



Results Report 2016



COVER: At a health center in Ga-Rankuwa, South Africa, 19-year-old Kgantsho Makeketa leads weekly meetings of a Rise Club for young women and girls. Clubs like this one provide an opportunity for girls aged 14-24 to discuss and share their experiences on topics such as contraception and HIV. *South Africa - The Global Fund / Alexia Webster*

THIS PAGE: With Global Fund support, this clinic at the Kawthaung District hospital in Myanmar offers a wide range of health services to women and children and specializes in treatment to prevent mother-to-child transmission of HIV. *Myanmar - The Global Fund / Jonas Gratzner*

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Letter from the Executive Director

Longer Lives, Better Livelihoods

This year, the World Health Organization reported dramatic gains in life expectancy, registering a global increase of five years between 2000 and 2015. That is the fastest increase since the 1960s. The numbers were even more outstanding in Africa, where life expectancy increased by close to ten years. These impressive gains have largely been associated with breathtaking progress against infectious diseases such as HIV, TB and malaria, and improvements in maternal and child health. What seemed impossible 16 years ago at the dawn of the Millennium Development Goal era has been achieved.

In the 1990s – what has been referred to as Africa’s lost decade – the human development index in many African countries plummeted. Much of the decline was attributed to the spread of HIV and the fact that treatment was still inaccessible. At the dawn of the new millennium, renewed impetus to fight HIV and other devastating diseases picked up momentum. Investments by global health partners and bigger commitments by national governments combined to create a formidable solidarity that has saved millions of lives and transformed the lives and livelihoods of millions more.

Formed in 2002 to address the AIDS, TB and malaria epidemics that were crippling many countries around the world, the Global Fund partnership has since supported programs that have saved 20 million lives. Beyond the numbers, it’s the impact on people that really counts. A life saved is the mother who can raise her daughter and teach her to stay safe from HIV, or the father who can provide for his family without fear of TB. It is the girl who thrives beyond her fifth birthday because she was protected from malaria and becomes a doctor, or perhaps the next leader of her country. These lives saved lead to thriving, prosperous countries.

Poor health is both a cause and a consequence of poverty. As health indicators have improved, global poverty has been halved in the last two decades – registering the fastest decline in human history. As economies grow, countries become better equipped to respond to diseases.

In Ethiopia, Global Fund investments are supporting the work of more than 38,000 health extension workers – the vast majority of whom are women – doing transformative work for the health of the people in the country. This element of primary health care has been associated with remarkable health outcomes in the country. Since the program was launched in 2003, life expectancy has jumped by ten years – from 54 to 64 years. The program has also enabled thousands of women to enter the workforce, contributing to improved incomes and transforming gender roles in their communities.

The collective partnership to fight AIDS, TB, and malaria began as a response to so many lives that the world was losing. Today, it thrives through the transformative cycle of preserving life.

However, this far-reaching progress should not obscure the fact that inequalities exist. It is true that progress against diseases has not reached everyone in equal measure. Women and girls remain disproportionately affected by diseases. So too do marginalized populations, especially those that remain stigmatized by the society. Sex workers, people who inject drugs, men who have sex with men, transgender people, migratory people and prisoners, among others, continue to bear the brunt of many infectious diseases. It is unique that to end epidemics, we must look beyond only scientific and medical solutions – in fact we must look within ourselves and become better people. We must embrace those who are different from us – who are “other” – and create the inclusive human family we are meant to be.

The Global Fund partnership is stepping up its investments to provide prevention, treatment and care for these groups of people in particular. We are investing vigorously in creating resilient and sustainable systems for health that can support the world in responding to not only AIDS, TB and malaria, but to many other diseases and emerging health threats as well. We are keeping a strong focus on reaching the marginalized people in society and will continue to invest strongly in universal health coverage. Working with partners, governments and civil society, we strive to see that no

one is left behind. In essence, we are evolving to embrace the vision of the Sustainable Development Goals.

Now is the time to act. Because people came together, from villages to the global community, we are on the right side of the tipping point and can now see the path to achieve what has seemed impossible since recorded medical history – the elimination, and ultimately eradication, of malaria and TB – and to control the modern plague of HIV and AIDS. But tipping points can go either way. The data are clear – if we do not stick with it until the end, the epidemics will come roaring back. And when they do, as we are seeing already, they will be in drug- and multidrug-resistant forms, posing threats to global health security and increasing the specter of antimicrobial resistance. We have neither the science nor the financial resources to manage such epidemics. The next three to five years will determine if we are the generation to achieve those bold and historic goals, or if we are the generation to pass on these epidemics for generations to come. The decision is ours.

As the Sustainable Development Goals teach us, health does not exist in isolation. We are in a time of massive flux – in socioeconomic and political power, and in terms of a massive growth in the youth population. People and ideas are on the move on an unprecedented scale. At such times in the past, there has been a choice between looking inward and backward or looking outward and forward.

Together, we can give flight to the “better angels of our nature” and come together to solve the world’s biggest problems. And together, we can end the epidemics of AIDS, TB and malaria. For good.

Mark Dybul, *Executive Director*



A TB patient is examined by a doctor at the MACA prison in Abidjan, Côte d'Ivoire. The Global Fund plays a key role in providing support to prisoners, improving care, training and facilities in prisons that suffer from overcrowding and high disease burdens. Côte d'Ivoire – The Global Fund / Georges Méryllon

Executive Summary

The Global Fund partnership brings together a myriad of strengths: finances; technical expertise; the experience and knowledge of communities affected by HIV, tuberculosis and malaria; innovation; and a capacity for constant evolution. The partners who comprise the Global Fund come with diverse abilities and points of view, yet they share a determination to serve people, to strive for social justice, and to achieve impact against HIV, TB and malaria and ultimately end the epidemics.

This report delivers a summary of the impact and results achieved by end 2015 by programs supported by the Global Fund, showing cumulative progress since 2002. It is a collective effort, combining the strong contributions made by governments, civil society, the private sector and people affected by HIV, TB and malaria. Here are the cumulative highlights:

- **20 million lives saved**; on track to reach 22 million lives saved by the end of 2016
- A decline of **one-third** in the number of people dying from HIV, TB and malaria since 2002, in countries where the Global Fund invests
- **9.2 million people** on antiretroviral treatment for HIV
- **15.1 million people** have received TB treatment
- **659 million** mosquito nets distributed through programs for malaria
- **146 million** infections averted across HIV, TB and malaria (between 2012 and end 2015)

Building resilient and sustainable systems for health is critically important to end HIV, TB and malaria as epidemics, and creates substantial positive effects on the systems for health in countries where these diseases are rife. A full **40 percent** of Global Fund investments go toward building resilient and sustainable systems for health.

The Global Fund supports countries in expanding programs that **remove human rights- and gender-related obstacles to health care** so that everyone can access the health services they need. To specifically address the inequalities affecting women and girls, the Global Fund's investments have increased significantly in the past six years, with about **60 percent** of the organization's total investments now directed to women and girls.

The Ebola outbreak in West Africa and the increasing global crisis of refugees and displaced people have revealed unique problems in providing access to health care in challenging operating environments – countries or regions

that experience disease outbreaks, natural disasters, armed conflicts or weak governance. Challenging operating environments account for **one-third** of the global disease burden for HIV, TB and malaria and one-third of Global Fund investments.

The Global Fund's counterpart financing requirement is an effective way to work with governments to stimulate domestic investments in health. To date, countries have committed an additional **US\$6 billion** to their health programs for 2015-2017 compared with spending in 2012-2014, representing a 41 percent increase in domestic financing for health.

Global Fund investment in health programs has grown steadily. As of July 2016, the Global Fund had disbursed **US\$30 billion** to support programs for HIV, TB and malaria.

By 2016, the Global Fund had achieved three-year savings worth more than **US\$600 million** through a more effective pooled procurement mechanism, by working with partners and negotiating directly with manufacturers. The price of long-lasting insecticidal nets to prevent malaria has **decreased by 38 percent** since 2013, and the price of combination ARV therapy for HIV has been **reduced by 25 percent** since 2014. The medicines and health products purchased through the pooled procurement mechanism were delivered more swiftly than in the past, with on-time delivery **improving from 36 percent** in 2013 **to 84 percent** in 2016.

Wambo.org, an e-marketplace for affordable, high-quality health commodities launched in January 2016, is projected to save implementers of Global Fund-supported programs an additional **US\$250 million** over the next four years.

Operating expenditure is kept low through disciplined cost control, efforts to save money and adherence to a prudent budgeting framework. In 2015, operating expenses totaled US\$296 million, below a projected budget of US\$300 million. That represents about **2.3 percent** of grants under management, reflecting a high degree of efficiency and value for money.



20
MILLION

LIVES SAVED THROUGH
THE GLOBAL FUND
PARTNERSHIP



1/3
FEWER DEATHS

FROM AIDS, TB AND MALARIA
IN COUNTRIES WHERE
THE GLOBAL FUND INVESTS

Agnes Nzomo, a preschool teacher in Kibera, one of Africa's largest slums, arrived sickly at a hospital in Nairobi and was diagnosed with TB. Fortunately, a health extension worker attached to a local clinic made prompt arrangements for the rest of the family – the husband and four boys – to be tested for the disease. Three of the boys returned a positive test and were immediately put on free TB medication. Today, they are all cured.
Kenya – The Global Fund / Sam Wolson



9.2
MILLION

PEOPLE ON
ANTIRETROVIRAL
THERAPY FOR HIV



15.1
MILLION

PEOPLE HAVE
RECEIVED
TB TREATMENT



659
MILLION

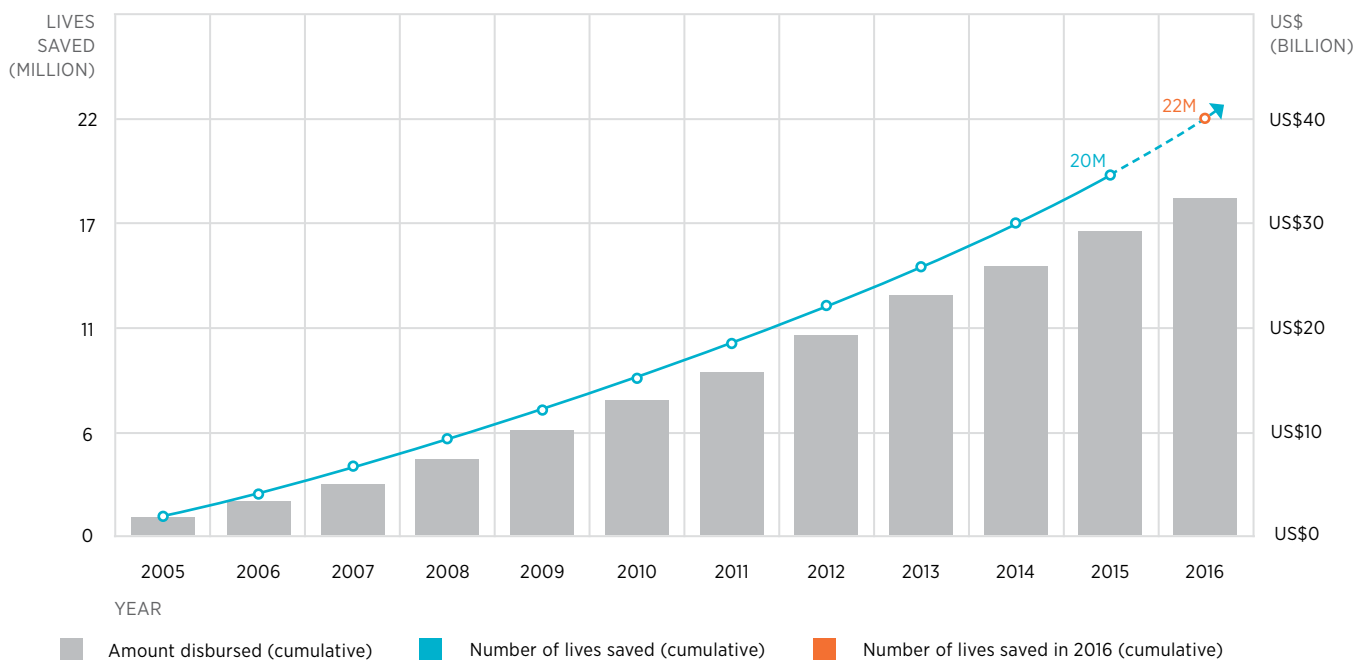
MOSQUITO NETS
DISTRIBUTED BY
PROGRAMS FOR MALARIA

A girl plays in the wind at the Zaatari refugee camp in Jordan. In cooperation with local and international partners, the Global Fund is supporting the provision of essential TB prevention, diagnosis and treatment services to Syrian refugees housed in Lebanon and Jordan. *Jordan - The Global Fund / Tanya Habjouqa*

Impact and Results

Lives Saved and Infections Averted

NUMBER OF LIVES SAVED THROUGH GLOBAL FUND-SUPPORTED PROGRAMS



The impact of investments in health can be measured in many ways, and one of the most important measures is how many lives are saved. Health programs supported by the Global Fund partnership had saved **20 million** lives as of end 2015.

Current projections for 2016 and 2017 show that health programs supported by the Global Fund partnership save approximately **2 million lives each year**. If current trends hold, by the end of 2016 the Global Fund partnership will have supported countries in saving a total of **22 million lives** since its first grants were made in 2002.

It is a remarkable achievement, and a credit to the hard work of many partners who made significant advances in prevention and increased access to treatment and care. Overall, the number of deaths caused by AIDS, TB and malaria each year has been reduced by more than **one-third since 2002** in countries where the Global Fund invests, from 4.1 million in 2002 to **2.6 million** in 2015.

The Global Fund Strategy 2012-2016 set a target of saving **10 million lives** in the five-year period ending 31 December 2016. Current projections are on track to achieve that milestone.

Investments by the Global Fund partnership have grown significantly, supporting a dramatic expansion of antiretroviral (ARV) therapy, treatment for TB, and malaria control efforts, as well as building resilient and sustainable systems for health.

The Global Fund has met and is on track to exceed the Global Fund Strategy 2012-2016 target of averting 140-180 million infections by the end of 2016. As of end 2015, 146 million infections had been averted; if current trends hold, projections are that a total of more than 200 million infections will have been averted by the end of 2016.

A NOTE ON METHODOLOGY

In 2015, the Global Fund partnership introduced an improved methodology to estimate lives saved, better aligned with methods used by partners. As in the past, the methodology employs models that analyze raw data. These models represent the most scientifically advanced methods currently available, and use widely accepted data sources. The models yield sophisticated estimates, not scientifically exact figures. The Global Fund Strategic Review 2015, produced by a group of independent technical experts, confirmed the credibility of the modeling and the estimates used by the Global Fund.

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, in a country where studies show that 70 percent of smear-positive TB patients will die in the absence of treatment, if 1,000 smear-positive TB patients were treated in a particular year, yet only 100 people were recorded as dying from TB, the model can conclude that 600 lives were saved. Without treatment, 700 would have died.

The Global Fund has been adopting specific methods recommended by its technical partners to estimate lives saved in countries where the Global Fund invests.^{1,2} The lives saved estimates are generated by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in consultation with countries, using transmission or statistical disease models such as the UNAIDS Spectrum AIM model, and using the best available data from multiple sources, such as routine surveillance, population-based surveys and vital registration systems. The Global Fund contribution to the lives saved by each program is then estimated

by applying a percentage contribution by the Global Fund in selected key services. That percentage is applied to the total number of lives saved by each program to arrive at the number of lives saved through Global Fund support.

In 2015, following short-term recommendations made by an independent expert group in 2014, the Global Fund has further improved the methodology to estimate the impact of its investments. One important improvement was the inclusion of impact of all interventions for TB and malaria, instead of limiting them to the impact of mosquito nets and TB treatment. This is leading to higher estimates of lives saved compared to what was recorded in previously published reports. The Global Fund continues to work with partners to further improve the current methodology based on the long-term recommendations of the 2014 expert panel.³ This will include the impact of HIV prevention on the number of lives saved that is currently missing, a factor that may indicate that the Global Fund underestimates the number of lives saved through its investments. It will also address some limitations in the methodology for estimating lives saved from TB and malaria, which might over-estimate lives saved in certain settings.

Decline in HIV Burden

In 2000, AIDS seemed unstoppable. Since then, we have made progress we never would have dreamed was possible. After peaking in 2005, the number of HIV-related deaths has fallen each year since. New infections in Africa, the hardest-hit continent, continue to fall each year. Around the world, 17 million people have access to lifesaving ARV therapy, ensuring they live to care for their families and contribute to their communities, and reducing the likelihood that they will pass the virus on to others.

The credit for this remarkable turnaround goes to the collective determination and hard work of partners in global health, notably the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and countries like South Africa. It is also a tribute to the advocates who would not accept a world where ARV therapy was only available to the wealthy. Global organizations such as UNAIDS and WHO played a key role, but it all began with individuals and communities standing up and demanding that they be valued and that they have the right to treatment.

The rapid increase in access to ARV therapy in countries supported by the Global Fund – from 3.3 percent coverage in 2005 to 21 percent in 2010 and **45 percent** in 2015 – has been a tremendous contributing factor. Globally, as a result of the collective efforts of all governments and partners, **46 percent** of all people living with HIV now have access

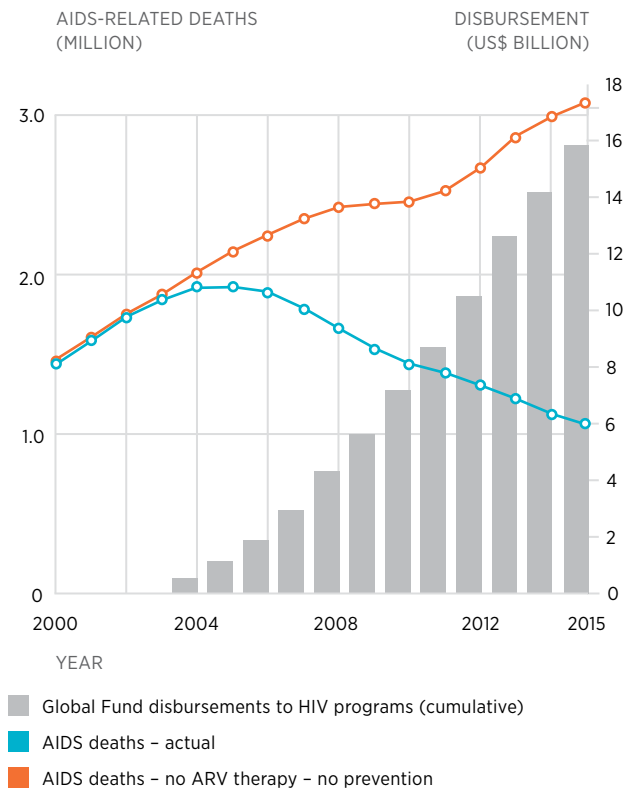
to ARV therapy – a striking increase from 2.7 percent in 2000 and just 6.8 percent in 2005.

Nearly **60 percent** of high-impact countries where the Global Fund invests and where quality data are available have reduced the incidence of HIV by 50 percent or more (13 countries, with 40 percent of the global disease burden).

Between 2000 and 2015, the number of new HIV infections declined by **37 percent** in countries supported by the Global Fund. Partners are optimistic that the rate of averting infections can accelerate more sharply if funding continues to grow and there is better focus on the populations and locations with the highest transmissions, supporting the interventions most likely to have impact. Another important factor is the expansion of national coverage of treatment to prevent the transmission of the virus from mothers to their babies, reaching **49 percent** coverage in 2010 and **76 percent** in 2015.

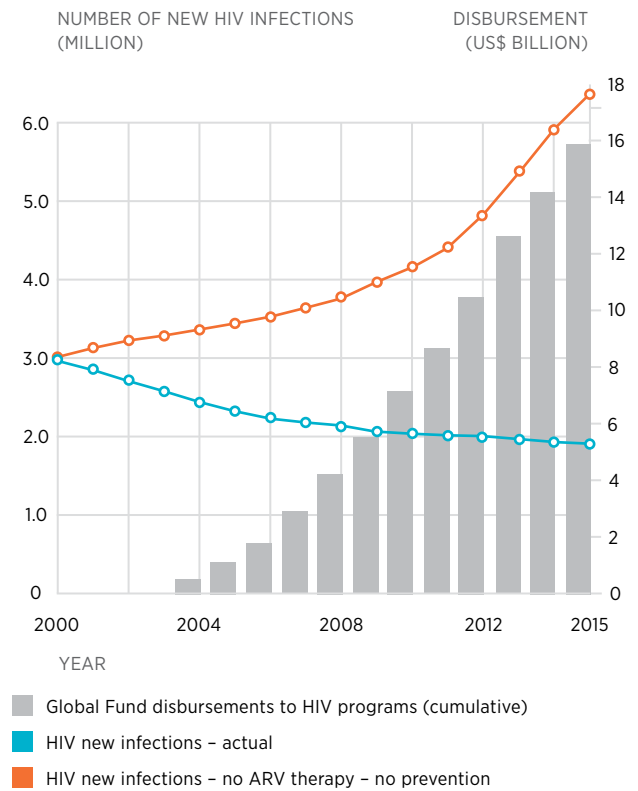
Yet the global scope of AIDS is still substantial. In total, **34 million** people had died from AIDS-related causes between 1990 and 2015. TB/HIV co-infection is an enduring problem, with TB the leading cause of death for people living with HIV. Young women and girls are acquiring HIV at an alarming rate in many East and Southern African countries. Key populations – including men who have sex

TRENDS IN AIDS-RELATED DEATHS (2000-2015)
IN GLOBAL FUND-SUPPORTED COUNTRIES



Source: UNAIDS, Avenir Health, East-West Centre

TRENDS IN NEW HIV INFECTIONS (2000-2015)
IN GLOBAL FUND-SUPPORTED COUNTRIES



Since the peak of the crisis in 2005, the number of deaths caused by AIDS has declined by 45 percent in countries where the Global Fund invests.

Posha Ndelemani, who lives with HIV, hugs her son Felix, who so far has tested HIV-negative after both received treatment to prevent transmission of the virus from mother to child.
Malawi – The Global Fund / Leonie Marinovich

¹ Ryuichi Komatsu et al. Lives saved by Global Fund-supported HIV/AIDS, tuberculosis and malaria programs: estimation approach and results between 2003 and end-2007. BMC Infectious Diseases 2010, 10:109 doi:10.1186/1471-2334-10-109.
² Global Fund 2012-2016 Strategy – Technical partner consultation on Goals, Service targets and Impact modelling, Montreux, 7-8th July 2011.
³ Expert Panel on Health Impact of Global Fund Investments Geneva, 10-11 July 2014.

with men, sex workers, people who inject drugs, and transgendered people – are disproportionately affected and are often denied access to health care due to stigma and discrimination.

If we are to meet the Sustainable Development Goal of eliminating HIV as an epidemic by 2030, we need to increase our efforts and focus our attention on areas where challenges remain. The number of new HIV infections fell steadily from 2000-2010, but has since reached a plateau – and in some countries in Eastern Europe and Central Asia, infections are again on the rise. These disturbing facts provide strong evidence that we need to increase prevention efforts and step up our efforts to address the stigma and discrimination that prevent certain groups from accessing prevention, treatment and care services.

New WHO guidelines issued in 2015 state that anyone infected with HIV should begin ARV therapy as soon after diagnosis as possible. This raises the number of people eligible for treatment from 28 million to 37 million, creating a new challenge of finding additional funding and resources. There is still more work to do.

HIV: RESULTS FOR KEY INTERVENTIONS SUPPORTED BY THE GLOBAL FUND

The Global Fund provides more than **20 percent** of all international financing for HIV programs, and has disbursed more than **US\$15.8 billion** for HIV programs in more than 100 countries from 2002-2015. The Global Fund focuses on countries with high disease burden; where the proportion of key populations is highest; and where the national health systems lack capacity to respond to the disease. The majority of the Global Fund's HIV investments are focused on countries in sub-Saharan Africa, which have been the hardest hit by the disease. Strategic investments have been made in countries where key populations have challenges accessing health care, particularly sex workers, men who have sex with men, people who use drugs, transgendered people, prisoners and migrants.

The number of deaths caused by AIDS is declining in countries where the Global Fund invests – a more than **45 percent** reduction in deaths, from 1.9 million in 2004 to **1.1 million** in 2015. The graph on the preceding page illustrates an estimate of how many deaths would have occurred without investments in HIV programs, which grew steadily in this period.

Global Fund-supported programs provide ARV therapy for **9.2 million** people – more than half the global total of people on treatment. As Global Fund investments in ARV therapy have increased, there has been a corresponding increase in the number of people accessing treatment –

and as the cost of ARVs decreases, Global Fund investments are reaching ever-greater numbers of people. The Global Fund Strategy 2012-2016 set a target of 7.3 million people on ARV therapy by the end of 2016. That target was achieved in 2014.

A leading factor in expanding access to treatment is reducing prices for ARVs. The Global Fund's pooled procurement mechanism delivers HIV drugs more effectively and reliably and at sharply lower cost. In 2000, a one-year supply of ARVs cost more than US\$10,000. It can now cost as low as US\$94. Production of generic ARVs was a key factor in the price reduction. Large amounts of financing and related volume increases have also been important. In early 2016, the Global Fund launched wambo.org, a new online marketplace that is projected to save at least US\$250 million in the coming four years by offering health implementers competitive prices for medicines and health commodities.

Rapidly scaling up ARV treatment according to the new 2015 WHO guidance is an important part of the solution, but we will never end AIDS as an epidemic if we don't prevent new infections. Meeting ambitious 2020 and 2030 targets requires focused combination packages that offer a mix of proven high-impact HIV prevention interventions. These include condom provision, immediate initiation of ARV therapy, pre-exposure prophylaxis (PrEP), and human rights and structural interventions. For certain key populations, additional interventions are needed, such as social protection programs for young women and girls, which can include incentive programs to keep girls in school, and services to address and prevent gender-based violence; needle exchange programs and opioid substitution therapy programs for people who inject drugs; and voluntary medical male circumcision for men in East and Southern Africa.

Counseling and testing for HIV, formally known as HIV testing services, is a critically important part of prevention and treatment of people living with HIV. Programs supported by the Global Fund have provided counseling and testing for more than **509 million** people.

Prevention of mother-to-child transmission of HIV is an area of strong focus. The number of HIV-positive women who have received services since 2002 to prevent transmission of HIV to unborn children has reached **3.6 million**.

One simple but effective tool for preventing the spread of HIV is condom use. More than **5.3 billion** condoms have been distributed in programs supported by the Global Fund.

Treating people for related sexually transmitted diseases is also an important facet of HIV prevention and treatment. More than **23.2 million** people have been treated for

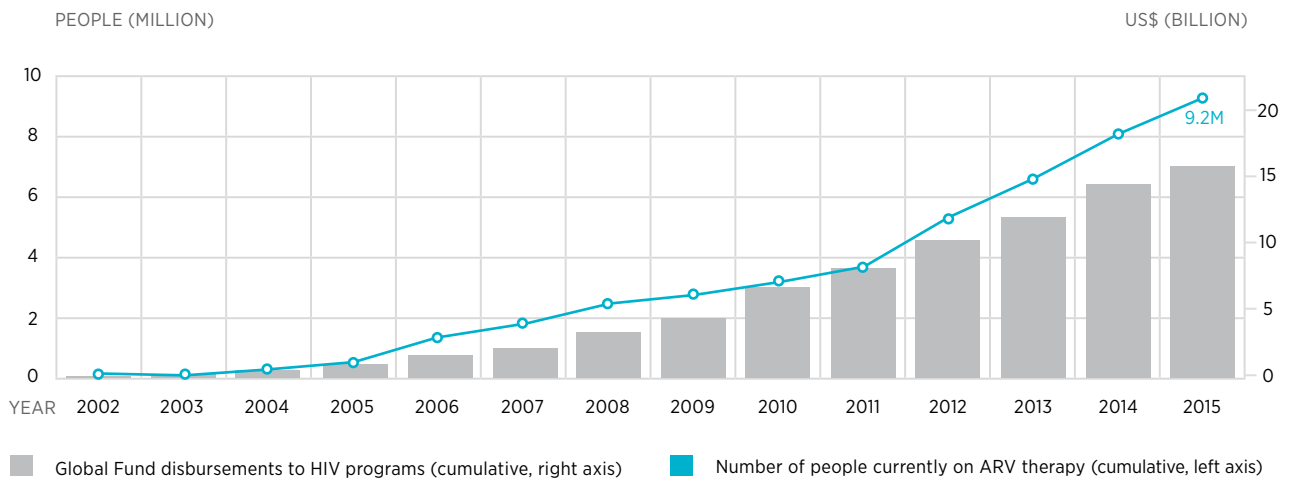
sexually transmitted diseases in programs supported by the Global Fund.

The Global Fund remains the world's major investor in harm reduction programs for people who inject drugs, having allocated approximately **US\$603 million** from 2002 to 2013. This includes supporting interventions such as: raising awareness of behavioral risks; supplying clean needles to avoid needle sharing; providing basic medical care;

testing and counseling; and support for people who inject drugs to transition to methadone substitution therapy.

Finally, as with TB and malaria, there are deeply concerning data about adherence to treatment and the emergence of drug resistance. Improving the quality of programs across the treatment, prevention and care cascades will be essential to succeeding in the control of the epidemic.

NUMBER OF PEOPLE ON ANTIRETROVIRAL THERAPY (2002-2015)



Global Fund-supported programs provide ARV therapy for 9.2 million people – more than half the global total of people on treatment.

When Leiyoeung Tai, a trader in used water bottles who lives in Phnom Penh, discovered he was HIV-positive, he was already seriously ill but had to keep working in order to survive. Paying for medication was out of the question. Fortunately, Tai was able to access treatment free of charge. He regained his strength and no longer worries that the virus will prevent him from making a living. *Cambodia – The Global Fund / John Rae*





The Zhdanivska correctional facility in Donetsk region, Ukraine, has its own facility to diagnose and treat inmates diagnosed with TB.
Ukraine - The Global Fund / Efrem Lukatsky

Case Study

Emergency Funding in Ukraine

When crisis hits, health care is one of the first services to suffer – facilities become overwhelmed by emergency cases, clinics or hospitals are damaged or destroyed, or access is cut off. For people in need of lifesaving treatment for diseases like TB or HIV, a loss of access to health care means the difference between life and death.

Ukraine has one of the most serious HIV epidemics in Eastern Europe and Central Asia, primarily affecting men who have sex with men, sex workers and people who inject drugs. The country is also among the 27 high-burden multidrug-resistant tuberculosis (MDR-TB) countries and 41 high TB/HIV co-infection burden countries.

The 2014 political crisis in Ukraine, which escalated to a military conflict in the east, has left more than 3.1 million people in need of humanitarian assistance. Delivery of drugs and health products to the conflict zones is particularly challenging.

The southeastern regions of Ukraine, including the non-government-controlled areas of Donetsk and Lugansk, have always been the areas most affected by HIV and have the highest prevalence rates of HIV in the country (644.5 per 100,000 population). Financial support from the government to people living with HIV in the non-government-controlled areas was cut off due to the conflict, leaving a funding gap for ARV therapy for the 8,000 people living with HIV in Donetsk and Lugansk.

To prevent disruptions in the delivery of essential HIV-related commodities and services to Donetsk and Lugansk, the Global Fund coordinated with the WHO TB/HIV emergency coordination group to develop a response using the Global Fund's Emergency Funding mechanism. The emergency grant, implemented by the United Nations Children's Fund (UNICEF), provides ARVs for one year to non-government-controlled areas. Thanks to cost savings in commodities purchased by UNICEF, the funding will cover ARVs for an additional several months beyond the initial period.

In addition to the emergency funding, the Global Fund continues to support MDR-TB treatment and TB/HIV prevention and care and support services through agencies still working in the non-government-controlled areas. The Global Fund is working with partners to determine how to ensure full access to ARVs for people living with HIV in eastern Ukraine once the emergency grant ends.

Across the country, the Global Fund partnership has provided ARVs for 60,753 people and provided testing and treatment for 68,542 TB patients and 21,477 MDR-TB patients. Between 2003 and 2015, 87,000 lives have been saved through Global Fund-supported HIV and TB programs.

Decline in Tuberculosis Burden

There have been major advances in the fight against TB since 1990, with most progress having been made since 2000, when the Millennium Development Goals were set. Mortality rates have fallen **44 percent** since 2000, and effective diagnosis and treatment have saved an estimated **38 million lives** (this does not include HIV-positive people) between 2000 and 2015. The Millennium Development Goal target of achieving a declining trend in TB incidence has been met.

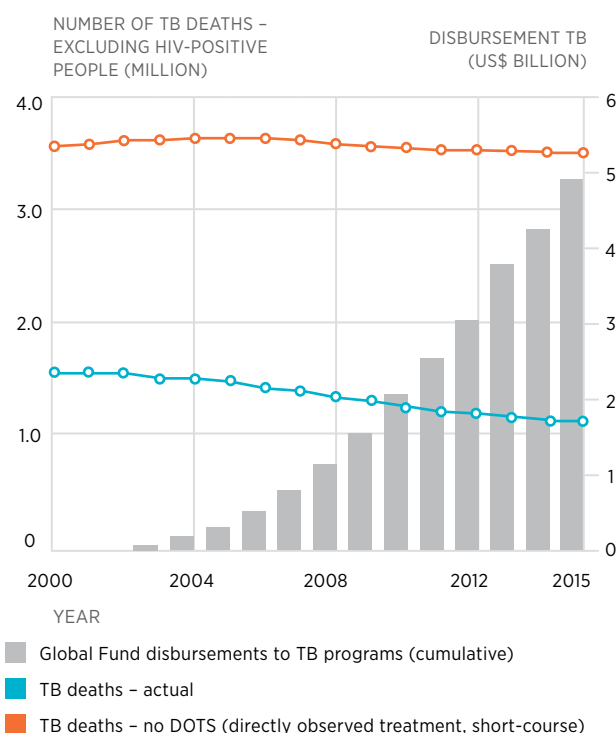
The number of deaths from TB declined **31 percent** between 2000 and 2015 in countries where the Global Fund invests. (Deaths from co-infection of HIV and TB are not included in that number.) The number of deaths from TB in 2015 would have been more than **three times higher** in the absence of interventions.

The decline in deaths was supported by an increase in the number of TB cases detected and treated over the past decade. The number of TB cases averted has been growing each year, with a substantial increase in funding for TB prevention, diagnosis and treatment. The number of TB cases in countries where the Global Fund invests went down by **6.1 percent** between 2005 and 2015. But the number of cases would have been sharply higher without key interventions.

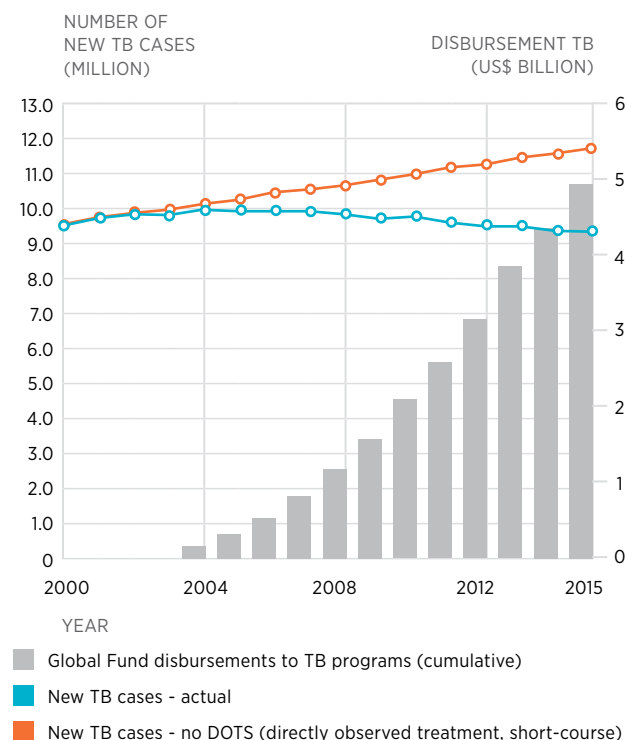
TB is a disease closely associated with poverty and poor living conditions, with 80 percent of all infections occurring in 30 high-burden countries in Africa, Southeast Asia and the Western Pacific. The Global Fund is concentrating its prevention and treatment efforts in those countries that are disproportionately affected by the disease. Progress has been made; **86 percent** of the Global Fund's high-impact countries with accessible data have bent the curve of TB incidence downward.

Despite steady yearly declines in the number of new infections and deaths, TB remains a stubborn and deadly challenge; in 2015, TB surpassed HIV as the leading killer among infectious diseases (largely due to faster progress against HIV, which lowered HIV-related deaths in comparison with TB). The Stop TB Partnership target of halving prevalence and mortality rates by 2015 from the 1990 baseline has not yet been met. WHO has released a global action plan that must be implemented. TB/HIV co-infection is an enduring problem, with HIV infection complicating treatment and care for TB patients. Multidrug-resistant TB (MDR-TB) – a mutated form of the disease that causes resistance to first-line treatment – has received increasing attention as it grows into a potentially catastrophic threat to public health, especially in Eastern Europe, some countries in Asia and parts of Southern Africa. MDR-TB

TRENDS IN TUBERCULOSIS DEATHS (2000-2015) IN GLOBAL FUND-SUPPORTED COUNTRIES



TRENDS IN INCIDENCE OF TUBERCULOSIS (2000-2015) IN GLOBAL FUND-SUPPORTED COUNTRIES



increases the cost, complexity and length of treatment. Additional funding and an increased focus on TB will be required in order to meet the Sustainable Development Goal of ending TB as an epidemic by 2030.

TUBERCULOSIS: RESULTS FOR KEY INTERVENTIONS SUPPORTED BY THE GLOBAL FUND

The Global Fund provides more than **65 percent** of all international financing for TB, and has disbursed more than **US\$4.9 billion** in TB programs in more than 100 countries since 2002. The Global Fund's investments focus in particular on countries with the highest disease burden and with

the highest proportion of key populations, including people living with HIV, migrants, refugees and displaced people, miners, prisoners, children in contact with TB cases and people who use drugs.

15.1 million people have received treatment for smear-positive TB since 2002 in countries where the Global Fund partnership has invested in the fight against TB. That is a **13 percent** increase compared with 2014.

The number of people being treated for multidrug-resistant forms of TB has **increased nearly five-fold** since 2010, reaching **270,000**.



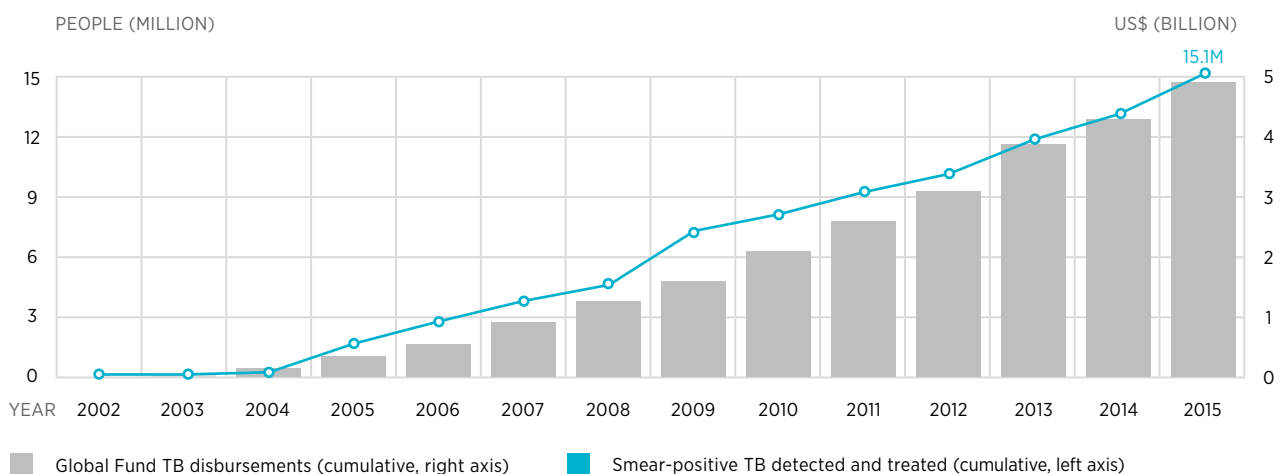
The number of deaths from TB declined 31 percent between 2000 and 2015 in countries where the Global Fund invests.

THIS PAGE: Crowded living conditions and poor ventilation in homes make it more likely for TB to spread. Through training of community volunteers, advocacy, and expansion of timely treatment, Nigeria is aiming to reduce TB prevalence and mortality. *Nigeria – The Global Fund / Andrew Esiebo*

OPPOSITE PAGE: Scenes at Pham Ngoc Thach hospital in Hanoi, Viet Nam, which offers treatment for TB at no cost to patients. With support from the Global Fund and its partners, the country succeeded in reaching the 2015 targets of reducing TB incidence, prevalence and mortality by 50 percent compared to 1990 levels. Although much progress has been made, every year 17,000 people still die of the disease. *Viet Nam – The Global Fund / Chao Doan*



NUMBER OF PEOPLE (SMEAR-POSITIVE) TREATED FOR TUBERCULOSIS (2002-2015)



After surviving multiple episodes of TB, Mildred Fernando-Pancho has now dedicated her life to helping others with the disease. *Philippines* – Photo courtesy of Mildred Fernando-Pancho



Case Study

Philippines

The Philippines is one of the 22 countries across the world that together account for more than 80 percent of the global TB burden. The disease infects more than 260,000 people a year, killing 26,000 of them. It is the fifth-leading cause of death in the country. Drug-resistant TB is common, with the country reporting about 11,000 cases of MDR-TB every year.

The Philippines is also grappling with cases of extensively drug-resistant TB (XDR-TB), a strain that increases the cost, complexity and duration of treatment. Globally, around 9.7 percent of MDR-TB cases are extensively drug resistant and have minimal treatment options. The rise of MDR-TB and XDR-TB underlines the importance of ensuring effective diagnosis and treatment for all cases of TB, not only to defeat the disease itself, but also to prevent MDR-TB and XDR-TB from becoming global health threats.

Investments by the Global Fund partnership are supporting 20 XDR-TB patients through treatment in the Philippines. Others have gone through such treatment and recovered fully, including Mildred Fernando-Pancho. Mildred was diagnosed with ordinary TB in 2001. Through ten years of pain and treatment of various forms of TB – including XDR-TB – Mildred fought on until she completed her final round of treatment in 2011. Today she works as an advocate for other people suffering from TB. “It is my way of giving back,” she says.

Together with partners, the Philippines has made great advances in responding to TB, and it is winning. Treatment outcomes against the disease are rising. For new smear-positive and culture-positive cases, the treatment success rate is more than 91 percent. The enrolment of patients with MDR-TB tripled over three years, from 16 percent in 2012 to 47 percent in 2015. The case detection rate for all forms of TB reached 85 percent in 2014.

The Global Fund is supporting the country in its efforts to intensify the response to the disease with a goal of ending it by further reducing incidence, prevalence and deaths. The efforts also aim to maintain high treatment rates of above 90 percent for all TB cases and to achieve a treatment success rate of more than 75 percent for MDR-TB. Investments by the Global Fund aim to increase the TB case detection rate, coverage of MDR-TB testing and treatment and coverage of HIV testing for TB patients. Across the country, Global Fund-supported programs have provided TB diagnosis, treatment and care for 427,000 TB patients and 18,892 MDR-TB patients by end 2015, and has saved 423,000 lives from all three diseases since 2003.

Decline in Malaria Burden

The fight against malaria is one of the biggest success stories of the 21st century. The number of deaths caused by malaria globally declined **48 percent** between 2000 and 2015 – that translates to an estimated **6.4 million deaths averted**. The number of malaria cases has declined rapidly, dropping by more than **18 percent** in that same period, resulting in a total of **806 million** malaria cases averted globally between 2010 and 2015. The number of lives saved by malaria control interventions continues to grow steadily each year.

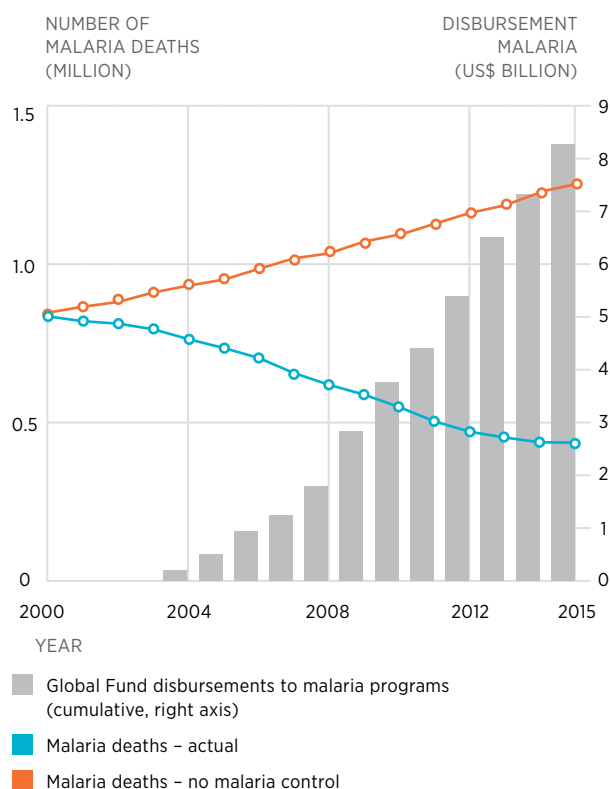
The malaria target under Millennium Development Goal 6 has been met, and 55 countries are on track to reduce their malaria burden by 75 percent or more, in line with a target for 2015 set by the World Health Assembly in 2005. An increasing number of countries are reducing the serious effects of malaria, with the extensive expansion of malaria control efforts – and an increasing number of countries are moving towards elimination. With support, 21 countries could eliminate malaria by 2020, setting the pace to achieve the Sustainable Development Goals.

The innovation of a long-lasting insecticidal mosquito net, at a relatively low cost, has greatly expanded protection for children and families. In sub-Saharan Africa, which is particularly affected by malaria, the proportion of the population with access to an insecticide-treated net has increased from less than 2 percent in 2000 to approximately **62 percent** in 2015.

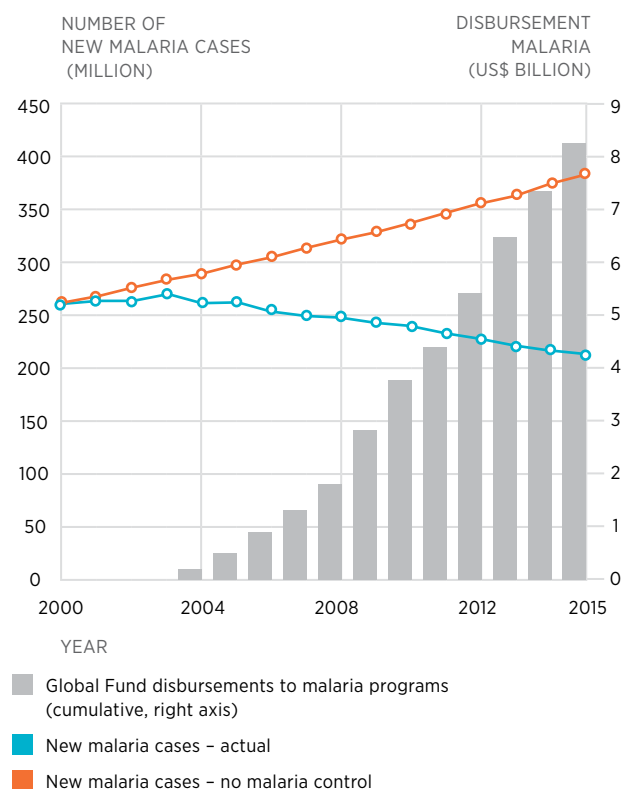
Mosquito nets are just one tool, however, and a comprehensive approach to reducing deaths from malaria includes other preventive measures such as indoor residual spraying, access to rapid diagnostic tests and the use of artemisinin-based combination therapies (ACTs).

But threats to progress are real: in the Mekong region of Southeast Asia, the emergence and spread of resistance to ACTs – the most commonly used drugs against malaria – threatens to undo hard-fought gains and could be globally devastating if it occurs in a wider geographic area. Resistance to the types of insecticide used in indoor residual spraying and on mosquito nets are also of increasing concern. Malaria is still present in 95 countries, causing more

TRENDS IN MALARIA DEATHS (2000-2015) IN GLOBAL FUND-SUPPORTED COUNTRIES



TRENDS IN INCIDENCE OF MALARIA (2000-2015) IN GLOBAL FUND-SUPPORTED COUNTRIES



than 214 million cases each year. Most of these cases occur in sub-Saharan Africa – countries where health systems are often least able to provide the prevention, diagnostics and treatment needed to beat back the disease.

We have the knowledge and tools to end malaria as a public health threat, but we need to invest now to make this a reality – or risk resurgence of the disease.

MALARIA: RESULTS FOR KEY INTERVENTIONS SUPPORTED BY THE GLOBAL FUND

The Global Fund provides **50 percent** of all international financing for malaria, and has invested more than **US\$8.3 billion** in malaria control programs in more than 100 countries, using a comprehensive approach that combines education, prevention, diagnosis and treatment. In particular, programs focus on pregnant women and children under the age of 5, who are especially vulnerable to the disease.

Malaria control relies on multiple tools, and the simplest and most effective preventive is a long-lasting insecticidal net that a family can hang over their sleeping area. Not only does a net protect families – particularly children – from a mosquito bite, but the insecticide on a net also kills the mosquitoes that carry the disease. When mosquito nets are distributed, they are accompanied by education about how they should be used to best protect families from malaria.

More than **659 million** mosquito nets have been distributed through Global Fund-supported programs since 2002. In Africa, the continent with the highest malaria burden, the percentage of people at risk for malaria who have access to mosquito nets grew from **6 percent** in 2005 to 35 percent in 2010 and **62 percent** in 2015 in countries where the Global Fund invests.

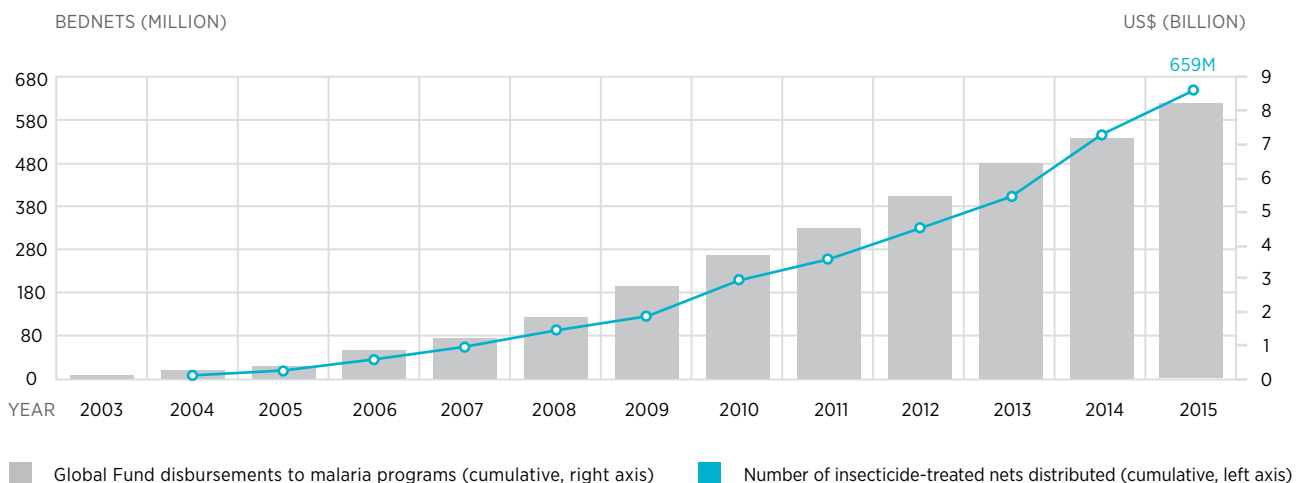
In sub-Saharan Africa, the region with the highest malaria burden and the lowest capacity to pay, Global Fund-supported programs distributed a total of **316 million** mosquito nets between 2012 and 2015 alone. Current projections suggest that the Global Fund Strategy 2012-2016 target of distributing 390 million nets in sub-Saharan Africa by 2016 will be achieved.

Through a partner-based approach to procuring mosquito nets, the Global Fund has achieved substantial cost savings, which are being redirected to the purchase of additional nets. Most affected countries are now able to distribute mosquito nets that cost as low as US\$2.30 per net, a **38 percent** reduction from the price in 2013, allowing distribution of more than 100 million additional nets for the same overall cost.

Cases of malaria treated through Global Fund-supported programs rose **13 percent** in the past year alone, to hit a cumulative total of **582 million** by end 2015.

Through Global Fund-supported programs, the number of homes and other structures that have received indoor residual spraying to prevent the spread of malaria has reached **63.9 million**.

NUMBER OF INSECTICIDE-TREATED NETS DISTRIBUTED (2003-2015)



Myanmar

Myanmar's profound economic and political transformation has caught the world's attention. But the march towards prosperity is not without hurdles and one of the most serious is drug-resistant malaria.

Along 400 kilometers of land that borders Thailand, there is evidence the malaria parasite is mutating, challenging the effectiveness of the main medicine to treat the disease, artemisinin. Resistance to it has been detected in Cambodia, Laos, Myanmar, Thailand and Viet Nam. If artemisinin resistance were to spread to India and on to Africa, the global consequences would be severe.

In the southern township of Khamaukkyi, 44-year-old fishery worker Aye Min is all too aware of how debilitating the parasite can be. About 15 years ago, he was unable to work for more than a week thanks to a simple mosquito bite. Aye Min knows the consequences can be even more severe for children, especially the drug-resistant strain of the disease. He insists his children sleep under an insecticide-treated mosquito net each night.

Mosquito nets are just one element in a multipronged approach. Throughout townships along the border, elaborate

networks of community health posts feed information through to district health clinics in real time. Each post is equipped with smart phones to record data and transmit it through text message.

When a case of drug resistance emerges, mass drug administration becomes an option and programs work with the consent of local communities to clear the parasite from an entire community. A large population of migrant, mobile workers can make this work painstakingly difficult, but a US\$100 million Global Fund grant, the Regional Artemisinin Initiative (RAI), is supporting the effort in the five countries of the Mekong Valley where resistance has been detected. A political initiative known as the Asia-Pacific Leaders Malaria Alliance supports the RAI and has set a goal of eliminating malaria by 2020.

This and other long-term efforts are paying off. Based on reported data, more than 2,500 people died from malaria in Myanmar in 2000, but in 2015, it was fewer than 100. The number of reported infections has also dropped from a peak of 720,000 in 2003 to fewer than 150,000 at the end of 2014.

Across Myanmar, Global Fund-supported programs have distributed 4.3 million insecticide-treated nets and treated 1.3 million cases of malaria as of end 2015, and saved 311,000 lives from HIV, TB and malaria from 2004 to 2015.



Based on reported data, more than 2,500 people died from malaria in Myanmar in 2000, but the number is now fewer than 100 per year.

A family beds down for the night in Khamaukkyi, a township in the southern Myanmar province of Kawthaung. The father, Aye Min, knows from personal experience how debilitating the malaria parasite can be, and insists his kids sleep under an insecticide-treated mosquito net each night. *Myanmar – The Global Fund / Jonas Gratzner*

Mortality of Children under Five

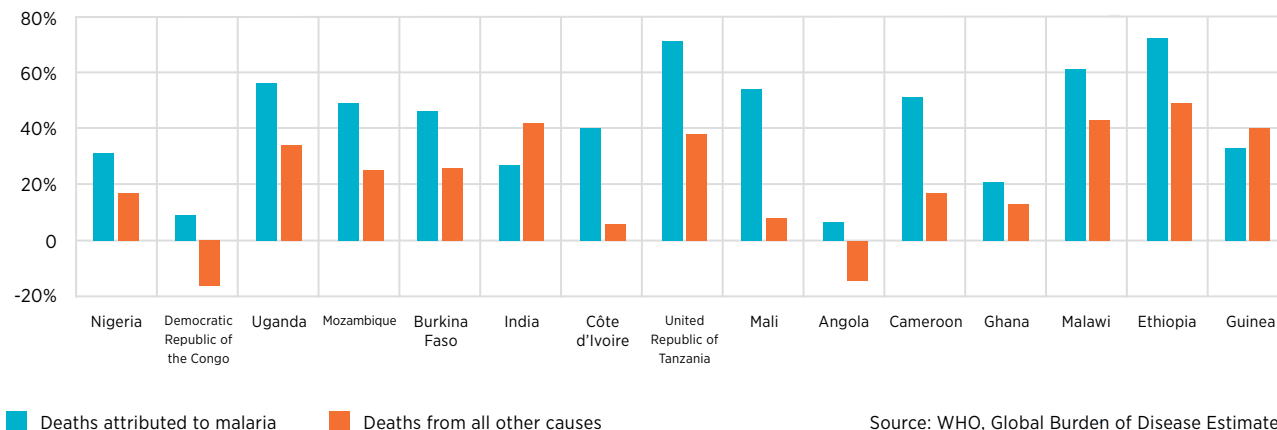
Children under the age of 5 are the most vulnerable to malaria, because they are still developing immunity to the disease; 81 percent of all malaria deaths between 2000 and 2015 were in children under 5. Pregnant women and their unborn children are also vulnerable, because the immune systems change during pregnancy. Protecting young children and pregnant women is paramount to any malaria control strategy.

Since 2000, the number of deaths among children under 5 has fallen by 60 percent, meaning an estimated 6.1 million deaths have been averted in this vulnerable age group. UNICEF, GAVI (The Vaccine Alliance), and others have played key roles in that success through vaccine and malaria-control programs. In addition, progress against malaria among under-5s has led to improved overall health outcomes

and lower child mortality rates. The rate of death for children under the age of 5, in 81 malaria-endemic countries supported by Global Fund grants, went down by more than one-third between 2003 and 2015. The decline was faster in countries where the malaria-related share of deaths in children under 5 was higher. Malaria control contributed to that progress, with particularly big gains in some specific countries.

Malnutrition and diarrhea, two of the leading causes of death for children under the age of 5, put children at particular risk for malaria; in order to continue to fight malaria in young children, a comprehensive health approach is needed, which is why the Global Fund encourages countries to link reproductive, maternal, newborn, child and adolescent health interventions with HIV, TB and malaria programs.

PERCENTAGE DECREASE IN MALARIA DEATH RATES IN CHILDREN UNDER FIVE (2000-2012)



1/3
DECREASE

IN MALARIA MORTALITY IN CHILDREN UNDER 5*

*In Global Fund-supported countries





OPPOSITE PAGE: The number of Nigerians dying of malaria has declined by more than 60 percent since 2000, but every year around 250,000 Nigerian children still die from the disease. As of 2015, Nigeria alone accounted for about one-quarter of all malaria deaths globally. *Nigeria – The Global Fund / Andrew Esiebo*

THIS PAGE: 2-year-old Israël with his parents Augustin and Sabine. *Côte d'Ivoire – The Global Fund / David O'Dwyer*

Case Study Côte d'Ivoire

Malaria is the leading cause of death for children under the age of 5 in Côte d'Ivoire. At its peak, more than 63,000 children died of the disease every year, and the country shoulders 15 percent of the burden of child mortality in Africa caused by malaria.

For children like 2-year-old Israël, progress means the difference between making it to his fifth birthday or not. Thanks to efforts by the government of Côte d'Ivoire, supported by the Global Fund, his chances are improving.

The Millennium Development Goal of halting and reversing malaria has been met; the number of deaths from malaria has dropped by 65 percent since 2000. In 2015, the country achieved universal coverage with its second national campaign of mass distribution of nets, supported by the Global Fund. Through Global Fund-supported programs, 26 million mosquito nets have been distributed in the country.

When they collected their net, Israël's parents Sabine and Augustin also received important information on how to protect against malaria, and how and where to access health treatment when needed.

The Global Fund places a special focus on children and pregnant women, who are most at risk from malaria. The danger starts before birth; malaria in pregnant women can cause complications that lead to low birth weight of the baby, health risks for the mother, and, in severe instances, miscarriage. Sabine had suffered from malaria when she was pregnant with Israël, and had worried she would lose her baby.

The Global Fund supports preventative treatments for pregnant women as part of prenatal care, and treatment for pregnant women with malaria. With funding from the Global Fund and UNICEF's technical support, the country is focusing on Community Case Management (iCCM) to extend case management of childhood illness beyond health facilities so that more children have access to lifesaving treatments. Community health workers are trained in diagnosis and treatment of all key childhood illnesses, including diarrhea, pneumonia and malaria, and also in identifying children in need of immediate referral.

Through programs supporting the prevention, treatment and care for malaria, HIV and TB, the Global Fund partnership, together with the government of Côte d'Ivoire, has saved 191,000 lives since 2004.

Impact on Women and Girls

Despite great global gains against HIV, TB and malaria over the past 15 years, women and girls have not made the same progress as others. Structural, legal and cultural factors sometimes push women and girls to the periphery, where the diseases – especially HIV – can devastate the most vulnerable and at risk. In Southern and East Africa, they are drastically and disproportionately affected.

The Global Fund is focusing sharply on women and girls, making strategic investments to improve their health and supporting country-driven processes grounded in equity and inclusiveness. Our commitment to women and girls has steadily increased in the past six years. In 2010, approximately 46 percent of programs were focused on women and girls; in 2015, approximately 60 percent of the Global Fund's spending was directed to women and girls. That translates to investments of approximately US\$18 billion since 2002. Global Fund-supported programs are improving the health status of women and girls overall by linking reproductive, maternal, and adolescent health care with programs to treat and fight HIV, TB and malaria.

It is making a difference. Between 2005 and 2015, the absolute numbers of AIDS-related deaths among women aged 15 years and above declined 56 percent in 12 key African countries where the Global Fund invests, while declining 37 percent among men the same age. As illustrated in the figure on next page, ARV therapy coverage is becoming available to more women, and more women are staying on treatment.

Despite the progress, gender inequalities, harmful practices, sexual violence and discrimination against women continue to fuel a disproportionate number of new HIV infections in women and adolescent girls, and to increase their overall health risks. In the hardest-hit countries, girls account for more than 80 percent of all new HIV infections among adolescents; 7,000 girls aged 15-24 are infected with HIV every week. We cannot end HIV, TB and malaria as epidemics without addressing these challenges.



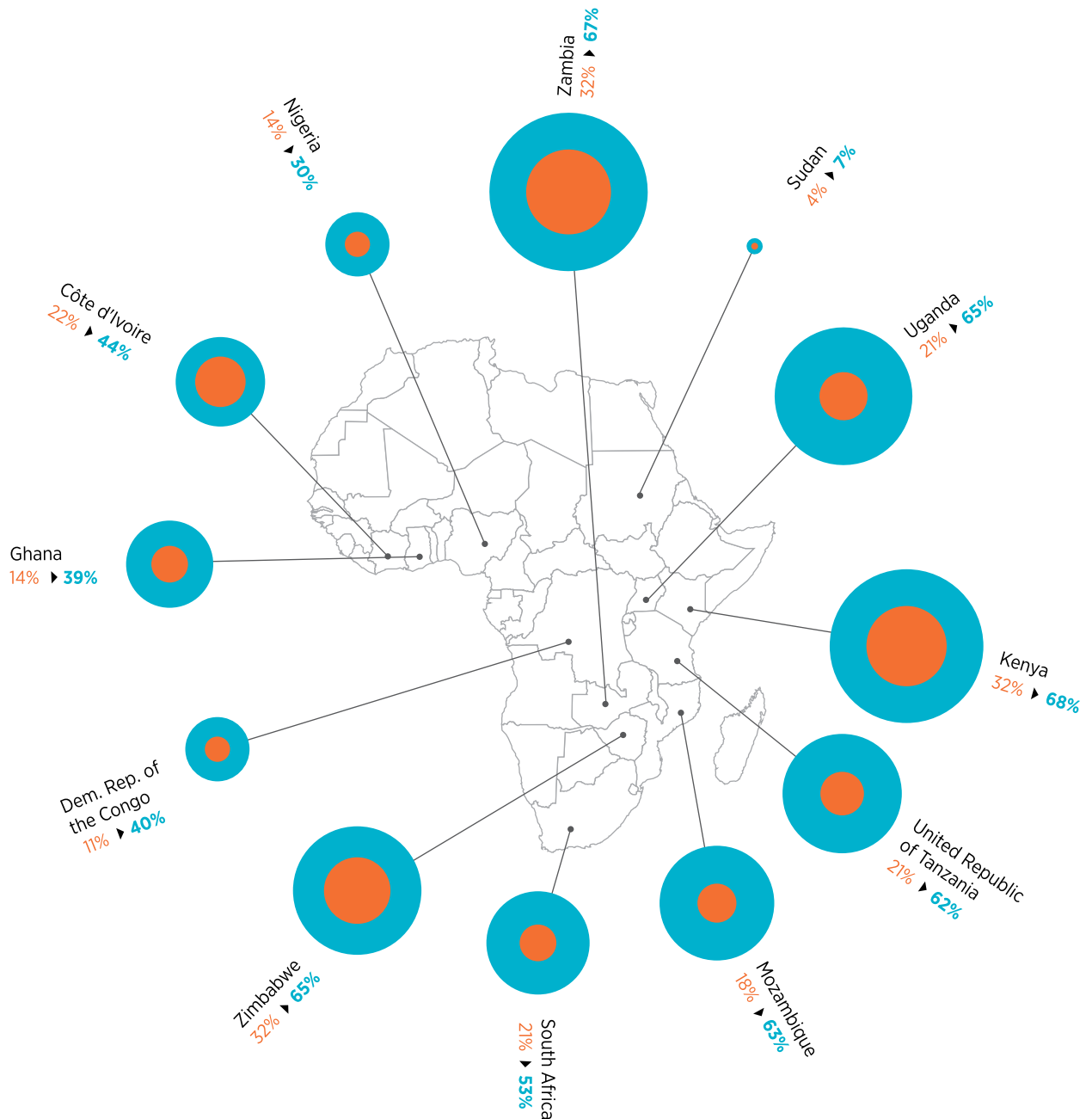
60%
OF GLOBAL FUND
SPENDING

BENEFITS
WOMEN AND GIRLS

With Global Fund support, the Kingdom of Swaziland launched an ambitious program to invest in education and the socioeconomic needs of adolescent girls, who are at disproportionate risk of getting infected with HIV. *Swaziland – The Global Fund / John Rae*

HIV TREATMENT FOR WOMEN IS INCREASING, BUT NUMBERS ARE STILL LOW

Percentage of women living with HIV who accessed treatment in 2015, compared with 2010, in 12 key countries where the Global Fund invests.



Essential Indicators 2005 to 2015

NUMBER OF SERVICES SUPPORTED BY GLOBAL FUND

MILLIONS, IF NOT SPECIFIED

	2005	2010	2015
HIV			
Treatment: People currently receiving ARV therapy	0.4	3.2	9.2
Associated infections: People receiving treatment for sexually transmitted infections	0.58	11	23
Basic care and support services provided to orphans and other vulnerable children	0.53	5.6	7.9
Condoms distributed, billions	0.31	3.1	5.3
Counseling and testing encounters	6.9	173	509
HIV-positive pregnant women receiving ARV prophylaxis for PMTCT	0.12	1.1	3.6
TB			
Treatment: people with access to DOTS (smear-positive)	1.5	8.2	15.1
HIV/TB – Associated infections: People receiving treatment for TB/HIV	0.02	3.4	19
People treated for MDR-TB, thousands	7.6	52	267
MALARIA			
Prevention: Insecticide-treated nets distributed	12	194	659
Prevention: Structures covered by indoor residual spraying	4.5	36	64
Treatment: Cases of malaria treated	12	212	582
CROSS-CUTTING			
Community outreach prevention services (behavior change communications)	13	211	481
People receiving care and support	0.8	13	29
“Person episodes” of training for health or community workers	1.7	14	16

Percentage Decline in Morbidity and Mortality for AIDS, Tuberculosis and Malaria

The following table illustrates a range of remarkable gains with regard to international targets of reducing incidence and death rates of HIV and malaria between 2000 and 2015 and TB between 2000 and 2014 (latest published estimates) achieved by 21 “high-impact” countries where the Global Fund invests. These figures are based on rate per 1,000 population at risk and not absolute number of deaths. As shown in the table, overall, incidence and death rates have declined in the majority of the Global Fund’s high-impact countries. In 13 and 9 out of the 21 high-impact countries, HIV incidence and death rates declined more than 50 percent, respectively.

For TB, 18 and 19 countries showed a decline in incidence and death rates, respectively. Four and eight of these countries exceeded a 50 percent decline in incidence and death rates, respectively. For malaria, all 21 countries except one showed a decline in incidence and death rates, with 11 countries exceeding a 50 percent decline in incidence and 17 countries exceeding a 50 percent decline in malaria deaths.

		HIV (2000-2015)		TUBERCULOSIS (2000-2014)		MALARIA (2000-2015)	
		incidence	deaths	incidence	deaths	incidence	deaths
HIGH IMPACT AFRICA - 1	Congo (Democratic Republic)	84%	59%	1%	3%	49%	75%
	Côte d’Ivoire	65%	47%	55%	73%	31%	67%
	Ghana	70%	54%	23%	36%	45%	54%
	Nigeria	48%	20%	1%	0%	24%	64%
	South Africa	61%	22%	-42%	35%	65%	74%
	Sudan	-44%	-100%	27%	24%	60%	62%
HIGH IMPACT AFRICA - 2	Ethiopia	79%	79%	51%	67%	75%	76%
	Kenya	35%	80%	14%	-37%	40%	49%
	Mozambique	55%	11%	-7%	37%	40%	76%
	Tanzania (United Republic)	74%	75%	35%	23%	71%	64%
	Uganda	29%	81%	62%	74%	58%	86%
	Zambia	56%	80%	46%	28%	53%	69%
	Zimbabwe	56%	80%	54%	9%	29%	29%
HIGH IMPACT ASIA	Bangladesh	-100%	-100%	-1%	30%	89%	88%
	India	72%	33%	23%	55%	51%	51%
	Indonesia	-100%	-100%	11%	24%	-4%	-39%
	Myanmar	72%	-5%	10%	61%	40%	46%
	Pakistan	-100%	-100%	2%	62%	75%	76%
	Philippines	-100%	-100%	22%	75%	95%	95%
	Thailand	79%	74%	29%	54%	50%	97%
	Viet Nam	53%	-100%	29%	47%	88%	89%

■ Increased (capped at -100%)
 ■ < 25% decline
 ■ 25-50% decline
 ■ >50% decline

The declines shown in this table are based on incidence and deaths expressed per unit of population and not in absolute numbers. Source: AIDSinfoOnline July 2016, WHO Global TB 2015 Report, WHO Global Malaria Program.

South Africa

South Africa is the epicenter of the AIDS epidemic among young women and girls, with 2,500 girls aged 15-24 infected with HIV every week. Young women in that age group are four times more likely to become infected with HIV than males of the same age. To end HIV as an epidemic, we need to increase our prevention efforts for young women and girls – and South Africa is leading the fight.

At a health center in Ga-Rankuwa, Kgantsho Makeketa is the leader of weekly meetings of a Rise Club for young women and girls. A network of more than 1,100 Rise Clubs across South Africa is providing girls between the ages of 14 and 24 with a safe space to share their experiences, build skills and confidence, and discuss potentially difficult topics such as contraception, boyfriends who have multiple girlfriends, discussing HIV with parents, and the risks of having sex with ‘blessers’ – men who offer gifts in exchange for sex. Kgantsho and the other girls say that beyond the Rise Clubs, they have a role to play in their communities, such as working with a nurse at the clinic to make services more teen-friendly, and encouraging other girls to make healthy choices.

The Rise Clubs are part of a national campaign aimed at reducing HIV infections among young women and girls, cutting down the number of teen pregnancies, and reducing gender-based violence. Other objectives of the program include keeping girls in school and increasing economic opportunities for young women.

The Global Fund is supporting South Africa to achieve these strategic goals by investing in multiple programs that support young women and girls. By providing treatment and prevention services, contraception and sexual and reproductive health services to young women and girls, the Global Fund is working with the South African government to quickly introduce and expand interventions to halt and reverse the spread of HIV.

There is ample evidence to show that education not only reduces girls’ vulnerability to HIV infection but can yield healthy, educated and financially independent women who make well-informed choices about their lives. By linking education support and health services, the Global Fund seeks to address long-term structural challenges that make young women and girls more vulnerable to HIV.

Across South Africa, Global Fund-supported programs have saved 332,000 lives from HIV and TB from 2003 to 2015.



Kgantsho Makeketa leads one of the Rise Club’s sessions for girls and young women. *South Africa – The Global Fund / Alexia Webster*



The “Centro de Atención ITS Zona 3” clinic in Guatemala City sees on average 70 patients every morning. They provide visitors – most of whom are female sex workers – family planning services as well as testing for HIV and other sexually transmitted infections. *Guatemala – The Global Fund / Miguel Samper*

The Sustainable Development Goals: It’s All Connected

The Sustainable Development Goals approved in September 2015 call for an integrated approach to address today’s development challenges, highlighting how the fight against HIV, TB and malaria is interconnected with the goals of gender equality, education, universal health care, climate change and more. In order to prevent HIV infections in adolescent girls, we must keep adolescent girls and young women in school and empower them to have equal opportunity. To fight TB in crowded urban slums, we must improve living conditions. To eliminate malaria, water management and sanitation play key roles. To achieve the Sustainable Development Goal targets for HIV, TB and malaria, strong and resilient systems for health must be built.

The Global Fund strategic framework is aligned with the Sustainable Development Goals. Programs supported by the Global Fund are already making progress towards the Sustainable Development Goal of ending the epidemics of HIV, TB and malaria, and toward other goals such as reducing maternal mortality, achieving gender equality, ending preventable deaths of newborns and children under 5, ensuring universal access to sexual and reproductive health care, and achieving universal health coverage – including access to quality health care and medicines and vaccines for all. To achieve these goals, the Global Fund works in partnership with organizations working to improve

education, to fight poverty, and to improve human rights around the world.

As the Sustainable Development Goals lay the groundwork for how to address the challenges of the next 15 years, the achievements in global health in the 15 years since the Millennium Development Goals were set can serve as a model for what can be done when communities, civil society, governments, international organizations and the private sector come together in pursuit of a common goal.

Building Resilient and Sustainable Systems for Health

Early in the evolution of the Global Fund, there was recognition that strong health systems were needed to end HIV, TB and malaria as threats to public health. There was a clear understanding that in the hardest-hit countries, fighting the three diseases protected the overall health system. Better systems lead to better results against the three diseases and overall health, as well as increased financial protection and equity, contributing to universal health coverage. Overall, more than 40 percent of Global Fund investments support countries to build resilient and sustainable systems for health.

As countries have made progress against HIV, TB and malaria, resources have been freed up for countries to invest in expanding health care for other illnesses.

As the capacity of health systems expands, it improves accessibility and quality of care. Many countries, as a result, are making great strides toward ensuring that distance, inability to pay or stigma do not exclude people from receiving the quality health services they need. In Rwanda, the Global Fund invests in community-based health insurance schemes and provides support for results-based financing, which covers HIV, TB, and malaria, as well as reproductive, maternal, newborn and child health. Senegal and Kenya have also worked with the Global Fund to find efficiencies in their delivery of services and health insurance coverage, boosting both coverage and sustainability of their respective health systems. The Global Fund also partners with the private sector to expand service coverage and improve the financial and risk management practices of its implementing partners.

Collecting, analyzing and using accurate data for decision-making, including sex- and age-disaggregated data, is essential to a functioning health system, especially when tackling epidemics. The Global Fund supports countries in strengthening data systems for health, as well as data analysis and use. The Global Fund and its partners work closely to collect community-level data, including among key populations that are most affected by the diseases and often denied access to health care due to human rights barriers. In some countries, data management means a network of mobile phones at community-level clinics used to collect diagnostic, treatment and drug delivery information. 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 to improve decision-making. In Tanzania and Nigeria, for example, the Global Fund is investing in the improvement of the health management information system by focusing on the integration of disease-specific programs and the use of the district health information system platform for reporting on all program data in the country.

Human resources for health are also a priority area of investment for the Global Fund. The capacity of a human resource system to respond to a country's health needs is one of the main indicators of success. In Viet Nam, for example, the Global Fund's investments in human resources for primary care have made services more accessible, timely and affordable for citizens, especially among underserved populations in rural areas. In the focal provinces, more doctors have been retained, service utilization at primary care centers has increased by 7 percent and the rate of inappropriate referrals to higher centers has dropped by 30 percent.

Significant improvements to procurement and supply chain management are also helping to build resilient and sustainable systems for health. More than 40 percent of Global Fund investments go toward medicines, health products and equipment. Over the last three years, a culture of continual improvement and innovation has driven a marked improvement in on-time delivery of these commodities, and overall savings through greater use of a pooled procurement mechanism.

The Global Fund increasingly provides HIV, TB and malaria prevention and treatment programs through new or existing community facilities that provide a range of integrated services. The aim is to address an individual's multiple health needs at different points in their lives. By providing focused antenatal care and integrated community case management, for example, overall health outcomes are stronger, more cost-effective and efficient – particularly when implemented on a large scale. In Kenya, for example, the Global Fund has integrated TB screening into the country's antenatal care platform, which also provides treatment to prevent the transmission of HIV from mothers to their babies. This has resulted in a 43 percent increase in the number of clients screened for TB during antenatal visits. Global Fund's investments also strengthen the important link between health services and community responses; communities are always first to respond to disease outbreaks.



40%
OF
INVESTMENTS

GO TO BUILDING
RESILIENT AND
SUSTAINABLE
SYSTEMS
FOR HEALTH

Sintayehu Belay (right), one of 38,000 health extension workers in Ethiopia trained with Global Fund support, visits Fato Idriss, a mother of three, in her rural home.
Ethiopia - The Global Fund / Petterik Wiggers

Case Study

Ethiopia

Ethiopia is one of the largest implementers of grants supported by the Global Fund partnership. While Ethiopia still has relatively low per-capita income and faces serious health challenges, dramatic progress has been made against the three diseases. AIDS-related deaths fell by 79 percent between 2000 and 2015, while deaths due to TB and malaria dropped by 67 percent (2000-2014) and 76 percent, respectively. A large part of this success has been the country's commitment to building resilient and sustainable systems for health.

Sintayehu Belay, the woman on the right, is a health extension worker in the Tigray region of northern Ethiopia. She walked several miles down the valley to visit Fato Idriss, a mother of three, in her rural home. Sintayehu is one of 38,000 health extension workers trained with Global Fund support who bring health care to hard-to-reach rural communities, where people often lack access to health services because they live too far away from clinics and health posts.

With support from the Global Fund and other donors, Ethiopia has made substantial improvements to its health infrastructure, including building and renovating over 2,000 health centers and 16,000 health posts. Since the introduction in 2001 of treatment to prevent mother-to-child transmission of HIV, the number of health facilities providing the treatment has increased from just 30 in 2003 to more than 2,150 today – two-thirds of all hospitals and health centers providing antenatal care. Treatment for HIV, TB and malaria is now free of charge.

In 2015 Ethiopia implemented a mass distribution campaign of more than 20 million insecticide-treated bed nets to protect families from malaria. That distribution relies on Ethiopia's highly connected and well-coordinated supply chain system, which is supported by Pharmaceuticals Fund and Supply Agency and is delivering medicines and health products that serve all the health needs of the country.

Together with the government of Ethiopia, the Global Fund partnership has saved 737,000 lives in Ethiopia since 2002. The impact goes beyond numbers; by involving communities, Ethiopia's approach has been transformative.

Through the health extension worker program, thousands of women like Sintayehu have entered the workforce and have contributed to transforming gender roles in communities. Sintayehu says she chose her job as a community health worker because it helps her change people's behavior regarding health issues. In her community, people call her "doctor." She regards that title as a great tribute to the work she does for the community.

Human Rights

The Global Fund partnership is strongly committed to promoting and protecting human rights. The Global Fund has had a human rights objective in its strategy since 2011, and supports countries to expand programs that remove human rights- and gender-related obstacles to health care so that everyone can access the health services they need. This commitment was reaffirmed and strengthened in the new 2017-2022 strategy, which includes as a main objective “to introduce and scale up programs that remove human rights barriers to accessing services,” including gender inequality and gender-based violence.

The Global Fund makes strategic investments to address human rights barriers to prevention, care and treatment services such as stigma and discrimination; laws and practices that create barriers to services and criminalize certain behaviors; and police abuse or lack of access to justice for people who have been denied services or suffered abuse and discrimination.

In sub-Saharan Africa, which has 70 percent of the world’s new HIV infections, the Global Fund signed a new US\$10.5 million regional grant to facilitate access to lifesaving health care and address human rights barriers faced by vulnerable communities such as men who have sex with men, sex workers, people who use drugs, and transgender people. The grant – the first of its kind – covers ten countries, including Botswana, Côte d’Ivoire, Kenya, Malawi, Nigeria, Senegal, the Seychelles, Tanzania, Uganda and Zambia. The program, implemented by the United Nations Development Programme (UNDP) and civil society organizations, supports the strengthening of laws and policies to reduce stigma and discrimination and to improve access to health care and reduce the impact of HIV and TB on these vulnerable populations.

Many steps have been taken to embed human rights into the Global Fund’s approach. Through country dialogue – the open, inclusive and participatory discussion between key stakeholders during the grant cycle – the Global Fund works with countries to ensure that key populations, in particular, are actively represented and involved. For countries that need additional support, the Global Fund facilitates technical assistance throughout the process of developing a concept note (the request for Global Fund funding submitted by an applicant).

All Global Fund-supported programs are required to meet five minimum human rights standards to increase access to quality services, maximize the impact of interventions, and limit any violation of human rights by Global Fund grants.

Despite progress over the last five years, more needs to be done. Most countries that apply for Global Fund financing now acknowledge that human rights-related barriers hinder many people’s access to services, but investments in programs that reduce these barriers remain far below what is needed.

To address this challenge, the Global Fund will use a consultative process to identify 15 to 20 countries with particular needs and opportunities for the introduction and expansion of programs that remove human rights barriers to services. In these countries, we will undertake intensive efforts to scale up programs to address the human rights-related barriers to services, resulting in increased uptake of and retention of services as a result of decreased stigma and discrimination, particularly in health care settings; increased access to justice; reduction of violence and discrimination against women and girls; greater support among law enforcement officials for prevention and treatment services; a more conducive policy environment; and strengthened participation of affected people in programs. This will be accompanied by a rigorous effort to increase the evidence of the health impact of the programs.



For HIV, UNAIDS has clearly defined the programs to reduce human rights barriers to services, which includes, among others, reduction of stigma and discrimination, training of health care workers and the police, and HIV-related legal services. Together with technical partners, experts and advocates, the Global Fund is defining programs for TB and malaria as well.

Beyond the 15-20 focus countries, the Global Fund will introduce or expand programs to reduce human rights barriers in other countries as well, including in challenging operating environments and in countries nearing transition from Global Fund support. The Global Fund plans to increase human rights capacity at the Secretariat, as well

as in the Technical Review Panel (the panel of experts who review funding requests for technical merit and strategic focus) and Country Coordinating Mechanisms (the committee of local community, government and health experts that develop and guide Global Fund-supported programs). Similarly, efforts will go toward working in close collaboration not only with technical partners but also with other donors.

Finally, changes to policies as well as focus of application requirements and a proposed corporate key performance indicator on human rights will help drive investments to programs to reduce human rights barriers to services.

Addressing Gender Inequality

To achieve any of the Sustainable Development Goals, we must create a gender-equal world and empower girls and women to have equal opportunity. Therefore, to end HIV, TB and malaria as epidemics, we must address gender inequality. The Global Fund's new strategy takes a strong stand on strengthening the response to HIV, TB and malaria by supporting programs that address gender inequalities and gender-related risks and remove gender-related barriers that prevent people from accessing health services.

Gender norms and behaviors often influence health risks, create barriers to services, and affect how services for different people are provided. Women, girls and transgender people often bear a heavy burden of disease due to harmful gender norms. For instance, HIV is the leading cause of death for women of reproductive age in low- and middle-income countries. In the hardest-hit countries, girls account for more than 80 percent of all new HIV infections among adolescents. Globally, HIV infection rates for young women aged 15-24 are twice as high as those in young men. Transgender women are 49 times more likely to acquire HIV than all adults of reproductive age. Women who leave the house early in the morning to fetch water or firewood are more exposed to the malaria mosquito.

Gender inequality can have unexpected aspects, including in a willingness to access services. In some contexts, notions of masculinity mean that men are less likely to seek health services, and health services are often not designed to meet men's needs. In most parts of the world, more men than women are diagnosed with TB and die from it. This is because they are more exposed to risk factors of developing TB, such as smoking and alcohol abuse, and are more likely to be exposed to TB in workplaces such as mines. Men can also be at a high risk of malaria if they work in mines, fields or forests at peak biting times of the malaria mosquito.

Addressing gender inequality requires a focused effort that spans the grant design, implementation, and monitoring process. The Global Fund supports the development and implementation of gender-responsive national health strategies; the improvement of data systems to gather and analyze sex- and age-disaggregated data; and the identification of vulnerable or at-risk populations. Data collection and analysis are necessary to identify differences in health status according to gender, the socioeconomic and cultural influences that enhance or hinder access to health services based on gender identity, and any human rights-related barriers. With this critical information, tailored programs can be developed to address those challenges.

The initiative to improve national data systems now covers more than 50 countries. For example, in South Sudan, Global Fund support enabled the country to build a health management information system platform customized to function within a modest telecommunications infrastructure. As a result, 100 percent of South Sudanese states have reported results into the national system, including sex-disaggregated data.

Together with partners, we are expanding our reach. For instance, UNAIDS supported more than 40 countries in carrying out gender assessments in 2015 to inform HIV national responses and, in turn, Global Fund grants. In 2015-2016, the Global Fund worked with the Stop TB Partnership to develop and launch a TB gender assessment tool, which has been piloted in three countries. When gender assessments are conducted, countries then include better data and analyses of gender-related barriers and resulting risks in their applications for Global Fund grants. The Global Fund has championed UNAIDS' and UNICEF's All in! initiative to end adolescent AIDS. Child marriage contributes to the HIV epidemic and is a key part of cultural norms that treat girls as property. The Global Fund is exploring opportunities with Girls Not Brides in partnership with the Global Partnership for Education. As mentioned above, keeping girls in school can be a key component in reducing HIV infections, but it also helps prevent child brides – it's all related. We are aligning investments with PEPFAR and the strong leadership of the DREAMS initiative. Together, we aim to reduce HIV incidence among adolescent girls and young women by 40 percent in ten countries in the highest transmission areas of sub-Saharan Africa within three years.

These types of strong and innovative partnerships will be critical. The Global Fund will continue to work with civil society networks and organizations to ensure their engagement in the grant process, and also in the delivery and monitoring of critical community-based services. We will also strengthen existing partnerships with UNAIDS, UNICEF, United Nations Population Fund (UNFPA), the Partnership for Maternal, Newborn & Child Health, the Global Financing Facility (GFF), PEPFAR and the UK's Department for International Development (DFID) in order to deliver the comprehensive, quality investments required to realize the shared goals of gender equality.

The Global Fund supports programs that address gender inequalities and gender-related risks and remove gender-related barriers that prevent people from accessing health services.

A student at the Mary Aikenhead Open Community School in Lusaka, Zambia. In a country where an estimated 14 percent of the adult population is infected with HIV, few students here have not been touched in some way by the AIDS pandemic. The Global Fund supports programs that provide adolescent girls and vulnerable children with the care and support they need, for example through incentive programs that could lead to a 64 percent reduction in HIV infection risk. *Zambia - The Global Fund / Bruno Abarca*



To specifically address the inequalities affecting women and girls, the Global Fund's investments have increased significantly in the past six years, with about 60 percent of the organization's total investments now directed toward women and girls. We are seeing significant returns on those investments: between 2005 and 2014, AIDS-related deaths among women experienced a 58 percent decline in the African countries hit hardest by the epidemic.

Where adolescent girls and young women are disproportionately impacted by HIV, Global Fund is stepping up investments in comprehensive prevention activities and addressing the harmful gender norms that drive violence, keep girls out of school, or block them from accessing health services. There is strong evidence that keeping adolescent girls and young women in school can help address these inequalities, and reduces their vulnerability to HIV infection. Reaching adolescent girls and young women with services that span health and education is an emerging priority for the Global Fund. In a select group of countries with a high burden of HIV among adolescent girls and young women (including Kenya, Malawi, South Africa, and Swaziland) the Global Fund is supporting programs that aim to keep girls and young women in school, and to offer them additional educational and social support.

The Global Fund also works with civil society networks to increase the engagement of women in Global Fund processes, particularly from key populations such as women living with HIV and sex workers, and it encourages more women to take part in the design and implementation of programs in their communities. At the country level, 40 percent of decision-makers in Global Fund grant committees, known as Country Coordinating Mechanisms, are now women. While this is substantial progress, women must be not only represented – they must also be meaningfully engaged.

Key Populations

Since its inception, the Global Fund has promoted a rights-based approach that strengthens the engagement and participation of affected communities in health governance, particularly key populations. Key populations are people who are at heightened risk of HIV, TB and malaria, and who face reduced access to services, and criminalization, marginalization or human rights violations, particularly sex workers, transgender people, men who have sex with men, people who inject drugs, prisoners, refugees, migrants, and people living with HIV or TB. These groups are disproportionately affected by disease, stigma and discrimination, but they also contribute valuable insights, guidance, and oversight to implementing organizations and to the Global Fund – as Board Members, staff, grant recipients, technical assistance providers and beneficiaries – due to their direct experience and personal investment in the response to the three diseases.

The new Global Fund strategy sets a bold vision of expanding rights-based, evidence-based interventions for key populations, emphasizing their meaningful engagement in Global Fund processes, from the development of national strategic plans through to grant implementation. The new strategy will also measure coverage of prevention and treatment services for HIV among key populations.

The Global Fund's investment in key populations has steadily increased. Notably, the Global Fund remains the biggest funder of harm reduction interventions for people who inject drugs, having allocated approximately US\$603 million from 2002 to 2013. Under the new funding model, the Global Fund has mobilized more resources for effective interventions such as needle and syringe programs and naloxone distribution to prevent opioid overdose. An expanding range of countries across eastern, southern, western and central Africa are increasing investment. Increasingly, funding for advocacy, policy dialogue and community strengthening is being allocated through regional grants as well to ensure key populations – including people living with HIV – receive adequate services, especially if their needs are not being met through national programs alone.

The Global Fund is working to improve data systems, particularly the collection of strategic information on key populations in the context of HIV, in order to ensure programs are designed and implemented to meet the specific needs of these groups. As of December 2015, 45 countries have nationally adequate size estimates for key populations, thanks to partnerships between the Global Fund and other donors, technical, government, civil society and community stakeholders.

The Global Fund places key populations at the heart of its work – providing a package of supportive strategies, policies, and processes. The Global Fund is increasingly engaging key populations in critical decision-making processes. Members of key populations must be included in Country Coordinating Mechanisms, the committee of local government, health expert and civil society representatives that develop and guide Global Fund-supported programs in a country. When adequately resourced and equipped to do so, communities play an increasingly critical role in monitoring the effectiveness of Global Fund-supported programs; ensuring existing investments are refocused when necessary; and maximizing the impact of the Global Fund investment.

The meaningful engagement of key populations is already translating into results. Improved participation is linked with improved content in concept notes on key population issues. More countries are including data on key populations to guide and inform their funding requests. In Belize, for example, key populations were engaged in an intensive and participatory discussion regarding a new request for funding for a TB/HIV program, resulting in more than 10 percent of the grant being allocated to services that address the needs of key populations, such as increasing access to justice; training health care professionals on human rights and HIV; supporting communities to monitor human rights related to health; and building the institutional capacity of a nascent transgender network.

Moving forward, the Global Fund will facilitate the engagement of key populations in transition preparedness, planning and monitoring; the development of national strategic plans; and grant-making and grant implementation. Strong partnerships with technical, civil society and key population community partners will be essential to bringing programs for key populations to scale.



Agatha demonstrates condom use to fellow “adherence supporters” in Chipembi, Zambia. Group members work together to raise HIV awareness in their community and encourage those living with the virus to take their medication properly. *Zambia – The Global Fund / John Rae*

Risk Management

As a partnership organization that invests a significant amount of public money for public good, the Global Fund has a special responsibility to make sure that every dollar, euro, pound or yen goes where intended. The lives of people affected by HIV, TB and malaria rely on effective investment, and taxpayers in every country that contributes should demand full accountability.

The extraordinary progress we have achieved in global health over the last decade would not have been possible without an effective approach to risk management, zero tolerance for corruption and a commitment to constantly evolve and improve. By adapting our approach to better address changing epidemiology and risk environments, we can deploy resources and skills to achieve the greatest possible impact. Managing risk effectively, and a strong commitment to transparency and accountability, is crucial to our success.

The Global Fund operates with a high degree of transparency and accountability in all its work, including applications for funding, funding decisions, grant performance, results, governance, and oversight. By openly publishing the Inspector General's audit and investigation reports, the Global Fund is a leader in transparency. The 2016 Aid Transparency Index rated the Global Fund in the top five of all international aid organizations.

The Global Fund has zero tolerance for corruption or misuse of funds, no matter how minor. Whenever we detect misuse of funds, we pursue recoveries energetically, so that no donor money is lost. As of 31 March 2016, the Global Fund had recovered 65 percent of amounts identified, and continues to pursue the remaining amounts. The Global Fund applies a 2:1 penalty on unfilled recoveries. In some cases, it withholds new grants until getting full repayment. The Global Fund does not ignore or shy away from risk. Instead, we approach it in a proactive way, with strict controls and monitoring, taking strong measures when needed.



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Four times a week, transgender outreach workers gather at a pickup hotspot in a park in Phnom Penh, Cambodia, to engage their peers and share information about HIV prevention. Condoms are also provided and there is an opportunity to receive counseling or take an HIV test.
Cambodia – The Global Fund / John Rae

The Global Fund supports health programs in more than 100 countries, including many where governance, oversight and systems are still developing. To provide assurance that funding goes where intended, the Global Fund implements a risk management framework, to build risk into the strategic planning, the decision-making and the overall culture of the Global Fund. We employ a “three-lines-of-defense” approach, standard practice in the financial services industry. The first line of defense is embedding risk management in the core practice of grant-making; the second is broad oversight coordinated by the Risk team; the third line is an independent Office of the Inspector General that conducts audits and investigations.

Where risk is high and financial management capacity is low, the Global Fund introduces a team of fiscal agents to control and monitor expenditures in real time, while strengthening the capacity of grant implementers. Additional safeguard procedures, including measures to protect Global Fund grants where there are major concerns about governance, have been implemented as well across Global Fund portfolios. Approximately two-thirds of those safeguards were proactively put in place by the Global Fund to manage risk, and the remainder following recommendations by the Office of the Inspector General. The Global Fund has instituted additional safeguards and fiscal agents in 32 high-risk countries.

The Global Fund has one of the most robust independent auditing systems of any multilateral institution. An independent Office of the Inspector General conducts audits and investigations on grants, and openly publishes its findings on the Global Fund website. The Office of the Inspector General has compiled approximately 100 audits and investigations on Global Fund grants to countries. It also operates a whistle-blower hotline for reporting suspicions on a confidential basis about potential cases of misuse or impropriety. In 2016, it launched *I Speak Out Now!* – a campaign to encourage staff and grant implementers to denounce fraud, abuse and human rights violations in the programs we finance, and to prevent minor irregularities from escalating into major wrongdoing.

Since 2014, the Global Fund has sharply reduced risk by expanding pooled procurement, so that for highest-risk countries, most purchasing is now performed by the Global Fund, and only 25 percent is disbursed in-country.



Challenging Operating Environments

The fight against the three diseases is more important than ever in a world increasingly affected by natural disasters, conflict and economic crises. The Ebola outbreak in West Africa and the ongoing crisis of refugees and displaced people in the Middle East have revealed unique problems in providing access to health care in challenging operating environments.

Challenging operating environments can be defined as countries or regions that experience disease outbreaks, natural disasters, armed conflicts and/or weak governance, factors which can destroy or severely stretch fragile health sectors and often translate into poor and inequitable access to health. Challenging operating environments account for one-third of the global disease burden for HIV, TB and malaria and one-third of Global Fund investments.

It is often women and girls that are disproportionately affected by a lack of health services in these environments, and who face increased health risks, including gender-based violence. For example, reports show the percentage of women in Liberia having assisted deliveries dropped from 52 percent in 2013 to 38 percent in May-August 2014, after the Ebola crisis overwhelmed health facilities.

The 2017-2022 Global Fund Strategy identifies challenging operating environments as one of the key areas of focus. It commits to improving the effectiveness of Global

Fund investments through increased flexibility, support to innovations, and stronger partnerships, with the goal of improving the effectiveness of health investments and reaching key populations. This commitment is supported by the first Global Fund policy on challenging operating environments.

The policy recognizes the need to adopt tailored approaches to each context, while maintaining responsible fiduciary oversight of funds and with the goal of enhancing the timeliness of our investments, reducing administrative burden for partners, and facilitating more effective service delivery to populations in need. The approach also attaches great importance to the need to work with partners who have expertise and presence in emergencies to permit the greatest flexibility in unpredictable crises.

This new approach places the Global Fund at the intersection of development and humanitarian work. While country allocations are used to support services in countries with chronic crises, the Emergency Fund, established in 2014, provides quick and flexible financing in emergency situations to ensure continuity of existing programs and services for HIV, TB and malaria. To date, the Emergency Fund has been used in several emergency contexts: the Ebola crisis in Liberia and Sierra Leone; the 2014 earthquake in Nepal; the conflict in Ukraine; and the Syrian refugee crisis.

Challenging operating environments account for one-third of the global disease burden for HIV, TB and malaria and one-third of Global Fund investments.

Two-year-old Syrian refugee Haijar, who lives in the Zaatari refugee camp in Jordan, contracted TB when she was just one, but today she is happy and healthy. Syrian refugees in Jordan receive prevention education, diagnosis and treatment for TB through a special initiative that is financed by the Global Fund. *Jordan – The Global Fund / Tanya Habjouqa*

SIERRA LEONE

Sierra Leone was still recovering from a prolonged civil war and high poverty levels when it was hit by the Ebola outbreak. As Ebola strained the health system, the Global Fund quickly mobilized funds to support an antimalarial mass drugs administration, while exercising flexibility with regard to normal grant application requirements. Given the similarity of symptoms between Ebola and malaria, it was imperative to reduce new cases of malaria to reduce strain on health systems and allow true cases of Ebola to be more easily diagnosed and treated. In partnership with WHO and UNICEF, the effort reached 2.5 million people, or 95 percent of targeted households. The Global Fund is also supporting Sierra Leone's strategy to build resilient and sustainable systems for health, with a focus on a robust national community health worker program and a central laboratory network.

SYRIAN REFUGEES

The ongoing conflicts, humanitarian crises and unprecedented numbers of internally displaced people and refugees in the Middle East created a public health emergency that called for a quick and innovative response. In cooperation with local and international partners, the Global Fund is supporting the provision of essential TB prevention, diagnosis and treatment services to Syrian refugees in Lebanon and Jordan. In refugee situations, stopping diseases from spreading not only protects already weakened refugees from falling ill, it relieves the pressure on overburdened health systems, freeing up critical resources to treat other illnesses or provide other health services. Drawing on its experience and presence in the region, the Global Fund's programs in Lebanon and Jordan are being implemented by the

International Organization for Migration (IOM), in collaboration with WHO and the National Tuberculosis Programs of Jordan and Lebanon.

CENTRAL AFRICAN REPUBLIC

In Central African Republic, decades of instability have undermined the economy and infrastructure and the recent outbreak of ethnic and sectarian violence has made it even more insecure. Despite the challenges, the Global Fund supported a mass distribution campaign of mosquito nets in 2014 and 2015, using an innovative approach that combined contracted agencies and a parallel service-providing system adapted to achieve impact in a complex emergency context. The Global Fund has also invested in a mobile phone-based reporting system that has significantly increased real-time data on a number of malaria interventions. The data collection system is now being expanded to cover HIV and TB.

HAITI

In Haiti, which is coping with the effects of the devastating 2010 earthquake, political instability and a cholera epidemic, the Global Fund has reached a co-investment agreement with the World Bank and the United States' Agency for International Development (USAID) to tie disbursements directly to outcomes in a grant to strengthen health systems. Despite massive challenges, Haiti has seen some success stories: the HIV disease burden has decreased from 3.3 percent prevalence in the general population in 2003 to 2.2 percent in 2012, and a new national malaria strategy that aims for elimination has been developed, with the participation of all stakeholders.

Transition and Sustainability

Long-term sustainability of disease programs and increased domestic financing for health by implementing countries are essential to ending HIV, TB and malaria as epidemics. The two efforts are also fundamental to strengthening health systems as countries move toward achievement of universal health coverage.

The Global Fund supports initiatives by national governments to assume greater responsibility for funding the response to the three diseases. As countries grow economically, and move forward along the development continuum, they are able to move progressively from external donor financing toward domestically funded systems that deliver results, but must be supported to do so.

For the first time in the history of global health, Africa is mobilizing domestic resources for health that are greater than foreign investments in the sector. In the spirit of shared responsibility and global solidarity with the international community, these countries are investing heavily in disease programs previously funded by external partners. For instance, with the support of partners such as UNAIDS, African countries have increased their domestic resources to respond to HIV by more than 150 percent in the last five years.

In many countries, the trajectory of increasing government contribution was already in motion before the Global Fund's funding model. In others, substantial additional government commitments have been triggered by Global Fund efforts to encourage more investments in health. As part of its new funding model, the Global Fund implemented a policy that supports ministries of health and finance to access 15 percent of a country's resource envelope as domestic resources increase. To date, countries have committed US\$6 billion to their health programs for 2015-2017 compared with spending in 2012-2014, representing a 41 percent increase in domestic financing for health.

Ultimately, increased domestic financing will lead to countries moving forward toward fully funding and implementing their health programs independent of Global Fund support, while continuing to sustain the gains as well as expanding programs to meet the health needs of their citizens.

To avoid abrupt funding and programmatic gaps, the Global Fund works closely with countries and partners to support successful transitions. The Global Fund's funding model includes a series of measures and policies to facilitate transition, including requiring co-financing contributions to be made by countries when they apply for funding for a particular disease program. In April 2016, the Global Fund Board approved a new policy on Sustainability, Transitions and Co-financing to support efforts by countries to expand and sustain programs to achieve lasting impact through domestically funded systems that deliver results.

The policy outlines ways of engaging with countries on the long-term sustainability of Global Fund-supported programs, as well as pathways for achieving successful transition from Global Fund financing. The Global Fund recognizes the need to support countries through the process as they seek to achieve full transition. This support includes investing in the development of national health strategies, disease-specific strategic plans, and health financing strategies, which have a sustainability plan. The Global Fund also supports countries to assess their readiness to transition and to develop transition workplans as they seek to achieve successful transition.

In addition, the policy provides incentives to encourage countries to take over key programs, such as interventions for key populations. As this effort to support countries to transition successfully requires significant time, the Global Fund seeks to reach all countries regardless of where they stand on the development continuum.



Thus far, countries have committed an additional US\$6 billion to their health programs for 2015-2017 compared with spending in 2012-2014, representing a 41 percent increase in domestic financing for health.

Major progress has been made against TB in Bhutan, but drug-resistant forms are an emerging threat in the country. Gikhakom Hospital in Thimpu is the main hospital to provide treatment for multidrug-resistant TB. *Bhutan - The Global Fund / John Rae*



With help from community health volunteers, this HIV-support group in Siaya county, Kenya, has set up a table banking scheme whereby members can contribute money and take out loans that allow them to start small businesses. *Kenya - The Global Fund / Sam Wolson*

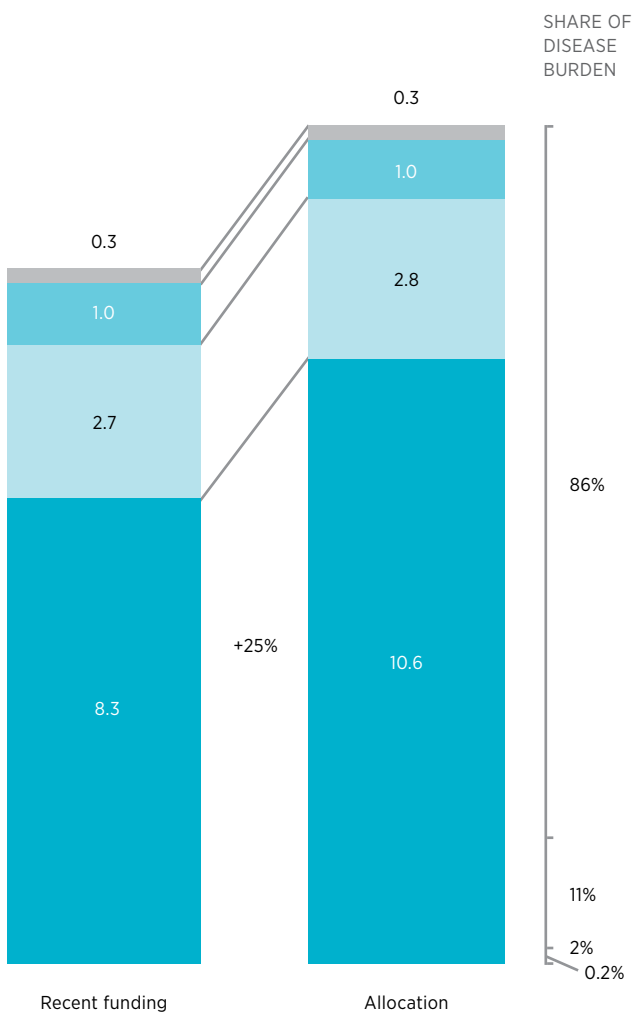
Finances

The Global Fund uses an allocation-based funding model to direct resources where they are needed most. Launched in early 2014, this represented a shift away from the previous rounds-based system. The model categorizes countries in one of four bands, based on disease burden and income level. It determines an allocation at the beginning of each three-year cycle. The allocation-based system provides implementing partners with predictable funding and flexible timing.

The figure below shows a comparison of funding between the current allocation period and the recent period of previous years. The figure illustrates how funding increased significantly for high-burden countries and for low-income countries, while remaining at the same level or increasing slightly in middle-income countries.

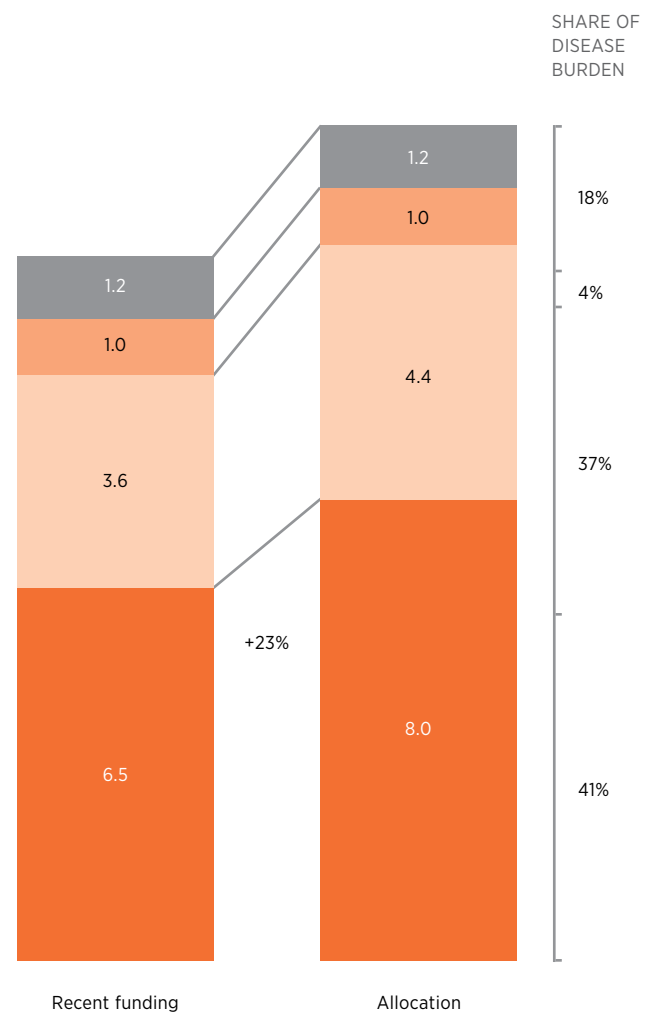
COMPARISON RECENT FUNDING VS. 2014-2016 ALLOCATION

DISEASE BURDEN QUARTILES



1st (lowest)
 2nd
 3rd
 4th (highest)

INCOME LEVELS



Upper-Middle Income
 Lower-Middle Income 2
 Lower-Middle Income 1
 Low Income

Value for Money

The Global Fund is focused on achieving lower prices for health and medical commodities, as well as achieving speedier delivery to implementing partners. Under the Global Fund procurement process, staff are collaborating closely with manufacturers at an early stage. Supply chains have been improved to reduce costs, while better planning and scheduling has improved continuity of supply.

In 2016, the Global Fund had achieved three-year savings worth more than US\$600 million through more effective procurement. The annual spending through the pooled procurement mechanism increased from US\$400 million in 2012 to more than US\$1.3 billion in 2013, and has remained steady at about US\$1.2 billion per year since, representing over 60 percent of Global Fund expenditure on health products. The Global Fund works closely with partners such as UNITAID to improve access and affordability of medicines critical to the fight against the three diseases.

The medicines and health products purchased through the Global Fund's pooled procurement mechanism were delivered more swiftly than in the past, with on-time delivery improving from 36 percent in 2013 to 84 percent in 2016. Through the pooled procurement mechanism, by working with partners and negotiating directly with manufacturers, the price of long-lasting insecticidal nets to prevent malaria has decreased by 38 percent since 2013, and the price of combination ARV therapy for HIV has been reduced by 25 percent since 2014.

But despite the significant advantages and improvements, the pooled procurement mechanism is a Global Fund-managed mechanism. That means it does not in itself address the enduring challenge in global health: how to achieve country ownership and long-term sustainability.

To address this challenge, the Global Fund conceived, developed and delivered wambo.org, a new online marketplace for medicines and health commodities. It gives countries the tools to access pooled procurement to reduce the price of quality-assured products in an effective and sustainable way. It is conservatively estimated that wambo.org will save US\$250 million for implementers of Global Fund grants over the next four years. By the end of 2016, we anticipate that the first few countries will use wambo.org with domestic resources, significantly increasing the value and savings beyond Global Fund financing. It is the longer-term vision to include all health commodities and to open the program up to other organizations outside the Global Fund, thereby establishing wambo.org as an independent entity and as a global public good.

DISBURSEMENT

By July 2016, the Global Fund had disbursed US\$30 billion toward the fight to end AIDS, TB and malaria as epidemics.

The regions High-impact Africa 1 and High-impact Africa 2 accounted for approximately half of Global Fund disbursements in 2015. These regions, along with other countries in sub-Saharan Africa, are where HIV and malaria are most geographically concentrated.



THIS PAGE: A senior citizen of Nduo-Eduo in Nigeria shows the pills he received after he was diagnosed with malaria. The drugs are provided for free with support from the Global Fund.
Nigeria - The Global Fund / Andrew Esiebo

OPPOSITE PAGE: Pharmacists sort out drugs in a temperature-controlled storage room in Colombo Chest Hospital, Sri Lanka. All of the second-line TB drugs and many of the first-line drugs are provided through Global Fund support and they are provided to patients free of charge. *Sri Lanka - The Global Fund / Kuni Takahashi*

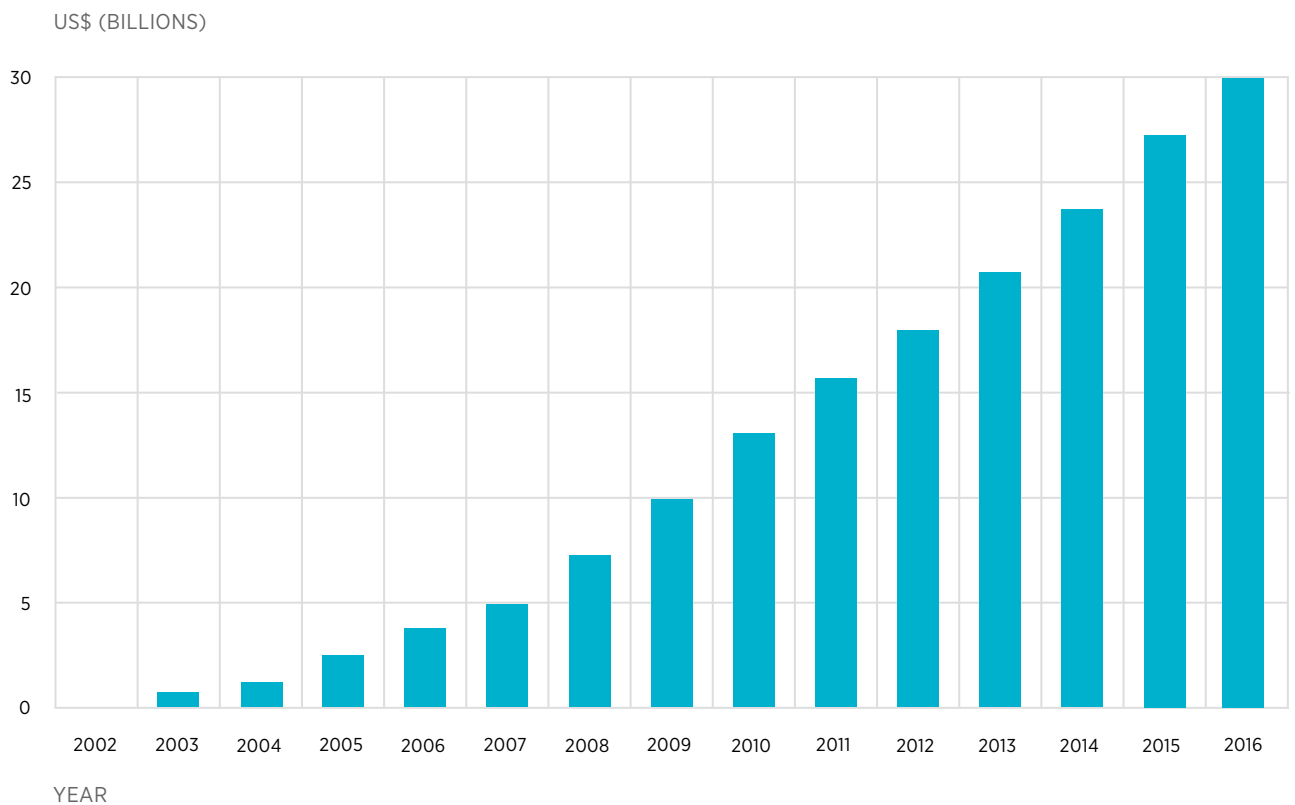


US\$600
MILLION

IN SAVINGS
IN THREE YEARS
THROUGH
MORE EFFECTIVE
PROCUREMENT



GLOBAL FUND DISBURSEMENTS BY YEAR (CUMULATIVE) (2002-2016)



The Global Fund does not have an in-country presence. It relies on implementing partners such as government health ministries, community organizations and multilateral organizations such as UNDP to implement grants. The Global Fund also works with private sector health trusts.

OPERATING EXPENDITURE

The Global Fund's operating expenditure in 2015 was US\$296 million, slightly under budget. That represents about 2.3 percent of grants under management. The Global Fund has made strong progress in containing its operating expenses over the past four years through disciplined cost control and adherence to the budgeting framework.

RAISING FUNDS

When it was first established, the Global Fund raised funds through ad hoc contributions. However, since the mid-2000s, a periodic replenishment model has been used, aiming to bring consistency and predictability to the Global Fund funding mechanism. Every three years, donors gather at a pledging conference to make public offers of financial support. The bulk of funding is pledged at these replenishment conferences.

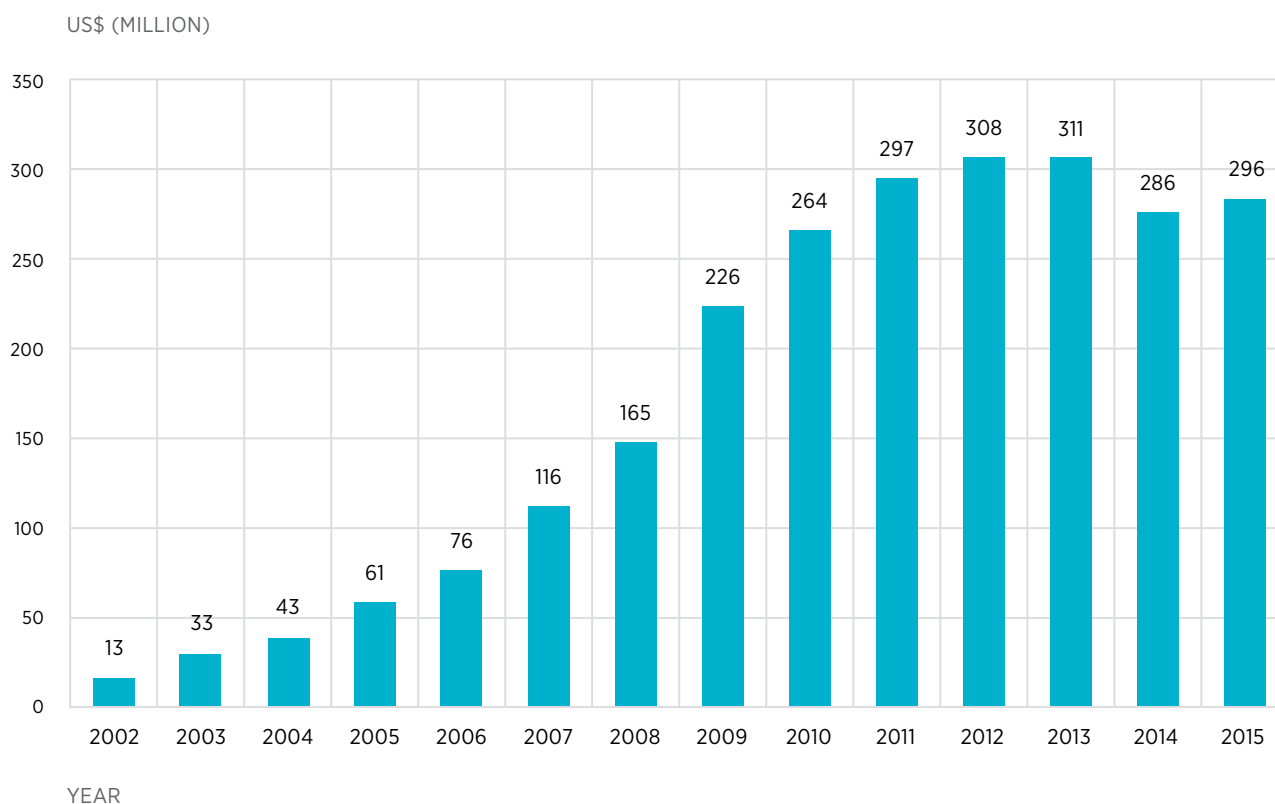
In the current replenishment period (2014-2016), donors have pledged to contribute US\$12.6 billion. For the Fifth Replenishment conference in September 2016, the Global Fund is seeking US\$13 billion for the three-year period starting in 2017. This will save 8 million lives, bringing total lives saved through programs supported by the Global Fund partnership to 30-32 million by 2020.

The bulk of Global Fund investment comes from governments. Since inception, the greatest contributors have been the United States, France, UK, Germany and Japan. Government contributions represent 95 percent of cumulative investment in the Global Fund.

The Global Fund's finances are diversifying. As nations move along the development continuum, some have shifted from being implementers to also acting as investors, such as Kenya, Malawi, Namibia, South Africa, Thailand and Zimbabwe. In many cases, counterpart domestic financing is playing a larger role as countries transition to middle-income status.

Non-government sources of funds are also growing. The Bill & Melinda Gates Foundation is the largest nongovernment investor in the partnership, contributing US\$1.6 billion to the mission since inception. Other notable donors include PRODUCT (RED) – which has raised more than US\$350 million through popular consumer brands – the United Methodist Church, the Tahir Foundation, Comic Relief and Chevron.

OPERATING EXPENSES BY YEAR (2002-2015)



BREAKDOWN OF PORTFOLIO BY REGION



- Sub-Saharan Africa (65%)
- Asia and the Pacific (19%)
- North Africa and the Middle East (8%)
- Eastern Europe and Central Asia (4%)
- Latin America and the Caribbean (4%)

The Chief of Medicine of Dakar's Fann Hospital supervises one of the laboratory technicians as they analyze the results of a CD4 cell count of a patient who was tested earlier that day.
Senegal - The Global Fund / David O'Dwyer



BREAKDOWN OF PORTFOLIO BY TYPE OF IMPLEMENTER (ACTIVE GRANTS)



- Faith-based organizations (2%)
- Ministry of Health (45%)
- Nongovernmental organizations / community-based organizations / Academic (29%)
- Other Government (10%)
- Other Multilateral Organization (3%)
- Private Sector (2%)
- UNDP (9%)

Conclusion

There is no obstacle too great, nor too difficult, which cannot be overcome by collective action and persistence. That lesson is especially manifest in global efforts to end HIV, TB and malaria. At the turn of the millennium, leaders in global health acted to harness the discoveries of science and commit to halting and reversing the spread of these diseases. At the time, the diseases looked unstoppable.

Yet the optimists who believed in the transformative difference that human beings can make by working together were persistent. They unlocked doors for treating millions of people and stepped up efforts to prevent many more from being infected with the diseases. The Global Fund story is intricately tied to that work. When it was formed as a partnership, the Global Fund committed itself to reversing the spread of these devastating diseases.

It has taken hard work, solidarity, resources, and compassion to get here. The gains made have been breathtaking. The remarkable impact of the Global Fund and partners means we are now on the **right side of the tipping point** to control HIV, TB and malaria and achieve the global goal of ending the epidemics by 2030. These achievements by the Global Fund partnership are the result of a broad contribution by governments, civil society, the private sector and people affected by HIV, TB and malaria. The people whose lives have been saved owe their thanks most of all to the partners on the ground, who do the hard work of preventing and treating and caring for those affected by these diseases.

Yet these great results should not lead us to declare victory. They should make us see what is possible to achieve by working together. We have come this far in 15 years; how much further can we go in the next 15?

The Global Fund partnership strongly supports the Sustainable Development Goals launched in New York last year. We do so by striving to end AIDS, TB and malaria as epidemics. We have learned that we can only achieve that by reaching the unreached, by promoting and protecting human rights and by expanding access to health services, especially for key populations and those who are most vulnerable. We cannot get there if we do not address gender inequalities and build resilient and strong systems for health.

The challenges we face are surmountable. It falls upon our generation to complete the job of ending these diseases for good. We owe it to the next generation, and the next. The results of the last 15 years show us that we have the knowledge and tools to end HIV, TB and malaria as epidemics. For good.

In La Unión, El Salvador, TB patient Gilberto Chavez is well on his way to recovery. A community health promoter oversees his treatment and visits him regularly at his home. *El Salvador - The Global Fund / John Rae*



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