents the absolute minimum that is required to protect people across the world from the existing threat of the three diseases, and to make the world safer in the face of future health threats, conflicts and natural disasters.



THE SITUATION IN UKRAINE

On 24th February 2022, Russia escalated its war in Ukraine by launching a new invasion. In under ten weeks since the start of the war, 7.7 million people were internally displaced and almost 5.4 million refugees have fled Ukraine.⁹ The conflict has had a major impact on the country's health system, with at least 175 targeted attacks on health care facilities between 24th February and 27th April.¹⁰ Electricity supplies have been disrupted, distribution of essential medication impeded and people have been forced to leave their homes, losing access to ongoing health care provision.

Before the war, Ukraine already had some of the highest TB and HIV rates in the region. Ukraine is one of the 30 countries with the highest burden of multi-drug resistant TB and rifampicin-resistant* TB (MDR/RR-TB) in the world.¹¹ The WHO estimates that 32,000 people were living with TB in Ukraine in 2020, and over a third of new cases were confirmed as being MDR or RR-TB.¹² Additionally, 22% of people living with TB have an HIV coinfection - with TB being the leading cause of death amongst Ukrainians with HIV.¹³ Ukraine also has the second largest HIV epidemic in Eastern Europe and Central Asia with an estimated 260,000 people estimated to be living with HIV.¹⁴

While the long term consequences of Russia's war in Ukraine will take some time to become apparent, it is expected that the conflict will have a substantial impact on TB and HIV rates in Ukraine, and knock-on effects in the region. It is likely that the forced displacement of key populations and extended periods of time in enclosed areas, such as bomb shelters or refugee reception centres, will increase opportunities for infectious disease like TB and MDR-TB to spread. With disrupted access to health care, including the destruction of health infrastructure, people living with TB, MDR-TB, and HIV are also likely to experience setbacks in treatment and outcomes.

01 VALERIA

CASE STUDY

Valeria Rachinska, 40, from Alchevsk, Luhansk region, has been living with HIV for 17 years. Valeria learned of her diagnosis by accident when her civil partner's previous partner died of HIV. At that time Ukraine did not provide the therapy for everyone who needed it - Valeria received her medication only one and a half years after receiving her status when her CD4 cells had dropped to a critical level. At the time, the therapy was procured with funds from the Global Fund.

"THE GLOBAL FUND SAVED MY LIFE MORE THAN ONCE," stresses Valeria.

"THE FIRST TIME WAS IN 2011 WHEN I WAS ABLE TO RECEIVE FREE MEDICATION THANKS TO THE GLOBAL FUND."

In 2014, when Russia invaded Luhansk and Donetsk regions of Ukraine, the city of Alchevsk where Valeria lived was occupied by Russian troops. By then Valeria, a mother of two sons - aged ten and one - was already working on Global Fund projects herself.

People who had been incarcerated in the occupied territories were in a highly vulnerable position. Risking her life, Valeria transported antiretroviral (ARV) medication for prisoners, food and hygiene

* Rifampicin is an antibiotic frequently prescribed to treat TB

products across the line of demarcation. Unlike other populations, prisoners with HIV were not able to travel to Ukraine to continue their treatment.

“THE GLOBAL FUND’S CONCERN FOR THE HEALTH OF THOSE WHO WERE RENDERED PRACTICALLY HELPLESS IN THE FACE OF THE THREATS POSED IS EXTRAORDINARY”.

The next challenge for Valeria and the 140,000-plus people living with HIV in Ukraine came in 2020 when the country’s leadership changed. Despite a complete transfer of HIV medication procurement to the state and a dedicated state budget, the Ministry of Health of Ukraine failed to procure the next batch of ARV treatment for the entire country. Patient organisations had been sounding the alarm about the failed procurement for six months after three health ministers were replaced and no one in the government was ready to resolve the issue. There was literally a month’s supply of ARV treatment left in specialised institutions and people living with HIV had already started to change their schemes. The situation was exacerbated by the lockdown that began because of COVID19.

“THAT’S WHEN THE GLOBAL FUND PROVED TO BE THE MOST FLEXIBLE AND HUMANE DONOR,” says Valeria. **“THE GLOBAL FUND ALLOWED FUNDS TO BE REALLOCATED FROM OTHER PROJECTS TO PROCURE ARVS. THE AMOUNT WAS ABOUT US\$ 2 MILLION - A YEAR’S SUPPLY OF MEDICINES FOR PEOPLE IN UKRAINE”.**

Thanks to the unprecedented efforts of 100% Life, an organisation of people living with HIV funded by the Global Fund, a plane carrying a shipment of ARVs from India landed in Ukraine. This was so important as flight services have been cut off almost everywhere else in the world. But the problem of access to treatment was not solved: public transportation did not work in the country, making it impossible for many people living with HIV to get to ARV treatment sites.

“THEN THE GLOBAL FUND ONCE AGAIN REACHED OUT TO PEOPLE LIVING WITH HIV AND ALLOWED CARE AND SUPPORT PROJECTS TO USE FUNDS TO DELIVER THE ARVS BY MAIL,” says Valeria.

This has saved the lives of thousands of Ukrainians who were not able to get their medicines any other way. Throughout the country, social workers from the regional branches of 100% Life found out what was needed. received the medicines at the ARV dispensary and sent them by postal services to those who needed them. All this made it possible to survive the lockdown with minimal problems.

But in February 2022, life for all Ukrainians changed dramatically again as a country-wide military campaign began in the country.

“THE GLOBAL FUND PROVED TO BE NOT ONLY THE MOST ADAPTABLE BUT ALSO THE MOST SUPPORTIVE DONOR IN THE WAR SITUATION, WHICH PRIORITISED PEOPLE’S LIVES - NOT ONLY IN SERVICES BUT ALSO IN THE COMMUNITY IN RESPECTING HUMAN RIGHTS,”

says Valeria, who became displaced for the second time.

“GLOBAL FUND PROJECTS ARE NOW WORKING TO PROTECT AND PROVIDE LEGAL ASSISTANCE TO THE MOST VULNERABLE PEOPLE, MEDICINE AND HUMANITARIAN AID CONTINUES TO BE DELIVERED, AND SOCIAL SUPPORT AND CARE IS PROVIDED. ON BEHALF OF ALL UKRAINIANS LIVING WITH HIV, I WOULD LIKE TO EMPHASISE THE GLOBAL FUND HAS SAVED AND IS SAVING NOT ONLY MY LIFE, BUT ALSO THE LIVES OF HUNDREDS OF THOUSANDS OF UKRAINIANS WHO ARE NOW FACING THE BIGGEST WAR IN THE 21ST CENTURY.”



THE GLOBAL FUND IN UKRAINE

HISTORIC INVESTMENT IN UKRAINE

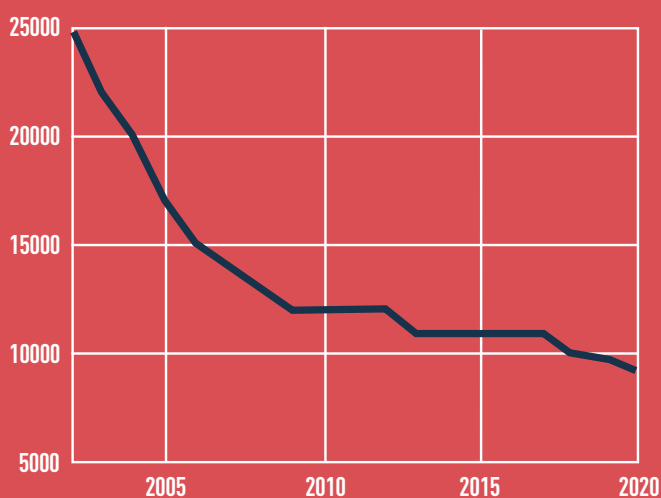
While HIV and TB rates remain higher in Ukraine than elsewhere in Europe, significant progress has been made since the Global Fund began investing in the country.

To date, the Global Fund has allocated more than \$850million in Ukraine to tackle HIV, TB and MDR-TB.¹³ While the Global Fund funds programmes to tackle malaria elsewhere in the world, there is no significant presence of malaria in Ukraine. Ukraine also became a donor to the Global Fund in 2019.^b The Global Fund works with and supports three Principal Recipients^c and 130 partner organisations in Ukraine to deliver impactful, sustainable and community-centred funding for key projects to accelerate an end to TB, MDR-TB and HIV in the country.

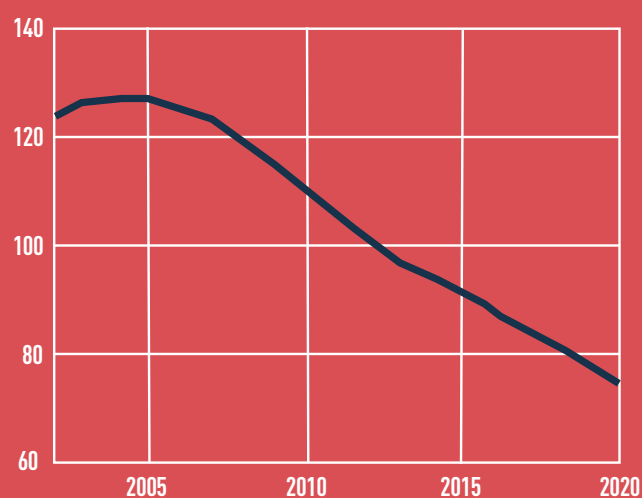
Global Fund investments also supported the adaptation of health service delivery through COVID-19. For example, through the course of the pandemic, the Global Fund worked with local partners and healthcare providers to increase the use of virtual access to healthcare, with 30% nationwide coverage of Video Directly Observed Therapy TB treatment (Video DOT), reaching 60-70% in some regions. This increased resilience of health services as a result of Global Fund partnerships has proven invaluable since the outbreak of war across Ukraine, as millions of people have been forced to move away from their regular healthcare access point.

Historic investment by the Global Fund in Ukraine has already gone some way to reduce the potential impact of the war on the spread of TB, MDR-TB and HIV across the region. Since the Global Fund began investing, the total number of people with TB in Ukraine has dropped from 123 people per 100,000 in 2002 to 73 per 100,000 in 2020.¹⁵ New HIV infections have dropped sharply - reducing from an estimated 25,000 people newly infected in 2002 to 9,300 in 2020.¹⁶

NEW HIV INFECTIONS IN UKRAINE



INCIDENTS OF TB IN UKRAINE PER 100,000 PEOPLE



^b Ukraine contributed \$80,000 for the Sixth Replenishment

<https://data.theglobalfund.org/viz/pledges-contributions/time-cycle?donors=bd6c422d-02f6-4c88-8bac-4c40c21460bb&components=Tuberculosis>

^c Principal Recipients are organisations which implement the programmes supported by Global Fund grants

02 YANINA

CASE STUDY

Yanina, originally from Poltava - small city in central Ukraine, started to injecting drugs in 1993 in order to lose weight. She failed to lose weight but became addicted to drugs. In 1996 she began to suspect that she was HIV-positive but it was not until 2000 that she was registered with the medical services. At that time she was living in the Russian Federation with her common-law husband. Services for people living with HIV were very unusual - a psychologist came to the couple's home and took an acknowledgement from Yanina that she would not end her life by suicide.

In 2002, Yanina was imprisoned in the Russian Federation. The doctor who was examining Yanina saw that she was from Ukraine and was surprised: "What are you doing here? They already treat people living with HIV in Ukraine!". This gave Yanina hope and strength to survive in prison. After her release she returned to Poltava, and in 2004 she registered at the AIDS Centre, receiving her first antiretroviral treatment.

"I WAS TAKING MEDICATION BUT MY CD4-CELLS COUNT WAS DROPPING - BECAUSE I WAS ACTIVELY INJECTING DRUGS. THE DOCTORS COULDN'T FIGURE OUT WHAT WAS WRONG WITH ME, THEY KEPT CHANGING THE REGIMENS, BUT TO ABSOLUTELY NO EFFECT. MY CONDITION BECAME STABLE WHEN OPIOID MAINTENANCE THERAPY BECAME AVAILABLE IN UKRAINE THANKS TO GLOBAL FUND PROJECTS. MY CD4 CELLS HAVE TRIPLED - I HAD 360 CELLS IN A YEAR, AND NOW I HAVE ALMOST 900. I KEEP A CLOSE EYE ON THE VIRAL LOAD LEVEL - MY HUSBAND DOES NOT HAVE HIV STATUS".

Yanina and a group of activists started an advocacy campaign for outpatient substitution therapy - her husband was away on business trips and could not come every day to collect his medication, as was the practice at the substitution therapy distribution site. The activists went to city council meetings, holding meetings where both former injecting drug users and those who were using came together. They chose Yanina to lead their community, and when the Global Fund's community strengthening project established the All-Ukrainian Association of People Who Use Drugs in 2018, Yanina led the Poltava chapter.

Now Yanina represents people who use drugs in the Coordination Council on TB, HIV and drug dependence at the Poltava regional administration in the national council. Yanina is also a member of the working group on drug policy and also heads the Meridian Resource Centre, which community representatives opened last year in Poltava.

"AFTER THE WAR BROKE OUT IN UKRAINE, WE FACED A HOST OF NEW CHALLENGES," says Yanina. **"THE GLOBAL FUND PROJECT WAS REFORMATTED SO THAT WE WERE ABLE TO ORGANISE THE EVACUATION OF COMMUNITY MEMBERS FROM DONETSK AND LUHANSK TO SAFE REGIONS - VINNITSA, POLTAVA, WESTERN UKRAINE. WE ALSO TRY TO PROVIDE THEM WITH SHELTER AND NECESSARY THERAPY - WE RECENTLY EVACUATED 28 PEOPLE WHO WERE ON THE OPIOID AGONIST TREATMENT PROGRAMME AND TOOK THEM TO THE POLTAVA REGION. SOME OF THEM WERE SO ENTHUSIASTIC ABOUT OUR INITIATIVE THAT THEY JOINED IT AND NOW HELP PEOPLE. GLOBAL FUND PROJECTS HAVE MADE IT POSSIBLE TO PROVIDE PEOPLE FROM THE COMMUNITY WITH EVERYTHING THEY NEED, FROM NEEDLE EXCHANGE TO PROVISION OF ANTIRETROVIRAL TREATMENT AND TB TREATMENT".**

"IF IT WASN'T FOR ALL THE PROGRAMMES INITIATED BY THE GLOBAL FUND, I PROBABLY WOULDN'T EVEN BE ALIVE ANYMORE", emphasises Yanina.

"THIS IS WHY IT IS VERY IMPORTANT FOR ME AND 300,000 DRUG USERS IN UKRAINE THAT THE GLOBAL FUND PROJECTS CONTINUE".



ADAPTABLE FUNDING FOR EMERGENCY RESPONSE

The Global Fund has clear allocations for their spending across the three key disease areas, as well as a proportion of spending attributed to strengthening global health systems. Before the outbreak of war, Ukraine had been allocated \$180.7 million for its core TB, MDR-TB, opioid substitution and HIV programmes for the implementation period 2021-2023, including \$44.9 million from the Global Fund COVID-19 Response Mechanism.¹⁷ This main grant is being repurposed to directly respond to the emerging crisis whilst still meeting the ultimate goals of the initial grant - to support local partners in strengthening health systems and combating HIV and TB.

In addition, the Global Fund sets aside a certain amount of funding for strategic initiatives to support country programmes that are not part of specific disease responses. One part of this is the Global Fund's Emergency Fund, which provides adaptability in the face of global crises and a timely response to support essential prevention and treatment services during emergency situations.¹⁸

On 10th March 2022, the Global Fund secretariat approved \$30 million to be added to the Emergency Fund.¹⁹ \$15 million of this additional funding was allocated directly to programming in Ukraine to mitigate the impact of the war on domestic and regional health systems and to support the continuity of HIV and TB prevention, testing and treatment services. With the Global Fund's flexible and responsive systems, the additional funding went from planning to approval in just five days.

The Emergency Fund has a strong track record of providing additional financing to support countries through crises - both in response to political unrest and conflict, as well as to support local responses to environmental disasters. In 2021, the Global Fund allocated an additional \$15 million for the Emergency Fund. This funding supported projects including ensuring continued access to essential services to combat AIDS, TB and malaria in Afghanistan. The Global Fund worked collaboratively with the United Nations Development Programme to ensure continued payment of health care workers - almost a third of whom were women - after the Taliban seized control of the country.²⁰



Adaptability has been critical in the face of an ever-changing and unpredictable landscape, where original grant agreements require flexible and effective responses and changing priorities. For example, Ukraine has historically made strong investments in its own key health programmes as well as receiving support from the Global Fund. This includes using domestic funding for the purchase of TB medication, opioid substitution therapies, HIV prevention and testing activities and antiretroviral drugs for HIV treatment. However, since Russia's invasion of Ukraine, it has been difficult for domestic funds to be accessed

and the Ministry of Health procurement agency struggled to secure new stocks of essential medication. Deliveries weren't being made, local factories stopped production and it was a struggle to get critical drugs to those who needed them most.

This is where the Global Fund and other partners like PEPFAR* stepped in. Over \$13 million of Ukraine's existing Global Fund grant was swiftly reprogrammed to ensure that people are able to access the medication they need. The Global Fund and PEPFAR have temporarily taken over responsibility for procurement of additional drugs and diagnostics, working closely with existing partners across local agencies, national government and non-governmental organisations to provide consistent funding to maintain a supply of drugs and diagnostics for TB, HIV, and opioid substitution therapy.

* PEPFAR is the United States President's Emergency Plan for AIDS Relief <https://www.state.gov/pepfar/>

PRIORITISING COMMUNITY NEEDS

In the run-up to, and since the outbreak of, war in Ukraine, the Global Fund has been working with its 130 partner organisations who are based in Ukraine and delivering services directly to patients, key populations and vulnerable groups.

Community engagement has consistently been a central pillar of the Global Fund's strategy.²¹ This has been maintained throughout the course of the Ukraine crisis, with the voices of community members and civil society groups being prioritised. Direct engagement has been encouraged with the Global Fund secretariat to ensure needs are being met as much as possible. This includes consulting directly with communities and vulnerable groups to better understand the specific needs of patient groups as they emerged.

As well as directly funding the procurement of drugs for people living with TB and HIV, the Global Fund has reallocated funding in Ukraine to provide broader support to meet the urgent needs of people supported by its programmes. **Urgent work is required to strengthen health systems in Ukraine, with at least three TB medication dispensaries²² already destroyed by fighting and healthcare workers and patients being displaced, injured, and killed.** The Global Fund has been working to strengthen health systems by funding generators for regional laboratories where power supplies are limited or at risk, retrofitting vans to deliver essential medicines and supplies and supporting national TB and HIV programmes to conduct daily analyses on the location of patients, conducting assessments of their needs and supporting them to access the healthcare they require through the course of internal and cross-border displacement.

The diverse impacts of the ongoing conflict are also a key consideration in the Global Fund's response. Additional funds have been mobilised from within the existing grant and from emergency funds to:

- Provide food and care packages for TB and HIV patients.
- Fund legal support for communities and displaced people.
- Locate appropriate accommodation for patients with infectious conditions like MDR-TB.
- Provide funding for additional mental health services with a particular focus on support for women who have suffered sexual violence as a result of the war.^d

SUPPORTING WOMEN AND GIRLS IN TIMES OF CRISIS

Women and girls continue to be disproportionately affected by HIV, TB and malaria. In 2020, AIDS related illnesses were the leading cause of death amongst women of a reproductive age globally. TB remains among the top five causes of death for women aged between 15 and 44 in low-and middle income countries. As for malaria, pregnant women are particularly susceptible to the disease. The Global Fund consistently prioritises the wellbeing of women and children through their work in both their long-term work and emergency responses.



46%

IN 2010, IT WAS ESTIMATED THAT 46% OF ALL GLOBAL FUND SPENDING CONTRIBUTED DIRECTLY TO MATERNAL, NEWBORN AND CHILD HEALTH SERVICES.

IN AFGHANISTAN, THE GLOBAL FUND PROVIDED FINANCING TO ENSURE THAT HEALTH WORKERS - A THIRD OF WHOM WERE WOMEN - CONTINUED TO BE PAID AFTER THE TALIBAN TAKEOVER.



1/3



90%

WOMEN AND CHILDREN MAKE UP AROUND 90% OF PEOPLE DISPLACED BY THE UKRAINE CRISIS.

The Global Fund's support to partner organisations striving to locate and get medication to people living with HIV and TB, as well as providing virtual healthcare has been particularly important for displaced populations who are far from their regular healthcare provision.

THE GLOBAL FUND HAS BEEN PROVIDING FUNDING FOR PSYCHOSOCIAL SUPPORT, PARTICULARLY FINANCING MENTAL HEALTH SUPPORT FOR WOMEN WHO HAVE SUFFERED SEXUAL VIOLENCE SINCE THE RUSSIAN INVASION OF UKRAINE.



^d Any unreferenced information within this report regarding the Global Fund in Ukraine has been taken from a verbal briefing with the Global Fund's Ukraine Senior Fund Portfolio Manager on 20 April 2022. Information about the Global Fund's response to the Ukraine crisis is not yet publicly documented due to the emerging nature of the situation.



Сьогодні тут
завтра там
Все більше міст країни з доступом до ліків за один день



ВА ПОШТА



03 PETRO

CASE STUDY

Petro comes from a small village in southern Ukraine. He found himself without family support when he enrolled at university and moved to the port city of Odessa. To earn a living, Petro got involved in sex work. Petro found out about his HIV status in 2000 but at that time there was no treatment available in Ukraine and HIV was a death sentence. Petro was on the verge of suicide, but he found the strength to contact a support group for HIV-positive people, which he found by calling a helpline.

Although antiretroviral (ARV) therapy was already available in Ukraine in 2004 thanks to Global Fund projects, in those years it was only given to certain HIV-positive people and Petro did not qualify. Without the therapy, Petro's immunity dropped and he became ill with TB. In those years, however, the protocol was to treat TB first and only then get treatment for HIV. Throughout 2008, Petro was treated as an outpatient for TB: **"UKRAINE INHERITED FROM THE SOVIET TB SERVICE A SYSTEM OF TB HOSPITALS WHERE PEOPLE WITH TB WERE LOCKED UP FOR SIX MONTHS OR MORE," SAYS PETRO. "THIS RESULTED IN PATIENTS INFECTING EACH OTHER AND DEVELOPING DRUG-RESISTANT TUBERCULOSIS. THANKS TO GLOBAL FUND ADVOCACY PROJECTS, MORE AND MORE PATIENTS WERE TRANSFERRED TO OUTPATIENT TREATMENT, WHICH SAVED ME, TOO"**.

Petro started ARV therapy in 2009. Since his diagnosis, Petro has been actively involved in his community: **"WITHOUT GLOBAL FUND SUPPORT WE WOULD HAVE DIED - NOT ONLY SEX WORKERS AND MEN WHO HAVE SEX WITH MEN, BUT THE ENTIRE COMMUNITIES. BECAUSE THE GLOBAL FUND PROJECTS IN UKRAINE ARE NOT JUST ABOUT GETTING MEDICINES, THEY ARE ABOUT A RANGE OF SUPPORT SERVICES - CARE AND COUNSELLING, SOCIAL SERVICES, PEER TO PEER CONSULTATIONS, ADHERENCE BUILDING, FOOD KITS. COMMUNITIES ARE VERY VULNERABLE, WITH LITTLE OR NO HELP, OFTEN ON THE EDGE OF POVERTY AND HUNGER. WITHOUT THE GLOBAL FUND THERE WOULD NOT HAVE BEEN THE ACHIEVEMENTS THAT UKRAINE MADE BEFORE THE WAR - WHEN THE COUNTRY WAS ALREADY APPROACHING THE UNAIDS 90-90-90 TARGET."**

According to Petro, another important role of the Global Fund is to actively support community mobilisation, without which the HIV and TB epidemics cannot be stopped. Thanks to Global Fund projects, the Country Coordinating Mechanism^e has been established. The first community supported and nurtured by the Global Fund was people living with HIV, and today in Ukraine, this country mechanism includes the largest number of communities in the region. Communities not only influence public policy but also monitor the situation at all levels. Thus, not a single case of interruption of the ARVT supply at the country level has been reported in Ukraine - thanks to community monitoring and timely reallocation of funds, a disaster was avoided.

"THANKS TO THE GLOBAL FUND, COMMUNITIES BEGAN TO INFLUENCE GOVERNMENT POLICY AND THE GOVERNMENT WAS FORCED TO LISTEN TO THE VOICE OF THE COMMUNITIES. THIS WAS A UNIQUE PRECEDENT IN THE EASTERN EUROPE AND CENTRAL ASIA REGION" - says Petro.

Since the war started, the Global Fund has been quick to respond to community needs - reallocating funding for project activities to reflect the current situation. **"IN CRISIS SITUATIONS LIKE THIS, THE MOST IMPORTANT THING IS TO PROVIDE SUPPLIES. VULNERABLE COMMUNITIES HAVE SUFFERED BECAUSE OF THE WAR, THEY WERE ALREADY ON THE BRINK. HELPING TO EVACUATE PEOPLE FROM ACTIVE COMBAT AREAS AND ORGANISING SHELTERS TO HELP"**.

"WAR AND DISASTERS ALWAYS INCREASE THE NUMBER OF PEOPLE SUFFERING FROM TUBERCULOSIS, MALNUTRITION, HUNGER, STRESS - ALL THIS WILL REQUIRE UNPRECEDENTED SUPPORT FROM THE GLOBAL FUND TO UKRAINE, WHICH WE, THE COMMUNITIES, ARE COUNTING ON," Petro stresses.



^e Global Fund Country Coordinating Mechanisms are national committees which oversee grants on behalf of their countries. They are made up of representatives from sectors across the diseases, including civil society, community groups, faith-based organisations, academic institutions amongst others. <https://www.theglobalfund.org/en/country-coordinating-mechanism/3>

04 KRYSTYNA

CASE STUDY

Krystyna Rivera was working for a luxury-travel magazine when war with Russia broke out in Ukraine in 2014. All indications were that the invasion would start in her hometown of Kharkiv, so Krystyna moved to Kyiv. After the war started, Krystyna lost her job. From the stress she had experienced, Krystyna began to develop active lung tuberculosis.

She did not know where to turn, as neither she nor her acquaintances had ever experienced such a problem. She finally went to the local TB service, where she was asked discriminatory questions and stigmatised as a TB patient. The medical staff were very rude when asking if Krystyna had been to prison and had been living with drug addicts - two major risk settings for contracting TB. She was shocked and even wanted to interrupt her treatment so as not to face the humiliation. It was then that Krystyna understood why the TB epidemic in Ukraine was a problem, not least because of the barriers that were created in medical institutions.

Each day Krystyna had to commute across city to get her treatment. However, after six months, her treatment ended in failure. She was frustrated, and the doctors immediately accused her of interrupting her treatment. Without any tests, they declared that Krystyna had drug-resistant tuberculosis and admitted her to hospital. When she asked how long she would be in the hospital, she was told at least six months. This could have ruined her life - half a year in the hospital, without being able to work. Plus, as a single mother, Krystyna had no one to leave her 7-year-old child with.

"LUCKILY, IN 2014, UKRAINE RECEIVED GENXPRT TESTS, WHICH THE GLOBAL FUND BOUGHT AS PART OF ITS PROJECTS," says Krystyna. **"THANKS TO THESE TESTS, THE DOCTORS DETERMINED THAT I HAVE THERAPY-SENSITIVE TB, WHICH DOES NOT REQUIRE TOXIC SECOND-LINE DRUGS"**. So she continued her treatment as an outpatient, and six months later she overcame the disease completely.

The experience gave Krystyna the motivation to become active in advocating for the rights of people affected by tuberculosis. The Global Fund's community engagement projects led to the establishment of TB people's organisation in Ukraine. Krystyna is an active member.

"IT'S VERY ENCOURAGING THAT THE GLOBAL FUND HAS GIVEN A VOICE TO COMMUNITY REPRESENTATIVES. WE CAN DEFEND OUR RIGHTS EFFECTIVELY, OUR VOICE IS HEARD AT THE GOVERNMENT LEVEL. THE COMMUNITY OF PEOPLE AFFECTED BY TB IS NOW INVOLVED IN DEVELOPING PROGRAMMES FOR PATIENTS, FIGHTING STIGMA AND DISCRIMINATION AND DEFENDING HUMAN RIGHTS. ALL THIS WILL EFFECTIVELY OVERCOME THE EPIDEMIC IN A COUNTRY AFFECTED BY WAR," stresses Krystyna.

"TODAY, AS THE WAR IN UKRAINE HAS ENTERED A NEW PHASE AND MILLIONS OF REFUGEES HAVE FLED THEIR HOMES, THE TB EPIDEMIC COULD BURST WITH RENEWED INTENSITY. THAT'S WHY GLOBAL FUND SUPPORT IS MORE IMPORTANT THAN EVER FOR UKRAINE AND FOR ALL THE PATIENTS WHO FIND THEMSELVES IN WAR SITUATIONS".



CONCLUSION

2022 poses a pivotal moment in the response to AIDS, TB and malaria, as the world works to recover the hard-won gains lost to the COVID-19 pandemic.

As part of its vision for a Global Britain, investing in the Global Fund at its Seventh Replenishment gives the UK the opportunity to stand on the world stage along with other key donors like the United States of America and demonstrate its continued leadership in ending the epidemics.

The Global Fund's proven track record for investing sustainably in strengthening global health systems, supporting women and girls, contributing to pandemic preparedness as part of ensuring global health security, and stepping forward to support communities in times of crisis, demonstrates its alignment with the UK government's principles.

To end the epidemics by 2030, donors must meet the goal of a 30% increase in pledges and support the Global Fund's continued efforts for global health security and health systems' resilience.



RECOMMENDATIONS

THE UK GOVERNMENT MUST:

- Make a pledge to the Seventh Replenishment that recognises the Global Fund's alignment with UK Government priorities, including:
 - the Global Fund's critical role in health systems strengthening, pandemic preparedness and global health security.
 - the Global Fund's ongoing work to meet the urgent needs of women and girls and end preventable deaths.
 - the Global Fund's critical role in supporting essential healthcare services through crises like the ongoing war in Ukraine.
- Recognise that the Government's intention to return Overseas Development Assistance (ODA) to 0.7% of Gross National Income by 2024 falls within the Seventh Replenishment period and ensure that UK pledging takes this into account.
- Continue to play our part by meeting the urgent 30% increase in need as set out in the Global Fund's investment case by making a £1.8 billion pledge to the Global Fund for its Seventh Replenishment.

ALL CURRENT DONORS TO THE GLOBAL FUND MUST:

- Increase their Sixth Replenishment pledges by 30% to acknowledge the exceptional need as the world responds to and recovers from the COVID-19 pandemic.
- Encourage countries and other stakeholders who are not yet donors to join them in the fight against the three diseases by becoming donors to the Global Fund.

TO ENSURE THE CONTINUATION OF A SUSTAINABLE RESPONSE TO THE THREE DISEASES AS WELL AS TO CRISES LIKE THE WAR IN UKRAINE, THE GLOBAL FUND TO FIGHTS AIDS, TB AND MALARIA MUST:

- Ensure the continued prioritisation of community engagement through both its long term and emergency strategies and investments, as their local knowledge and expertise helps provide effective responses on the ground in complex situations in ways that other stakeholders cannot.
- Continue the flexible approach to funding taken in Ukraine to ensure that when responding to future emergencies, Global Fund investments can be rapidly redistributed to support the most vulnerable groups and ensure continued access to essential healthcare services.

REFERENCES

- 1 The Global Fund, "Results Report 2021"
https://www.theglobalfund.org/media/11304/corporate_2021resultsreport_report_en.pdf
- 2 The Global Fund, "Step Up the Fight: Focus on Building Resilient and Sustainable Systems for Health" (2019)
https://www.theglobalfund.org/media/1309/publication_rssh_focuson_en.pdf
- 3 The Global Fund, "Seventh Replenishment Investment Case: Fight For What Counts" (2022)
<https://www.theglobalfund.org/en/fight-for-what-counts/>
- 4 The Global Fund, "Results Report 2021"
https://www.theglobalfund.org/media/11304/corporate_2021resultsreport_report_en.pdf
- 5 The Global Fund, "Our COVID-19 Response"
<https://www.theglobalfund.org/en/our-covid-19-response/>
- 6 STOPAIDS, Lives Saved through The Global Fund
<https://stopaids.org.uk/lives-saved-through-the-global-fund/>
- 7 The Global Fund, "Results Report 2021"
https://www.theglobalfund.org/media/11304/corporate_2021resultsreport_report_en.pdf
- 8 The Global Fund, "Investment Case at a glance" (2022) "
https://www.theglobalfund.org/media/11926/publication_seventh-replenishment-investment-case_overview_en.pdf
- 9 International Organisation for Migration, "Regional Ukraine Response, Situation Report #14, 28 April 2022"
https://www.iom.int/sites/g/files/tmzbd1486/files/situation_reports/file/iom-regional-ukraine-response-external-sitrep-28042022-final.pdf
- 10 World Health Organisation, "Emergency in Ukraine: external situation report #9 (reporting period 21-27th April 2022)
<https://www.who.int/publications/i/item/WHO-EURO-2022-5152-44915-64264>
- 11 World Health Organisation
<https://www.who.int/news/item/17-06-2021-who-releases-new-global-lists-of-high-burden-countries-for-tb-hiv-associated-tb-and-drug-resistant-tb>
- 12 World Health Organisation, TB Country Profile: Ukraine
https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22UA%22
- 13 World Health Organisation, Tuberculosis Profile: Ukraine
https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&entity_type=%22country%22&lan=%22EN%22&iso2=%22UA%22
- 14 World Health Organisations, HIV Country Profile: Ukraine
<https://cfs.hivci.org/>
- 15 The Global Fund
<https://data.theglobalfund.org/location/UKR/overview?components=Tuberculosis>
- 16 The World Bank
<https://data.worldbank.org/indicator/SH.TBS.INCD?end=2020&locations=UA&start=2000&view=chart>
- 17 UNAIDS
<https://www.unaids.org/en/regionscountries/countries/ukraine>
- 18 The Global Fund, Data Explorer
<https://data.theglobalfund.org/location/UKR/allocation>
- 19 The Global Fund, "Guidance on the Emergency Fund Special Initiative" (July 2019)
https://www.theglobalfund.org/media/4799/core_guidelinesonemergencyfund_guideline_en.pdf
- 20 The Global Fund, "The Global Fund Approves Emergency Funding to Maintain Essential HIV and TB Services in Ukraine" (10 March 2022)
<https://www.theglobalfund.org/en/news/2022-03-10-global-fund-approves-emergency-funding-to-maintain-essential-hiv-and-tb-services-in-ukraine/>
- 21 United National Development Programme, "Global Fund and UNDP Join Efforts to Maintain Access to Essential Health Services in Afghanistan" (6 October 2021)
<https://www.undp.org/news/global-fund-and-undp-join-efforts-maintain-access-essential-health-services-afghanistan>
- 22 The Global Fund, "Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028)"

