



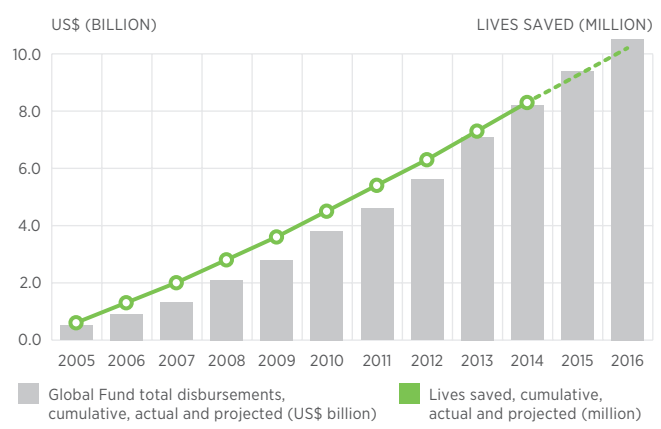
REGIONAL IMPACT REPORT
Indo-Pacific Region

The Global Fund is partnering with governments, medical experts, advocates, civil society and people living with HIV, TB and malaria to fight the three diseases in the Indo-Pacific region. A total of **US\$9.2 billion** has been invested in treating and preventing the diseases, and to building more resilient and sustainable systems for health. More than one-third of total Global Fund financial resources have been spent in the Indo-Pacific region.

Australia's Global Fund investment represents exceptional leverage. Every dollar Australia has invested in the Global Fund has generated a US\$20 return on investment to the nations of the Indo-Pacific region.

Global Fund-supported programs have saved **8.3 million** lives in the Indo-Pacific region, a figure projected to rise to 10 million by the end of 2016.

Lives Saved through Global Fund-supported Programs – Indo-Pacific



 3.2 MILLION	 8.2 MILLION	 142 MILLION
PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	PEOPLE HAVE RECEIVED TB TREATMENT	MOSQUITO NETS DISTRIBUTED BY PROGRAMS FOR MALARIA

Countries implementing Global Fund-supported grants determine their own solutions to fighting the three diseases and are responsible for implementing the plans. The Global Fund strategically invests to achieve the highest impact, focusing on areas where the disease burden is highest, where people are least able to access lifesaving prevention and care, and where health systems lack the strength to cope alone. More than 90 percent of Global Fund investments go to low- and lower-middle-income countries, and more than 95 percent to high-burden countries.

HIV

Five million people were living with HIV in Asia and the Pacific in 2014, the second-largest population outside sub-Saharan Africa. However, the rapid growth in infection that the region experienced at the turn of the century has slowed, with the latest figures showing a 31 percent decline in new HIV infections compared to 2000. While this represents progress towards halting and reversing the disease, sustained financial and political commitment is necessary to end HIV as an epidemic.

HIV concentrates among key populations in specific areas. While the prevalence rate in Asia and the Pacific is approximately 0.2 percent among the general population, the rate for men who have sex with men is nearly nine percent in Viet Nam, for example. Among sex workers, prevalence is as high as six percent in Myanmar, and rates for people who inject drugs are as high as 45 percent.

In Bangkok's Soi Cowboy district a local group, Swing, strives to reach about 1,000 women between the ages of 18 and 25 who work in local bars and clubs. Many have migrated from rural communities, and their knowledge of sexually transmitted diseases is negligible. Swing distributes condoms, runs sexual education seminars and provides HIV tests. In 2014, 4 percent of the women tested were HIV-positive.



Different needs in different communities require a differentiated approach, and Global Fund support is increasingly channeled to programs that directly reach these populations. Australia's history of strong advocacy for harm reduction and HIV testing for key populations at risk has provided a powerful positive example for this approach.

Malaria

The countries of the Indo-Pacific* region have made serious strides toward a malaria-free future. In 2000, malaria was responsible for 7,842 deaths across both the Western Pacific and South East Asia regions; by 2014, that number had dropped to 1,098. Nonetheless, the disease remains a challenge, especially the emergence of artemisinin resistance.

Approximately 1.5 billion people are at risk of malaria in the World Health Organization regions of South East Asia and the Western Pacific. That risk is most acute in India, Indonesia, Myanmar, Papua New Guinea, Laos and Cambodia. But through sustained commitment and partnership, the malaria mortality rate has plunged over the past 15 years. Overall, malaria cases decreased by 75 percent in Bangladesh, Bhutan, Democratic People's Republic of Korea, Nepal, East Timor, Sri Lanka, Cambodia, China, Malaysia, Philippines, South Korea, Solomon Islands, Vanuatu and Viet Nam.

The Global Fund provides 86 percent of the external financial support necessary for malaria control in the region, and Global Fund-supported programs have distributed 142 million insecticide treated mosquito nets. Indoor residual spraying has also been an effective intervention, for example in Bhutan and Democratic People's Republic of Korea, nations that are now in pre-elimination phase.

Despite these gains, drug-resistant malaria threatens progress if not quickly addressed. Artemisinin is the core compound in the world's most effective malaria medicines, but 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.

The Global Fund's Regional Artemisinin Initiative works across borders to tackle this problem. The US\$100 million grant brings together the health ministries of all five affected countries for an expanded rollout of insecticide-treated mosquito nets. It also commits resources to active case management in areas where there is evidence of drug resistance, with a special focus on migrant populations in border areas. Surveillance systems are being expanded and efforts are underway to halt the marketing of substandard antimalarial drugs.



Thet Thet Mar's four-year-old boy, Myo, had a high grade fever for four days, along with vomiting and diarrhea. A trained community volunteer spotted Myo and suspected malaria, referring him to Kawthaung District Hospital. Myo was stoic but glum as a nurse conducted a rapid diagnostic test. It came back negative: no malaria, and therefore no malaria medicine. Prescription of malaria treatment without diagnosis has been one of the drivers of drug-resistant malaria, but through a partnership involving the Global Fund, UNOPS and the Myanmar Health Ministry, the problem is being tackled. This hospital also screens every expectant mother for HIV, helping drive cases of mother-to-child HIV transmission to zero.

* Indo-Pacific nations include: Afghanistan, Bangladesh, Bhutan, Cambodia, Fiji, India, Indonesia, Iran, Iraq, Kenya, Democratic People's Republic of Korea, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, Mozambique, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Somalia, South Africa, Sri Lanka, Tanzania, Thailand, Timor-Leste, Viet Nam, Yemen, and Zanzibar.



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This region-specific grant is complemented by a political initiative, the Asia Pacific Leaders Malaria Alliance which is co-chaired by Australia and Viet Nam and focuses on the broader malaria elimination agenda.

Tuberculosis

There have been major advances in the fight against TB since 1990. Mortality rates have fallen by 47 percent, and effective diagnosis and treatment have saved an estimated 43 million lives between 2000 and 2014. South East Asia and the Western Pacific regions were among those that met the Millennium Development Goals milestones of halving prevalence and mortality rates by 2015 compared to 1990. Despite the progress, TB remains a deadly threat, particularly for those living in poverty – and particularly in the Asia-Pacific region. TB now ranks alongside HIV as the world’s deadliest infectious disease, and 58 percent of the world’s new TB cases were in South East Asia and the Western Pacific, with India, Indonesia and China having the highest rates (23 percent, 10 percent and 10 percent of the global total, respectively). In 2014, TB killed 613,000 people in the region, including 66,900 HIV-positive people.

Multidrug-resistant TB (MDR-TB) is growing, increasing the cost, complexity and length of the treatment. Globally, approximately 3.3 percent of new TB cases and 20 percent of previously treated TB cases are MDR-TB, with the majority of those

in Asia. If the spread of MDR-TB is to be halted and reversed, prevention, treatment and care in Asia must be a priority. The Global Fund provides the majority of financing for MDR-TB and has supported treatment for 210,000 cases worldwide since 2002, the majority of them in Asia and the Pacific.

In the Indo-Pacific region, Global Fund programs have supported 8.2 million people with TB treatments, working with a variety of partners to expand access to TB treatment and care. In **Pakistan**, for example, the Global Fund works with two private sector companies to increase coverage.

Women and Girls

The Global Fund invests in programs that address gender inequalities and reach women and girls with critical services, including strengthened links with reproductive, maternal, newborn, child and adolescent health. The Global Fund estimates that 55-60 percent of its spending benefits women and girls, leading to a decline in both AIDS-related deaths and new HIV infections in women and girls. Global Fund programs also aim to prevent gender-based violence, and provide care to survivors. In **Papua New Guinea**, where gender-based violence was identified as the most significant gender issue driving HIV infection for women and girls, the Global Fund and partners integrated clinical and psychosocial services for survivors of sexual violence into HIV programming.

Better data collected in the 2015 prevalence survey in Indonesia show that while rates of TB are higher than previously estimated, incidence and mortality rates are declining steadily. Among other efforts to increase access to TB treatment and care, Indonesia is rolling out a pilot project on the use of bedaquiline, a new drug for the treatment of MDR-TB that has shown fewer side effects than existing treatments.



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Resilient and Sustainable Systems for Health

The Zika, Ebola and Avian Flu outbreaks show that we cannot predict the next epidemic, but we know it will happen. These outbreaks are also a stark reminder that the severity of an epidemic is directly linked to the strength of a health system. Ebola was quickly contained in countries with stronger health systems, such as Nigeria, Senegal and Mali. The Global Fund's core mission to end HIV, TB and malaria as epidemics can only be achieved through investment in improved facilities, health care, training for health workers, information management, stronger community support and response mechanisms. Global Fund investments in the treatment and prevention of HIV, TB, and malaria improve the response to those diseases and improve countries' overall health systems, boosting the quality of care, data tracking and services. Forty percent of Global Fund investments go toward improving systems for health.

Value for Money

Increased domestic spending on health is essential for the sustainability of health programs. Strong partnerships with implementing governments have catalyzed an additional US\$4.5 billion in domestic funding from government resources for 2015-2017 compared with 2012-2014 – a 52 percent increase. **Thailand**, for example, plans to transition from Global Fund support to fully government-funded programs to fight the three diseases by 2017.

New efficiencies are also driving resources further. By 2015, the Global Fund had achieved two-year procurement savings worth more than US\$500 million. We work with private sector partners such as Coca-Cola, Munich RE and Standard Bank to improve partners' supply chains and financial and risk management. In **Indonesia**, to increase access to treatment and health care, the Global Fund is working with the

DFAT-supported Multi-donor Trust Fund of the World Bank on integrating HIV and TB into health insurance. In the **Solomon Islands**, the Global Fund is using a new “cash on delivery” approach which streamlines health funding and minimizes risks for donors by having the Global Fund grants paid out to the government only upon successful implementation of the program. In the **Philippines**, a partnership with Shell has obtained better prices for nets, and in **Papua New Guinea** a unique partnership with the Oil Search Health Foundation has led to more effective and efficient programs.

Early in 2016, the Global Fund launched Wambo.org, an online marketplace for the purchase of quality-assured medicines and health products at the best prices possible. Wambo.org could add an additional US\$100 million in efficiency savings to Global Fund programs by 2020.

About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund's operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.