

# Results Report 2022 September 2022

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50 million lives saved

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Health workers at the Makole Health Center in Dodoma, Tanzania.

The Global Fund/Vincent Becker

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For an interactive version of this report, visit:





The Global Fund/Vincent Becker



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Global health is at a crunch point, with health crises occurring at increasing frequency and health inequities ever more starkly apparent. COVID-19 is still far from over. Global food and energy shortages and price hikes resulting from the war in Ukraine and climate change will make the poorest communities in the world more vulnerable to all the deadliest infectious diseases, including HIV, tuberculosis (TB) and malaria. Monkeypox illustrates the ability of existing pathogens to mutate and pose new challenges.

> Given the increasing frequency of infectious disease outbreaks and the growing threat of antimicrobial resistance, some scientists have declared that we could be entering a new age of pandemics.<sup>1</sup> But new pathogens are not the only threat. Conflict and climate change massively increase the dangers from existing diseases. We must anticipate a future where health crises emerge from multiple directions and spread at extraordinary speed.

To protect people across the globe from the deadliest infectious diseases, we must learn the lessons from both the COVID-19 pandemic and our two decades of fighting HIV, TB and malaria. The first lesson is that resilient and sustainable systems for health are key to combating infectious disease. For many countries, investments in key health system capacities – like laboratory networks, data systems, and community health workers and community networks fighting HIV, TB and malaria – were the foundation of their response to COVID-19. and above all, leadership – at a political level, within the medical and scientific communities, and within the communities most affected by the disease. Fighting the deadliest infectious diseases takes brave decisions – whether about resources, public health measures, or the human rights and gender-related inequities that determine who is most severely affected.

A third lesson is that we cannot tackle every disease as a silo. In addition to its direct impact, the COVID-19 pandemic had a massive knock-on impact on HIV, TB and malaria services, diseases that in many of the poorest countries kill more than COVID-19 itself. The doctors, nurses, epidemiologists and community health workers that treat one disease are also the ones protecting people from others.

Finally, we must remind ourselves again of the importance of putting people and communities at the center of any disease response strategy. We first learned the power of community-led responses with HIV and AIDS. Yet many countries' COVID-19 responses appeared to underestimate the importance of winning the trust and leveraging the strength of communities.

 Are we entering a new age of pandemics? Center for Global Development, 7 October 2021. https://www.cgdev.org/ publication/are-we-enteringnew-age-pandemics.

A second lesson is that responding to an infectious disease threat requires extraordinary speed, adaptability

#### **Responding to COVID-19**

When COVID-19 emerged in early 2020, we knew it might have a devastating impact on the communities we serve. So we took swift action, introducing grant flexibilities in March 2020, and the COVID-19 Response Mechanism (C19RM) in April 2020. With the support of our generous donors, we have since awarded more than US\$4.4 billion to help countries respond to the new virus, mitigate the impact on lifesaving HIV, TB and malaria services and make urgent improvements to health systems. C19RM was the largest source of grant funding to low- and middleincome countries (LMICs) for diagnostics, treatments including oxygen, personal protective equipment (PPE), public health measures, and others - essentially everything other than vaccines. C19RM also enabled countries to adapt existing HIV, TB and malaria programs, meaning that vital services could continue despite lockdowns and disruptions from the pandemic.

While we were not able to prevent COVID-19 from having a massive impact on people living in LMICs, it could have been much worse without our interventions. For example, initial modeling by technical partners – WHO<sup>2</sup> UNAIDS<sup>3</sup> and the Stop TB Partnership<sup>4</sup> - showed a potential annual increase of 60% in the number of deaths from HIV, TB and malaria resulting from service disruption due to COVID-19. However, compared to that scenario, the actual increase in deaths in 2020 was 1.8% - equivalent to averting 1.5 million deaths. Our investments through CR19RM greatly contributed to that achievement.

In the fight against HIV, and thanks to tireless efforts by communities and adaptations and innovations by partners, including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and UNAIDS, we prevented extensive disruption to antiretroviral therapy programs. In fact, in countries where the Global Fund invests, the number of people living with HIV receiving antiretroviral therapy increased by 8.8% in 2020 and by 6.3% in 2021.

TB services suffered significant disruption during the pandemic. The number of people tested for TB and put on treatment fell by 19% in 2020. Yet concerted efforts by communities and national TB programs, supported by the Global Fund and partners such as the World Health Organization (WHO) and the Stop TB Partnership arrested the decline and helped deliver an increase of 12% in 2021. Innovative mitigation approaches included accelerating the transition to all-oral treatment regimens for drug-resistant TB, deployment of digital applications to support treatment adherence, and shifting to communitybased and home-based service delivery. We are also supporting the roll-out of bidirectional testing, where people are simultaneously screened and tested for TB and SARS-CoV-2, the virus that causes COVID-19.

With malaria, a rapid response led by national malaria programs, communities, and supported by C19RM and partners – including the RBM Partnership to End Malaria and the U.S. President's Malaria Initiative (PMI) – averted WHO's worstcase scenario of a potential doubling of malaria deaths. Key adaptations included shifting to house-to-house distribution of mosquito nets and utilizing geolocation technologies to tailor malaria interventions more precisely to local needs.

In these ways, the Global Fund partnership played a critical role in supporting countries and communities respond to the pandemic and mitigate the impact on HIV, TB and malaria. Our efforts are paying off. We saw a recovery in 2021, with gains in programmatic results across all three diseases.

### Saving 50 million lives

The results we have achieved in the last year build on our track record of progress

- The potential impact of health service disruptions on the burden of malaria. WHO, 23 April 2020. <u>https:// www.who.int/publications/i/ item/9789240004641</u>.
- Modelling the extreme— COVID-19 and AIDS-related deaths. UNAIDS, 25 May 2020. https://www.unaids.org/ en/resources/presscentre/ featurestories/2020/ may/20200525\_modellingthe-extreme.
- The potential impact of the COVID-19 response on tuberculosis in high-burden countries: A modelling analysis. Stop TB Partnership, May 2020. <u>https://stoptb.org/assets/ documents/news/Modeling%20</u> <u>Report\_1%20May%202020\_</u> <u>FINAL.pdf.</u>



over the last two decades. In that time, we have cut the combined death rate from AIDS, TB and malaria by more than half. Working hand in hand with communities, governments, the private sector, civil society and our technical partners, the Global Fund partnership has helped save over 50 million lives. These are not just numbers. They are parents and children, teachers and workers, neighbors and friends. Every life saved, and every infection averted, has a multiplier effect across families, communities and entire nations. Due to that progress, people are living longer – especially in the LMICs where HIV, TB and malaria are most prevalent. Take Malawi for example. In 2002, a person born in Malawi could expect to live to the age of 46. In 2019, life expectancy had increased to 65 years – an increase of 19 years. More than two-thirds of that extraordinary gain is because fewer people are dying from AIDS, TB and malaria.

Yet it's not just about the lives that have been saved; it's also about those

(Below) In just 17 years, life expectancy in Malawi has increased from 46 years to 65 years. More than two-thirds of this increase is due to fewer people dying from AIDS, TB and malaria. (See page 13).

© UNICEF



that will be saved. The Global Fund's investments in systems for health – over US\$1.5 billion a year – have helped build more inclusive, resilient and sustainable systems for health, and accelerated progress toward the Sustainable Development Goal of ensuring everyone, everywhere, has access to the services they need for good health and well-being. Investments through the Global Fund save lives and reduce global health inequities, including the still stark differences in life expectancy.

#### **Tackling new crises**

The COVID-19 pandemic is not over yet. We still face the risk of new variantdriven waves of infections and deaths. We face a huge task in getting back on track to meet the 2030 targets for HIV, TB and malaria.

Now we are confronted by the prospect of a new global health crisis, triggered not by a new pathogen, but by the impact of conflict and climate change on food and energy. The war in Ukraine is exacerbating food and fuel shortages and price hikes across the world, increasing the vulnerability of the poorest and most vulnerable communities. Conflicts in areas such as Afghanistan and Tigray in Ethiopia have already exposed millions of people to famine and poor health. Climate change has led to failed crops across the Horn of Africa, and the increasing frequency of extreme weather events is leading to upsurges in malaria.

Poorly nourished people have fewer defenses against disease. Already, some 20% of TB cases are attributable to undernourishment, which significantly increases the chance of developing active TB disease. More children die from malaria when they are underfed. When people are hungry or unable to keep warm, treatment success rates plummet. People's bodies are weaker. Many may not be able to afford or adhere to treatment on an empty stomach. There are already reports of people who are abandoning HIV treatment in the face of hunger.<sup>5</sup>

COVID-19 knocked us backward in the fight against HIV, TB and malaria. These new crises could push us even further back. The entire Sustainable Development Goals agenda is now at risk, as inequities deepen, poverty spirals and social and political tensions grow. It has never been more important for the world to pull together to support the poorest and most vulnerable communities. Having fought so hard to reduce the death toll from these terrible diseases, it would be a tragedy to see our hard-won gains reversed.

Twenty years ago, the world came together in an extraordinary moment of global solidarity and leadership to create the Global Fund and turn the tide against the exploding pandemic of HIV and AIDS. Since then, we have shown we can push even the most formidable infectious diseases into retreat.

We now need another such moment of solidarity and leadership. This is the time for the world to commit to protecting everyone from the deadliest infectious diseases. That means protecting people across the world from the earlier pandemics we have yet to defeat – HIV, TB and malaria – from the current pandemic of COVID-19, and from future pandemic threats. It also means tackling the root causes of global health inequities – human rights-related barriers to access, structural gender inequalities, and broader inequities. By building people-centered and inclusive systems for health, centered on the communities they serve, we can save millions of lives, deliver on the Sustainable Development Goal of health and well-being for all, and provide a platform for resilient economic and social development.

This year, U.S. President Joe Biden will host the Global Fund's Seventh

These are not just numbers. They are parents and children, teachers and workers, neighbors and friends. Every life saved, and every infection averted, has a multiplier effect across families, communities and entire nations.

 Hunger forces people with HIV off medication. Monitor, 20 July 2022. <u>https://www.monitor.</u> <u>co.ug/uganda/news/national/ hunger-forces-people-with-hivoff-medication-3885750.
</u>



Replenishment with the aim of raising at least US\$18 billion to fund the next three years of the Global Fund partnership's activities. With US\$18 billion, we could save 20 million lives over the next three-year cycle and cut the annual death toll from the three diseases by almost two-thirds. We could also make everyone in the world much safer from future infectious disease threats by strengthening health and community systems and making them more inclusive and resilient. Together, we can fight for what truly counts, creating a pathway toward a more equal, just world where no one is left behind, and where everyone is protected from disease. It can be done. The 20-year success story of the Global Fund is proof. And the Global Fund's Seventh Replenishment is the moment to make it happen. •

(Above) Hundreds of people cram into the tunnels of Lviv train station, waiting to board evacuation trains out of Ukraine.

Ivor Prickett/Panos Pictures

# **Key Results and Lives Saved**

Mohammed Asad Mia defeated TB while supporting his family and growing his business during the COVID-19 pandemic.

The Global Fund/Yousuf Tushar



In response to HIV, TB and malaria, we measure our progress against the targets set in the global plans for HIV, TB and malaria<sup>6</sup> and in the Sustainable Development Goal 3 of health and well-being for all. Key results in the countries where the Global Fund invests include:



Programmatic results achieved during 2021 by countries and regions where the Global Fund invests. Progress graphs are based on latest published data from WHO (2021 release for TB and malaria) and UNAIDS (2022 release). Malaria coverage calculated based on 38 African countries for which data is available from WHO/Malaria Atlas Project estimates.

 Targets for each disease are included in the UNAIDS 2025 programmatic targets and the 2021-2030 impact and resource needs estimates, 2022; WHO Global Technical Strategy for Malaria, 2015; WHO End TB Strategy, 2014; and The Stop TB Partnership Global Plan to End TB 2023 to 2030, 2022.



# **Coverage of key treatment and prevention interventions**

In countries where the Global Fund invests

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



While the growth in HIV coverage levels remains steady, TB and malaria coverage have both declined in recent years. Declines in TB coverage are mostly due to disruptions caused by the COVID-19 pandemic, and declines in malaria coverage in sub-Saharan Africa may partly reflect better targeting of mosquito nets.

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. Based on published data from WHO (2021 release for TB and malaria) and UNAIDS (2022 release).

# Life expectancy in 15 sub-Saharan African countries

Increase from 2002 to 2019

Increase due to progress against HIV, TB and malaria



Source: Contribution of Global Health Initiatives to Reducing Health Inequality and Inequity Across Countries, under review, Health Policy and Planning, M Haacker 2022.

Health programs supported by the Global Fund partnership had saved 50 million lives as of the end of 2021. Overall, the combined death rate from the three diseases has reduced by more than half since 2002 in the countries where the Global Fund invests. That 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 U.S. President's Malaria Initiative (PMI), the U.S. Agency for International Development (USAID),

Agence Française de Développement, the UK's Foreign, Commonwealth & Development Office, the governments of Germany and Japan; key multilateral and technical partners such the World Health Organization (WHO), UNAIDS, the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaid, and Gavi, the Vaccine Alliance (Gavi); private sector partners such as (RED); and foundations such as the Bill & Melinda Gates Foundation.

Investments by the Global Fund partnership have played a pivotal role in helping increase life expectancy in low- and middle-income countries. Millions of people in sub-Saharan Africa are living longer largely because of the gains made in the fight against HIV, TB and malaria.



This report captures the latest information available on progress against HIV. It shows how COVID-19 has impacted HIV programs and how the Global Fund partnership has adapted its work to protect the hard-won gains made against the virus in the last two decades.

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(Next page) Sabi Kere, a 20-year-old pregnant woman in Bobo-Dioulasso, Burkina Faso, was born with HIV. "I actually never had any scares because I never knew otherwise, and I was never sick. My mom did always tell me that it is very important to keep taking my medication. Other than that, I have a normal life."

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#### The challenge

In the last year, COVID-19 and other global crises have had a substantial impact on the fight against the HIV epidemic. HIV programs faced significant disruption in services due to restrictions on movement, fear of visiting health facilities and reprioritization of health resources to address COVID-19. Yet even before COVID-19, we were off track compared to the trajectories for reductions in infections and deaths prescribed by the Global Plans for HIV. COVID-19 pushed us further off track.

The world missed every single global HIV target for 2020, including that of reducing deaths to fewer than 500,000 per year. Yet it could have been much worse. As a result of a rapid and robust response to mitigate the impact of COVID-19 on HIV programs through C19RM, disruption to antiretroviral therapy programs was less than initially feared. That effort was led by communities and supported by partners – including PEPFAR, UNAIDS and WHO, among others. In 2021, globally 28.7 million people were on lifesaving antiretroviral therapy, meaning that approximately 10 million people living with the virus do not have access to lifesaving medicine.

Globally, AIDS-related deaths have fallen by 50% since 2010, to 650,000 in 2021. On prevention, progress in reducing new HIV infections remains slow – a 32% reduction since 2010, with 1.5 million people newly infected with the virus in 2021 compared to 2.2 million in 2010. New infections have flatlined, and in some regions they have increased.

At the end of 2020, the world fell short of meeting the "90-90-90" targets

Janyl, an HIV online consultant in Bishkek, Kyrgyzstan, speaks to a patient on the phone at the height of the country's second wave of the COVID-19 pandemic.

UNDP Kyrgyzstan/Dmitry Motinov



## HIV tests taken by priority and key populations\*

Change, 2019-2020 vs. 2020-2021



The "expected" results are based on grant targets adjusted by grant performance prior to COVID-19. The country graphs include countries with comparable results in all three years. Therefore, the total results in 2019-2021 might be lower than the total number of services seen in the other parts of this report and in the interactive online platform.

\*Infants, adolescent girls and young women, adolescent boys and young men, gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, people in prisons, and other vulnerable populations.

agreed upon at the United Nations General Assembly in 2016, which aimed for 90% of people (children, adolescents and adults) living with HIV to know their status, 90% of people living with HIV who know their status to be receiving treatment and 90% of people on treatment to have suppressed viral loads. At the end of 2021, we still had not achieved every 2020 target: 85% of people living with HIV knew their HIV status, 88% of people who knew their HIV-positive status were accessing antiretroviral treatment, and 92% of people on treatment were virally suppressed.7 Working with other partners including PEPFAR and UNAIDS,

the Global Fund is focused on supporting countries to reach the "95-95-95" targets by 2025 as a pathway toward ending HIV as a public health threat by 2030.

In terms of HIV treatment, some populations have also been left far behind. For example, only half of the children infected with HIV globally (52% in 2021) are getting the lifesaving treatment they need. In regions such as West and Central Africa, coverage of HIV treatment among pregnant women with HIV is not high enough, at only 60% in 2021. Stigma, discrimination, punitive laws and policies, violence and entrenched societal and gender

 In Danger: UNAIDS Global AIDS Update 2022. UNAIDS, 27 July 2022. https://www. unaids.org/en/resources/ documents/2022/indanger-global-aids-update The Global Fund provides 30% of all international financing for HIV programs and has invested US\$24.2 billion in programs to prevent and treat HIV and AIDS and US\$5 billion in TB/ HIV programs as of June 2022. inequalities hinder access to care for key populations such as sex workers, people who use drugs, gay men and other men who have sex with men, transgender communities and people in prisons, as well as women, adolescents and children. Access to quality services for people with advanced HIV remains a challenge globally.

### The Global Fund's response

The Global Fund provides 30% of all international financing for HIV programs and has invested US\$24.2 billion in programs to prevent and treat HIV and AIDS and US\$5 billion in TB/HIV programs as of June 2022. Since 2020, the Global Fund has also stepped up to support countries to mitigate the impact of COVID-19 on the HIV response.

## Mitigating the impact of COVID-19

The Global Fund responded quickly and at scale to COVID-19, mobilizing and approving more than US\$4.4 billion to fight the pandemic in more than 100 countries. Part of this funding was used to protect front-line workers involved in the fight against HIV, and to adapt lifesaving HIV programs to reduce contact with facilities, provide more services at the community level and virtually, and reduce the risk of COVID-19 exposure while preserving the continuity of HIV services. The Global Fund also worked with partners in the Access to COVID-19 Tools Accelerator (ACT-Accelerator), supporting activities that responded to COVID-19 and that helped to mitigate and recover from the effects of the COVID-19 pandemic on HIV services.

COVID-19 has also catalyzed a multitude of health innovations that we have invested in to ensure continuity of services. Such interventions have included multimonth dispensing of prevention, care and treatment products. That approach is now a best practice for the provision of HIV treatment as well as prevention measures such as pre-exposure prophylaxis (PrEP). condoms, lubricants and supplies for people who inject drugs. We supported the dispensing of prevention, care and treatment products away from health care facilities. We also supported other services such as virtual health service delivery through telephone or online platforms; more programs that offered differentiated HIV testing, including self-testing; and we adapted prevention services to make them more accessible to key populations and adolescent girls and young women.

## HIV treatment, care and support

Together with PEPFAR and other partners, our efforts to implement WHO's "treat all" guidance and the UNAIDS "95-95-95" strategy have significantly increased the number of people diagnosed with HIV and started on antiretroviral therapy. In countries where the Global Fund invests, the number of people living with HIV receiving antiretroviral therapy continued to grow. In 2021, 75% of people living with HIV in Global Fund-supported countries were on antiretroviral therapy, a huge leap from 23% in 2010.

The Global Fund invests to provide quality, people-centered diagnosis, treatment and care to improve the wellbeing of people living with HIV, prevent premature death and eliminate HIV transmission. We support the transition to the latest antiretroviral drug regimens (dolutegravir-based) for adults and children. By mid-2022, the Global Fund had procured the recently approved pediatric dolutegravir formulation, which is more effective, cheaper and better tolerated by children, in more than 20 countries in which we invest. We also invest in strategies that aim to reduce treatment interruptions and support those people who may have dropped out to return to care and treatment.

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A group of peer educators visit a community in Khartoum, Sudan, to help raise awareness on HIV and AIDS and encourage their peers to get tested for HIV.

© UNICEF/Noorani



The Global Fund also invests in differentiated service delivery models and adaptation to optimize service delivery and support lifelong HIV treatment. These include multimonth dispensing and community antiretroviral therapy delivery, adherence support, community leadership, engagement and treatment literacy. Additionally, we support the delivery of an advanced HIV disease package of services and procurement of related products to address co-morbidities and co-infections and support longevity and health.

The Global Fund's new Strategy sets ambitious goals to ensure our investments deliver integrated HIV care needed in the future as we strive to end HIV as a public health threat by 2030.

#### **HIV** prevention

The Global Fund's HIV prevention investments have grown steadily from US\$752 million in the 2018-2020 period to more than US\$1 billion in the 2021-2023 period. To end HIV as a public health threat, we must do more to prevent people from acquiring the virus. A crucial step toward achieving better HIV prevention is testing. The Global Fund is investing more in HIV selftesting, which empowers people who otherwise may not get tested with an option that is safe, confidential and convenient. Through our Wambo.org online procurement platform, the Global Fund procured nearly 4 million HIV self-tests during the first eight months of 2021 alone - a significant increase compared to the 320,000 HIV self-tests procured in all of 2020. And between 2021 and 2023, the Global Fund is investing US\$60 million in HIV self-testing - a fourfold increase compared to what was invested in the previous three years.

Condom use has had an enormous and positive impact on the AIDS epidemic. The Global Fund has an intensified interest in improving programs that provide people with condoms – for HIV prevention and to improve sexual and reproductive health outcomes. It is hard to beat the potential triple effect of this decades-old prevention tool: Condoms prevent (1) HIV transmission; (2) transmission of other sexually transmitted infections (STIs); and

# Key results for 2021

In countries where the Global Fund invests:



HIV tests taken. 12.6M HIV tests taken by priority and key populations.<sup>8</sup> HIV-positive people with knowledge of their status increased from 69% in 2015 to 85% in 2021 (global target: 95% by 2025).

# 23.3м

People on antiretroviral therapy for HIV in 2021. Coverage increased from 49% in 2015 to 75% in 2021 (global target: 90% by 2025).

8. See definition in the figure on page 17.

In countries where the Global Fund invests:



Of people **living with HIV** had a suppressed viral load in 2021, an increase from 37% in 2015 to 69% in 2021. Global target: 86% by 2025.



Mothers living with HIV received medicine to keep them alive and prevent transmitting HIV to their babies in 2021; coverage increased from 45% in 2010 to 81% in 2021. Global target: 100% by 2025.

- 9. UPDATE: Condoms are a critical part of combination prevention. UNAIDS, 22 November 2021. https://www.unaids.org/ en/resources/presscentre/ featurestories/2021/ november/20211122\_condomscritical-part-combinationprevention.
- In Danger: UNAIDS Global AIDS Update 2022. UNAIDS, 27 July 2022. <u>https://www.unaids.org/ en/resources/documents/2022/</u> in-danger-global-aids-update.

(3) unintended pregnancies. It is estimated that increased condom use since 1990 has averted 117 million new HIV infections, most of them in sub-Saharan Africa and in Asia and the Pacific.<sup>9</sup> The product remains a priority for the Global Fund, especially for young and newly sexually active people. For the 2021-2023 period we are investing more than US\$140 million in condom programs – representing 17% of our HIV prevention budget.

Following WHO's recommendation for the offer of oral PrEP in 2012, the Global Fund has steadily increased investments in biomedical HIV prevention. In the 2021-2023 implementation period, PrEP accounts for 3% of the HIV prevention budget with investments of US\$27.9 million. While this is an increase of 350% from the previous period, we are far from where we need to be in expanding access to this vital HIV prevention tool.

Recently, two new PrEP products have been recommended by WHO to provide increased choices for HIV prevention: the dapivirine vaginal ring (the ring) and longacting injectable cabotegravir (CAB-LA). The Global Fund will be the primary donor supporting procurements for the ring. To support early introduction and access to CAB-LA, the Global Fund is co-convening a coalition alongside WHO, UNAIDS, and Unitaid and co-leading the Working Group on Financing and Procurement alongside PEPFAR. The Global Fund's work within the coalition will catalyze the impacts of the recently signed licensing agreement between the Medicines Patent Pool and ViiV Healthcare, which allows for the generic manufacturing and distribution of CAB-LA.

In countries where the Global Fund invests, the number of people who initiated oral PrEP doubled between 2020 and 2021, reaching 785,000 in 2021 across 24 supported countries.

These developments mean that people who most need HIV prevention have

increased choice to pick a prevention strategy that fits their needs and gives them more control over preventing infection. Introduction and scaled access to existing and new HIV prevention products is a key component to achieving the incidence reduction goals set by UNAIDS is supported by the Global Fund's new Strategy.

Precision public health is the pathway on which the Global Fund approaches prevention to ensure that we get maximum impact from our investments while delivering greater equity and effectiveness. A precision HIV prevention approach means supporting countries to focus prevention efforts on locations where HIV is most prevalent and on people with the greatest HIV prevention needs - key populations in most countries and adolescent girls and young women and their male sexual partners in high incidence countries/locations. Pregnant women with HIV in regions such as West and Central Africa are also a priority group. Precision HIV prevention also means focusing more on HIV prevention options that will have the greatest impact on preventing new infections.

#### **Key populations**

Key populations - sex workers, people who inject drugs, people in prisons and other closed settings, transgender people, and gay men and other men who have sex with men – are substantially more vulnerable to HIV than the general population. Together with their sexual partners, key populations make up 70% of new HIV infections globally, and 94% of infections outside of sub-Saharan Africa, despite accounting for less than 5% of the population.<sup>10</sup> The Global Fund is a committed investor in HIV prevention programs for key populations. Many people among these groups are not able to access services because of social and structural barriers such as discrimination and criminalization. In our new Strategy, we commit to providing more HIV prevention options to more people at

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Key

results for 2021



increased risk of HIV infection, including through scaling up community-led and community-based responses. We also commit to investing more in removing the human rights and gender-related barriers that often impede access and retention in services.

In order to improve prevention programming, the Global Fund emphasizes the importance of focusing more on the results of HIV prevention investments – to ensure that more people who need HIV prevention have access to and use HIV prevention options. In Kenya, the national HIV prevention program for key populations uses polling booth surveys to generate more frequent data to measure the outcomes of HIV prevention. The surveys measure, for example, increased condom and PrEP use, or decreased unsafe injecting among people who inject drugs.

The Global Fund aims to expand community-based and community-led services by harnessing virtual service delivery, for example. We are also working with partners to explore greater accessibility of HIV prevention options in locations such as pharmacies, bars and local sites where people need rapid access to HIV prevention options. In Uganda, we support the provision of condoms and other HIV prevention tools to sex workers in informal settlements<sup>11</sup> such as Kawempe (Above) During the pandemic in Colombia, numerous health centers were either closed or repurposed to fight COVID-19, making it difficult for many people to access HIV prevention tools such as condoms and testing services. In response, improvised testing facilities and an app called TeCuidamos.com targeted people most at risk of HIV infection to ensure the continuation of vital services.

The Global Fund/Jose Miguel Gomez

11. PrEPed to Prevent HIV. The Global Fund, 8 November 2018. https://www.theglobalfund.org/ en/blog/2018-11-08-preped-toprevent-hiv/.

## **Reduction in HIV incidence rate among women aged 15-24**

% change 2010-2021 in 13 priority countries



Source: HIV burden estimates from UNAIDS, 2022 release.

in Kampala. Additionally, we are investing in community-led monitoring, supporting users and clients to monitor the accessibility, quality, acceptability and affordability of health services. This results in more people-centered, integrated health services.

# Adolescent girls and young women in countries with high HIV burden

The Global Fund invests in programs that put HIV prevention options in the hands of the adolescent girls and young women who need them most. In sub-Saharan Africa, adolescent girls and young women are three times as likely to acquire HIV as adolescent boys and young men. Structural factors such as inequality, harmful gender norms, sexual violence and poor access to sexual health and HIV services, including HIV prevention services, are all factors that contribute to increased vulnerability to HIV infection among adolescent girls and young women.

The Global Fund has also invested in HIV prevention targeting boys and men, including voluntary medical male circumcision programs and programs to address harmful cultural and social norms that influence HIV transmission among adolescent girls and young women. Global Fund investments also aim to ensure that men at high risk of HIV infection are tested and supported to start and stay on HIV treatment.

We also support interventions that increase the knowledge and power of adolescent girls and young women to access and use HIV prevention, as well as tackle cultural norms that make them vulnerable to HIV transmission. We have increased our investments more than fivefold to improve HIV prevention programs for adolescent girls and young women in 13 countries in sub-Saharan Africa where HIV incidence is high: Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. In 2021, 4.4 million adolescent girls and young women were reached with HIV prevention programs in these 13 countries – a 133% increase compared to 2020.

To end AIDS by 2030, the world must invest vigorously to reduce the transmission of the virus among adolescent girls and young women. To keep girls and young women HIV-free, we need to increase access to HIV prevention options that work for them options that they understand, believe in and that they have the power to access and use. HIV prevention options such as PrEP and condoms are priority interventions, but adolescent girls and young women also need to be supported by health communication interventions that increase their knowledge and agency to protect themselves from unintended pregnancies, sexual violence, and sexually transmitted infections, including HIV.

#### Human rights and gender equality

Global Fund investments are achieving significant progress in breaking down human rights and gender-related barriers to access HIV and TB services. The Global Fund's Breaking Down Barriers initiative is a groundbreaking effort to confront these injustices. Through Breaking Down Barriers, we have provided catalytic matching funds and technical support to drive the development and implementation of country-owned national programs to address the injustices that continue to threaten progress against HIV, TB and malaria. Through this initiative, the Global Fund provides financial and technical support to 20 countries to remove human rights-related and gender-related barriers to HIV, TB and malaria services. The Global Fund recently conducted a midterm assessment of the 20 countries where the initiative runs. The assessments scored programs on a 0-5 scale to reflect an expansion of the program and its impact.

The results show that the Global Fund is making progress in removing human rights-related barriers to HIV services, with a mean increase of 0.9 points from baseline on the 0-5 scale. However, even the top-five scoring countries (Ukraine 3.7, Jamaica 3.5, Botswana 3.3, Senegal 3.1 and Kenya 3.1) are falling short of the scores that would represent a comprehensive response at a national level (above 4.0). Sierra Leone (+1.7), Jamaica (+1.6), Cameroon (+1.3) and Mozambique (+1.3) showed the greatest increase in scores.

But it is more than just scores we are seeing tangible change within communities. In Botswana, when community dialogue work began, many traditional chiefs were hostile to key populations (transgender and intersex people, gay men and other men who have sex with men, sex workers), with some openly declaring that they did not want them in their communities. When organizations led by and representing key populations facilitated dialogues with traditional leaders to discuss issues related to human rights, harmful gender norms and gender-based violence, they observed how these conversations helped break down barriers. One informant described the immediate impact: "By the time the traditional



In countries where the Global Fund invests:



People reached with HIV prevention services in 2021, including **5.8M** members of key populations and **6.1M** young people.

# 1.1м

**Voluntary medical male circumcisions** for HIV prevention in 2021.

# **Trends in AIDS-related deaths**

In countries where the Global Fund invests



# **Trends in new HIV infections**

In countries where the Global Fund invests



HIV burden estimates from UNAIDS, 2022 release. Estimation of "no prevention or ARVs" trends from Goals Model, Asian Epidemic Model (AEM) and AIDS Impact Model (AIM).

chiefs walked out the door, they had completely changed. The power of bringing people directly affected to represent the issues caused...a real breakthrough."

The Global Fund's work through Breaking Down Barriers is detailed further in the Resilient and Sustainable Systems for Health chapter.

#### Progress

In countries where the Global Fund invests, AIDS-related deaths have been reduced by 70% since the Global Fund was founded in 2002 and new infections have been reduced by 54% (see figures on page 24). In the absence of prevention measures and antiretroviral drugs, deaths would have increased by 240% and new HIV infections by 158% in the same period. This achievement reflects steady progress, but this progress has slowed measurably since 2019. If we are to reduce inequalities and prevent the severe disruptions caused by COVID-19 from having a devastating long-term impact on the fight against HIV, we must urgently remove barriers to treatment and prevention and scale up adaptation and mitigation efforts to regain lost progress.

> In countries where the Global Fund invests, AIDS-related deaths have been reduced by 70% since the Global Fund was founded in 2002 and new infections have been reduced by 54%.

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Case study

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# Tanzania: Keeping Adolescent Girls and Young Women HIV-Free

Over the last 20 years Tanzania has made tremendous progress in the fight against HIV. AIDS-related deaths have been reduced by 75%, while new HIV infections have been cut by more than half.

But across sub-Saharan Africa. including in Tanzania, adolescent girls and young women continue to be disproportionately affected by the disease. To keep young women and girls HIV-free, the Global Fund invests in programs that address the aspects of their lives that make them more vulnerable to HIV and other sexually transmitted infections, as well as in programs that focus on the aspects of their lives that protect them from infection. Programs are tailored to local needs and involve a number of partners. In Tanzania, this includes Amref Health Africa, the Ministry of Health, PEPFAR, the Tanzania Youth Alliance, UNAIDS, UNESCO, UNICEF and local organizations that focus on girls and young women at risk of HIV with a package of comprehensive prevention services.

This work includes ensuring more young women get access to HIV prevention

options, opportunities to increase their knowledge of HIV and sexual and reproductive health, and the agency to protect themselves from HIV and other sexually transmitted infections. This includes supporting a network of peer educators – young women who work to empower their peers to protect themselves from HIV, including by distributing condoms and other prevention tools within the community.



(Next page) As a community health worker and an HIV peer educator in Dodoma, Tanzania, Neema Waziri (right) knows how early pregnancies and HIV infections have derailed the dreams of many girls and young women in her community. To support her peers to overcome this challenge, Neema leads a community initiative to empower girls. She has lit a fuse in her community, galvanizing young women to gain the knowledge, the passion and the agency they need to shape their destinies.

The Global Fund/Ingrid van der Walt/Rooftop



# **Monica's Story**

Kerema, Papua New Guinea

Monica encourages everyone in her community to know their HIV status by getting tested regularly. And if they are HIV positive, she encourages them to stay on their medications. Monica is the mother of two boys. Her eldest son, 3-year-old George, is HIV positive, while her second son, 2-year-old Jack, does not have the disease. Monica found out she was HIV positive a few months after giving birth to George in 2019. Jack was protected from HIV because Monica had access to prevention of mother-to-child transmission programs throughout her pregnancy, including access to antiretroviral therapy. The Global Fund works closely with the National HIV Program in Papua New Guinea and a range of partners including World Vision, UNAIDS, WHO and Anglicare to ensure those most at risk of HIV have access to prevention, treatment and care.

Image: Monica with her two sons David and Jack. The Global Fund/Roan Paul



# **Investment and impact: HIV**

	AIDS-related deaths	HIV incidence rate per 100,000 people	People living with HIV who know their status	People living with HIV receiving ARVs	People living with HIV with suppressed viral load	Prevention of mother- to-child transmission coverage	HIV investment - Global Fund (2002–2022)
• • •	% change -56%	6 -51%	2015 2021	2010 2021	2015 2021	2010 2021	
Countries where the Global Fund invests	1.2M 540		69% 85% 	23% 75%	37% 69%	45% 81%	\$26.6B
<b>South Africa</b> (D, I, F)	% change -73% 189k 51K		2015 2021 86% 94%	2010 2021	2015 2021	2010 2021	\$1.20B
India (D, F)	-77% 179K 42K	-53%	No 77% data	No 65% data	No 55% data	0% 64%	\$1.34B
<b>Nigeria</b> (D, F)	-38%	-54%	49% 90%	20% 90%	31% 86%	27% 34%	\$113B
<b>Tanzania</b> (United Rep.) (D, F)	-60% 73K 29K	-62%	67% 88%	17% 86%	38% 83%	54% 80%	\$1.66B
<b>Zimbabwe</b> (D, I, F)	-69%	-78%	84% 96%	29% 91%	50% 85%	31% 87%	\$1.50B
<b>Kenya</b> (D)	-60%	-64%	86% 92%	31% 78%	8% 74%	49% 91%	\$0.91B
<b>Uganda</b> (D, I)	-66%	-58%	81% 89%	22% 82%	43% 78%	35%_>95%.	\$0.94B
Congo (Democratic Rep.) (D)	-71%	-65%	36% 82%	8% 82%	15% 73%	6% 61%	\$0.74B
<b>Malawi</b> (D, I, F)	-70%	-74%	79% 93%	27% 91%	53% 85%	27% 93%	\$1.45B
<b>Zambia</b> (I, F)	-40%	-62%	79% 91%	34% 90%	51% 87%	65% >95%.	\$1.14B

	AIDS-related deaths	HIV incidence rate per 100,000 people	People living with HIV who know their status	People living with HIV receiving ARVs	People living with HIV with suppressed viral load	Prevention of mother- to-child transmission coverage	HIV investment - Global Fund (2002–2022)
<b>Ethiopia</b> (F)	<ul> <li>○ 2010</li> <li>● 2021</li> <li>% change -56%</li> <li>□ 27K</li> </ul>	-66%	2015 2021 71% 84%	2010 2021 35% 78%	2015 2021 50% 75%	2010 2021	\$1.59B
Lesotho (I)	-48%	36         12           1,244         -62%           476	84% 92%	34% 81%	44% 79%	66% 86%	\$0.27B
Botswana (I)	-30%	-56% 785 348	84%94%_	49% 92%	66% 90%	77% >95%	\$0.04B
<b>Rwanda</b> (F)	-62%	-67%	87% 94%	41% 93%	62% 91%	<b>65% 87%</b>	\$1.07B ·
<b>Eswatini</b> (I)	-57% 6.0K 2.6K	<b>1,696</b> -55% 764	<u>9</u> 1%93%_	34% 91%	58% 89%	<b>76%_&gt;95%</b> .	\$0.23B
Namibia (I)	-24% 3.9K 2.9K	-50%	83% 92%	42% 91%	62% 84%	72%_>95%.	\$0.26B

# For a detailed look at HIV results per country, visit the Global Fund Data Explorer at <a href="https://data.theglobalfund.org">https://data.theglobalfund.org</a>. An interactive version of this chart is available with data for all Global Fund-supported countries: <a href="https://www.theglobalfund.org/en/results/">https://www.theglobalfund.org/en/results/</a>.

All data is based on estimates published in the UNAIDS 2022 release <u>http://aidsinfo.unaids.org/</u>, apart from Global Fund disbursements, which are available on the <u>Global Fund Data Explorer</u>. The denominator for the three 95s 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 AIDS-related deaths in 2010 (D).
- Being among the top-10 countries with the highest HIV incidence rate in 2010 (I).
  Being among the top-10 countries that received the largest amount of funding from the Global Fund from 2002 to end-June 2022 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 "Global Fund-supported" are limited to countries that received an allocation for either the 2017-2019 or the 2020-2022 cycle, excluding countries only receiving funds through the nongovernmental (NGO) rule. Global Fund-supported countries received US\$26.6 billion from 2002 to end-June 2022 to support HIV and AIDS and a portion of HIV/TB programs. Additionally, they received US\$1.3 billion to support cross-cutting support across the three diseases, resulting in a total of US\$27.9 billion. Countries/programs that did not receive an allocation over the 2017-2019 or 2020-2022 cycle received US\$1.3 billion since 2002, resulting in a total disease-specific investment of US\$28 billion.

3. Having received more than US\$1 billion in HIV and AIDS funding from the Global Fund, Mozambique ranks 9th in terms of share of Global Fund investment in HIV. However, the data for disease burden estimate and service coverage were 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 selected High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: <a href="https://data.theglobalfund.org/">https://data.theglobalfund.org/</a>.

# Tuberculosis State of the Fight

This report captures the latest information available on progress against tuberculosis (TB). In the face of COVID-19, the Global Fund partnership fought back to recover from the catastrophic impact that the pandemic had on TB in 2020 and to protect the hardwon gains made against the disease in the last two decades.

(Next page) Nelli Solomonia, coordinator of a Global Fundsupported mobile clinic in Tserovani, Georgia, examines a patient's digital chest X-ray.

The Global Fund/Anush Babajanyan



Key results for 2021

In countries where the Global Fund invests:

# 5.3м

People treated for TB in 2021.



TB treatment coverage increased from 47% in 2010 to 57% in 2020, and the TB treatment success rate reached 86% in 2019. Global targets for coverage and treatment success rates: 90% by 2025.

 Global Tuberculosis Report 2021. WHO, 14 October 2021. <u>https://www. who.int/publications/i/ item/9789240037021.</u>

#### The challenge

TB is the world's second biggest infectious disease killer behind COVID-19. In 2020, TB killed an estimated 1.5 million people (including people living with HIV). TB is still the leading cause of death for people living with HIV.

The COVID-19 pandemic has had a particularly harsh impact on the fight against TB. Intersecting challenges have contributed to this. The technology and equipment used to test for TB can also be used to test for COVID-19, which meant that these resources were diverted away from TB to focus on the pandemic. What's more, TB treatment facilities were converted into spaces to treat COVID-19, with TB staff redeployed to national COVID-19 responses. Many people also delayed going to health facilities to test for TB, often due to fear of catching COVID-19 or because of strict lockdown measures.

COVID-19 also impacted efforts to reduce the number of "missing" people with TB - nearly half of the people who fell ill with TB were missed by health systems in 2020, meaning that they were not diagnosed, treated or reported.<sup>12</sup> Due to fear of COVID-19, the stigma against people with TB and people with symptoms of TB increased, which hindered timely access to TB services. It is critical that all people with TB are found early and treated, as this is one of the main ways to cut the chain of transmission in the community and end the TB epidemic for good. Finding them is essential not only to ensure that they receive care, but also to protect those close to them: A person with active, untreated TB can spread the disease to as many as 15 to 20 other people in a single year.

The number of people dying from TB also rose for the first time in a decade, further derailing efforts to reach the 2020 milestone of a 35% reduction in deaths between 2015 and 2020. The reduction between 2015 and 2020 was around 10%, less than one-third of the way toward the target. Progress achieved up to 2019 (a 41% reduction in deaths from 2000 to 2019) was compromised by the increase in TB deaths in 2020 that resulted from disruptions to diagnosis and treatment. Yet it could have been much worse. As a result of a rapid and robust response to mitigate the impact of COVID-19 on TB programs through the COVID-19 Response Mechanism (C19RM), disruption to TB interventions was less than initially feared. That effort was led by communities and supported by partners – including the Stop TB Partnership, USAID and WHO, among others.

Today's TB medicines have been used for decades, and strains of the disease that are resistant to one or more of these medicines have become prevalent, initially due to misuse or inappropriate use of the medicines, but now increasingly due to direct transmission of drugresistant forms of TB.

Drug-resistant TB presents significant treatment challenges: Treatment takes considerably longer, is more expensive and has more side effects than the treatment of standard drug-sensitive TB. Finding everyone with TB and ensuring that everyone with the disease is offered a molecular diagnostic test is key to saving lives. It is also a crucial step in fighting drug-resistant forms of TB and reducing the wider risk to global health security. In 2020, only about 158,000 people were diagnosed with drug-resistant TB worldwide – a 22% drop from 2019.13 Of those diagnosed with drug-resistant TB, 150,000 of them were enrolled for treatment. That level of identification and enrollment would be equivalent to around half of the WHO 5-target (2018-2022) of 1.5 million, meaning around half of the people with drug-resistant TB have not received lifesaving treatment and have died or continue to suffer and spread the disease.

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# 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



The TB burden estimates are from the WHO Global Tuberculosis Report 2021. The estimation of "no TB control" trends for TB deaths from WHO and for new TB cases is based on the assumption of a constant trend in new TB cases since 2000.

Successfully treated

## **TB** treatment outcomes

In WHO high-burden countries supported by the Global Fund

Treatment successful	ailed 🔵 Died	<ul> <li>Lost to follow-up</li> </ul>	<ul> <li>Not evaluated</li> </ul>
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### Drug-sensitive TB cases, 2019



#### Multidrug-resistant (MDR) TB cases, 2018



TB treatment outcomes for new and relapse TB cases, WHO list of high-burden countries. Source: WHO Global Tuberculosis Report 2021. No MDR-TB treatment outcome data is available for Angola. See footnote 3 on page 43 regarding data for India.

#### The Global Fund's response

The Global Fund provides 76% of all international financing for TB (US\$8.5 billion in programs to prevent and care for people with TB as of June 2022). Thanks to interventions by the Global Fund partnership, TB programs are recovering. The Global Fund has also stepped up to support countries to mitigate the impact of COVID-19 on the TB response. We increased TB grants by 14% on average in the sixth cycle compared to the fifth cycle. Through the COVID-19 Response Mechanism (C19RM) in 2021, US\$159 million was approved for activities to support people with TB and TB programs in the Global Fund's 20 high-priority TB countries. Through C19RM, together with investments made with partners in the ACT-Accelerator, we have been able to avoid the worst-case scenarios for TB that emerged at the onset of the pandemic.

In the fight against TB, we are recovering from the 2020 losses in the following key indicators: finding and treating people with the disease, including those with drug-resistant TB; improving access to quality diagnosis, treatment and care; and scaling up prevention and supporting "catch-up" activities to find and treat those who did not access care during the pandemic and accelerate those recovery efforts.

### **Testing and treatment**

In 2021, many countries made enormous efforts to accelerate testing and treatment for TB, often with the support of the Global Fund through C19RM.

In 2021, countries showed significant improvements in finding people with TB compared to 2020. In 2021, Nigeria, Bangladesh and Uganda reported the highest increases in drug-sensitive



In countries where the Global Fund invests:



People on treatment for drug-resistant TB in 2021; MDR-TB treatment success rate increased from 48% in 2009 to 62% in 2018. Global targets: 90% MDR-TB treatment success by 2025.

**1.6K** People on treatment for extensively drug-

resistant TB in 2021.

Using a digital TB screening device at Kibera Health Center in Nairobi, Kenya, a community health volunteer helps people go through five automated questions. If they answer "yes" to any of them, they are encouraged to submit a sputum sample to be tested for TB

The Global Fund/Brian Otieno



In countries where the Global Fund invests:



HIV positive TB patients on ARVs in 2021; coverage of antiretroviral drugs (ARVs) in people with HIV and TB increased from 45% in 2010 to 90% in 2020. Global target: 100% among detected cases.



People exposed to TB received preventive therapy in 2021.

TB and drug-resistant TB case notifications. To accelerate efforts to find people with TB, as well as to diagnose and treat them, countries where the Global Fund invests are implementing activities including active case finding, intensified TB screening at the community level, and home-based care.

In collaboration with the Global Fund and other partners, Nigeria began implementing an ambitious plan to expand access to TB services in 2019. Despite COVID-19 disruptions, Nigeria was one of the few countries in the world in 2020 that reported an increase in TB case notification over the previous year. The country also recorded a 50% increase in the number of people treated with TB between 2020 and 2021.

To fight drug-resistant TB, the Global Fund is encouraging and supporting countries to transition to shorter oral regimens for drug-resistant TB, which are more effective. Between 2020 and 2021, the number of people treated for TB in the countries where the Global Fund invests rose by about 12%, with those treated for drug-resistant TB rising by 9%, as countries mitigated the impact of COVID-19 on treatment programs.

While many of the high TB burden countries were also hit hard by COVID-19 in 2021, these countries have fought back to safeguard decades of progress they have made in the battle against the disease. India – with the world's highest TB burden – was severely impacted by COVID-19, with the delta variant being first identified in the country. In the face of these challenges, India integrated TB and COVID-19 screening programs and laboratory services. In Mumbai, a new diagnostic tool developed and manufactured in India allows hospitals to do rapid, onsite co-testing for TB and SARS-CoV-2, the virus that causes COVID-19.

India procured testing tools and PPE for health workers, strengthened laboratories and diagnostics, and built capacity for community systems. The number of people treated for TB in India in 2021 was 1.9 million (up from 1.6 million in 2020) – a significant recovery.

#### Prevention

To win the fight against TB, we also need to address TB infection. The Global Fund continues to invest in broadening access to better preventive therapy (anti-TB medicines given to prevent the development of the disease) in low- and middle-income countries. A quarter of the world's population is infected with latent TB – they have no symptoms, are not contagious and most do not know they are infected. Without treatment, 5% to 10% of these people will become ill with TB in their lifetime, with a much higher risk for people living with HIV.

Infection prevention and control investments also help prevent TB, protecting patients and health care workers from exposure and potential infection. Investments to support infection prevention and control, especially in TB treatment facilities and outpatient health centers, as well as investments in PPE for health care workers and community workers involved in TB case-finding activities, also contribute to the fight against TB.

## Fighting TB alongside COVID-19

The same tools the Global Fund partnership has built to fight TB are now being used to fight COVID-19. Through emergency funding from the Global Fund, countries have been able to mitigate the impact of COVID-19 on their HIV, TB and malaria programs and reinforce systems for health. In the face of the COVID-19 crisis, the Global Fund has supported countries to adopt innovative interventions to maintain and improve TB service provision through:

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Key

results for 2021
# **People treated for TB**

Change, 2019-2020 vs. 2020-2021

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## By portfolio

Expected results

Actual results

By **country** (10 countries with largest share of results in 2019)

Change, 2019-2020

Change, 2020-2021

- -500K -400K -300K -200K -100K +100K +200K +300K 0 0.5M India Bangladesh Indonesia Nigeria 👝 Pakistan 5.5M 5.2M Congo (Democratic Rep.) 4.5M Philippines Ethiopia Viet Nam Myanmar Others 2019 2020 2021
- The "expected" results are based on grant targets adjusted by grant performance prior to COVID-19. The country graphs include countries with comparable results in all three years, therefore, the total results in 2019-2021 might be lower than the total number of services seen in the other parts of this report and in the online platform.

- New digital tools and technology including portable digital X-ray and computer-aided detection

   for TB screening in health facilities and communities, and digital adherence tools to support people in care remotely.
- The roll-out of bidirectional testing, where people are simultaneously screened and tested for TB and COVID-19. This is a simple step that can stop the onward transmission of both diseases – and ensure that people with TB are diagnosed, treated and cured.

The Global Fund supported countries to tackle the backlog of people that were missed (notifications and treatment)

due to the COVID-19 pandemic and lockdown measures. Countries have also accelerated novel approaches to fighting TB, such as:

- Transitioning to shorter all-oral treatment regimens for drugresistant TB.
- Using new mobile applications to enable patients to report progress virtually, supporting decentralized treatment and making it easier for patients to adhere to treatment.
- Shifting to community- and homebased service delivery models.

In countries where the Global Fund invests, TB deaths (excluding people living with HIV) since the Global Fund was founded in 2002 have been reduced by 21% as of 2020, while new TB cases (all forms) have dropped by 5%.

Decentralizing treatment from major health facilities into communities and homes often means that patients have a better treatment experience. In Georgia, this work includes the roll-out of the AdhereTB mobile application - a videosupported treatment application developed by the National Center for Disease Control and Public Health of Georgia, with support from the Global Fund. The application saves people with TB valuable time and transportation costs. Patients using AdhereTB can record and upload videos when it is most convenient for them, see a list of medications they have been prescribed, the descriptions of each drug and possible side effects.

Human rights and gender equality The Global Fund supports countries to design, fund, implement and take to scale programs that remove human rights and gender-related barriers to TB, HIV and malaria services.

For TB, this means ending stigma and discrimination, including within the provision of health services at facilities as well as at the community level; ensuring rights-based TB services in prisons and other closed settings; advocating to end punitive laws, policies, and practices that hinder access to TB services; reducing TB-related gender discrimination, harmful gender norms and violence; and increasing access to justice and community legal empowerment.

The TB Strategic Initiative, funded by the Global Fund and implemented by the Stop TB Partnership and WHO, has also been working with national TB programs and partners since 2018 to stop the spread of TB and reach the global goal adopted by world leaders to end TB by 2030.

The TB Strategic Initiative has supported the implementation

of community, rights and gender assessments as well as TB stigma assessments to understand the extent to which national responses to TB (and HIV) consider gender equality and human rights. The assessments aim to support countries to improve the planning, implementation, monitoring and evaluation of human rights-based and gender-transformative TB programming and implementation. For TB programs specifically, there is a need to ensure confidentiality and privacy, mobilize and empower patients and community groups, address policies regarding involuntary isolation or detention for failure to adhere to TB treatment, and make efforts to remove barriers to TB services in prisons.

Building on successes and lessons learned in the first phase of the initiative (2017-2019), the second phase of the TB Strategic Initiative (2021-2023) is making available US\$14 million to 20 priority countries. This funding will catalyze further efforts to find and successfully treat people with TB who are facing human rights-related barriers to treatment and care and who are currently missed at different points along the TB care cascade.

Since the launch of the Breaking Down Barriers initiative in 2017, the Global Fund has increased support for comprehensive programs to address human rights and gender-related barriers to health in the context of TB. In Ghana, the Global Fund supports TB community organizations, such as the TB Voices Network, to strengthen community-led monitoring of rights violations and implement legal empowerment activities for TB champions, including integrated "knowyour-rights" trainings. In Mozambique, TB community outreach workers and peer educators receive training on defending basic human rights and work with paralegals to monitor and address human rights violations against people affected by TB.

## Progress

In countries where the Global Fund invests, TB deaths (excluding people living with HIV) since the Global Fund was founded in 2002 have been reduced by 21% as of 2020, while new TB cases (all forms) have dropped by 5%. In the absence of TB control measures, deaths would have increased by 121% and TB cases by 35% in the same period.

If we are to prevent the disruptions caused by COVID-19 in 2020 and 2021 from having a devastating long-term impact on the fight against TB – and from contributing to the spread of drug-resistant TB – we must continue to prioritize adaptation and mitigation efforts to regain lost progress. (Below) A lab technician in Kondoa district, Tanzania, uses GeneXpert technology for TB diagnosis. The GeneXpert platform can be repurposed for routine diagnostic testing of COVID-19 patients.

The Global Fund/Vincent Becker



Case study

# Iraq: Mobile Medical Teams Tackle Tuberculosis

Iraq has one of the highest rates of TB across the Middle East and North Africa.

Due to the 2014 conflict, as well as previous and subsequent military operations, the country's ability to manage TB deteriorated. The current humanitarian situation in Iraq remains challenging, with over 1 million people displaced within the country, including 180,000 people still living in camps for internally displaced persons. People who have been forced from their homes, especially those living in crowded camp environments, are particularly vulnerable to TB.

Five years ago, the Global Fund began investing in efforts to fight TB in Iraq as part of the Middle East Response grant that supports programs in Jordan, Lebanon, Palestine, Syria and Yemen. C19RM also provided additional support to the country's efforts to fight TB.

Working alongside the International Organization for Migration (IOM), Iraq's National Tuberculosis Program (NTP) and other local partners, the Global Fund supports seven mobile medical teams in five crisisaffected governorates.

The mobile teams travel to communities most at risk to raise awareness about

TB. They provide TB screening, sample collection and transportation for further testing. They also conduct contact tracing, distribute food packages and ensure TB treatment follow-up.

Global Fund investments have also helped strengthen Iraq's NTP laboratories by supporting the NTP with supervisory visits to all TB clinics across the country; providing on-the-job training for laboratory staff; and by procuring TB medications, laboratory supplies (including GeneXpert machines) and PPE for health workers.

Continued investments in the fight against TB in Iraq will help sustain and strengthen these important gains.



(Next page) A group of laboratory technicians from the Central Public Health Laboratory in Baghdad, Iraq, test sputum samples for TB and other infectious diseases using advanced testing technology provided by IOM as part of its support to Iraq's National Tuberculosis Program.

Anjam Rasool/IOM 2022

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# **Asad's Story**

Dhaka, Bangladesh

When COVID-19 hit, Asad was supporting his family by selling chotpoti, a popular Bengali street food, from his food cart. That was until his mother fell ill. Asad had no choice but to sell his food cart to pay for his mother's medical care. Then Asad also started feeling sick. A neighbor connected him to Shahnaz, a community health volunteer with Global Fund partner BRAC. Asad and his mother were tested at a free clinic and eventually both were diagnosed with TB. At the end of February 2022, after six months of daily treatment, Asad and his mother were cured of TB. Case notifications in Bangladesh dropped by 22% between 2019 and 2020. But the country rapidly rebounded to pre-pandemic levels by the end of 2020, and treatment coverage reached an all-time high at the end of 2021. Global Fund investments in Bangladesh supported the distribution of PPE for health workers and community volunteers, the integration of COVID-19 messages into TB campaigns, as well as the increase in the number of sample collections and referrals and community outreach events, including family and community counseling.

Image: Mohammed Asad Mia (middle), with his family and neighbors, successfully defeated TB during the COVID-19 pandemic with community-based treatment at no cost.

The Global Fund/Yusuf Tushar

# Investment and impact: TB

Countries	TB deaths (excluding HIV+) () 2010 () 2020 % change -8%	TB incidence rate per 100,000 people -262 -22% 204	TB treatment coverage 2010 2020   <b>47% 57%</b>	TB treatment success rate (all forms) 2010 2019 [86%86%]	MDR-TB treatment success rate 2010 2018   <b>51% 62%</b>	HIV+ TB patients on ARVs 2010 2020	TB investment - Global Fund (2002-2022)
where the Global Fund invests	1.2M						\$8.9B
<b>India</b> (D, M, F)	% change 0% 494K 493K	-24%	2010 2020	2010 2019 	2009 2018 48% 56%	2010 2020 57% 95%	\$1.01B
<b>Indonesia</b> (D, M, F)	-17%	-12%	36% 47%	-90% <u>83%</u>	72% 47%	29% 34%	\$0.49B ·
<b>Nigeria</b> (D, M, F)	+47% 87K 128K	0% 219 <b>219</b>	24% 30%	<u>8</u> 4%88%.	61% 78%	33% 91%-	\$0.45B ·
<b>Bangladesh</b> (D, F)	-44%	-1%	47% 64%	- <b>92%95%</b> -	75% 74%	100% 98%	\$0.45B ·
<b>Myanmar</b> (D)	-64%	-38%	52% 62%	_ <b>86%88%</b> .	70% 78%	98% 74%	\$0.27B •
<b>Pakistan</b> (M, F)	-7%	-6% 276 <b>259</b>	53% 48%	-91%93%- -	70% 70%	43% 65%	\$0.53B ·
South Africa (I, M, H)	-5%	1,234 -55% <b>554</b>	56% 58%	79% 79%	40% 65%	54% 89%	\$0.17B •
<b>Ukraine</b> (MI)	-48% 7.9K <b>■ 4.1K</b>	-33% 	67% 55%	60% 79%	29% 50%	39% 91%	\$0.21B •
Malawi (H)	-10% 2.9K ■ 2.6K	-58%	43% 56%	87% 88%	69% 73%	46% 99%	\$0.04B •
<b>Kazakhstan</b> (MI)	-69% 1.9K <b>■ 0.6K</b>	-52%	<b>⊺100%∼74%</b>	61%90%- 	73% 81%	8% 96%	\$0.10B •
Namibia (I)		-48% 892 <b>460</b>	60% 56%	85% 87%	58% 64%	No 99% data	\$0.05B •
Lesotho (I, H)	-10% 1.3K <b>- 1.1K</b>	1,184 -45%	49% 33%	69% 78%	68% 73%	27% 93%	\$0.04B •

	TB deaths (excluding HIV+)	TB incidence rate per 100,000 people	TB treatment coverage	TB treatment success rate (all forms)	MDR-TB treatment success rate	HIV+ TB patients on ARVs	TB investment - Global Fund (2002-2022)
	○ 2010 <b>○ 202</b>	0	2010 2020	2010 2019	2010 2018	2010 2020	
<b>Zimbabwe</b> (H)	% change +89%	-54%	84% 55%	81% 84%	67% 50%	45% 93%	\$0.12B
	1.1K <b>■ 2.1K</b>	416 <b>193</b>					
<b>Belarus</b> (MI)	-70%	-62%	80% 62%	66%_89%	31% 73%	0% 92%	\$0.07B
	0.9K <b>0.3K</b>	68 <b>26</b>					
<b>Tajikistan</b> (MI)	+14%	-35%	72% 52%	80%91%-	62% 70%	54% 98%	\$0.09B
	0.8K <b>0.9K</b>	128 <b>84</b>					
<b>Moldova</b> (MI)	-66%	-36%	_87%59%	57% 84%	49% 59%	31% 78%	\$0.08B
	0.6K <b>s 0.2K</b>	116 <b>74</b>				$\bigvee$	
<b>Kyrgyzstan</b> (MI)	-51%	-12%	_87%62%	No 81% data	42% 62%	37% 67%	\$0.08B
	0.6K <b>. 0.3K</b>	120 <b>105</b>		│			
<b>Eswatini</b> (I, H)	-61%	1,592 -80%	60% 58%	73% 86%	57% 76%	35% 98%	\$0.05B
	0.6K <b>₌ 0.2K</b>	319			V No data		
<b>Djibouti</b> (I)	-38%	-64%	80% 77%	80% 82%	No 72% data	11% 36%	\$0.01B
	0.4K <b>. 0.3K</b>	224		V	No data		•

#### For a detailed look at TB results per country, visit the Global Fund Data Explorer at https://data.theglobalfund.org. An interactive version of this chart is available with data for all Global Fund-supported countries: https://www.theglobalfund.org/en/results/.

1. All data is based on estimates published in the Global Tuberculosis Report 2021 https://www.who.int/tb/data/en/, apart from Global Fund disbursements, which are available on the Global Fund Data Explorer.

Countries listed on this page were selected based on six criteria:

- Being among the top-5 countries with the highest number of TB deaths (excluding HIV+) in 2010 (D).
- Being among the top-5 countries with the highest TB incidence rate in 2010 (I).
- Being among the top-5 countries with highest number of MDR-TB cases in 2019 (M).
- Being among the top-5 countries with the highest ratio of estimated number of MDR-TB to estimated number of new TB cases in 2019 (MI).
- Being among the top-5 countries receiving the highest amount of funding from the Global Fund from 2002 to end-June 2022 to support TB programs (F).
  Being among the top-5 countries with the highest estimated HIV prevalence among incident TB cases in 2010 (H).

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

2. The aggregate numbers presented as "Global Fund-supported" are limited to countries that received an allocation for either the 2017-2019 or 2020-2022 cycle. These countries received US\$8.9 billion from 2002 to June 2022 to support TB programs and a portion of joint HIV/TB programs. Additionally, they received US\$1.3 billion to support cross-cutting support across the three diseases, resulting in a total of US\$10.2 billion. Countries/programs that did not receive an allocation over the 2017-2019 or 2020 to 2022 cycle received US\$793 million since 2002, resulting in a total disease-specific investment of US\$9.7 billion.

3. For India, which is a driving country for portfolio level results, due to the improved method for monitoring treatment outcomes, the treatment success rate results from 2014 onwards cannot be compared with the historical results. Additionally, TB patients reported from the private sector to the national program were excluded 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 programs, representing the outcomes, efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: https://data.theglobalfund.org/.



This report captures the latest information available on the progress against malaria. In the face of disruptions caused by the COVID-19 pandemic, the Global Fund partnership fought back to recover from that impact, making gains against the malaria.

(Next page) A child is tested for malaria during an awareness event in Meghalaya, northeastern India.

The Global Fund/Vincent Becker



Key results for 2021

In countries where the Global Fund invests:



## **Mosquito nets** distributed to protect families from malaria in 2021.



Coverage of population with access to a longlasting insecticidetreated net increased from 30% in 2010 to 50% in 2020, and coverage of population using a net increased from 26% in 2010 to 44% in 2020. Global target: Universal access to vector control for populations at risk.

 The potential impact of health service disruptions on the burden of malaria.
 WHO, 23 April 2020. <u>https:// www.who.int/publications/i/</u> item/9789240004641.

## The challenge

A child dies of malaria every minute. Deaths and cases increased in 2020, with cases now at 2000 levels. Nevertheless, incidence and mortality rates have declined by 28% and 47% respectively since 2002. Innovation against this disease is keeping programs ahead of the spread.

Malaria hits children under 5 the hardest and has serious effects on pregnancies, although entire communities are at risk.

The plasmodium parasites that cause malaria are adaptive - over time, they develop resistance to various classes of drugs, which challenges both treatment and chemoprevention programs. The emergence and spread of resistance to artemisinin and partner drugs - the most widely used combinations against malaria - threaten to undo gains and could be globally devastating. There are already indications that drug resistance is emerging in sub-Saharan Africa; multidrug resistance occurs in Asia and there are worrying signals from Latin America. Additionally, mosquitoes are increasingly resistant to insecticides and have adapted their behavior, requiring the malaria community to expand the array of tools used for vector control - in this case controlling the mosquitoes that spread the parasite - to ensure protection of the population against malaria.

Furthermore, in 2020 and 2021, COVID-19 posed a challenge to existing malaria programs. The pandemic has not been the only external challenge. Climate change has been affecting the geographical distribution of plasmodium-carrying mosquitoes. Mosquitoes have been appearing higher up in hilly and mountainous regions of the tropical and equatorial zones. More flooding is also a risk factor for malaria.

Using innovation, coordination, regional manufacturing, intelligent procurement, sufficient funding and the efforts of

millions of health workers, community health workers, teachers, and political leaders from ministers to village chiefs, the fight to end malaria as a public health threat by 2030 continues.

## **Disruptions by COVID-19**

At the outset of the COVID-19 pandemic in 2020, the estimates for disruption to malaria programs were alarming. WHO modeling projected several scenarios of additional deaths from malaria due to COVID-19 disruptions, the worst of which projected a 99% surge from baseline for sub-Saharan Africa.<sup>14</sup> In 2020, malaria deaths increased by 12% compared with 2019, to an estimated 627,000. An estimated 47,000 (68%) of the additional 69,000 deaths in 2020 were due to service disruptions during the COVID-19 pandemic. Yet the worst was averted, and recovery began, largely due to the reaction of the countries affected, the Global Fund's rapid response, along with partners in the ACT-Accelerator and malaria partners such as PMI, the RBM Partnership to End Malaria and WHO.

In 2021, COVID-19's most damaging wave – the delta variant – hit countries vulnerable to malaria hard. In the early days, this had a direct impact on malaria programs: Health systems were buckling, and supply chain blockages affected the procurement and delivery of malaria medication and prevention tools.

Learning from the previous year's COVID-19 disruptions, the Global Fund and its partners were able to quickly adapt to these evolving environments. Seasonal malaria chemoprevention for young children mostly went on without significant delay or disruption and distribution of insecticide-treated nets continued and even increased due to extra efforts from communities. If testing dropped off initially, it rose again, due to dual-testing regimes (with COVID-19), and thanks to health and community health workers who worked throughout the pandemic.

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The Global Fund ensured the protection of these key malaria workers with mass procurement and distribution of masks and other PPE.

## Mitigating the impact of COVID-19

Supply chain and manufacturing bottlenecks continued in 2021, but because of timely intervention in 2020, Global Fund procurement was able to bypass the worst of the blockages. To ensure a consistent and timely supply of health products (e.g., diagnostics, insecticide-treated nets, chemoprevention), the Global Fund coordinated with other global health partners and suppliers. As mentioned in the chapter on Resilient and Sustainable Systems for Health, the Global Fund's Supply Chain Roadmap, published in April 2021, articulated its new objectives; this was followed in March 2022 by a Global Fund-sponsored

Supply Chain Dialogue to foster exchange between countries and partners and strengthen public health supply chains.

In 2021, the Global Fund and its partners scaled up program adaptations such as the distribution of mosquito nets door-to-door, and adaptations to the seasonal malaria chemoprevention program for children under 5. Community referrals and the distribution of long-lasting insecticidal nets increased.

In countries where malaria is endemic, a fever could be a symptom of malaria, or it could be a sign of COVID-19. Scaling up COVID-19 testing allowed for genuine COVID-19 cases to be detected. Testing for both diseases and a steady supply of malaria tests and treatment alongside COVID-19 tests also increased, as did

(Above) Margaret Ayuma and her grandmother sit under a mosquito net in their home in Luanda, Kenya. In response to COVID-19, the National Malaria Program in Kenya adapted their approach and organized mass mosquito net distributions that closely followed COVID-19 safety protocols. This included moving meetings outdoors, providing participants with PPE and sanitizers and ensuring registration and distribution processes adhered to social distancing requirements.

The Global Fund/Brian Otieno

the supply of PPE to front-line health and community health workers. In 2021, the Global Fund fast-tracked the purchase of more PPE for malaria program workers and supported adaptive measures to successfully implement more than 50 planned campaigns of mosquito net distributions, indoor residual spraying, and seasonal malaria chemoprevention.

## Human rights and gender equality

For many countries, assessing and addressing human rights and genderrelated barriers to malaria services is a new focus for their control or elimination programs. Barriers to malaria services are often associated with poverty and discrimination, including on the basis of income, education, ethnicity, age, and gender norms, as well other social, cultural, political, geographic and occupational factors that put people at risk. While many countries have correctly identified high-risk populations such as children under 5 and pregnant women in high-transmission areas, other high-risk populations have not been well-prioritized. Their challenges are often under-researched, and appropriate equitable solutions have not been meaningfully included in the development of malaria policies, strategies or implementation plans.

Assessments in Uganda and Kenya (2021) examined Global Fund-supported programs that address rights-related barriers to malaria prevention and treatment. These assessments showed progress in several areas, including a strengthening of community systems for the malaria response, and meaningful engagement of malaria stakeholders in participation and decision-making forums, such as Country Coordinating Mechanisms and national human rights working groups.

In 2021, the Global Fund fast-tracked the purchase of more PPE for malaria program workers and supported adaptive measures to successfully implement more than 50 planned campaigns of mosquito net distributions.

# **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 World Malaria Report 2021.

To aid these efforts, the Malaria Matchbox Toolkit and other equity assessment tools are available to support countries to identify gaps and generate useful information to guide planning and implementation. The Malaria Matchbox Toolkit not only helps countries identify the populations, groups or individuals most affected by malaria, but also helps to identify the key human rights and gender-related barriers disproportionately affecting malaria outcomes in those populations and how their malaria program can be adapted to address those barriers. To date, nine countries (Bangladesh, Ghana, Guinea-Bissau, India, Niger, Nigeria, Rwanda, Somalia and Zimbabwe) have conducted varying forms of equity assessments, with many more in process or expected to incorporate an analysis of inequalities and barriers in their 2023-2025 Funding Requests.

Still, more efforts are needed to continue to raise awareness around human rights and gender-related barriers to malaria services and interventions to address them.

## Progress

Since 2010, the highest malaria burden countries have achieved significant declines in the overall number of deaths and have been able to drive down incidence rates (see figures on page 58). In countries where the Global Fund invests, malaria deaths have gone down by 26% between 2002 and 2020, according to the latest available data. In the absence of malaria control measures, deaths would have increased by 84% and malaria cases by 70% in the same period. In countries where the Global Fund invests, negotiating directly with manufacturers, the cost of a pyrethroid-piperonyl butoxide (PBO) net, which provides better

A woman administers seasonal malaria chemoprevention, a preventive malaria treatment, at a health center in Ouagadougou, Burkina Faso. Using various safety precautions, the program continued to be rolled out during the COVID-19 pandemic to protect gains made in the fight against malaria.

The Global Fund/ Olympia de Maismont



malaria control in areas of pyrethroid insecticide resistance, is now less than US\$2.60. The cost of antimalarial treatment (AL 24)<sup>15</sup> dropped to US\$0.58 in 2021, allowing the Global Fund to procure 145 million artemisininbased combination courses.

# The Global Fund response: continuity and innovation

The Global Fund provides 63% of all international financing for malaria programs and has invested more than US\$16.4 billion in malaria programs as of 30 June 2022. The Global Fund increased malaria grants by 23% in the sixth cycle (2021-2023) compared to the fifth cycle (2018-2020).

As malaria parasites and mosquitoes can build resistance to treatment and prevention over time, innovation is crucial. Fighting malaria in new ways occurs in the methodology of interventions, and in testing new products proved to be safe, efficacious and effective – such as new kinds of nets, insecticides, treatments or vaccines. Programs also combine new methodology and new products: For example, in Tanzania, a large pilot program oversaw the distribution of new kinds of insecticide-treated mosquito nets to families with young children. According to a study of that trial, the new nets, with two active ingredients, provided significantly better protection than pyrethroid-only mosquito nets.

## Prevention

Prevention is a key pillar of Global Fund-financed malaria programs. Prevention unburdens health systems; during the COVID-19 pandemic, this was seen to be of huge benefit to keep the system working. As countries with the highest burden of malaria also face multiple health threats, including TB and HIV, protecting people from malaria means more resources available for other epidemics, as well as emerging and endemic diseases. The Global Fund has continued to invest in multiple tools to prevent malaria. These include WHO-recommended vector control core tools, such as insecticide-treated nets, indoor residual spraying, as well as other supplementary interventions such as larviciding (a preventive method used to interrupt the development of larvae or pupae into adult mosquitoes). Seasonal malaria chemoprevention for children under 5 continued, and 2021 saw an overall increase in the number of children who received this preventive treatment, to over 34 million, an increase of 7.8 million compared to 2020.

In 2021, the Global Fund financed the procurement of 65 million PBO nets to provide better malaria control in areas of pyrethroid insecticide resistance, accounting for 51% of the total insecticide-treated nets ordered through the Pooled Procurement Mechanism – up from 30 million procured in 2020. Pyrethroid insecticides are inexpensive, effective, safe for the environment, and they are the primary content for the insecticide-treated nets that are in use globally. However, malaria mosquitoes developing resistance to pyrethroid have been documented, particularly in sub-Saharan Africa where malaria burden is the highest in the world, jeopardizing the strongest tool in the prevention toolbox.

In 2018 the Global Fund launched the New Nets Project, a catalytic investment together with Unitaid, to support the wider market entry of the dual active ingredient nets. Starting in 2021 the Global Fund has been investing US\$50 million in catalytic funding in the Nets Transition Initiative, which builds on the progress made by the New Nets Project. On the strong evidence of dual active ingredients nets, maintaining supply capacity of the manufacturers - thereby securing low prices – prepares to streamline the procurement into country grants, allowing for further scale-up.16

Key results for 2021

In countries where the Global Fund invests:



Pregnant women received preventive treatment for malaria in 2021.

**10.1**M

Structures covered by indoor residual spraying in 2021.

- The Global Fund uses AL 24 as a benchmark for artemisininbased combination therapy (ACT).
- If/when WHO gives policy recommendations for these tools.

With rapid mitigation and huge efforts in procurement, the Global Fund partnership supported countries to continue their malaria prevention programs.

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With an expanded vector control toolbox, communities will be better protected against malaria with more effective nets. To date, the Nets Transition Initiative, planned to run until 2024, has supported the procurement of 22 million of these nets in 10 countries in sub-Saharan Africa, despite the continued impact of the COVID-19 pandemic.

The New Nets Project and the Nets Transition Initiative leverage individual partner's strengths, use strategic investments, support the countries in their decision-making for choosing vector control tools appropriate to local contexts, and bring innovation to global scale through market-shaping interventions. As a result, the Global Fund can support countries with alternative tools that are needed in their fight against malaria. Currently, out of total Wambo.org orders in sub-Saharan Africa, 43% are pyrethroid-only insecticide-treated nets, 44% are PBOs, and 13% are dual active ingredient insecticide-treated nets. In view of their efficacy, the Global Fund is expecting more of these insecticide-treated net orders in the future.

COVID-19 threatened all the prevention work that many countries had done over the past two decades. With rapid mitigation and huge efforts in procurement, the Global Fund partnership supported countries to continue their malaria prevention programs. In 2021-2022, malaria testing and treatment programs picked up the pace and by end 2021 had surpassed pre-pandemic levels. The number of mosquito nets distributed in 2021 continued apace, with most countries where the Global Fund invests successfully completing their planned distributions.

In line with our policy to foster innovation, the Global Fund lends support to newer forms of prevention, such as vaccines. The RTS,S vaccine for children showed a 30% reduction in severe cases of malaria. The vaccine was piloted in 2019 – coordinated by WHO and the ministries of health of Ghana, Malawi, and Kenya, in collaboration with PATH, UNICEF and GlaxoSmithKline – and was co-funded by the Global Fund, WHO, Gavi and Unitaid.

The introduction of the RTS,S malaria vaccine requires coordination between national immunization programs and malaria control programs, taking into consideration factors such as levels of malaria transmission; patterns of severe malaria; the structure and function of the health system; the use and coverage of existing malaria control interventions; the context in which the vaccine could best complement other tools as part of a package of interventions; and the capacity of the national immunization programs to roll out the vaccine. Positive decisions would also require appropriate national planning to identify the most impactful mix of malaria interventions within countries and how to deploy them to maximize impact.

Different resources are being planned with partners to guide implementing countries on these decisions. As the vaccine gets deployed, the Global Fund will support planning and data management activities included in the country grants by the national malaria programs. This includes community engagement activities, collection and management of subnational data on malaria interventions, and national coordination.

All these prevention activities are central to most countries' malaria control responses. National and international leadership worked in tandem to ensure that malaria prevention, and the procurement and implementation of these tools, would not be negatively impacted by COVID-19. Together with partners such as PMI, the RBM Partnership to End Malaria and the Alliance for Malaria Prevention,

## Suspected malaria cases that receive a parasitological test

Change, 2019-2020 vs. 2020-2021



The "expected" results are based on grant targets adjusted by grant performance prior to COVID-19. The country graphs include countries with comparable results in all three years. Therefore, the total results in 2019-2021 might be lower than the total number of services seen in the other parts of this report and in the online platform.

we have supported countries to continue prevention programs and adaptation. The Global Fund continues to support implementing countries' efforts to develop evidence-based, costed national malaria plans and determine the best mix of malaria interventions based on national context.

## **Testing and treatment**

Timely testing and treatment for people affected by malaria is fundamental to preventing deaths. WHO recommends that people with suspected malaria be tested as soon as possible before any treatment is prescribed. This not only allows health care workers to distinguish between malaria and non-malaria fevers (e.g., COVID-19 or possible bacterial pneumonia), but also protects malaria treatments from overuse and the growth of drug-resistant strains of malaria.

The Global Fund invests in programs that educate populations on malaria management in regions where the disease is endemic, training them in the right health reflexes. In many countries, malaria prevention forms part of the school curriculum. The more widespread malaria is in rural areas far from cities, the more crucial community health workers, village teachers and leaders are to malaria prevention and adoption of the right measures to prevent or detect and treat malaria. Key results for 2021

In countries where the Global Fund invests:



Suspected cases of malaria tested in 2021.



Cases of **malaria treated** in 2021.



A health worker tests village residents for malaria in Bosaum Village, Battambang Province, Cambodia.

The Global Fund/ Quinn Ryan Mattingly

Health and community health workers spread the message that before going straight for treatment, proper testing is vital. To achieve that, the Global Fund supports efforts by national malaria programs to make testing available as widely as possible, especially in rural areas. The Global Fund is responding to the

rise of artemisinin partial resistance and/or partner drug resistance (drugs combined with the artemisinin compound to boost treatment efficacy). Our Regional Artemisinin-resistance Initiative (RAI) in the Greater Mekong region has been supporting countries to turn that tide: By 2020, all indigenous malaria cases in the Greater Mekong region had fallen by 78%, while P. falciparum indigenous malaria had fallen by 93%.<sup>17</sup> As a result of this Global Fund initiative, once hard-hit countries are on track to malaria elimination in the next 3 to 5 years. However, there is evidence to show combination drug-resistance is now possibly emerging in Africa and Latin America. The Global Fund is closely tracking these developments,

and applying lessons learned in the Greater Mekong region to the five African countries with the highest malaria burdens (Nigeria, Democratic Republic of the Congo, Uganda, Mozambique and Niger), as well as to countries, such as Rwanda, that are under surveillance for therapeutic efficacy. More recently, the Global Fund Board approved a new catalytic investment to address biological threats in malaria case management in Africa.

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 World Malaria Report 2021. WHO, 6 December 2021. <u>https://www. who.int/teams/global-malariaprogramme/reports/world-</u> malaria-report-2021.

## **Coverage of malaria treatment (%)**

Children aged under 5 years with fever in last 2 weeks:



Countries selected based on criteria used for Malaria Investment and Impact chart and available data. "Selected countries" refers to median of countries included here. Source: Household surveys <a href="https://mics.unicef.org/">https://mics.unicef.org/</a> and <a href="https://www.statcompiler.com/en/">https://www.statcompiler.com/en/</a>.

Case study

# Honduras: Fighting COVID-19 and Deadly Storms to Eliminate Malaria

The Global Fund has been working with partners to end malaria in Honduras for 20 years. This effort has registered remarkable progress. In 2019, only 319 cases of malaria were recorded in the entire country – a massive decline compared to the 35,000 cases recorded in 2000. At the beginning of 2020, Honduras was on the cusp of eliminating the disease.

But then COVID-19 arrived, and later the country was hit by Tropical Storm Eta followed by Hurricane lota. Health units affected by the extreme weather were closed. Surveillance and tracing of malaria cases was scaled back, and few people were visiting health clinics due to fear of contracting COVID-19.

In 2020, rather than making gains against the disease, the number of recorded malaria cases increased to just over 900. In 2021 there was another increase to approximately 1,650 recorded cases.

To get back on track in the fight against malaria, the Global Fund, the National Malaria Control Program, local partners including NGO Global Communities, other local organizations and affected communities have stepped up efforts to beat back the disease. This includes strengthening case detection and increasing diagnostic networks while scaling up vector control and case management. For example, in 2019 there were 241 locations across the country with lab capacity to diagnose malaria - in just two years this has increased by 20% to 300 units. Honduras also significantly scaled up the use of rapid diagnostic tests. In 2014 in Gracias a Dios department, an area with one of the highest rates of malaria in the country, there were only eight community malaria testing spaces and all eight were concentrated in the municipality of Puerto Lempira. Today there are 457 community testing spaces covering the entire department. Tens of thousands of families have had their homes protected by indoor residual spraying and have received mosquito nets.

One of the most vital components of Honduras' plan to fight malaria is increasing its network of volunteer community health workers. In 2010 there were approximately 2,300 community health workers in the county, while today there are more than 3,100.

(Next page) Community health workers Hamed Devis (left) and Suzy Haylock (right) travel by boat through interconnected lagoons to conduct indoor residual spraying activities to prevent malaria in seaside homes on the outskirts of Kaukira, Honduras.

The Global Fund/Tomas Ayuso/Panos





# Krayé's Story

Ménékré, Côte d'Ivoire

The threat of malaria and its deadly consequences has been a constant presence in Krayé's life. Like in most countries in West Africa, malaria is endemic in Côte d'Ivoire. When Krayé was a young boy, two of his aunts died from malaria while they were pregnant. He had a long career as a teacher and would teach his students about the disease. Now the Village Chief in the town of Ménékré, Krayé has transformed the community's response to fight the disease. "I know we are moving toward malaria elimination in this village," he says. "There is still progress to be made, but lives have been saved."

Image: Krayé Agenor, chief of Ménékré village, poses with local community health workers.

The Global Fund/Olympia de Maismont



# **Investment and impact: Malaria**



	Malaria deaths	Cases incidence rate, per 1,000 people at risk	Mosquito nets population coverage	Mosquito nets population use	Suspected malaria cases tested	Malaria investment - Global Fund (2002-2022)
	○ 2010 <b>○ 2020</b>		2010 2020	2010 2020	2010 2020	
<b>Ethiopia</b> (F)	% change -45%	-78%	21% 24%	19% 21%	46%-49%	\$0.72B ·
<b>Ghana</b> (F)	-24%	-57% 372 163	20% 56%	17% 49%	45% 95%	\$0.54B
Sierra Leone (I)	-47%	448 -22% 328	55% 67%	48% 58%	100% 73%	\$0.07В •
<b>Guinea</b> (I)	-23%	407 -19%	10% 75%	9% 65%	No data No data	\$0.21B •
<b>Benin</b> (I)	+17%	416 <b>388</b>	33% 69%	29% 60%	No <b>96%</b> data	\$0.17B •
<b>Central African</b> <b>Republic</b> (I)	-35%	-18% 396 <b>336</b>	37% 68%	32% 59%	No 89%	\$0.13B •
<b>Sudan</b> (F)	+172%	100%	29% 56%	25% 49%	69% 79%	\$0.50B

## For a detailed look at malaria results per country, visit the Global Fund Data Explorer at https://data.theglobalfund.org. An interactive version of this chart is available with data for all Global Fund-supported countries: https://www.theglobalfund.org/en/results/

Data is based on estimates published in the World Malaria Report 2021 https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2021; 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 malaria deaths in 2010 (D).
  Being among the top-10 countries with the highest malaria incidence rate in 2010 (I).
- Being among the top-10 countries that received the highest amount of funding from the Global Fund from 2002 to end-June 2022 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 "Global Fund-supported" are limited to countries that received an allocation for either the 2017-2019 cycle or the 2020-2022 cycle. These countries received US\$15.4 billion from 2002 to June 2022 to support malaria programs. Additionally, they received US\$15.4 billion to support cross-cutting support across three diseases, resulting in a total of US\$16.7 billion. Countries/programs that did not receive an allocation over the 2017-2019 or 2020-2022 cycle received US\$958 million since 2002, resulting in a total disease-specific investment of US\$16.4 billion.

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

# **Resilient and Sustainable Systems for Health**

This report captures the latest information available on progress in resilient and sustainable systems for health. In the face of COVID-19, health and community systems in countries where the Global Fund invests were overstretched. The Global Fund partnership fought back, supporting countries with investments in resilient and sustainable systems for health to protect hard-won gains made against HIV, TB and malaria. Those investments have also been critical in making the world battle-ready for future health threats.



Resilient and sustainable systems for health (RSSH) underpin our efforts to defeat today's infectious diseases and to respond to future threats, such as new pathogens, conflicts and climate change. When the COVID-19 pandemic arrived, the systems for health built to fight HIV, TB and malaria were suddenly the cornerstone of the fight against the pandemic in numerous low- and middle-income countries (LMICs). To end HIV, TB, malaria, and COVID-19, and to prepare for emerging and future health threats, we must invest more in health and community systems.

## The challenge

Even before COVID-19 and the current energy and food crises, health and community systems in LMICs were under strain. There were some major challenges: 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; human rights violations and abuses, including gender-based violence; poor quality of care; silo implementation of national disease control programs; and weak financial management and oversight mechanisms.

COVID-19 has exacerbated these difficulties. Each new variant has tested the resilience of health and community systems, which in turn has affected national capacities to mitigate both the direct impact of the pandemic and the knock-on impact on other essential health services, including those for HIV, TB and malaria. The pandemic has also exacerbated health care worker capacity gaps.

Placed at greater risk of infection and overwhelmed by the number of people with COVID-19, health care workers struggled to provide quality and consistent care, both for people (Below) In Burundi, health infrastructure developed in response to malaria and Ebola meant that the country was better prepared to respond to new disease outbreaks such as COVID-19.

UNDP Burundi/Fleury Kid Ineza



# **Financial management systems meeting defined standards**

Number of countries



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.

with COVID-19 and those suffering from other diseases.

These challenges have blunted the fight against today's infectious diseases, and have left communities exposed to future health threats. The solution lies in strengthening underlying systems and capacities so that communities themselves can adapt and respond to new threats and can sustain essential services even when under extreme stress.

## The Global Fund's response

The Global Fund is the world's largest multilateral provider of grants for strengthening systems for health. Over the 2021-2023 implementation period, we are investing US\$4.9 billion, or US\$1.5 billion a year, in formal and community health systems through our core grants and through our COVID-19 Response Mechanism (C19RM) – about one-third of our total investments. Additionally, the Global Fund brings over 20 years of expertise and experience, partnerships in over 100 LMICs, strong accountability and independent oversight mechanisms, and an inclusive governance structure.

The Global Fund's investments in the treatment and prevention of HIV, TB, malaria and COVID-19 support countries to respond to those diseases, while also improving formal and community health systems by boosting the quality of care, data tracking, accountability and governance and service delivery. By reducing the burden of the three diseases and COVID-19, we free up health systems' capacity for other health priorities. By investing in health

and community systems to fight HIV, TB, malaria, and COVID-19, we prepare countries for the next major pandemic or other health threat.

Community systems help to reach the most marginalized and vulnerable people in the fight against the most widespread infectious diseases of our time, as well as mobilize demand for health service access and accountability.

# Building stronger community systems and responses

Diseases disproportionately affect those who are not well served by the formal health sector and who are marginalized. Recognizing the critical importance of strengthening health and community systems, the Global Fund has already become the largest multilateral provider of grants for this purpose. We invest in boosting the leadership and engagement of communities, while enhancing their capacity to respond to infectious diseases. This has the effect of preparing health and community systems for future pandemics on a marginal cost basis. We support the role of communities in designing people-centered and effective interventions, implementing

and evaluating service delivery, and helping reach those who may lack access to health care. Our investments support countries to better integrate community systems and responses into long-term national health plans, with a focus on sustainability.

Community-based and community-led organizations and networks have a unique ability to interact with affected communities, react quickly to their needs and issues, and engage with vulnerable groups. These organizations and networks provide direct services to their communities and advocate for improved programming and policy environments. They are often best placed to guide and implement health programs that respond to their diverse needs and to identify and contribute to addressing structural barriers to health.

By investing in communities most at risk, the Global Fund aims to ensure that lifesaving services reach the most vulnerable, including those marginalized by poverty, stigma, discrimination, or criminalization. Putting people and communities at the center of our model has helped build the trust that is the vital (and all-too-often missing) foundation for achieving our mission and ensuring

Our investments support countries to better integrate community systems and responses into long-term national health plans, with a focus on sustainability.



no one is left behind. In many countries, community systems built to fight HIV and other infectious diseases were pivotal in the response to COVID-19. These systems made a remarkable difference in the fight against the pandemic and in mitigating the knock-on impact on other diseases. Indeed, one of the most crucial lessons from the COVID-19 response is that investments in community systems and responses have a huge payoff.

The Global Fund invested US\$16 million (2020-2022 allocation period) to support civil society and communities most affected by the three diseases to participate and engage in Global Fund and related national processes across the grant cycle. This includes country dialogue, funding request development, grant-making, and grant implementation and oversight.

## Community health workers

In many rural areas, community health workers are the foundation of the formal health system. COVID-19 has brought into sharp focus the vital role that community health workers play as guardians of health in their communities. 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. Such community health workers must be trained to provide HIV, TB, malaria and other primary health services and event-based surveillance for public health threats. They need medical supplies, digital tools and means of transportation. They need to be salaried, backed up by quality supervision and other management systems and protected with proper

(Above) A pharmacist at CEPIAD, a methadone clinic for people who inject drugs in Dakar, Senegal, administers methadone to a client. Since the COVID-19 pandemic, many safety measures have been put in place at the clinic so clients can continue to have safe access to treatment.

The Global Fund/ Ricci Shryock vaccinations and PPE. The Global Fund doubled its investment in community health worker systems in the current funding cycle to US\$377 million and aims to further increase its investments in this area.

## Investing in laboratories

Investments in laboratory systems are a foundational component of any resilient and sustainable health system. Laboratory systems and networks readiness is critical to detect and respond to today's infectious diseases as well as fight future pandemics. When the COVID-19 pandemic struck, laboratory systems built to fight HIV, TB and malaria played a critical role in helping countries respond to the new pandemic. For two decades, the Global Fund has supported countries in strengthening laboratory systems and networks. Our investments in these systems are a significant portion of the total investment in health and community systems. The Global Fund's support to lab systems and diagnostics grew from approximately 11% of total investments in the 2014-2016 allocation period to 15% in the 2017-2019 allocation period. In the 2020-2022 allocation period, funding has risen to 18% of our total investments, with overall laboratory investments benefitting HIV, TB, malaria, COVID-19 and RSSH.

Specific investments for laboratory systems strengthening amounted to approximately US\$345 million in

(Below) A health worker from Global Fund partner HOPE worldwide provides counseling to sex workers in Port Moresby, Papua New Guinea.

The Global Fund/Roan Paul



2020-2022, supporting activities throughout the diagnostic system cascade, including strengthening national laboratory governance and leadership, establishing or enhancing specimen referral networks, implementing and managing laboratory information systems, enhancing health care waste management, and improving quality management systems leading to accreditation of public and private laboratories. In many settings, the Global Fund has been the single and most important source of support for investments in upgrading and expanding availability of laboratory services. An external study<sup>18</sup> of the Global Fund's investments supporting health security found that laboratory systems received the greatest amount of overall support for health security capacity between 2014 and 2020, with an estimated US\$677 million invested, followed closely by antimicrobial resistance (US\$508 million).

The Global Fund also supports countries to bolster their fight against infectious diseases by investing in laboratory infrastructure and diagnostic capacities. This includes investments in COVID-19 genomic sequencing networks, such as the ones Indonesia has built, and in the TB Supranational Reference Laboratory Network, which coordinates TB drug-resistance surveillance and diagnosis. Uganda's Supranational Reference Laboratory (SRL) plays a pivotal role in both technology transfer and training to other countries. The SRL supports 21 national TB reference laboratories across Africa to establish capacity and proficiency in mediumto-high complexity TB diagnostics. It also guides the reference laboratories to coordinate national external quality assurance schemes, a prerequisite to laboratories achieving ISO 15189 accreditation.

Most recently, the SRL, with support from C19RM and in collaboration with the East, Central and Southern Africa Health Community, the WHO Regional Office for Africa, and the Africa Centres for Disease Control and Prevention, has been reinforcing laboratory leadership and the establishment of regional and national capacity for SARS-CoV-2 antigen rapid diagnostic (Ag-RDT) and polymerase chain reaction (PCR) proficiency testing, a first in the African region. With this work, Uganda is leading the charge in advancing health security in Africa. This network of laboratories is playing a crucial role in the fight against TB, COVID-19 and other diseases.

## Investing in oxygen

C19RM provided the Global Fund with the opportunity to bolster health infrastructure and systems for health in another material way, through the provision of medical oxygen and associated clinical and non-clinical products. This was done both through short-term emergency financing and in longer-term, sustainable ways by investing in the provision and maintenance of pressure swing adsorption (PSA) plants, in the training of clinical and PSA personnel, and in supporting countries to build up their oxygen capacities to respond to COVID-19 and other serious conditions, such as pneumonia and hypoxemia in newborns.

Before the COVID-19 pandemic, only two countries in Africa had national oxygen pathways, and none had sufficient stocks of oxygen, ventilators and other oxygen-related clinical products, production capacity or clinical training. As part of the Oxygen Taskforce of the ACT-Accelerator, the Global Fund was the largest global investor in medical oxygen and associated products, maintenance and training, with funding of over US\$548 million by the end of March 2022. A Global Fund centrally managed limited investment called Project Boxer has been backing 17 countries with their medical oxygen program implementation - advising on needs and then supporting local and central procurement and installation.

 Global Fund contributions to health security in ten countries, 2014-20: mapping synergies between vertical disease programs and capacities for preventing, detecting, and responding to public health emergencies. Boyce MR, Attal-Juncqua A, Lin J, McKay S, Katz R. Lancet Glob Health. 2021 Feb;9(2):e181-e188. doi: 10.1016/S2214-109X(20)30420-4. PMID: 33482139; PMCID: PMC8448292.

#### Results Report 2022

## Improving procurement and supply chains

Countries face diverse supply chain bottlenecks, often caused by underinvestment in supply chains. As robust and resilient supply systems are essential to support the fight against HIV, TB and malaria, the Global Fund invests in providing equitable access to affordable, quality commodities, diagnostics and health care innovations. The Global Fund is one of the world's largest brokers of medical supplies for LMICs, procuring over US\$2 billion in health products annually to support over 100 countries. The larger share of those purchases goes through the Global Fund's Pooled Procurement Mechanism (PPM). In 2021, the PPM managed US\$1.5 billion in orders, serving grantees in more than 90 countries and resulting in savings of US\$187 million. In addition, every year the Global Fund invests US\$400 million in procurement and supply chain management for freight and insurance, warehouse and storage, in-country distribution, and quality assurance and quality control, allowing us to deliver medicines and health products from manufacturers to the last mile, to reach the people affected by HIV, TB and malaria.

Distributing health products to people who need them, on time and in the right condition and quantity, and at the best value for money, can be challenging. On-time and in-full deliveries of health commodities procured by the Global Fund through Procurement Service Agents stood at 84% in 2021, resulting in decreasing reports of stock-outs.

In April 2021, the Global Fund released an updated Supply Chain Roadmap,<sup>19</sup> which articulated its new supply chain objectives to support the fight against HIV, TB and malaria. The roadmap aims to strengthen supply chain health systems, create agile and resilient supply chains, ensure equitable access and availability, be people-centric and quality assured, and be efficient and focused on affordable health products. Building on this strategy, in March 2022, the Global Fund held a Supply Chain Dialogue to foster discussion between countries and partners on NEXTGen market-shaping strategies and generate commitment to an action plan that will strengthen public health supply chains.

COVID-19 and other emerging crises put enormous pressure on supply chains in countries that the Global Fund supports. The pandemic highlighted the limitations and fortitude of global and in-country supply chains to respond to emerging health threats. The Global Fund will continue to support the development of agile, cost-effective and resilient supply chains that can help fight today's pandemics while preparing for future health threats.

The Global Fund is also investing to mitigate the impact of climate on our health systems by building more climate-friendly health systems. For example, we have worked with suppliers of health products and mosquito nets to advance environmentally and socially responsible procurement. Our long-term agreements with manufacturers of mosquito nets include requirements for suppliers to comply with the international environment, health and safety standards. Specific actions have been taken to reduce the amount of paper and plastic associated with the procurement of antiretroviral drugs and mosquito nets. Since 2018, we have recommended the removal of individual plastic bags for the distribution of mosquito nets to reduce the environmental impact of this lifesaving intervention, which has resulted in a reduction of an estimated 2,700 metric tons of plastic waste.

 Supply Chain Roadmap. The Global Fund, April 2021. <u>https://www.theglobalfund.org/media/11457/supply-operations\_supply-chain-roadmap\_report\_en.pdf.</u>



(Below) Mobile clinics such as this one in Kondoa region, Tanzania, bring hi-tech TB testing facilities to the most remote parts of the country.

The Global Fund/Vincent Becker



# Strengthening data systems and data use

Data is the foundation of a strong health system. Better use of data empowers countries to inform policies and improve decision-making. The Global Fund has invested in better information systems in many countries, working with partners to collect critical subnational data, including for key populations. In some countries, that means funding a network of mobile phones in community clinics, which is used to collect information on testing, treatment and drug delivery. In others, it means sophisticated laboratory analysis data. Global Fund-supported programs often finance the integration of multiple data collection systems into one national health management information system.

The use of quality data allows governments to respond quickly to an emerging public health crisis and deliver the highest quality services. In Tanzania, the Global Fund and partners are supporting the implementation of a health management information system to boost the collection and use of disaggregated and real-time data. The percentage of countries that have fully deployed functional health management information systems increased from 22% in 2018 to 53% in 2021.

We continue to invest strongly to support countries in building stronger data systems. For instance, we have invested US\$35 million in a Strategic Initiative on data systems to strengthen the integration and effectiveness of (Below) Laboratory scientist Ocung Guido examines specimens at Uganda's Supranational Reference Laboratory, which coordinates TB drug-resistance surveillance and diagnosis and plays a pivotal role in both technology transfer and training to many countries.

The Global Fund/Jiro Ose



# Average on-shelf availability

Countries with ongoing supply chain transformations



Results reported at the end of 2021. 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 as the 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, Congo (Democratic Republic), Ethiopia, Ghana, Haiti, India, Liberia, Malawi, Niger, Nigeria, South Africa, Pakistan, Tanzania (United Republic) 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.

monitoring and evaluation systems over three years (2021-2023).

## **Pandemic preparedness**

It is never a question of if, but when, we will face the next threat from a pathogen that might cause a pandemic or an epidemic. The frequency of infectious disease emergence is increasing, due to changes driven by population growth, climate change and globalization.

After every large infectious disease outbreak, from SARS to Ebola to COVID-19, there have been calls to step up investment in global preparedness and response. The Global Fund was created by civil society activism that demanded a more urgent and equitable response to the HIV epidemic and greater resources to fight TB and malaria. Thanks to our partnership model and our substantial investments in the three diseases and in RSSH, the Global Fund and partners have been at the forefront of pandemic preparedness for over two decades. We do it on a marginal cost basis, and we do it well.

The world now has a limited window of opportunity to apply the lessons learned during the COVID-19 pandemic and ensure that, globally, we can better prevent, detect and respond to pandemic threats and reduce the health, social and economic impact on people and communities. The G20 High Level Independent Panel and the Independent Panel for Pandemic Preparedness and Response have produced reports arguing for a significant increase in global investment to strengthen our collective capabilities. If we are to escape the cycle of "panic and neglect" that has characterized the world's failing approach to pandemics, this is the moment to do more.

Working with partners, including governments, civil society, communities and the private sector, aligned with the broader effort to make everyone The Breaking Down Barriers initiative has united diverse stakeholders, including government, civil society and communities, behind efforts to confront injustices in disease programs.

in the world safer from such threats, the Global Fund is equipped to play a key role in preparing the world to fight the next pandemic. By using our unique advantages and distinctive experience of more than 20 years in fighting the deadliest infectious diseases and by stepping up investment in key components of systems for health to support pandemic preparedness, the Global Fund can expand and accelerate the development of RSSH that will enable the world to be ready for existing and emerging health threats.

Our new Strategy, "Fighting Pandemics and Building a Healthier and More Equitable World," is an ambitious roadmap for fighting pandemics, both new and old. It represents a commitment by the partnership to redouble our efforts to end AIDS, TB and malaria and deliver Sustainable Development Goal 3 of health and well-being for all, while preparing the world for future pandemics. In response to COVID-19, the Global Fund demonstrated its great ability to be agile and cost-effective in investing in environments that were often challenging.

## Human rights and gender equality One of the most powerful lessons from the history of the fight against HIV, TB and malaria and other diseases, including COVID-19, is that success in confronting these diseases cannot be achieved through biomedical interventions alone. We must also confront the injustices that make some people especially vulnerable to diseases and unable to access the health services they need.

Despite significant progress, HIV and TB remain highly stigmatized. Legal and policy protections against discrimination based on HIV or TB status are weak or non-existent in many places. Harsh laws and policies against drug use and sex work, criminalization of same-sex intimacy and HIV transmission, and deep-rooted gender inequalities continue to undermine access to health care. People in prisons are denied the level of care to which they have a right. As a result of such human rights violations, far too many people are left behind.

There has been concrete progress in translating human rights principles into scaled and practical programs that result in tangible improvements in people's lives. We have seen significant programmatic gains in combating HIV- and TB-related stigma. Programs to address stigma and discrimination have expanded in all the countries that are part of the Breaking Down Barriers initiative. This includes a range of different efforts, from social media campaigns, radio programs, and community dialogues to updating or implementing the HIV Stigma Index and antidiscrimination laws.

As a co-convener of the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, the Global Fund is committed to further scaling up action against stigma and discrimination.

Likewise, the Global Fund has invested in addressing the gender inequalities that drive the higher number of new HIV infections among young women in East and Southern Africa. These inequalities grew during the COVID-19 pandemic, especially in countries where high schools were shut. More widely, gender-based violence and intimate partner violence exploded during the pandemic. As a result, the Global Fund invested in C19RM programs to counter gender inequality, gender-based violence and intimate partner violence, and to empower girls and young women in their choices and self-protection.

To make progress on ending human rights and gender-related barriers,
there must be action at both political and programmatic levels. The Global Fund's Breaking Down Barriers initiative puts in the hands of people affected by HIV, TB and malaria the knowledge and the skills to understand, demand and secure their health-related human rights. The initiative works to enable health care providers, police, prison officials, judges, and parliamentarians to provide supportive and effective services to all those who are most vulnerable to disease. It represents an unprecedented investment in health-related human rights. In the 20 countries<sup>20</sup> where it has been implemented, Breaking Down Barriers has united diverse stakeholders, including government, civil society and communities, behind efforts to confront injustices in disease programs. It has achieved that by reinvigorating support organizations led by key

populations and their allies and bringing together government and civil society in developing national plans for comprehensive human rights responses, with steering groups put in place to improve coordination and integration.

In the Breaking Down Barriers countries, investments in programs to reduce human rights-related barriers to health services increased from US\$10.6 million in the funding cycle before the initiative started (2014-2016) to US\$78 million in the following cycle (2017-2019) and over US\$130 million in the current funding cycle (2020-2022). Particularly remarkable is how countries participating in the initiative have increased investments in these programs from their main funding allocations in addition to the catalytic funding made available as part of the initiative.

(Below) Due to armed conflict in the northern regions of Ethiopia, tens of thousands of people have crossed into Sudan in search of security and protection. The already limited health care services in the region have come under tremendous pressure. In response, the Global Fund has been working with UNDP and partners to strengthen and expand the local health system. This includes rehabilitating the Um Rakuba health center

NDP Sudan/Ala Eldin Abdalla Mohamed

20. Benin, Botswana, Cameroon, Democratic Republic of the Congo (province-level), Côte d'Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, the Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine.



Case study

# Mali: Community Health Workers Fight Disease Using Innovative Tools

Throughout the COVID-19 pandemic, lockdowns and fear of catching the virus often prevented people from accessing health facilities. The work of community health workers became even more vital, as they were able to bring health care services directly to people in need.

In Mali, the Global Fund (alongside government partners, the Clinton Health Access Initiative and nongovernmental organizations Muso and Medic) supported community health workers by developing an application called MaliKaKeneya that was used to test and trace COVID-19 and other diseases such as malaria, pneumonia and TB.

The app works on mobile phones and tablets and can be updated offline when cellular service is limited. When health workers log on to the app, they are given the list of households they need to visit, and they can closely follow disease screening protocols and record findings and referrals. The app also provides health workers with updated training when required. A total of 564 community health workers were equipped with the MaliKaKeneya app when it first launched in September 2020. By the beginning of 2021, health workers using the app had visited more than 500,000 homes, identifying more than 30,000 sick people.

The application helped improve the speed, quality, and equity of health care. It also helped health workers reach people most in need and support communities to effectively prepare for, and respond to, existing and future health crises. ●

(Next page) A community health worker in Mali uses the MaliKaKeneya application on her phone.

UNDP Sudan/Ala Eldin Abdalla Mohamed





## **Justin's Story**

lloilo City, the Philippines

At 16, it was daunting for Justin to tell his parents that he was gay. His parents were supportive, but they worried how their son would be treated. Justin has seen how young people who identify as LGBTQI+ are stigmatized and scapegoated. Many struggle to access health services. This has motivated Justin to fight to protect the human rights of other young people. When he was 17, Justin co-founded the lloilo Pride Team, which established the city's first, and now yearly, Pride parade. After college, he became the Executive Director of Youth Voices Count, a network and advocacy organization for LGBTQI+ adolescents and youth in the Asia-Pacific region. Later, he became a member of the Global Fund Youth Council, a group of young leaders who advise Global Fund leadership.

Image: Justin Bionat poses with his colleagues from Youth Voices Count, Philippines.



The Global Fund/Jojo Mamangun

COVID-1 and Other Crises This report captures the latest information available on progress in the fight against COVID-19, as well as efforts to mitigate the impact of the pandemic and other emerging crises on the fight against HIV, TB and malaria. Our investments through the COVID-19 Response Mechanism, as well as funding to support the continuation of health services in challenging operating environments, have saved many lives and led to more stable and prosperous communities.



#### The challenge

In addition to the COVID-19 pandemic, people in low- and middle-income countries (LMICs) have been confronted with escalating conflicts and climate change, which have caused knock-on mass displacement and worsening food and energy crises. As these crises coalesce, we risk the reversal of hard-won gains made in the fight against poverty, inequalities and disease.

Conflict- and climate-driven displacement increasingly pose further challenges, as the number of people forced to flee their homes reached more than 100 million in 2022.<sup>21</sup> Tens of millions of people are in imminent danger of mass starvation.<sup>22</sup> At least as many might become more vulnerable to infectious diseases such as HIV, TB and malaria. As of the end of 2021, the countries or regions most affected by these challenges, which we refer to as challenging operating environments (COEs), accounted for about one-third of the global disease burden and represented one-third of Global Fund investments.

#### **The Global Fund response**

Since 2002, the Global Fund has provided US\$15 billion to support crucial HIV, TB and malaria prevention and treatment services and strengthen health systems in COEs like Ukraine, Afghanistan, Somalia, the Middle East<sup>23</sup> and Tigray in Ethiopia.

To end HIV, TB and malaria as public health threats and address emerging dangers to global health security, we need to reach the most vulnerable people with prevention and treatment services, wherever they are. That means directing a sharper focus on COEs – countries (Below) A patient is treated by a health worker at an IOM-supported clinic in Aden, Yemen. The Global Fund works in partnership with IOM to ensure vital health services continue across the country despite ongoing conflict.

Rami Ibrahim/IOM 2020

- 21. More than 100 million now forcibly displaced: UNHCR report. United Nations, 16 June 2022. https://news.un.org/en/ story/2022/06/1120542#:-:text= Today%2C%20one%20in%20 every%2078,agency's%20 annual%20Global%20Trends% 20report.
- 22. According to the World Food Programme, 50 million people in 45 countries are teetering on the edge of famine.
- 23. Through the Middle East Response, a multicountry program that has been running since 2017: <u>https://www.</u> theglobalfund.org/media/12029/ impact\_middle-east\_report\_ en.pdf.



Since 2002, the Global Fund has provided US\$15 billion to support crucial HIV, TB and malaria prevention and treatment services and strengthen health systems in challenging operating environments.

or regions that experience infectious disease outbreaks, natural disasters, armed conflicts or civil unrest, weak governance, climate change-related crises and/or mass displacement. The Global Fund prioritizes health needs in COEs to increase coverage of HIV, TB and malaria prevention and treatment services, reach key and vulnerable populations and save lives.

Our COE Policy, created in 2016, aims to adapt the Global Fund's approach to COEs. Through innovation, increased flexibility and partnership, the Global Fund seeks to accelerate the response to HIV, TB and malaria in COEs, while building resilience through stronger community and health systems and by addressing gender-related and human rights barriers to services. Even in crisis, we must leave no one behind. By working with partners who have expertise and comparative advantage in emergencies, we can provide a speedier response in humanitarian settings, while at the same time strengthening in-country governance and service delivery and improving technical assistance. The Global Fund's Emergency Fund is designed to support countries to ensure continuity of health services in times of crisis. While country allocations are used to support HIV, TB and malaria programs and build resilient and sustainable systems for health (RSSH), including in countries with chronic crises, the Emergency Fund, established in 2014, provides quick and flexible health financing in emergencies. The Global Fund has committed US\$87 million through the Emergency Fund between 2014 and April 2022.

## 1. COVID-19

When the COVID-19 pandemic arrived, the Global Fund quickly recognized the dual impact of the pandemic – its direct threat to lives and livelihoods as well as its knock-on consequences on HIV, TB and malaria and other infectious diseases, which threatened to reverse two decades of hard-won gains in the fight against these diseases.

The Global Fund moved swiftly to enable countries to reprogram savings from existing grants to procure tests, treatments and medical supplies, protect front-line health workers with PPE, adapt lifesaving HIV, TB and malaria programs, and make urgent reinforcements to critical components of health systems, such as supply chains and laboratory networks. Later, thanks to crucial support from donors (most notably the United States), through an investment known as the COVID-19 Response Mechanism (C19RM), we supported countries to respond to the new virus with speed and at scale.

We also co-founded the ACT-Accelerator with other global health actors, bringing together governments, scientists, businesses, civil society, philanthropists and global health organizations, notably WHO, Gavi, Unitaid, the Wellcome Trust, the World Bank, the Bill & Melinda Gates Foundation, the Coalition for Epidemic Preparedness Innovations (CEPI), UNICEF and the Pan American Health Organization (PAHO) to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The Global Fund is co-leading on three of the ACT-Accelerator's four components – the Diagnostics Pillar, Health Systems & Response Connector and the Therapeutics Pillar.

# Mitigating the impact on HIV, TB and malaria

The Global Fund has invested in mitigating the impact of COVID-19 on HIV, TB and malaria programs. To date, our total investments through C19RM have reached more than US\$4.4 billion. Those investments were done directly through specific interventions to respond to COVID-19 and indirectly through the procurement of PPE and the strengthening of health and community systems.

#### Diagnostics

Throughout the COVID-19 pandemic, diagnostic testing for the virus has been a crucial component of the coordinated global response. From the start of the pandemic, the Global Fund took a leading role in supporting LMICs to scale up testing for the new virus, leveraging 20 years of experience in procuring diagnostics and investing in laboratory capacities and disease surveillance. Before the successful development of vaccines against COVID-19, large-scale testing underpinned public health efforts designed to contain the spread of





the new virus. As the first vaccines became available, and as clinical care improved, testing continued to play a crucial role, including for disease surveillance to detect the emergence and spread of new variants, and reducing transmissions – particularly among high-risk populations such as front-line health workers and vulnerable people such as people living with HIV and/or TB.

Countries were also faced with the challenge of insufficient numbers of laboratory technicians and public health experts able to devise and implement testing strategies, due to inadequate national laboratory systems. In Malawi for example, only 0.1% of the population had been tested by mid-July 2020. C19RM investments have supported countries to respond to these challenges by providing access to COVID-19 diagnostics, including PCR tests and Ag-RDTs tests, strengthening laboratory network capacities, and reinforcing national testing strategies, coordination and governance. Global Fund interventions helped bring down the price of Ag-RDTs from over US\$5 per unit down to US\$1. During the initial phase of the pandemic, the Global Fund worked closely with ACT-Accelerator partners, most notably the Foundation for Innovative New Diagnostics (FIND) and WHO, to ensure equitable allocation of the limited volume of PCR diagnostics that were available to LMICs, while working to secure greater production capacity, negotiating prices and tackling

(Above) Health worker Mekedes Tesfaye says seeing improvements in the communities where she works motivates her every day. Mekedes works in Addis Ababa, Ethiopia, to raise awareness about family planning and prevention, testing and treatment for COVID-19, HIV, and other infectious diseases.

© UNICEF/Tesfaye

## **COVID-19 Response Mechanism award**

By type of intervention



The "Other" category includes activities such as building human resources capacity, technical assistance, surveillance and laboratory systems strengthening, mitigation of the impact to HIV, TB, and malaria programs, as well as other health and non-health equipment.

implementation bottlenecks. Following the introduction of WHO-approved Ag-RDTs in September 2020, the Global Fund encouraged countries to deploy them and to introduce communitybased testing and self-testing. Most recently, with the emergence of effective, novel COVID-19 antiviral treatment, the Global Fund has worked extensively with partners to conduct pilots and support countries to use C19RM resources to establish test-andtreat strategies and capabilities.

Alongside large-scale procurement and deployment of COVID-19 diagnostics, the Global Fund is also supporting technical assistance and capacitybuilding through Project STELLAR, currently supporting 22 African countries to improve their national governance of COVID-19 diagnostics, scale up and increase testing and surveillance coverage, strengthen data management, and galvanize longer-term strengthening of laboratory systems.

Awards for diagnostics across C19RM amount to almost US\$1 billion and represent 22% of the total C19RM awards made in 2020 and 2021.

#### Therapeutics

At the beginning of the pandemic and for the majority of 2021, one of the most effective and evidence-based treatments for severe cases of COVID-19 was medical oxygen, frequently combined with anti-inflammatory drugs, such as dexamethasone. There have been acute shortages of medical oxygen throughout the successive waves of the pandemic, disproportionately affecting LMICs. As a participant, and then co-leader, of the ACT-Accelerator's Therapeutics Pillar, the Global Fund has played a critical role in the Oxygen Taskforce, leveraging C19RM 2021 investments to respond to the significant country demand for medical oxygen to support treatment of severely ill people with COVID-19. Awards for medical oxygen and clinical care health products amount to US\$756 million of C19RM investments in 2021.

The Global Fund has also been working closely with its ACT-Accelerator partners in the Therapeutics Pillar, including Unitaid, WHO and UNICEF, to ensure equitable access and effective deployment of novel and repurposed therapeutics. We have set aside US\$50 million via C19RM centrally managed limited investments to secure the availability of novel COVID-19 therapies through the Global Fund's Pooled Procurement Mechanism (PPM).

# Resilient and sustainable systems for health

Under C19RM, the Global Fund has also supported countries to strengthen the resilience and sustainability of their health and community systems with key investments such as laboratory networks and surveillance systems. We have also supported countries to reinforce infection prevention and control systems, improve waste management and strengthen human resources for health. For instance, the health system and mitigation activities in the Philippines were supported by funding interventions to hire motorcycle riders in Manila to transport sputum samples for TB testing during periods of lockdown.

Under C19RM 2021, investments in health and community systems totaled US\$437 million, which comprised US\$70 million for disease surveillance, US\$80 million for laboratory systems, US\$130 million for community systems

## **COVID-19 Response Mechanism award**

In 2021 on health and community systems



# \$307M

on Resilient and sustainable systems for health (RSSH) (70%)

# \$130M

on community systems, human rights & genderrelated interventions (30%)

**RSSH** spending breakdown

**\$157M** on health products and waste management systems (51%) **\$80M** on laboratory systems (26%)

**\$70M** on surveillance systems (23%) and human rights and gender-related interventions, and US\$157 million for health products and waste management systems.

#### **Community systems**

When COVID-19 arrived and countries went into lockdown, this posed both a threat to people's health and to their human rights. Occurrences of genderbased violence and intimate partner violence by a spouse or domestic partner increased. Lockdowns and stay-at-home policies closed safe shelters and prevention services, leaving some populations – particularly those most vulnerable to violence at increased risk of abuse. Given the critical role that community systems play in the fight against infectious diseases, and the importance of addressing human rights abuses and gender-based violence, the Global Fund has put a particular focus on supporting initiatives in these areas as part of C19RM investments.

#### Expanding genomic surveillance

Making sequence data openly available and rapidly detecting the spread of SARS-CoV-2 variants of concern has been crucial to fighting the pandemic. For instance, South Africa's work in detecting and sharing both the genetic sequence of the beta and omicron variants allowed it and other countries to respond in real-time to these variants of concern. Moreover, South Africa's strong technical expertise and capabilities in genomic sequencing allowed it to assist neighboring countries across the African continent in their sequencing needs and serve as a role model of highly capable national laboratory systems. Building on these positive examples, the Global Fund supported countries to address gaps in disease surveillance and strengthen national laboratory systems to reinforce their capacity to detect COVID-19 and other pathogens. For this purpose, C19RM invested US\$139 million in surveillance for epidemiological

(Below) More than US\$600 million in 2021 COVID-19 Response Mechanism funds have been allocated to PPE and infection prevention and control. © ILO/F. Latief



investigation and contact tracing, out of which US\$64 million has been invested in genomic sequencing technology.

#### Personal protective equipment

Throughout the COVID-19 pandemic, a major focus of the Global Fund's COVID-19 response has been to protect health and community health workers from COVID-19. This has been done primarily through the procurement of PPE, providing lifesaving equipment for front-line health workers and reducing exposure to infection risk. PPE is also an essential tool for protecting the continued viability of health and community systems on which our HIV, TB and malaria investments depend. The Global Fund has invested a significant amount to support LMICs to purchase and distribute PPE. C19RM awards for PPE amounted to US\$276 million in C19RM 2020 and US\$491 million in C19RM 2021 and represent 17% of total C19RM awards. In addition to PPE, US\$82 million was

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made available for the purchase of other supplies such as disinfectants, and US\$35 million was dedicated to strengthening infection prevention and control programs.

#### Medical oxygen infrastructure

C19RM investments to build medical oxygen capabilities have also been pivotal in strengthening RSSH. With partners focusing on the immediate oxygen response, the Global Fund financed PSA plants to support countries to achieve medium-term capabilities by building infrastructure to support the provision of this lifesaving commodity.

Our investments in COVID-19 continue to evolve in response to the changing pandemic. In 2022, the Global Fund is supporting implementing countries to reinvest C19RM funds, where the initial intent of these investments no longer responds to current and projected national needs and priorities. •

#### 2. Monkeypox

Since May 2022, cases of monkeypox have been reported in many countries around the world, including countries where the disease is not endemic. In July, WHO activated its highest alert level for the outbreak, declaring the virus a public health emergency of international concern. The current outbreak of monkeypox disproportionately affects communities of gay, bisexual and other men who have sex with men. This does not mean that other groups are not at risk, but that the global response must do more in supporting these communities to manage the disease. Just like in the response to HIV, organizations led by gay men and other men who have sex with men and by people living with HIV, as well as other civil society organizations, have an important role to play in addressing stigma and discrimination among health service providers and within communities. The Global Fund will support efforts to fight the disease through C19RM. •



(Above) People wait to be seen by medical staff at Mirwais Regional Hospital in Kandahar, Afghanistan.

Pascal Maitre/Panos Pictures



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## 3. Conflict

Armed conflicts can quickly become health crises that devastate populations, as people are displaced and fragile health systems are overstretched, overwhelmed or even destroyed. In conflict and following natural disasters, infectious diseases, lack of treatment and food insecurity can sometimes kill more people than the violence or crisis itself.

In Afghanistan, when millions of vulnerable Afghans were at risk of losing access to primary health care in 2021, we played a crucial role in preventing the collapse of the health system, providing emergency support to ensure health workers got paid. Together with the United Nations Development Programme (UNDP), we supported this initiative in 31 out of 34 provinces across Afghanistan, reaching 26,000 health workers. Our imperative was to ensure that the most vulnerable populations, particularly women and girls, could have safe access to essential health services. The initiative showed our determination to invest in the continuation of lifesaving programs even in times of conflict.

With increasing insecurity, people who are already vulnerable are put even more at risk, particularly adolescent girls and young women, children, the elderly, and key populations such as gay men and other men who have sex with men, sex workers, people who use drugs, transgender people and people in

prisons. Cases of domestic and intimate partner violence rise. Attacks on gender equality and violations of human rights increase, including rape and people trafficking. Huge numbers of people flee or are forcibly displaced, which leads to the additional vulnerability of becoming a refugee or an internally displaced person (IDP). These forms of abuse and persecution, as well as being harmful, have a damaging effect on the health of the population and health systems, and accelerate the appearance and spread of infectious diseases. The Global Fund committed to the Organisation for Economic Co-operation and Development (OECD) Humanitarian-Development-Peace Nexus in 2021, formalizing the work we were already carrying out in partnering with humanitarian organizations active in conflict zones, and with development organizations that work in transition and reconstruction phases post-conflict.

Likewise for refugees and IDPs, at the 2019 Global Refugee Forum in Geneva, the Global Fund pledged to align with the principles of the recently adopted WHO Global Action Plan 2019-2023 on refugee and migrant health. This has led us to reinforce our partnerships with organizations that work with refugees, IDPs and other migrants when aiming to reach people on the move, wherever they might be. We have adapted our policy and processes to address the needs of refugees, IDPs and other migrants in crisis when allocating funding for countries.

#### 4. Climate change

Climate change is increasing the frequency of extreme weather events, resulting in decreased air quality, flooding and droughts; increased food, water and economic insecurity; and more refugees and IDPs - already at record levels worldwide - with severe impacts on health and well-being. Climate change is affecting the development and spread of existing diseases and facilitating the emergence of new ones. Changes in rainfall, temperature and humidity are already shifting malaria transmission into new areas, most notably hilly and mountainous regions in the tropical and equatorial zones, previously out of range of the plasmodium-bearing mosquitoes. Climate change is also altering TB and HIV through forced displacement or migration of vulnerable populations and increased economic insecurity. Moreover, climate change and other environmental pressures are changing the dynamics of zoonotic spillover, the process by which diseases affecting animals transition to humans. Since three-quarters of new disease threats originate in animals, any increase in zoonotic spillover will increase the probability of new pandemic threats.

In 2021, climate-linked disasters caused displacement and loss, to the detriment of people's health and countries' systems for health. The Global Fund has been responding to these disasters by supporting affected countries and the Humanitarian-Development-Peace nexus, working closely with humanitarian organizations as partners.

Mozambique has been battered by a series of cyclones and tropical storms since the beginning of the year. In response to these increased health hazards, the Global Fund has supported Mozambique with an additional US\$6.6 million in emergency funding. In the wake of Tropical Cyclone Ana, US\$2.9 million has been dedicated to Malawi to mitigate the impact of the cyclone on Global Fund-supported health programs.

Climate change is also leading to rising hunger and starvation. Up to 828 million people, or nearly 10% of the world's population, were affected by hunger in 2021, 46 million more than in 2020 and 150 million more than in 2019. The United Nations has predicted that this situation will get even worse this year.<sup>24</sup> Malnourished people have fewer defenses against 24. The State of Food Security and Nutrition in the World. FAO, IFAD, UNICEF, WFP, WHO, 2022. <u>https://www.fao. org/publications/card/en/c/ CC0639EN.</u>



(Below) Ayan, Misra and Muna play in their village in Suqsude in Somalia. Somalia is among the countries worst affected by food insecurity in recent years due to the combined effects of ongoing conflict and consecutive seasons of poor and erratic rainfall.

© UNICEF/Sewunet



disease. Already, some 20% of TB cases are attributable to undernourishment, which significantly increases the chance of developing active TB disease. More children die from malaria when they are underfed. When people are hungry or unable to keep warm or cool, treatment success rates plummet.

The Global Fund's new Strategy,<sup>25</sup> adopted in November 2021, is an ambitious roadmap for fighting pandemics, both new and old, and building a healthier and more equitable world. Our Strategy objective on pandemic preparedness and response will allow us to better addresses the multifaceted threats to health arising from climate change. Our Strategy provides us with the opportunity to outline the Global Fund's commitment to combat climate change and minimize our environmental impact. We are committed to working with partners to mitigate the environmental consequences of the interventions we support and to move towards climateresilient health systems. The Global Fund is taking action today to mitigate the impact of climate change, both at the Secretariat level and through our in-country partnerships. We have already undertaken important steps to contribute to climate change and environmental solutions, including supporting countries to (1) strengthen their management of health care waste; (2) strengthen national supply chain systems; and (3) support the solar energy infrastructure of clinics. We are also focused on reducing emissions at the Secretariat level.

(Below) The government of Djibouti, in partnership with UNDP, UNHCR and the Global Fund, is working to bring TB diagnosis and treatment facilities into refugee camps, increase awareness, reduce stigma, and stop the spread of TB.

UNDP/Aurelia Rusek

 "Fighting Pandemics and Building a Healthier and More Equitable World." The Global Fund Strategy (2023-2028). <u>https://www.theglobalfund.org/ en/strategy/.</u>



Case study

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# Ukraine: Maintaining Lifesaving Health Services Amidst Deadly Conflict

Prior to the Russian invasion of Ukraine, Global Fund partners had made significant progress toward ending AIDS and TB in the country. Over the last 20 years, Ukraine has been a champion in maintaining long-term and innovative HIV and TB programs. More than 100 community-based and community-led organizations have been delivering HIV and TB services to marginalized people.

Despite these achievements in combating HIV and TB, Ukraine still has the second largest HIV epidemic in Eastern Europe and Central Asia and remains one of the high-priority countries to fight TB in the region today.

Since the start of the conflict, more than 15 million people have been internally displaced or forced to flee to neighboring countries as refugees. More than 320 health facilities have been damaged or destroyed, including three TB hospitals, leaving health care workers and patients displaced, injured or killed. HIV and TB prevention and diagnosis services have been disrupted, and many people living with the diseases have been forced to interrupt their treatment.

The Global Fund has supported Ukraine in using grant flexibilities, allowing Ukraine to repurpose US\$26 million from its existing Global Fund grants to adapt program implementation. Immediately after the invasion in early March 2022, the Global Fund approved US\$15 million in emergency funding to Ukraine. US\$11 million of the emergency funding has been used to procure HIV, TB and opioid substitution therapy commodities. This is in addition to the US\$135.7 million in grants and catalytic matching funds allocated to Ukraine to support the fight against HIV and TB over the 2020-2022 period, and

the US\$54.5 million for the country's COVID-19 response - totaling nearly US\$190 million. The Global Fund has also provided US\$1 million to Moldova and US\$3.9 million to Romania, both of which host many Ukrainian refugees, including people living with HIV and TB. 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 nongovernmental organizations to provide consistent funding to maintain a supply of drugs and diagnostics for TB, HIV, and opioid substitution therapy. Global Fund support has also been used to: • Purchase generators for regional laboratories where power supplies

- are unreliable.Retrofit vans to deliver essential medicines and supplies.
- Maintain community-led prevention and care services and support
- community-led organizations to

reach affected and displaced people, including linking them to HIV and TB services.

- Help reconnect patients displaced in Ukraine and nearby countries to the health care and medicine they need.
- 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 multidrug-resistant TB.
- Maintain a widely renowned harm reduction program for people who use drugs.
- Fund mental health services, with a particular focus on support for women who have suffered sexual violence as a result of the war. ●

## **Dr. Herath's Story**

Colombo, Sri Lanka

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Dr. Herath is part of the team providing HIV prevention, testing and care at the Slave Island Community Center and Health Clinic. The clinic targets people who inject drugs, a group who are disproportionately affected by HIV. Due to the economic crisis in the country the services provided at the clinic have now been shifted to community centers. "This is more convenient to the communities we serve, as the current economic crisis has led to high costs for living and travel difficulties," says Dr. Herath. In August 2022, the Global Fund approved nearly US\$1 million in emergency funding to ensure essential HIV commodities remain available in Sri Lanka, including HIV rapid tests, antiretroviral drugs, as well as condoms and lubricants.

Image: Dr. Sathya Herath demonstrates how to properly dispose of used needles at the Community Center and Health Clinic in Slave Island, a suburb of Sri Lanka's capital city, Colombo.



The Global Fund/David Blacker/Panos



(Above) Nurses Tetyana Zayets (left) and Sofia Myronenko both worked at the tuberculosis dispensary in Chernihiv, Ukraine, before it was destroyed in heavy fighting earlier this year. Patients and health workers were involved in two emergency evacuations and now stay in the infectious disease ward of a children's hospital nearby.

The Global Fund/Sergey Siviakov





Since its founding in 2002, the Global Fund has disbursed more than US\$55.4 billion to respond to HIV, TB, malaria and COVID-19 and for programs to strengthen systems for health across more than 100 countries as of June 2022. In our goal to end HIV, TB and malaria as epidemics by 2030 while building resilient and sustainable systems for health (RSSH), Global Fund investments prioritize countries with the highest disease burden and lowest ability to finance their disease programs while maintaining a global reach.

In 2021, we accelerated our investments in the fight against infectious diseases, reaching an annual disbursement of more than US\$5 billion – the highest disbursement since our founding. These combined investments have cemented the Global Fund's position as the leading multilateral investor in the fight against infectious diseases and the biggest investor in health and community systems in low- and middle-income countries (LMICs). These investments have also equipped the Global Fund to play a much bigger role in preparing the world to respond to future pathogens by leveraging our unique advantages and distinctive experience of more than 20 years in fighting pandemics.

#### **Global Fund financing**

Much of the Global Fund's financing comes from governments, which historically provide more than 94% of total funding. The remaining funding comes from the private sector, foundations and innovative financing initiatives. The Global Fund raises funds in three-year cycles known as Replenishments, which galvanize the world to raise resources to fight the world's deadliest infectious diseases. The Sixth Replenishment attracted pledges amounting to US\$14.03 billion against a target of US\$14 billion. For the Seventh Replenishment, which takes place in September 2022,

the Global Fund needs at least US\$18 billion. This is the minimum required to get the world back on track toward ending AIDS, TB and malaria, building RSSH and strengthening pandemic preparedness, making the world more equitable and safer from future threats.

To date, the largest contributors to the Global Fund (on a cumulative basis) are the United States, France, the United Kingdom, Germany, Japan and the European Commission. Following their public pledge announcements, donors make payments over the Replenishment cycle, based on an agreed payment schedule. As of June 2022, donors had contributed a total of US\$11.9 billion under the Sixth Replenishment cycle.

Besides governments, private sector partners are playing a growing role, complementing the contributions of other development partners through increased funding and innovative solutions. Above all, the most fundamental component of health financing is the investments made by LMICs in their health programs. The Global Fund continues to play a strong role in advocating and catalyzing increased domestic investments in health.

#### **Co-financing**

LMICs are making progress in increasing their domestic investments in health, including higher investments in HIV, TB and malaria. The Global Fund's policy on sustainability, transition and co-financing has played a crucial role in accelerating that progress. As of May 2022, in countries where the Global Fund invests, we had recorded a 30% increase in domestic commitments for the 2020-2022 period compared with the 2017-2019 period.

The Global Fund requires all countries to progressively invest more on health and to gradually take up program costs. In addition, a minimum of 15% – up to 30% in some countries – of Global Fund allocations are subject to additional co-financing commitments

Since its founding in 2002, the Global Fund has disbursed more than US\$55.4 billion to more than 100 countries.

## **Global Fund investments by region**

In 2019-2022 as of June 2022



The sum of percentages across regions does not add up to 100% due to rounding.

from countries for each grant. This mechanism has proved remarkably successful in incentivizing increased domestic investments in health. Fifteen countries in the Global Fund's High Impact Africa portfolio and 35 countries in the Africa Middle East (AME) portfolio have co-financing commitments in the 2021-2023 period. Compared with 2018-2020, domestic spending on the three diseases and RSSH is expected to increase by about 6% in High Impact Africa and by about 16% in AME. However, that progress is much higher in some countries: In 27 countries across the two regions, domestic investments in HIV, TB, malaria and RSSH are expected to increase by over 25%. The Global Fund will continue to work with countries to support the realization of these targets.

In recent times, however, this has proved hard to sustain given the effects of COVID-19 and the Ukraine war on many countries. We will work harder on advocacy for domestic resource mobilization while revamping our approach to co-financing to account for the challenging financing environment. We will seek to ensure that commitments are country-owned, realistic and linked to clear programmatic targets, including the building of RSSH.

# Advocacy for increased domestic financing

Alongside efforts to ensure a successful Seventh Replenishment for the Global Fund, advocating for sustained domestic investment in health is fundamental, particularly in the periods

## International grants provided by the Global Fund in 2021









of all international financing for **TB** 

76%

of all international financing for malaria

of economic instability that are now facing most of the countries where the Global Fund invests.

Capitalizing on the momentum from regional initiatives that support domestic financing for health, such as the African Leadership Meeting (ALM) on domestic financing for health, remains important for increasing visibility, accountability and leadership in this area.

The Global Fund continues to support the successful implementation of the African Union's ALM declaration, which aims to invest more and invest better in health. The ALM declaration is the first declaration on health financing since the Abuja declaration in 2000. In 2021, and in efforts to support ALM, the Global Fund forged partnerships with regional economic communities, signing memoranda of understanding and joint work plans with the East African Community (EAC) and the Southern African Development Community (SADC). Our efforts in this area seek to support the piloting of health financing hubs based within the SADC and the EAC as well as the piloting of the African Union's domestic financing tracker.

We will continue to support health financing reforms in countries where we invest while advocating for more political commitments and policies for increased domestic investments in health.

#### Value for money

The Global Fund invests in supporting countries to get more value for money, so they not only invest more money, but they also achieve "more health for the money" in an effective, efficient, equitable and sustainable manner.

Our Sustainability, Transition and Efficiency Strategic Initiative is funding

analytical support that promotes the efficiency and sustainability of health programs and systems supported by the Global Fund. We are supporting countries to plan where to invest and what to invest in, to best fill gaps in service provision and maximize the impact of the limited resources available not just from Global Fund grants but also from wider domestic and international resources for health. Country support is ongoing to promote better resource tracking, health financing strategies and domestic financing advocacy. We are also supporting a number of countries to plan for a successful transition from Global Fund support.

#### Innovative financing

We have strengthened our work on innovative financing, paying special attention to blended finance. In partnership with development partners, especially multilateral development banks, we are seeking to leverage additional resources, including loans and domestic finances, for the fight against the three diseases. This financing approach brings together diverse partners to invest together in the fight against diseases. The Pakistan National Health Support Program illustrates our approach to blended finance:

In June 2022, Pakistan and the World Bank signed a grant aimed at improving primary health care and supporting the rollout of essential packages of health services. The program will be supported by the World Bank, the Bill & Melinda Gates Foundation, Gavi, the Global Fund, and the Global Financing Facility as well as parallel financing from bilateral donors. The initiative uses a program-for-results mechanism, where the forthcoming Global Fund contribution seeks to ensure the inclusion of a disbursement-linked indicator for improving efforts to find more people with TB. The Global Fund will contribute US\$5 million to mobilize additional funding of approximately US\$25 million for TB, while also shaping the overall investment of US\$430 million by the World Bank and the other contributors. Pakistan has the sixth-largest population in the world and

> The Global Fund invests in supporting countries to get more value for money, so they not only invest more money, but they also achieve "more health for the money."

has the fifth-highest burden of TB. The Global Fund is the biggest international investor in programs to fight TB and HIV in the country.

# Innovation and private sector partnerships

Besides raising funds, the Global Fund works with the private sector to galvanize innovations that can help accelerate progress in the fight against HIV, TB and malaria while preparing the world for future pandemics. Through investments such as new technologies, health innovations and greater efficiency, we are making a difference in many countries where the Global Fund invests. Below, we share examples of our private sector engagements:

The Global Fund is working with the Health Finance Coalition (HFC) to bring together leading philanthropies, investors, donors and technical partners to spur private investments to address Africa's biggest health challenges. As part of this partnership, HFC is creating an impact investment fund of at least US\$100 million to support the expansion of high-impact global health investment opportunities in Africa, with a focus on supply chain transformation, innovative care, lab capacity, and digital health solutions.

Together with Microsoft Research and the Stop TB Partnership, we have mapped the technology landscape in 13 National TB Programs: Bangladesh, the Democratic Republic of the Congo, India, Indonesia, Kenya, Mozambique, Nigeria, the Philippines, South Africa, Tanzania, Uganda, Ukraine and Zambia. The project seeks to support the improvement of existing digital tools to accelerate progress in the fight against TB.

In Rwanda, Uganda, Ethiopia and Burkina Faso, the Global Fund works with the Rockefeller Foundation to strengthen national health information and surveillance systems through the Data Science Catalytic Fund (DSCF). The project is helping create robust community health information systems in these countries. With the support of a US\$15 million grant from the Rockefeller Foundation and an additional US\$10 million committed by the Global Fund, work done by the DSCF will include refining and deploying digital tools for tracking, informing and supporting community-level health services.

In Morocco, the Global Fund has worked with the telecommunications corporation Orange to develop e-health programs that improve access to health services while building stronger health data systems. In collaboration with Morocco's Ministry of Health, the partnership has developed a mobile application for health professionals by leveraging the mobile carrier's infrastructure. The app enables health professionals to connect directly with patients, improving the quality of health services by supporting patients to stay on treatment and prevent resistance to medicines.

With Project Last Mile, the Global Fund teamed up with the Coca-Cola Company to leverage the private sector's supply chain and distribution know-how to help the public sector ensure medicines reach those in the "last mile." Working in partnership with governments, Project Last Mile has delivered 35 projects across 12 African countries, reaching more than 35 million people. This includes, over recent years, support for COVID-19 response initiatives and vaccine rollouts. The initiative brings together the Global Fund, PEPFAR, USAID, the Bill & Melinda Gates Foundation, the Coca-Cola Company, and the Coca-Cola Foundation. In 2021 Project Last Mile continued to distribute chronic medication (including HIV drugs) with the National Department of Health in South Africa, reaching more than 4.7 million patients. In Mozambique, Project Last Mile launched a partnership with the National AIDS Council to drive the uptake of condoms at access points

outside the public health sector. Project Last Mile also launched new projects in Ghana, Uganda and Sierra Leone.

In Indonesia and the Philippines, the Global Fund and Johnson & Johnson are working to accelerate progress in finding patients with drug-resistant TB. The project seeks to understand patients' health-seeking behaviors and experiences with the aim of offering solutions that can help find more missing people with TB.

A coalition of multinational companies brought together by the Global Fund in Davos, Switzerland, in 2020 seeks to strengthen TB care and prevention in the workplace. Aptly titled Ending Workplace TB, the coalition brings together partners including the World Economic Forum, Johnson & Johnson, the Stop TB Partnership, and Royal Philips to fight TB by rolling out awareness, detection, and treatment programs, to reach millions of workers, their families and communities. The partnership continues to expand, reaching nearly 30 multinationals and covering more than 2 million employees in 2021.

The HER Voice Fund – an initiative in 13 priority African countries (Botswana, Cameroon, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) – offers small grants to young women and girls to overcome barriers to meaningful participation (Below) A worker at Abuja national warehouse, Nigeria, inspects a delivery of malaria medicine. Supply chain transformation is one of the focus areas of the Global Fund's partnership with the Health Finance Coalition.

The Global Fund/Aurelia Rusek



in the Global Fund partnership's programs. In August 2021, the HER Voice Fund developed a mentorship program known as the Ambassador Angels Program. Ambassadors work with the HER Voice country lead organization and often represent the HER Voice Fund in meetings and in the media. To deepen support to these ambassadors, the Ambassador Angels Program links them to mentors who can support them to build their skills and experience representing the HER Voice Fund as a champion for young women and girls. The HER Voice Fund is implemented by Y+ Global with support from ViiV Healthcare Positive Action and the Global Fund.

The Global Fund partnership with the Children's Investment Fund Foundation (CIFF) is ramping up access to HIV self-tests – an important approach in supporting more people to know their HIV status. To date, that partnership has delivered more than 5 million test kits across 30 countries in the Global Fund portfolio. CIFF has pledged US\$25 million from 2020-2023 to catalyze a tenfold increase in HIV self-testing.

A unique partnership between the Thomson Reuters Foundation and the Global Fund supports the Global Fund's Breaking Down Barriers initiative. As part of this initiative, we have trained journalists and implementers of Global Fundsupported programs to understand ways of reducing human rights-related barriers to HIV, TB and malaria services, with a focus on southern, eastern and western Africa. We have also supported pro-bono legal research and legal capacity-building for civil society partners.

#### How we operate

Equally important to achieving our vision of a world free of the burdens of HIV, TB and malaria is how we invest our resources and how we conduct our business.

#### **Commitment to transparency**

The Global Fund operates with a high degree of transparency and accountability in all our work and has zero tolerance for corruption or misuse of funds. In 2022, we were included in the "Good" category of a leading international aid transparency index, the Publish What You Fund's 2022 Aid Transparency Index. The Office of the Inspector General (OIG),<sup>26</sup> established in 2005 as an independent entity reporting directly to the Board, safeguards the assets, investments, reputation and sustainability of the Global Fund by ensuring that it takes the right action to accelerate the end of HIV, TB and malaria as public health threats. In the interests of transparency and accountability, every OIG report is comprehensive and public. The work of the OIG continues to complement the active risk management and controls put in place by the Secretariat and uphold our proactive approach of full transparency both on disclosing the issues in the implementation of our grants and in highlighting the successes we can build on in the future.

In 2022, the Global Fund is taking steps to increase the availability of programmatic data and provide more detail on country summaries through its digital platforms.

#### **Ethical conduct**

What we invest in is as important as how we invest. The Global Fund seeks to embed an ethical, integrity-driven culture among Global Fund employees and partners who manage our programs. We require our staff and partners worldwide to adhere to the highest ethical standards in the conduct of Global Fund-supported activities. In 2019, the Global Fund rolled out a code of conduct to staff, establishing standards of behavior for all Global Fund employees in their interactions with colleagues internally and with partners. People in the Global Fund partnership must abide by the organization's core ethical values.

26. For full details and updates on the OIG, see <u>https://www. theglobalfund.org/en/oig/</u>.

#### **Evaluation and learning**

In 2021, we revamped our approach to evaluation and learning to improve and strengthen accountability as well as foster decision-making through evaluation. This will have the effect of strengthening feedback between countries and the Global Fund and accelerating the impact achieved by our programs. In July 2022, the Global Fund appointed a Chief Evaluation and Learning Officer, who will establish and lead the new unit that will oversee the Global Fund's independent evaluations.

#### Finances

The Global Fund's 2021 consolidated financial statements reflect an effective and efficient use of resources to support programs in more than 100 countries. As of 31 December 2021, operating assets exceeded operating liabilities by US\$3.1 billion. Full financial data is available in our Annual Financial Report. The year 2021 experienced the highest grant expenditure, at \$US6.8 billion and disbursements at \$US5.2 billion, which reflects a combined impact of strong allocation utilization for both the Fifth and Sixth Replenishment cycles and incremental activities under C19RM. Our operating expenditure for 2021 was US\$304 million at the budget rate, which is within the Board-approved limit. The COVID-19 pandemic has pushed us to adapt our Secretariat operations to ensure delivery of key priorities and core operations remotely, while maintaining budget discipline and efficiency.

(Below) The Global Fund has continued to proactively monitor its operating expenses while enabling the implementation of its priority projects in support of its 2017-2022 Strategy.

The Global Fund/Vincent Becker





The Global Fund Results Report 2022 presents selected programmatic results (e.g., people on antiretroviral therapy, people treated for TB, mosquito nets distributed) achieved by supported programs in 2021. To measure results and impact, the Global Fund also uses the official disease burden and impact estimates developed and published by our technical partners, including WHO, UNAIDS, the Stop TB Partnership and the RBM Partnership to End Malaria.

We do not create our own disease burden and impact estimates. The disease burden and impact numbers are based on the latest available data from UNAIDS and WHO; in this report, data for HIV are up to 2021, but data for TB and malaria are up to 2020, as the 2021 data from WHO was not yet available at the time of publication. The Global Fund's results (e.g., mosquito nets distributed, people on antiretroviral drugs, as well as coverage and outcomes for each 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.

In most cases, 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, which is 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 the 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: 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 from 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 comprehensive explanation of the Global Fund's reporting methodology, visit theglobalfund.org/en/methodology.

(Previous page) As part of efforts to control malaria in the community, veteran health worker Javier Ceballos examines a groundwater well for mosquito larvae at a home in Kaukira, Honduras.

The Global Fund/ Tomas Ayuso/Panos



#### **ACT-Accelerator**

Access to COVID-19 Tools Accelerator: A global collaboration of leading public health agencies to accelerate the development and equitable distribution of tests, treatments and vaccines – and the strengthening of health systems – that the world needs to fight COVID-19.

#### Ag-RDTs

Antigen rapid diagnostic tests.

#### ALM

African Leadership Meeting on domestic financing for health.

#### AME

The Global Fund's Africa Middle East portfolio.

#### Antiretroviral therapy

Medication that allows people living with HIV to live healthy lives, and that prevents them from passing the virus on to others.

#### **Bidirectional testing**

When people are simultaneously screened and tested for TB and COVID-19. This is a cost-effective solution to contain transmission of both diseases through early diagnosis and facilitates rapid enrollment of those with TB onto treatment.

#### CEPI

Coalition for Epidemic Preparedness Innovations.

#### CIFF

Children's Investment Fund Foundation.

#### COEs

Challenging operating environments: Countries or regions characterized by poor governance, disasters or conflict and requiring flexible approaches to deliver needed services and medicines.

#### **Co-financing**

Additional domestic financing of health and HIV, TB and malaria. See the Global Fund Sustainability, Transition and Co-financing Policy.

#### **C19RM**

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

#### Drug-resistant TB

Forms of TB that do not respond to one or more antibiotics.

#### DSCF

Data Science Catalytic Fund. In Rwanda, Uganda, Ethiopia and Burkina Faso, the Global Fund works with the Rockefeller Foundation to strengthen national health information and surveillance systems through the DSCF.

#### EAC

East African Community.

#### FIND

Foundation for Innovative New Diagnostics.

#### Gavi

Gavi, the Vaccine Alliance.

#### HFC

Health Finance Coalition.

#### IDP

Internally displaced person.

#### **Key populations**

People who experience a greater epidemiological vulnerability to HIV, TB and malaria, and may have reduced access to services due to a combination of biological and socioeconomic factors. They include, but are not limited to, gay men and other men who have sex with men; transgender people; people who inject drugs; sex workers; people in prisons; refugees and migrants; people living with HIV.

#### LMICs

Low- and middle-income countries.

#### OECD

Organisation for Economic Co-operation and Development.

**PAHO** Pan-American Health Organization.

#### **PBO** Pyrethroid-piperonyl butoxide mosquito net.

PCR tests

Molecular polymerase chain reaction tests.

#### PEPFAR

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

#### PMI

U.S. President's Malaria Initiative.

#### PPE

Personal protective equipment.

#### PPM

Pooled Procurement Mechanism: A key initiative that the Global Fund uses to aggregate order volumes on behalf of participating grant implementers to negotiate prices and delivery conditions with manufacturers.

#### PrEP

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

#### PSA

Pressure swing adsorption.

#### RAI

Regional Artemisinin-resistance Initiative. RAI was launched in 2013 in response to the emergence of drug-resistant malaria in the Greater Mekong region.

#### RSSH

Resilient and sustainable systems for health: These systems for health encompass the national health system, services provided by communities, the private sector and other providers.

#### SADC

Southern African Development Community.

#### UNDP

United Nations Development Programme.

#### UNAIDS

United Nations Joint Programme on HIV/AIDS.

#### USAID

U.S. Agency for International Development.

#### wно

World Health Organization.

#### Zoonotic spillover

The process by which diseases affecting animals transition to humans.



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