



Results Report 2015



COVER: 4-year-old Jan Carlos jumps on his parents' bed. The family reported a significant drop in the number of malaria cases since insecticide-treated nets were distributed two years ago to all families in this community near Tocoa, Honduras. *Honduras - The Global Fund / John Rae*

THIS PAGE: Early morning in Matabele North Province, Zimbabwe. This team of spray operators are carrying out a campaign to spray all homesteads to kill malarial mosquito larvae and protect the families from malaria. *Zimbabwe - The Global Fund / John Rae*

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17
MILLION

LIVES SAVED THROUGH
THE GLOBAL FUND
PARTNERSHIP



1/3
FEWER DEATHS

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

At the Idinah-Kelo health center in Kelo, Chad, Matron Djekorminde examines a child who is recovering from malaria, thanks to treatment provided with Global Fund support. The child's family also received an insecticide-treated net that gives protection against future infection. *Chad - The Global Fund / Andrew Esiebo*

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 the Global Fund partnership was able to achieve by 2015, showing cumulative progress since the Global Fund was created in 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:

- **17 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
- **8.1 million people** on antiretroviral treatment for HIV
- **13.2 million people** have received TB treatment
- **548 million** mosquito nets distributed through programs for malaria

Building resilient and sustainable systems for health is critically important to end HIV, TB and malaria as epidemics. The Global Fund partnership's investments in HIV, TB and malaria create substantial positive effects on the systems for health in countries where these diseases are rife. This mutually reinforcing relationship between funding for disease-control programs and funding for cross-cutting systems is a cornerstone of the Global Fund's approach to investment. Overall, **more than one-third** of the Global Fund's investments go to building resilient and sustainable systems for health.

Gender inequalities are major drivers of disease transmission and affect the ability of people to access health care and other services equitably. In many countries, HIV is the leading cause of death of women of reproductive age. In some, girls account for more than 80 percent of all new HIV infections among adolescents. The Global Fund partnership is committed to striving for equal access to prevention, treatment, care and support for all those who need it, and reducing gender inequality. The Global Fund estimates that approximately **55 to 60 percent**

of its investments benefit women and girls, with a positive impact on reproductive health.

Human rights are built into the Global Fund's strategy, by increasing investments in programs that address human rights barriers and cutting support for programs that infringe on human rights. The Global Fund works with partners to identify gaps and help shape investments more effectively. Respecting and promoting human rights is essential for expanding access to health services. The Global Fund is embedding human rights work into the grant-making process.

The Global Fund has found an effective way to stimulate **domestic investments in health**. In 2014, the Global Fund partnership began full implementation of a funding model with a counterpart financing requirement in order to access full funding. **A 52 percent** increase in domestic investments in health is projected, an additional investment of **US\$4.5 billion** committed from government resources for 2015-2017, compared with the amount invested in 2012-2014.

Global Fund investment in health programs has grown steadily. As of September 2015, the Global Fund disbursed **US\$27 billion** to support programs for HIV, TB and malaria.

By 2015, the Global Fund achieved two-year savings worth more than **US\$500 million** through more effective procurement. The medicines and health products purchased through a pooled procurement mechanism were delivered more swiftly than in the past, with on time delivery improving from 36 percent in 2013 to **81 percent** in 2015.

Operating expenditure is decreasing, through disciplined cost control, efforts to save money and adherence to a prudent budgeting framework. In 2014, operating expenses totaled **US\$286 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 compared with other international organizations.

To make a transformational difference in the lives of people affected by HIV, TB and malaria, the Global Fund partnership must strive to constantly improve. Better data and better tracking of results and impact are needed. So are bedrock principles of partnership and shared responsibility. In 2015, as world leaders coalesce to formulate sustainable development goals to improve the lives of billions of people, the achievements of global health can serve as a model for what can be achieved when communities come together and aim for common goals, like access to quality health care for all.



THIS PAGE: Ma Yee Yee (right) could barely walk when she first came to the clinic for a chest X-ray, and was diagnosed with TB. Co-infected with HIV, she still relies on family for help (including her sister, left), but since she started treatment her TB symptoms are diminishing, and her CD4 count has risen dramatically. *Myanmar - The Global Fund / John Rae*
OPPOSITE PAGE: Community care workers from the nongovernmental organization "TB/HIV Cares" make home visits to township communities near Cape Town. These visits are part of a program to help TB patients adhere to treatment. *South Africa - the Global Fund / John Rae*

A 21st-century Partnership

The Global Fund was designed as a partnership to fight HIV, TB and malaria, and to constantly evolve to meet connected challenges in global health. Only through partnership can the Global Fund achieve the collective vision of a world free of the burden of HIV, TB and malaria. Partnership means constant growth, driven by mutual respect, shared responsibility and a strong commitment by all.

A 21st-century partnership takes a modern approach to global health: to be effective, it must be agile, responsive and committed to serving communities affected by HIV, TB and malaria. It must also reach beyond the mindset of paternalistic aid that sometimes created obstacles in the past. With a more modern outlook, countries take the lead in determining where and how best to fight diseases, how to respond to broader development challenges, and how to coordinate work with international partners in global health. They also plan how to use their increased domestic finances to leverage external resources to build resilient and sustainable systems for health.

With implementing countries in the lead, partners can take a differentiated approach to investment. That means the partnership's investments are informed by the specific needs and characteristics of each country, as well as the different needs of various communities most affected by diseases. Working together, partnership can deliver healthier and more productive and stable families, communities and nations.

The Global Fund's partnership model, made up of governments, civil society, the private sector and people affected by the diseases, brings together many strengths: financing; technical expertise; experience and knowledge of the communities affected by HIV, TB and malaria; innovation; and a capacity for constant evolution. With these assets, the partnership strives to achieve the best possible impact from the investments it makes. Looking to the post-Millennium Development Goal era and universal health coverage, the Global Fund is exploring the best possible ways to invest in global health over the next 15 years.

Making a transformational difference in the lives of the millions of people affected by diseases in low- and middle-income countries will require significantly bigger domestic investments in health – both public and private. Increased domestic investments in health signal country ownership and are a pathway to real sustainability of programs. The Global Fund partnership is already stimulating more domestic investments in health, described in the “Domestic Financing and Sustainability” section of this report.



Only through partnership can the Global Fund achieve the collective vision of a world free of the burden of HIV, TB and malaria.



8.1
MILLION

PEOPLE ON
ANTIRETROVIRAL
THERAPY FOR HIV



13.2
MILLION

PEOPLE HAVE
RECEIVED
TB TREATMENT



548
MILLION

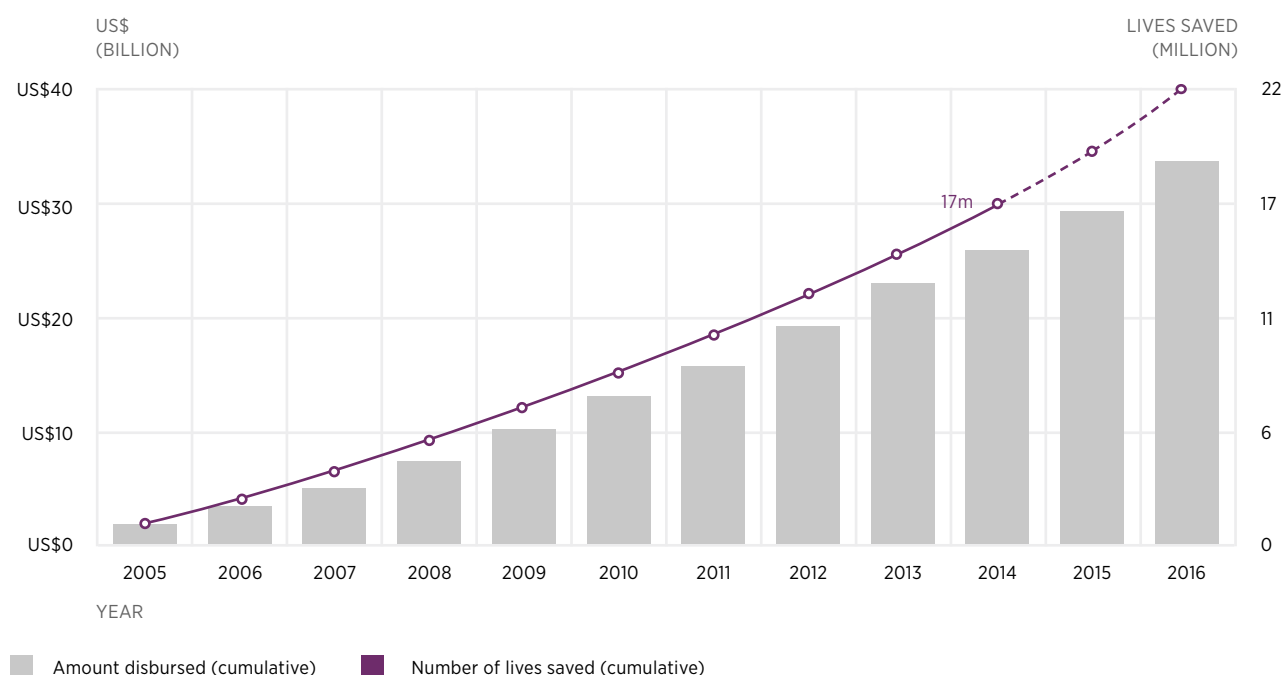
MOSQUITO NETS
DISTRIBUTED BY
PROGRAMS FOR MALARIA

Villagers gather in a remote area of Sofala Province to receive free mosquito nets as part of a national campaign to reach all families in need of nets.
Mozambique - the Global Fund / John Rae

Impact and Results

Lives Saved

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 17 million lives as of end 2014.

Current projections for 2015 and 2016 show that health programs supported by the Global Fund partnership are saving approximately **2 million lives each year**. If current trends hold, by the end of 2016 the Global Fund partnership will support 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 created 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 4.2 million in 2002 to 2.7 million in 2014.

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.

In 2000, AIDS, TB and malaria appeared to be unstoppable. Hard work by many partners has succeeded in reversing the situation by creating significant advances in prevention and increased access to treatment and care for people affected by the diseases.

Investments by the Global Fund partnership have grown aggressively, supporting a dramatic expansion of ARV therapy, treatment for TB, and distribution of insecticide-treated nets, as well as building resilient and sustainable systems for health.

The Global Fund Strategy 2012-2016 set a target of averting 140-180 million infections by the end of 2016. If the recent declining trends in number of infections is maintained, the target for averting infections will be met.

A NOTE ON METHODOLOGY

In 2015, the Global Fund partnership is using 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 WHO and 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

The number of deaths caused by AIDS is declining in countries where the Global Fund invests – a more than **40 percent** reduction in deaths, from 2 million in 2004 to 1.1 million in 2014. The graph on the following page illustrates an estimate of how many deaths would have occurred without investments in HIV programs, which grew steadily in this period.

When Nelson Mandela spoke at the International AIDS Conference in Durban, South Africa, in July 2000, he spoke of a tragedy of unprecedented proportions, and observed that AIDS was “claiming more lives than the sum total of all wars, famines and floods.” At the time, many people feared that it would be impossible to reverse the course of the epidemic. After peaking in 2004, the number of deaths have fallen each year since.

The credit for this remarkable turnaround goes to the collective determination and hard work of partners in global health, as well as the visionary leadership of Mandela and others. The work has been complex and challenging, yet more has been achieved in 15 years than almost anyone thought possible in 2000.

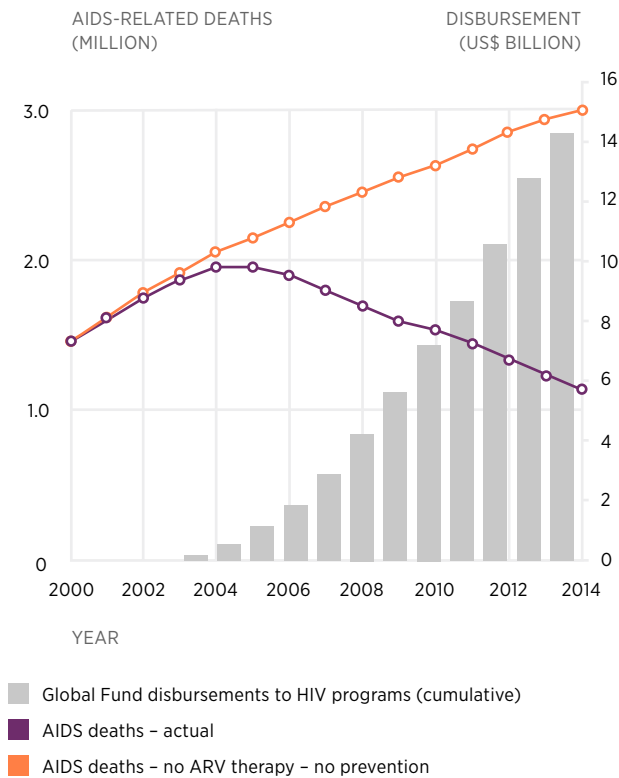
The rapid increase in access to antiretroviral (ARV) therapy in countries supported by the Global Fund – from 4 percent coverage in 2005 to 21 percent in 2010 and **40 percent coverage** in 2014 – has been a tremendous contributing factor.

The number of new HIV infections is falling. Between 2000 and 2014, the number of new HIV infections declined by 36 percent in countries supported by the Global Fund. Partners express optimism that the rate of averting infections can accelerate more sharply if funding continues to grow. Another important factor is the expansion of national coverage of prevention of mother-to-child transmission, reaching 57 percent in 2011 and **73 percent** in 2014.

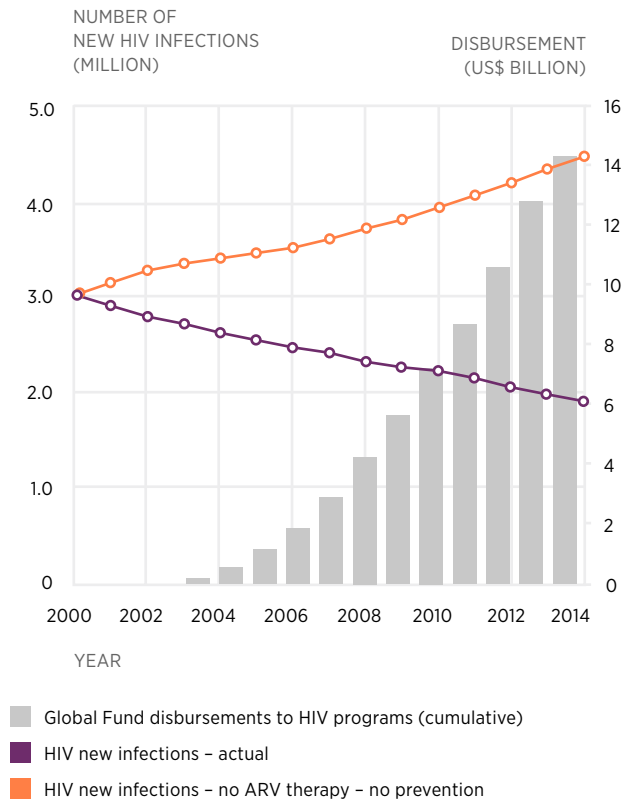
The Millennium Development Goal of reversing the spread of HIV has been achieved in many countries. More than **75 percent** of high-impact countries where the Global Fund invests and where quality data are available have reduced the incidence of HIV by 50 percent or more.

Yet the global scope of AIDS is still substantial. In total, 34 million people have died from AIDS-related causes as of end 2014. There is still more work to do.

TRENDS IN AIDS-RELATED DEATHS (2000-2014)
IN GLOBAL FUND-SUPPORTED COUNTRIES



TRENDS IN NEW HIV INFECTIONS (2000-2014)
IN GLOBAL FUND-SUPPORTED COUNTRIES



Source: UNAIDS

Access to ARV therapy has grown from 4 percent coverage in 2005 to 21 percent in 2010 and 40 percent coverage in 2014.

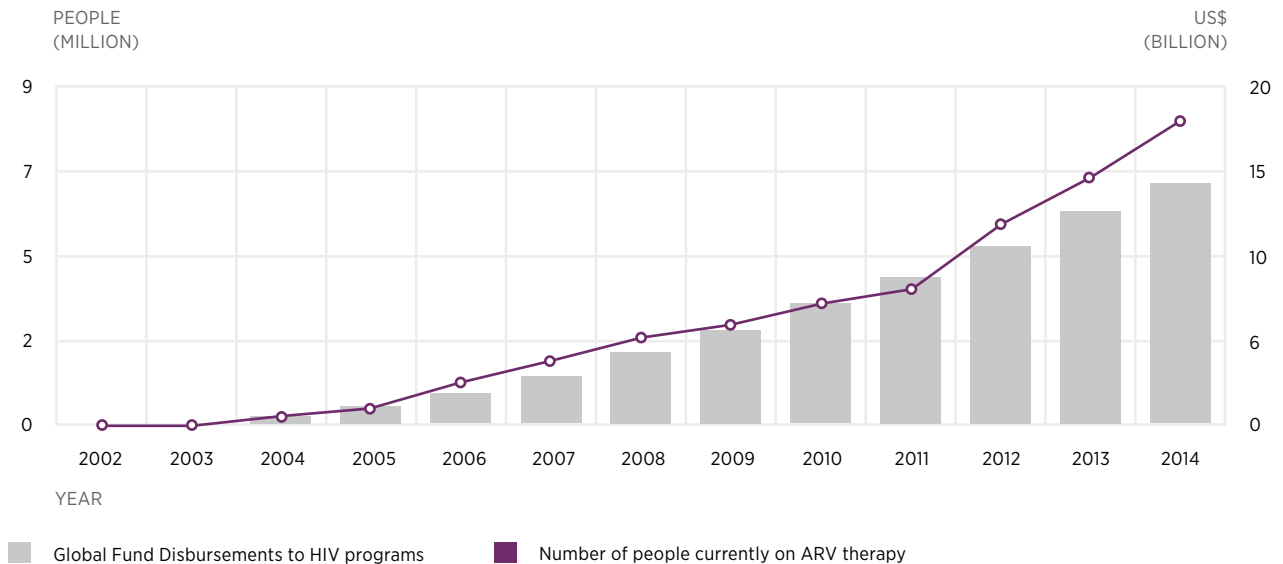
Justa Catalina Suazo Dolmo, an HIV activist who runs a support group in Trujillo, Honduras, shows her ARVs. She teaches others living with HIV to “fall in love with the treatment”, in order to encourage adherence. *Honduras - The Global Fund / John Rae*

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.





HIV: RESULTS FOR KEY INTERVENTIONS SUPPORTED BY THE GLOBAL FUND

Since 2002, the Global Fund has funded programs to fight HIV in more than 100 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 targeted at countries in sub-Saharan Africa, which have been the hardest hit by HIV. Strategic investments have gone to many other countries where key populations have challenges accessing health care.

The number of people on ARV therapy in programs supported by the Global Fund has reached **8.1 million**, with steady increases each year. Greater Global Fund investment in ARV therapy track effectively in the same direction, and have produced accelerated progress in recent years. The Global Fund Strategy 2012-2016 set a target of 7.3 million people on anti-retroviral therapy by the end of 2016. That target was achieved in 2014. Globally, as a result of the collective efforts of all governments and partners, nearly **40 percent** of all people living with HIV now have access to ARV therapy – a striking increase from **less than 1 percent** in 2000 and just 4 percent in 2005.

A leading factor in expanding access to treatment is reducing prices for ARVs. A new purchasing framework for ARVs, agreed upon by partners in late 2014, is allowing a pooled procurement mechanism to deliver 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 less than US\$100. Production of generic ARVs was a key factor in the price reduction. Large financing and related volume increases have also been important.

Counseling and testing for HIV 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 **423 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 **3.1 million**.

One simple but effective tool for preventing the spread of HIV is condom use. More than **5.1 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 **22 million** people have been treated for sexually transmitted diseases in programs supported by the Global Fund.

Putting more people on HIV treatment has an important bearing on **reducing stigma** associated with the disease. There is evidence to show that expanding HIV treatment lessens stigmatizing attitudes in the general population. A recent study published by the American Journal of Public Health drew parallels between declining stigma in African countries and expansion of HIV treatment. The study, conducted in 18 countries, found a statistically significant association between the proportion of people on HIV treatment and the percentage of the general population endorsing HIV-related stigma.

Country Example – Kenya

With 1.6 million people living with HIV, Kenya has the fourth-largest number of people infected with the virus in the world. The number of new infections each year has dropped at a relatively slow pace. However, accelerated expansion of treatment has meant that many more people who contract HIV are staying alive.

About 700,000 people are now on HIV treatment in Kenya, and 53,000 women receive prevention of mother-to-child transmission services representing more than 70 percent coverage. Strong HIV testing campaigns have seen 75 percent of Kenyans test for the virus at least once. Fifty percent of people living with HIV in the country know their status. Also, expanded prevention efforts in providing voluntary medical male circumcision have led to 800,000 circumcisions.

Here, an HIV patient is examined at the Ishiara sub-District Hospital in Kenya. According to the doctor “he will probably make it”. More than 380,000 people currently receive life-saving treatment for HIV in Kenya, with Global Fund support.

Kenya – The Global Fund / John Rae



LIVES SAVED AND NEW HIV INFECTIONS, KENYA



- Global Fund disbursements (cumulative, right axis)
- Number of new HIV infections (left axis)
- Number of lives saved (cumulative, left axis)

Source: Spectrum Goals model for estimate of new infections and lives saved

Decline in TB Burden

The number of deaths from TB declined **29 percent** between 2000 and 2014 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 2014 would have been more than three times higher in the absence of interventions. The global burden of TB is disproportionately borne by 22 high-burden countries, and efforts on treatment and prevention are being concentrated there.

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 percent** between 2005 and 2014. But the number of cases would have been sharply higher without key interventions.

The Millennium Development Goal target of achieving a declining trend in TB incidence has been met.

80 percent of the Global Fund's high-impact countries with accessible data have bent the curve of TB incidence downward.

Separately, if trends continue, the StopTB Partnership target of halving prevalence and mortality rates by 2015 from the 1990 baseline will also have been met. However, additional funding and increased focus on TB will be required in order to meet the proposed Sustainable Development Goal of ending TB as an epidemic by 2030.

The global burden of TB is disproportionately borne by 22 countries, and efforts of treatment and prevention are concentrated there.

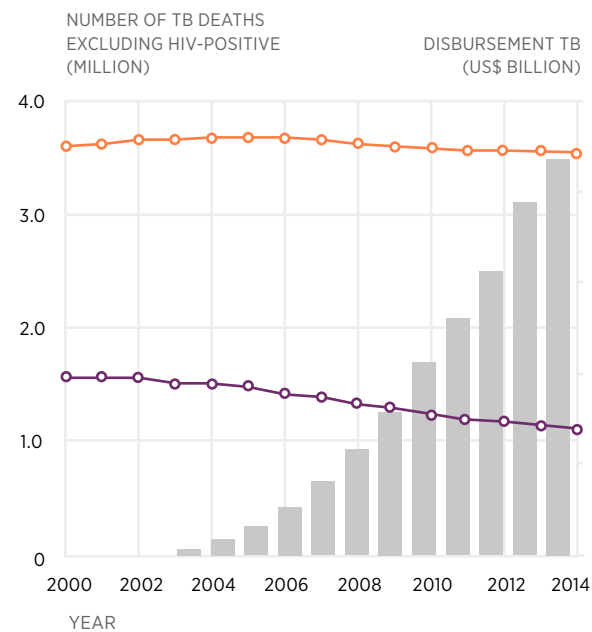




OPPOSITE PAGE: A doctor examines the x-ray of a TB patient at the regional TB hospital in Fergana, Uzbekistan. Treatment for TB is provided free of charge with support from a Global Fund grant. The hospital also conducts outreach activities in schools and the local community to raise awareness and reduce stigma around the disease. *Uzbekistan - The Global Fund / John Rae*

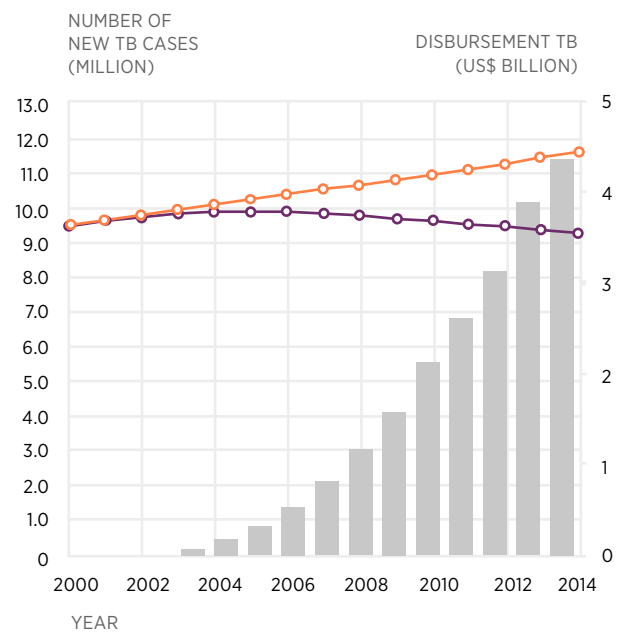
THIS PAGE: 4-year-old Lito just completed his treatment for TB. Because children in impoverished families often don't have access to good nutrition, Lito also received dietary supplements that help speed up recovery. *El Salvador - The Global Fund / John Rae*

TRENDS IN TUBERCULOSIS DEATHS (2000-2014) IN GLOBAL FUND-SUPPORTED COUNTRIES



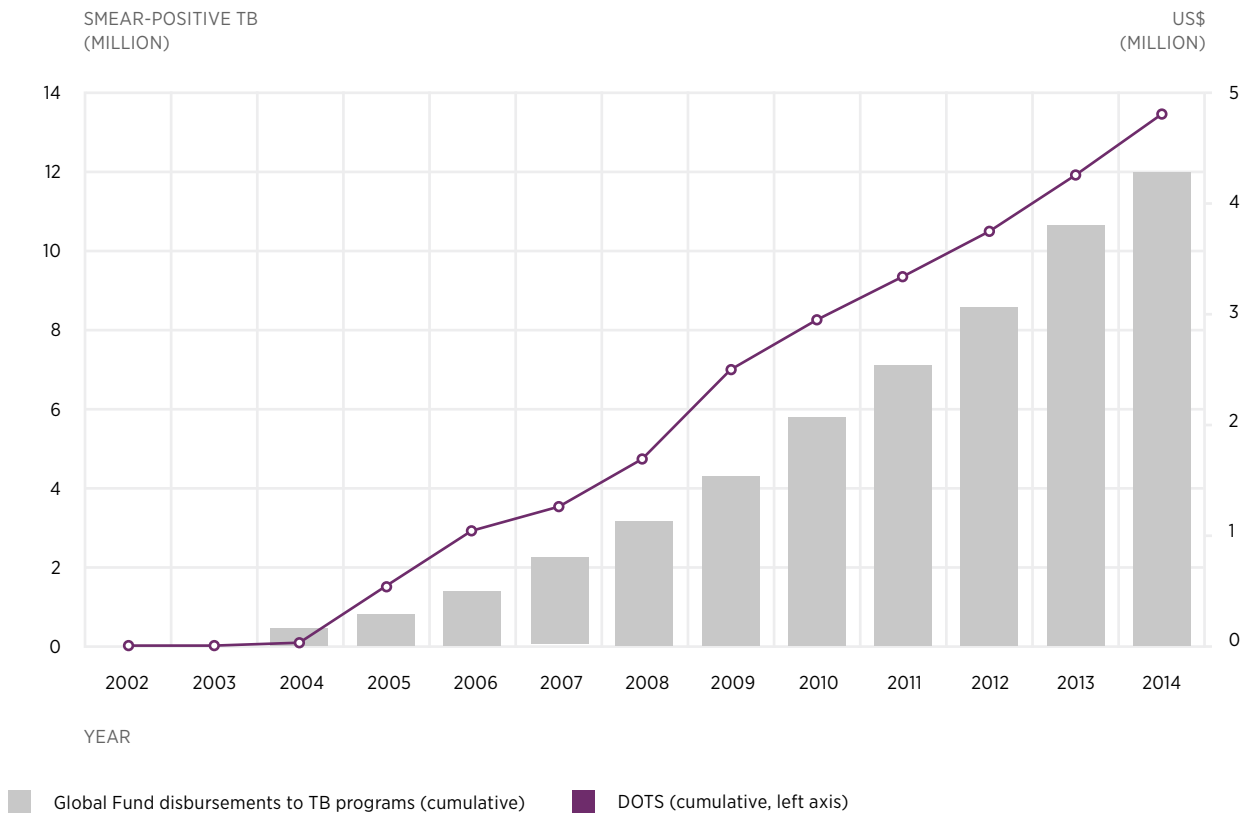
■ Global Fund disbursements to TB programs (cumulative)
■ TB deaths - actual
■ TB deaths - no DOTS

TRENDS IN INCIDENCE OF TUBERCULOSIS (2000-2014) IN GLOBAL FUND-SUPPORTED COUNTRIES



■ Global Fund disbursements to TB programs (cumulative)
■ New TB cases - actual
■ New TB cases - no DOTS

Source: WHO Global TB Program



TB: RESULTS FOR KEY INTERVENTIONS SUPPORTED BY THE GLOBAL FUND

The Global Fund provides more than three-quarters of all international financing for TB, and has disbursed more than US\$4.7 billion in TB programs in more than 100 countries since 2002, focusing in particular on countries with the highest disease burden and with the highest proportion of key affected populations, including people living with HIV, migrants, miners, prisoners, children in contact with TB cases and people who use drugs. TB is a disease closely associated with poverty and poor living conditions, with 80 percent of all infections occurring in 22 countries in Africa, South-East Asia and the Western Pacific.

The number of people who have received treatment for smear-positive TB is **13.2 million** since 2002, in countries where the Global Fund partnership has invested in the fight against TB. That is a **60 percent** increase compared with 2010.

Multidrug-resistant TB – mutations that cause resistance to first-line treatment – has received increasing attention as it grows into a potentially catastrophic threat to public health, especially in Eastern Europe and parts of southern Africa, where it is closely related to those affected by HIV. The number of people being treated for multidrug-resistant forms of TB has increased nearly four-fold since 2010, **reaching 210,000**.

A total of 8.5 million TB patients – all forms (smear-positive as well as smear-negative and extra-pulmonary) – received treatment between 2012 and 2014. The Global Fund target of treating 15 million TB patients of all forms over the 2012-2016 period is proving ambitious.

Country Example – Bangladesh

While TB remains one of Bangladesh’s biggest public health challenges, the country has made significant gains against the disease through successful diagnosis and treatment. Fully directly observed treatment, short-course (DOTS) has been available nationally since 2006.

Global Fund grants have primarily focused on scaling up detection and treatment as well as joint TB/HIV activities. With more than US\$143 million invested since 2004, more than 577,000 infections have been averted and more than 308,000 lives have been saved. However, TB is still claiming 80,000 lives a year in Bangladesh. The Global Fund will continue to support TB programs in the country with an additional investment of US\$90 million in the 2014-2016 period.

For example, because TB is generally transmitted in crowded and poorly ventilated spaces, residents of Chittagong’s Tigerpass Railway slum are at high risk of falling ill with TB. With Global Fund support, the government of Bangladesh is working in partnership with civil society organizations to provide thousands of poor residents with treatment and care for TB.

Bangladesh – The Global Fund / Saiful Huq Omi



LIVES SAVED AND INCIDENCE OF TUBERCULOSIS, BANGLADESH (2004-2013)



- Global Fund disbursements to TB programs (cumulative, right axis)
- Number of new TB cases (left axis)
- Lives saved (cumulative, left axis)

Source: TIME model

Country Example – Tanzania

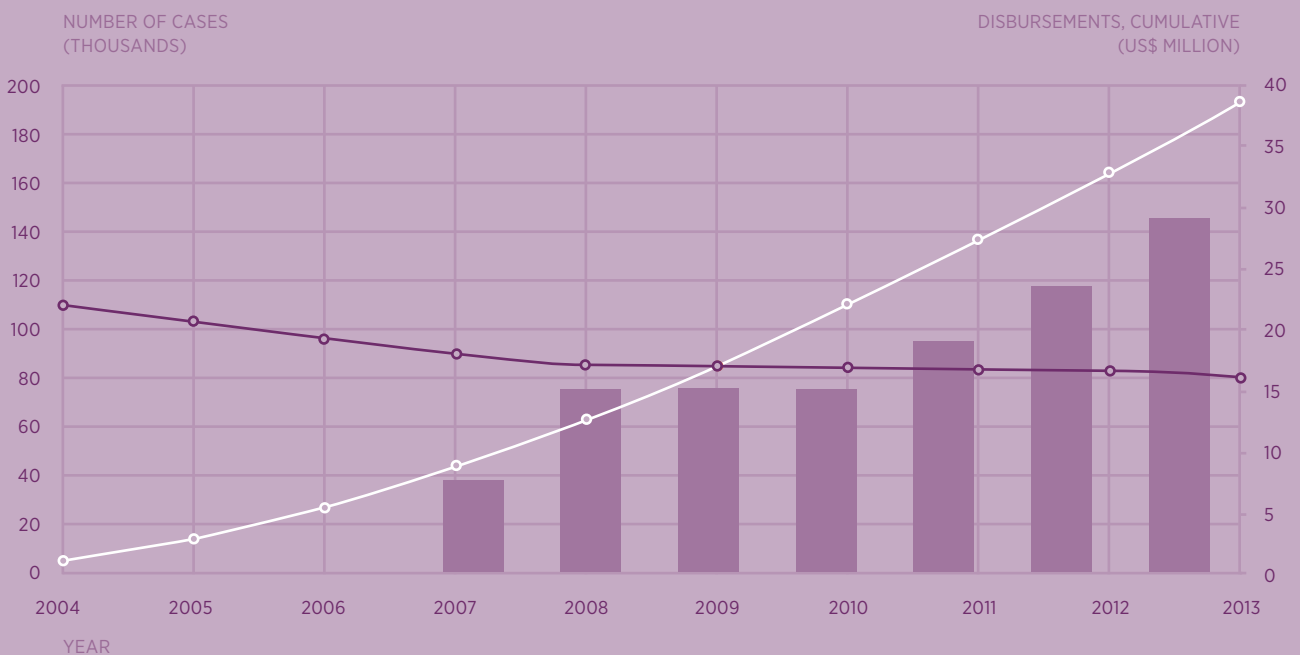
The number of TB cases identified in the country rose sharply between 1995 and 2005, prompting the country to declare a national emergency in 2006. The Global Fund began supporting TB programs in 2007, and joint efforts have averted 328,000 cases and saved 195,000 lives since 2000. Tanzania has implemented a strong focus on joint TB/HIV interventions, building resilient and sustainable systems for health and improving TB detection and treatment rates.

One example is Salma, who, at age 20, was diagnosed with multidrug-resistant TB. She was transferred to Kibong'oto National TB Hospital in Arusha - the only hospital in Tanzania that treats multidrug-resistant patients.

Tanzania – The Global Fund / Mia Collis

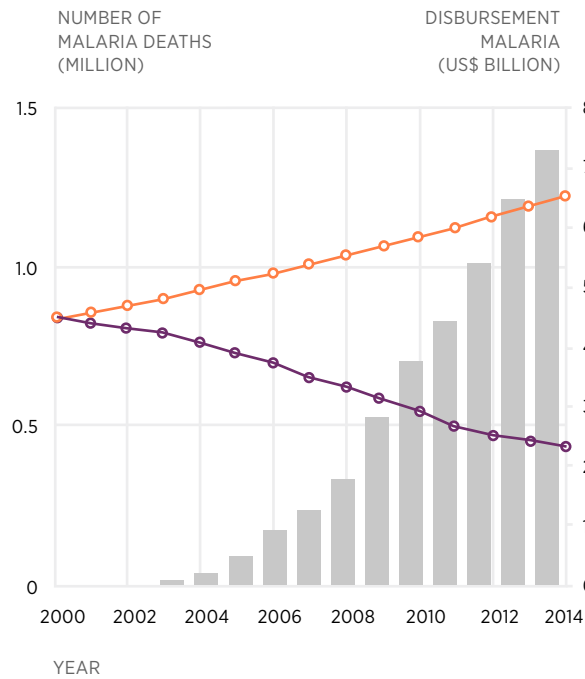


LIVES SAVED AND INCIDENCE OF TUBERCULOSIS, TANZANIA (2004-2013)



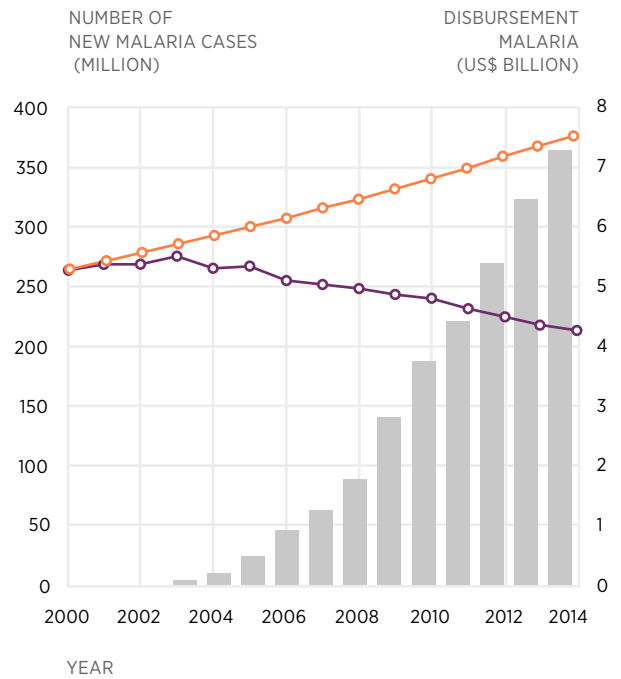
- Global Fund disbursements to TB programs (cumulative)
- Number of new TB infections (left axis)
- Lives saved (cumulative, left axis)

TRENDS IN MALARIA DEATHS (2000-2014)
IN GLOBAL FUND-SUPPORTED COUNTRIES



■ Global Fund disbursements to malaria programs (cumulative, right axis)
■ Malaria deaths - actual
■ Malaria deaths - no malaria control

TRENDS IN INCIDENCE OF MALARIA (2000-2014)
IN GLOBAL FUND-SUPPORTED COUNTRIES



■ Global Fund disbursements to malaria programs (cumulative, right axis)
■ New malaria cases - actual
■ New malaria cases - no malaria control

Source: WHO Global Malaria Program

Decline in Malaria Burden

The number of deaths caused by malaria declined **48 percent** between 2000 and 2014. The number of lives saved by malaria treatment and prevention has grown steadily each year. Children under the age of five are the most vulnerable to malaria, because their immune systems are still developing effective resistance to the disease. Pregnant women are also vulnerable, because their immune systems are weakened during pregnancy. Protecting young children and pregnant women is paramount to any disease strategy.

The innovation of a long-lasting insecticidal mosquito net, at a relatively low cost, has greatly expanded protection for children and families. With more than **548 million** mosquito nets distributed, people at risk for malaria who gained access to mosquito nets grew from **7 percent** in 2005 to **36 percent** in 2010 and **56 percent** in 2014 in countries where the Global Fund invests.

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. More important, access to artemisinin-

based combination therapies (ACTs) and to rapid diagnostic tests has improved dramatically. Cases of malaria treated rose **19 percent** to hit a cumulative total of **515 million** by end 2014.

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 treatment and prevention, and **11 countries** are currently in the “pre-elimination” phase of disease control.

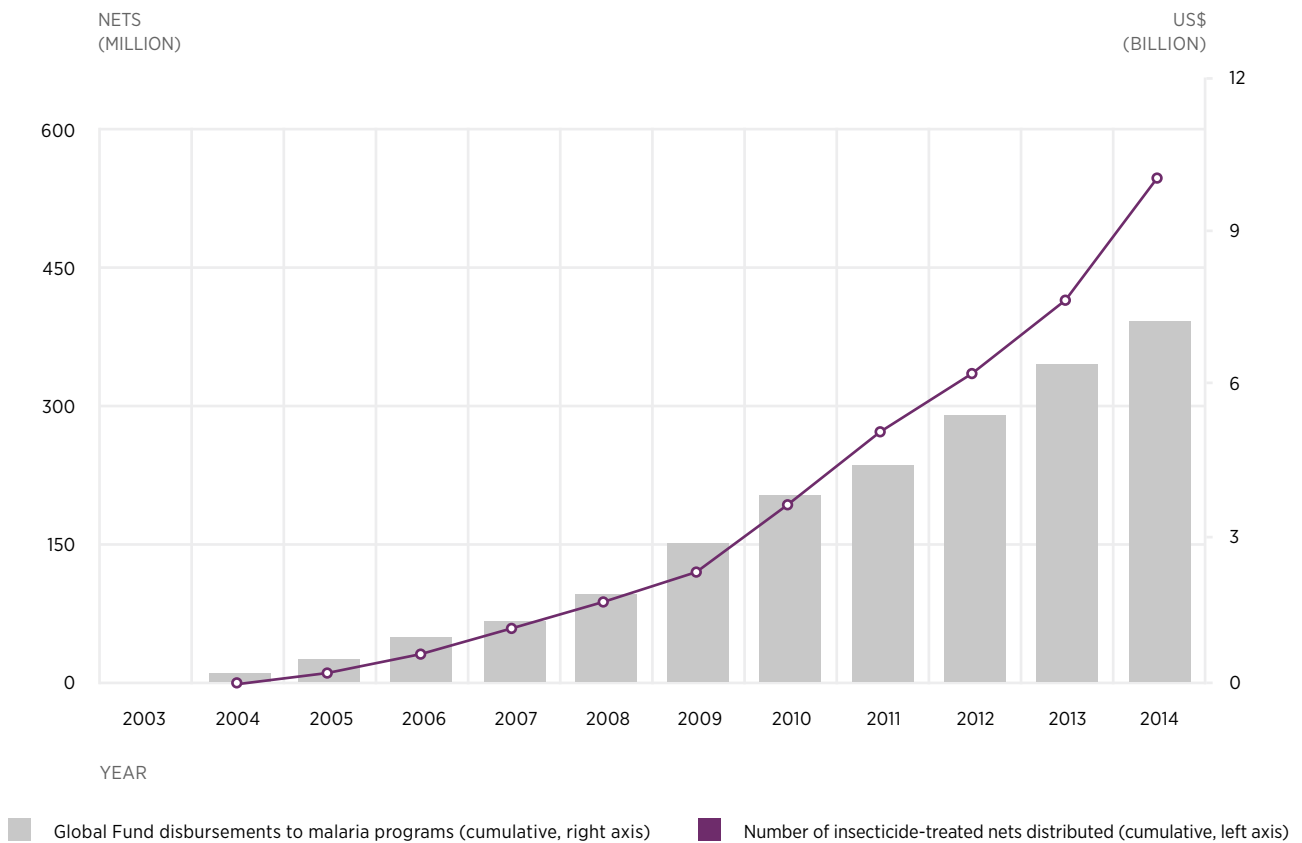
The number of malaria cases averted has grown rapidly, and reached more than **155 million** in 2014. There was a 17 percent decline in malaria cases between 2005 and 2014.

Malaria is endemic in 97 countries, causing more than 200 million cases each year, most of them in sub-Saharan Africa. Every disease-carrying mosquito that is eliminated can reduce the chances that a child under five dies from malaria.

The Global Fund has invested more than US\$7 billion in programs that prevent and treat malaria, using a comprehensive approach that combines education, prevention, diagnosis and treatment.



A villager in Prongyeang, Kanthout commune, Cambodia, carries a new set of insecticide-treated nets that will protect her family against mosquitoes that could carry the malaria parasite. A distribution of the nets took place earlier in the day. *Cambodia - The Global Fund / John Rae*



MALARIA: RESULTS FOR KEY INTERVENTIONS SUPPORTED BY THE GLOBAL FUND

The Global Fund has invested more than US\$7 billion in programs that prevent and treat malaria, using a comprehensive approach that combines education, prevention, diagnosis and treatment. In particular, programs focus on pregnant women and children under the age of five, who are especially vulnerable to the disease.

Malaria prevention and treatment relies on multiple tools, and the simplest and most effective preventive tool is a long-lasting insecticidal net that a family can hang over a place where children sleep. Not only does a net protect a sleeping child from a mosquito bite, but the insecticide on a net also eliminates mosquitoes carrying the disease.

Programs supported by the Global Fund have distributed **548 million nets**, achieving universal coverage in some countries. When mosquito nets are distributed, they are accompanied by education about how they should be used to best protect families from malaria.

A total of **219 million** mosquito nets were distributed between 2012 and 2014 in sub-Saharan Africa, the region with the highest malaria burden and the lowest capacity to pay. Current projections suggest that the Global Fund Strategy 2012-2016 target of distributing 390 million in sub-Saharan Africa by 2016 will be achieved.

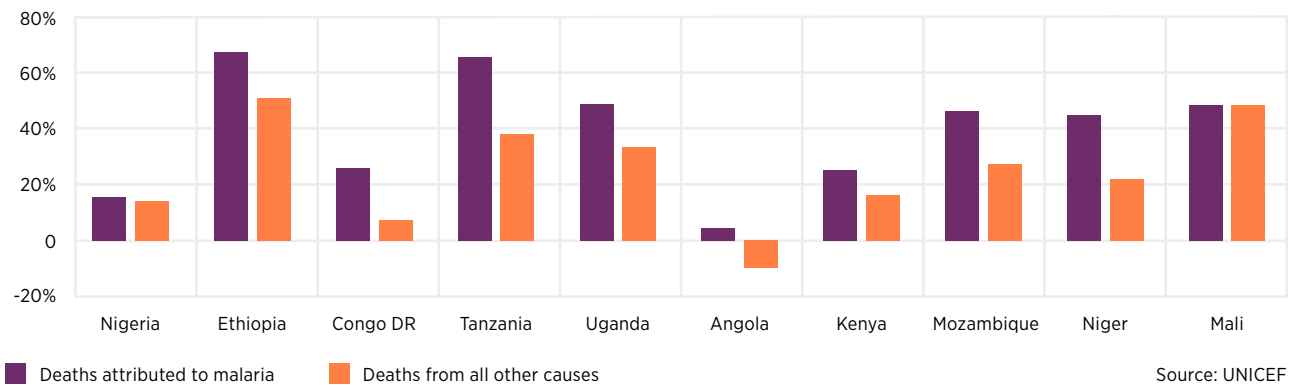
Through a partner-based approach to procuring mosquito nets, the Global Fund has achieved substantial cost savings, which are being redirected to the purchase of additional nets. Most affected countries are now able to distribute mosquito nets that cost US\$3 per net, **a 30 percent reduction** from the price of 2013, allowing distribution of more than 100 million additional nets for the same overall cost.

The number of people who have received ACTs for malaria has surpassed **515 million**.

The number of homes and other structures that have received indoor residual spraying to prevent the spread of malaria has reached **58 million**.

Mortality of Children under Five

PERCENTAGE DECREASE IN MALARIA DEATH RATES IN CHILDREN UNDER FIVE (2000-2013)



The rate of death for children under the age of five, in 68 malaria-endemic countries supported by Global Fund grants, went down by about **one-third** between 2003 and 2013.

The decline was faster in countries where the malaria-related share of deaths in children under five was higher. Malaria prevention and treatment 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 five, put children at particular risk for malaria; in order to continue to fight malaria in young children, a comprehensive health approach is needed.



1/3
FEWER
DEATHS

OF CHILDREN UNDER 5
CAUSED BY MALARIA

THIS PAGE: A mother and her child wait for consultation at Nimule Hospital. People from all over the country come here because the quality of services is high and treatment is provided for free, including treatments for HIV and TB.
South Sudan – The Global Fund / John Rae
OPPOSITE PAGE: *Democratic Republic of the Congo – The Global Fund / Georges Méryllon*



Country Example – Democratic Republic of Congo

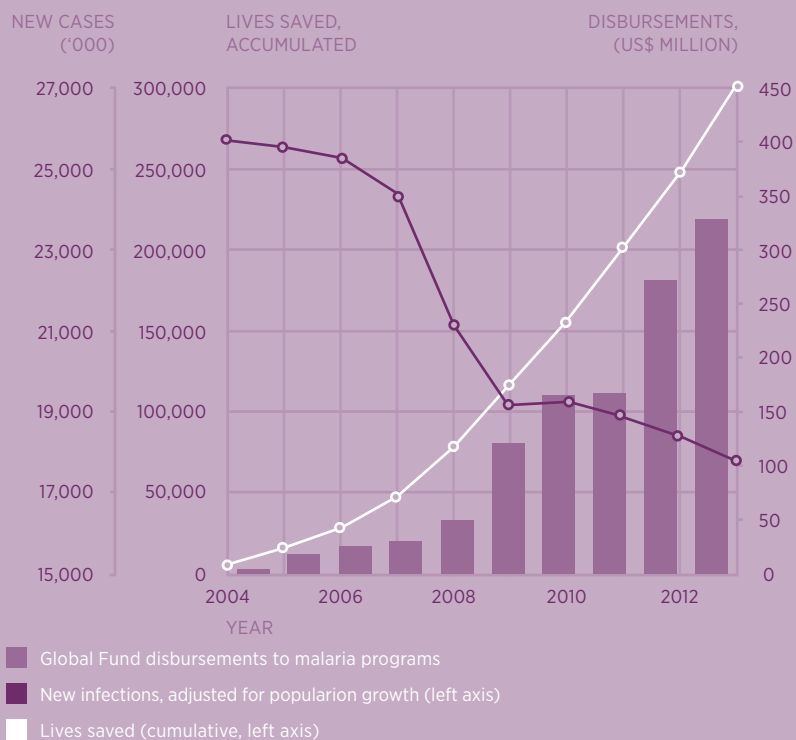
Malaria is the leading cause of sickness and death in the Democratic Republic of Congo. Together with Nigeria, DRC accounts for 40 percent of malaria deaths globally. Among children under five, who are most vulnerable to the disease, malaria cases dropped from 158 cases for every 1,000 people in 2007 to 104 cases for every 1,000 people in 2013.

The single most important factor in reducing the morbidity and mortality of malaria was the distribution of insecticide-treated nets. Between 2004 and 2013, approximately 300,000 lives were saved, but much remains to be done. Work continues, with a primary focus on children under five and pregnant women.

In this instance, a health worker at the Mother and Child Hospital in Kinshasa, Democratic Republic of the Congo, provides information on the prevention of malaria and the use of insecticide-treated nets.

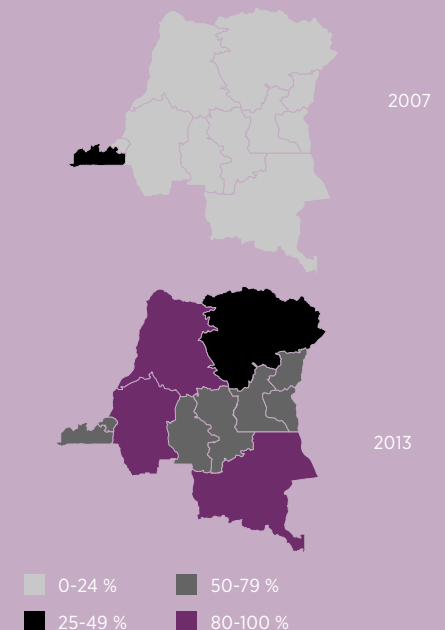


LIVES SAVED AND MALARIA INCIDENCE IN DEMOCRATIC REPUBLIC OF THE CONGO (2004-2012)



Source: Malaria Tool (Imperial College)

PERCENT OF HOUSEHOLDS WITH AT LEAST ONE MOSQUITO NET



Country Example – Viet Nam

In Viet Nam, the number of new cases of malaria and of malaria-related deaths have decreased by more than 90 percent since 2000. The cumulative number of lives saved by malaria prevention and treatment has risen steadily, with the spread of mosquito nets and artemisinin-based treatment.

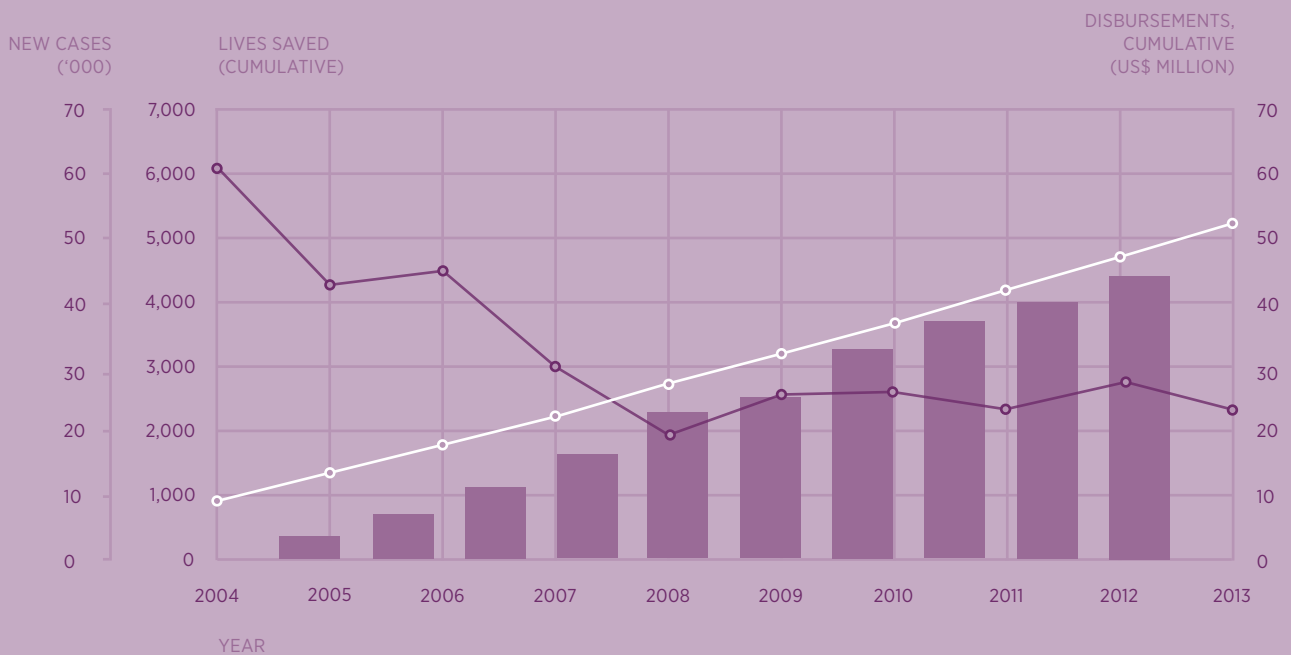
Yet progress has slowed in recent years, as resistance to existing medications has spread. After reducing the number of infections to around 20,000 in 2008, that number rose and declined again slightly in the years that followed.

In Vietnam's Tay Ninh province, a mosquito net distribution campaign is giving more children the chance of a malaria-free life. The nearby rubber plantations are a breeding ground for malaria. Making sure there are enough nets – and that they are being used properly – is an enduring challenge.

Viet Nam – The Global Fund / Ryan Quinn Mattin



LIVES SAVED AND MALARIA INCIDENCE IN VIET NAM (2004-2013)



- Global Fund disbursements to malaria programs
- New infections, adjusted for population growth (left axis)
- Lives saved (cumulative, left axis)

Source: Malaria Tool (Imperial College)

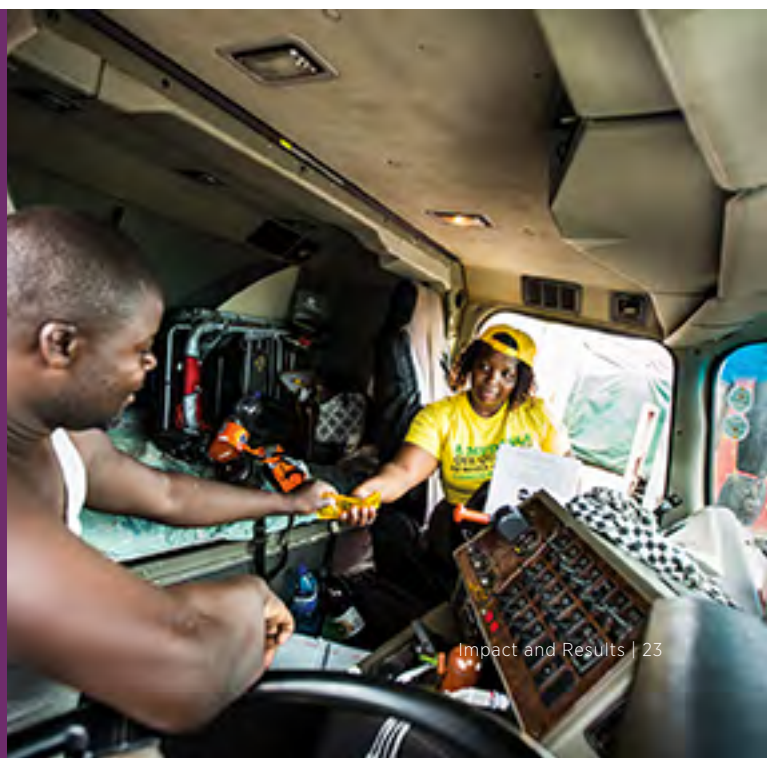
Results – Essential Indicators 2005 to 2014

NUMBER OF SERVICES SUPPORTED BY THE GLOBAL FUND (CUMULATIVE)

MILLIONS, IF NOT SPECIFIED

	2005	2010	2014
HIV			
Treatment: People currently receiving ARV therapy	0.4	3.2	8.1
Associated infections: People receiving treatment for sexually transmitted infections	0.58	11	22
Basic care and support services provided to orphans and other vulnerable children	0.53	5.6	7.5
Condoms distributed, billions	0.31	3.1	5.1
Counseling and testing encounters	6.9	173	423
HIV-positive pregnant women receiving ARV prophylaxis for PMTCT	0.12	1.1	3.1
TB			
Treatment: people with access to DOTS (smear-positive)	1.5	8.2	13
HIV/TB – Associated infections: People receiving treatment for TB/HIV	0.02	3.4	13
People treated for multidrug-resistant TB, thousands	7.6	52	210
MALARIA			
Prevention: Insecticide-treated nets distributed	12	194	548
Prevention: Structures covered by indoor residual spraying	4.5	36	58
Treatment: Cases of malaria treated	12	212	515
CROSS-CUTTING			
Community outreach prevention services (behavior change communications)	13	211	462
People receiving care and support	0.8	13	28
“Person episodes” of training for health or community workers	1.7	14	16

Outreach worker Paula Mengate seeks out long-haul truck drivers like Charles Alwangata at a cross-border truckers “resting zone” near Maputo clearance. Resting zones are hot spots for sex workers to meet up with clients. Paula’s job is to provide information about the risk of HIV infection and other sexually transmitted diseases, as well as to give out free condoms. *Mozambique – The Global Fund / John Rae*



Progress towards Millennium Development and International Goals in High-impact Countries

The Millennium Development Goals have served as a tremendous collective framework that spurred many countries and partners in global health to identify ambitious targets, and then motivated many to achieve those targets.

Some targets have been met and surpassed, while others have been more challenging. Millennium Development Goal 6 was set to combat HIV, malaria and other diseases. The target was to halt their growth by 2015 and reverse the spread of HIV, and the incidence of malaria and other major diseases.

On an aggregate level, Global Fund-supported programs have already met the Millennium Development Goal 6 targets of halting growth and reversing the spread of HIV, TB and malaria.

HIV

a **47 percent** decline in HIV incidence rate and a **28 percent** decline in HIV-related death rate between 2000 and 2014; a **43 percent** decline in HIV death rates from their peak in 2004.

TB

a **19 percent** decline in TB incidence rate and a **41 percent** decline in TB death rate between 2000 and 2014.

MALARIA

a **34 percent** decline in malaria case incidence rate and a **48 percent** decline in malaria death rate between 2000 and 2014.



43%

DECLINE IN HIV-RELATED DEATH RATES FROM THE PEAK IN 2004



41%

DECLINE IN TB DEATH RATES BETWEEN 2000 AND 2014



48%

DECLINE IN MALARIA DEATH RATES BETWEEN 2000 AND 2014

The following table illustrates a range of remarkable gains towards international targets of reducing incidence and death rates of the three diseases between 2000 and 2013 (latest published estimates) achieved by 21 “high-impact” countries where the Global Fund invests. As shown in the table, overall, incidence and deaths rates have declined between 2000 and 2014 in majority of the Global Fund high-impact countries. In 14 and 9 out of the 21 high-impact countries, HIV incidence and deaths rates declined more than 50 percent, respectively, between 2000 and 2014.

In TB, 17 and 19 out of 21 countries showed a decline in incidence and deaths rate between 2000 and 2014, respectively. Three 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 between 2000 and 2014, with nine countries exceeding a 50 percent decline in incidence and 16 countries exceeding a 50 percent decline in malaria deaths.

PERCENTAGE DECLINE IN MORBIDITY AND MORTALITY FOR AIDS, TUBERCULOSIS AND MALARIA

	HIV (2000-2014)		TUBERCULOSIS (2000-2013)		MALARIA (2000-2014)		
	incidence	deaths	incidence	deaths	incidence	death	
HIGH IMPACT AFRICA - 1	Congo (Democratic Republic)	55%	50%	-2%	14%	43%	72%
	Côte d'Ivoire	62%	47%	53%	74%	28%	65%
	Ghana	68%	58%	57%	86%	40%	51%
	Nigeria	52%	4%	-4%	13%	23%	62%
	South Africa	53%	28%	-47%	15%	65%	78%
	Sudan	-	-100%	40%	36%	60%	62%
HIGH IMPACT AFRICA - 2	Ethiopia	83%	78%	47%	69%	74%	74%
	Kenya	57%	80%	6%	-17%	36%	49%
	Mozambique	57%	9%	-5%	25%	37%	74%
	Tanzania (United Republic)	72%	68%	31%	29%	72%	64%
	Uganda	11%	77%	60%	78%	56%	85%
	Zambia	57%	78%	42%	29%	45%	68%
	Zimbabwe	63%	73%	24%	-68%	26%	26%
HIGH IMPACT ASIA	Bangladesh	-	-100%	1%	31%	88%	86%
	India	62%	11%	24%	50%	46%	46%
	Indonesia	-100%	-100%	11%	64%	-3%	-38%
	Myanmar	73%	-20%	9%	64%	31%	38%
	Pakistan	-100%	-100%	1%	51%	72%	73%
	Philippines	-	-	21%	31%	92%	92%
	Thailand	73%	67%	32%	50%	50%	96%
	Viet Nam	49%	-99%	28%	44%	88%	89%

Source: HIV: UNAIDS 2015 report, malaria: WHO Global Malaria Program, TB: WHO 2014 Global TB report

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



Doctors make rounds in the multidrug-resistant TB ward of Mandalay's Pathein Gyi TB Hospital. Myanmar - *The Global Fund* / John Rae

Building Resilient and Sustainable Systems for Health

The Ebola crisis in West Africa is a wake-up call – a stark reminder that local health threats and weak health systems are global threats that can decimate economies and cause instability. The Ebola crisis also points to unique problems in challenging operating environments and makes poignant the need to understand health as part of a development continuum. This requires differentiated investments that respond to a country’s position on the continuum between challenging operating environment and self-sustaining state.

The core mission of the Global Fund – to end HIV, TB and malaria as epidemics – can only be achieved if there are effective systems for health. The Global Fund partnership’s investments in HIV, TB and malaria create substantial positive effects on the overall health systems of countries with serious burden of these diseases. This mutually reinforcing relationship between funding for disease-control programs and funding for cross-cutting aspects of health systems is a cornerstone of the Global Fund’s approach to investment. Overall, more than one-third of the Global Fund’s investments are made in health systems. These investments are delivered in three main ways: (1) support for programs to control HIV, TB and malaria, (2) specific health systems investments, and (3) innovative mechanisms and policies that leverage further support for health systems from both domestic sources and other partners.

FREEING HEALTH SYSTEMS BY CONTROLLING HIV, TB AND MALARIA

The Global Fund’s investments in support of programs to control the diseases have reinvigorated health systems by easing pressure on them as people get healthier. In many countries, investments in ARV therapy have brought benefits to the health system by reducing hospitalizations and decreasing mortality due to HIV. As the number of patients on ARVs increased, hospitalizations decreased dramatically, providing the opportunity to expand hospital admissions for other health needs. Also, fewer people, including health workers, died of AIDS-related complications, allowing domestic resources to be reinvested in other areas of the health system.

SUPPORTING SPECIFIC ASPECTS OF RESILIENT SYSTEMS FOR HEALTH

No single international or bilateral organization has the capacity or mandate to support countries to build resilient and sustainable systems for health. Learning from others and from its own investments, the Global Fund is focused on aspects of health systems related to its mission, capacity and ability.

INFORMATION SYSTEMS

A thriving health information system is vital for a transformative response to diseases. The Global Fund has invested in building better information systems in low- and middle-income countries. In Ethiopia, for example, the Global Fund is supporting the rollout of an integrated health management information system for all health areas, including maternal and child health, through capacity building of district hospital management teams and health information officers. Ninety-three percent of hospitals and 80 percent of health facilities in the country are implementing the new system. To improve data quality, the Global Fund is providing additional support for health management information system software with the aim of strengthening the use of data for planning and decision-making at the district and national levels. Overall, the Global Fund accords special attention to integration of surveillance systems into health management information system for better case reporting and to track notifiable diseases such as Ebola, measles, and cholera.

INCREASED ALLOCATIVE EFFICIENCY

With needs that are bigger than the resources available, ending epidemics and building health systems requires focused, data-driven approaches that can achieve the greatest impact. Under the Global Fund’s funding model, the Technical Review Panel has seen increased prioritization in concept notes. In addition, through a Board-approved special initiative on optimizing value for money, a range of partners have engaged to strategically prioritize interventions to maximize impact – a process that is often called “allocative efficiency.” The Global Fund requires countries to complete an epidemiological analysis to identify disease

trends and data gaps prior to submitting their concept notes in order to ensure support is targeted to the right populations in the right places and that respective health systems are being strengthened to support those investments. Related to this, the Global Fund is supporting countries to enable them do better size estimates and mapping of key populations. Twenty-five countries have nationally adequate estimates for at least two key population groups.

IMPROVING SUPPLY CHAINS

Over 40 percent of the Global Fund's total investments are spent on medicines, health products and equipment. Improving in-country supply chains and pharmaceutical management to maximize impact and manage investment risks is critically important. A significant problem with Global Fund procurement in the past was the ability to deliver products on time. But sustained focus has lifted **on-time delivery** from 37 percent in 2013 to **81 percent** in mid-2015.

HEALTH WORKERS

Training health workers is also critically important to building resilient health systems. In Ethiopia, for example, support for human resources in health involves a program on integrated training for 32,000 health extension workers. The program has resulted in significant improvements in maternal and child services. There has been an increase of **57 percent** of pregnant women with at least one antenatal visit, a **70 percent** reduction in malaria incidence and an increase of over **30 percent** of case notifications of smear-positive TB. In Zimbabwe, the Global Fund is financing an emergency health worker retention scheme that was put into place to try and reverse the enormous "brain drain" of health staff from the country due to decline of the economy in 2008-2009. Between 2009 and 2014, the Global Fund supported nearly 20,000 critical health workers, which was highly successful in motivating staff to return to work, decreasing vacancy rates, improving retention rates of nurses and doctors, and overall, greatly improving coverage of health services.

IMPROVED FINANCIAL MANAGEMENT

Investments in financial management and health financing contribute to universal health coverage through support in implementing relevant health financing and policy reforms. In Rwanda, for example, overall low utilization of services, including HIV, TB and malaria, but also other health programs, was due to high out-of-pocket expenditures that limited the population's access to services. The Global Fund now

provides support for a package of measures to scale up ongoing community-based health insurance as well as support for performance-based financing, which covers HIV, TB, malaria and other programs.

FINANCIAL AND RISK MANAGEMENT

Working with the private sector to improve financial and risk management capacity in programs, the Global Fund has a partnership with Ecobank, a pan-African bank, which provides capacity building support in financial management focused on Nigeria, Senegal and South Sudan. With Munich Re, a global insurance group, the partnership is focused on vulnerable communities with potential solutions such as life insurance, critical illness cover, living benefit products, universal health coverage and improved access to health. With SAP, a leader in enterprise application software, the Global Fund has developed a multicountry approach with pilots launched in six countries on a grant management dashboard tool designed to help implementers manage their programs better.

E-MARKETPLACE

To build country procurement capacity for sustainable systems while providing every country – even those that have or will transition from Global Fund support – access to low-cost, high-quality products, the Global Fund is piloting an innovation platform or e-Marketplace. The service is being designed as an open source, cloud-based e-Market exchange platform that Global Fund implementers in country and (ultimately other organizations as well) will gain access to. The aim of this platform is to provide affordable, accessible, high-quality products to implementing partners, allowing for critical savings. In the long-term, the e-Marketplace will enable countries transitioning from external funding to put in place simplified, sustainable procurement practices, and increase transparency across the market, reducing costs and securing quality. The e-Marketplace could add an additional US\$100 million per year in efficiency savings by 2020. On a larger scale, with greater access and transparency, all buyers and sellers of health products may benefit.



In Trujillo, Honduras, adolescent girls wait outside a school for the start of a drama performance that deals with HIV-related issues. Plays like these are very popular among young members of the local Garifuna population and are a very effective tool to encourage debate and reduce stigma. *Honduras – The Global Fund / John Rae*

Adolescent Girls and Women

While tremendous gains have been achieved against HIV, they have not been as effective for adolescent girls and women. Gender inequalities continue to fuel infections, and increase women's and girls' health risks. HIV is the leading cause of death of 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, young women aged 15-24 are most vulnerable to HIV with infection rates twice as high those as in young men.

Biomedical interventions meant to avert infections in women will not reduce their vulnerability to HIV. Structural transformations – social, political and cultural – need to happen in order to end the spread of HIV.

The Global Fund partnership is determined to work harder on improving the health of women and girls by focusing on maternal, newborn and child health, with interventions for antenatal care, childbirth, family planning and holistic care for survivors of gender-based violence. Maternal mortality is being reduced in many countries, but not fast enough. In Ethiopia, where the Global Fund is one of many partners working with the government on health programs, the maternal mortality rate dropped by 6.4 percent between 2000 and 2013.

Much more needs to be done. The Global Fund's Gender Equality Strategy Action Plan lays out a roadmap for achieving strategic, high-impact and gender-transformative investments to prevent new infections and save more lives.

FUNDING MODEL

The funding model is designed to maximize investments in programs that reach women and girls with critical services, including strengthened links with reproductive, maternal, newborn, child and adolescent health through better access to funding processes. Using available estimates from partners and our investment data, the Global Fund estimates that **55 to 60 percent** of its spending benefits women and girls.

The Global Fund strongly supports efforts to address gender inequalities and strengthen community systems that will reach women and girls. As part of reforms to boost inclusion of women, analyzing the role of gender is now an obligatory part of the concept note process. Concept notes submitted over the past year demonstrated

a significant improvement in how countries have engaged with the gender dynamics of their epidemics. Country Coordinating Mechanisms now have guidelines for expertise on gender and for striving toward equal representation of men and women in Global Fund-related decision making. In 2015, **39.2 percent** of Country Coordinating Mechanism members in implementing countries are women, an increase from 33.9 percent in 2010.

Interventions that support adolescent girls and women in gaining access to health services vary by country. For example, in Afghanistan, the Global Fund is investing in female community health nurses, supporting them to deliver TB prevention and care to women in remote communities who otherwise cannot visit health facilities without the escort of a male relative. In Lesotho, the Global Fund has invested in the development of National Guidelines for Prevention of Mother-to-Child Transmission of HIV, as well as in integrating sexual and reproductive health with HIV services so that women can access both services in one place.

For sustainable impact, the Global Fund partnership is exploring investments to keep adolescent girls and young women in school and HIV-free. These approaches have the potential to create a critical mass of healthy, educated and financially independent women who get married later, have children when they plan to, and keep their children healthy.

PARTNERSHIPS

The Global Fund is strengthening its collaboration with key partners to amplify investments for women and girls. It has championed UNAIDS and the United Nations Children's Fund (UNICEF)'s "All in!" initiative to end adolescent AIDS, which launched in Nairobi in February 2015. It is working closely to align its investments along PEPFAR's "DREAMS" initiative, which aims to reduce HIV incidence by 40 percent among adolescent girls and young women in ten countries in southern Africa in two years. In addition, a strong partnership with GAVI is bringing vaccines to children, while the partnership with The United Nations Population Fund (UNFPA) is strengthening linkages with HIV and sexual and reproductive health programs. Through a partnership with UNAIDS, an HIV gender assessment tool allowed more than 30 countries to identify gender gaps in HIV and TB programming and, in turn, inform the prioritization of investments in concept notes. UNAIDS and the StopTB Partnership have improved the gender assessment tool to add TB.

Through partnerships with civil society groups, the Global Fund is supporting the participation of women in strategy and grant-making processes. The Global Fund partnered with the International Women's Health Coalition to lead a gender consultation at the 59th Commission on the Status of Women to inform the new Global Fund strategy. The network Women4Global Fund and International Community of Women Living with HIV produced an advocacy brief to inform the strategy discussions. With the support of the German institute BACKUP, women's organizations and gender advocates in South Africa are meaningfully engaging in the country dialogue and concept note development. As a result, women's issues have influenced the Country Coordinating Mechanism and resulted in better concept notes, including funding to address gender-based violence and vulnerabilities of young women and girls to HIV and TB infection.

In April 2014, the Global Fund signed a memorandum of understanding with UNICEF to support countries in developing robust and technically sound concept notes with strong reproductive, maternal, newborn, child and adolescent health components. The maternal health component of the agreement, on the other hand, is being integrated into HIV and HIV/TB concept notes, as part of a broader

strategy to promote comprehensive antenatal care for pregnant women. This partnership is seeking to strengthen the integration of sexual and reproductive health interventions for equitable access to services that are anchored in human rights and gender responsive programs.

In another memorandum of understanding signed in August 2014, the Global Fund and UNFPA are working to maximize the availability of essential medicines and commodities to complement Global Fund grants.

It is projected that these partnerships will prevent new HIV infections, help reduce stigma and discrimination, increase access to antiretroviral drugs, and prevent AIDS-related illnesses and deaths, particularly among women, girls, adolescents and key populations.



55–60%
OF GLOBAL
FUND
SPENDING

BENEFITS
WOMEN AND GIRLS

At a school in Chairuch Dairon, Tajikistan, 14- and 15-year-olds take part in a life-skills education session that addresses topics such as HIV and AIDS. *Tajikistan - The Global Fund / John Rae*



The vast majority of India's estimated 1 million-plus transgender women are shunned by their families and by society, and many of them are forced to turn to begging or sex work, both illegal activities. Fortunately, this hammam distributes condoms free of charge and provides counseling through a program supported by the Global Fund. *India – Gitika Saksena for International HIV/AIDS Alliance*

Human Rights

The Global Fund partnership was founded with a strong commitment to advancing human rights, and has worked with countries to identify gaps and help shape their investments more effectively. The promotion and protection of human rights is essential for expanding access to health services, especially for key populations and those who are most vulnerable.

With its mandate to accelerate the end of HIV, TB and malaria as epidemics, the Global Fund included an explicit human rights objective in its 2012-2016 strategy, recognizing that more needed to be done to promote and protect human rights. In recent years, this has led to efforts to integrate human rights considerations throughout the grant cycle, increased investments in programs that address human rights-related barriers to access, and increased efforts to ensure that the Global Fund does not fund any programs that infringe human rights.

Many steps have been taken to embed human rights into the Global Fund's way of doing business. New policies and tools have been developed, including the Human Rights Information Note, a "Removing Legal Barriers Module" that outlines the key human rights interventions that countries should include in their concept notes, the inclusion of minimum human rights standards in the Global Fund's framework agreements, the establishment of a Human Rights Complaints Procedure, as well key performance indicators to measure progress on mitigating human rights violations in programs financed by the Global Fund and on increasing investment for human rights programs. But efforts have also focused on training Global Fund staff on human rights and gender, facilitating technical cooperation for implementers, and engaging more closely with representatives of key populations. All this is being done to ensure that issues of human rights, gender and community strengthening are taken into consideration in the design of all health interventions, so that they achieve greater impact.

All Global Fund-supported programs are required to meet minimum human rights standards aimed at guaranteeing that Global Fund investments do not infringe upon human rights, that they increase access to quality services and maximize the potential impact of interventions. These five minimum human rights standards are: non-discriminatory access to services for all, including people in detention; employing only scientifically sound and approved medicines or medical practices; not employing methods that constitute torture or that are cruel, inhuman or degrading; respecting

and protecting informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered; and avoiding medical detention and involuntary isolation, to be used only as a last resort.

In line with the Global Fund's commitment to the highest standards of accountability, a human rights complaints procedure allows individuals or groups to submit a complaint to the Global Fund's Office of the Inspector General if any of five minimum human rights standards is believed to have been violated by an implementer of Global Fund grants. More attention has also been placed on community engagement in country dialogues – a critical part of successful grants that support prevention, treatment, and care, as well as human rights interventions for people affected by HIV, TB and malaria, including those most marginalized.

Perhaps most important, applicants requesting Global Fund grants are required to identify key human rights barriers and are strongly encouraged to include human rights-related activities in their concept notes, including training for police, health officials and health workers; legal aid services, and legal literacy programming; or legal environment assessments or law reform.

Countries are pursuing their own efforts to protect the human rights of the most vulnerable. They are also working under the Global Fund's funding model to build stronger country ownership of programs that address the rights of those most affected by diseases. For instance, with strong efforts by UNAIDS and other partners, **Honduras** has strengthened HIV prevention services for vulnerable populations. In 2015, the country's congress adopted a new law on HIV, based on a human rights based approach and establishing clear sanctions for discriminatory acts and behaviors against people living with HIV. With regards to HIV investments, the country has increased its commitment and leadership in activities targeting men who have sex with men and transgender people. The country's resolve to fight discrimination and improve access to HIV-related services to the most vulnerable is a boost to human rights work in the country.

All this work is being developed based on consultations with human rights experts, civil society organizations, (including key population networks), and technical partners. To help guide the Global Fund through all matters relating to human rights and HIV, TB and malaria, a Human Rights Reference Group was established. Drawing on leading experts from the health and human rights community, the group provides the Global Fund with practical advice on how to carry out the strategic actions and keeping the Global Fund abreast of emerging human rights developments at the local, national and international level that affect the response to the three diseases.

The Global Fund partnership is aware that it must build on this progress. Achieving the full impact of the work to date will require a sustained effort, including greater investment in the human rights programs that help remove barriers to health services.



81%
IMPROVEMENT

IN ON-TIME
DELIVERY
OF MEDICINES
AND HEALTH
PRODUCTS





OPPOSITE PAGE: Responsibilities of a midwife in Ywa Ngan Township, Myanmar, range from diagnosing malaria to postnatal checks on mothers and babies. Myanmar - The Global Fund / John Rae

THIS PAGE: Awareness-raising sessions for adolescent girls in Maputo, Mozambique include information about HIV, sexually transmitted infections and condom use, among other topics. Mozambique - The Global Fund / John Rae

Domestic Financing and Sustainability

To accelerate response to diseases, global health financing has a great challenge: finding new ways of raising adequate resources. Many low- and middle-income countries are taking more responsibility for investing in health. For the first time in the history of global health, Africa is mobilizing more domestic resources for health than foreign development investments in the sector. In the spirit of shared responsibility and global solidarity with the international community, these countries are taking the lead and investing heavily in sectors that have been traditionally dominated by foreign development investments.

For instance, with the support of partners such as UNAIDS, African countries have increased their domestic resources to respond to HIV by 150 percent in the last four years. In a bid to end HIV, TB and malaria as epidemics, increasing domestic finances for health is tremendously important.

Increased domestic investments in health signal country ownership and are a pathway to real sustainability of programs. While seeking to catalyze domestic investments in health, the Global Fund partnership is supporting in-country innovations that increase domestic investments in health.

Partnerships between UNITAID and Clinton Health Access Initiative (CHAI) are catalyzing innovative mechanisms for increased domestic investments in health. CHAI's entrepreneurial approach to providing access to health care and UNITAID's innovative financing mechanisms have emphasized creating partnerships and fostering strong country investments and ownership of programs.

Papua New Guinea is funding its transition from CHAI/UNITAID projects. Starting in 2006, CHAI and the Department of Health in the country worked to build clinical capacity for pediatric HIV treatment. As the UNITAID pediatric project approached its end date, CHAI and Papua New Guinea's National Department of Health, National AIDS Council Secretariat and parliamentary representatives implemented a successful transition with strong national ownership. UNITAID's investments have also played a truly catalytic role in scaling-up pediatric HIV treatments in Cambodia.

The Global Fund has found an effective way to stimulate domestic investments in health. It starts with the conviction that making a transformational difference in the lives of the millions of people affected by diseases in low- and middle-income countries will require significantly bigger domestic investments in health – private and public.

The Global Fund implements counterpart financing policies to support countries in increasing domestic funding for the three diseases and the health sector. The current funding model supports ministries of health and finance to access an additional 15 percent of a country resource envelope as domestic resources increase. Thus far, countries have committed an additional **US\$4.3 billion** to their health programs for 2015-2017. Compared with spending in 2012-2014, this represents a **52 percent increase** in domestic financing for health. Here is a breakdown, separated by income level of the countries involved:

COUNTRY INCOME LEVEL	GOVERNMENT CONTRIBUTION (MILLION US\$)			
	2012-2014	2015-2017	Additional	Percentage Increase
Low	1,511	2,226	714	47%
Low-Middle	3,300	5,943	2,642	80%
Upper-Lower Middle	1,195	1,684	489	41%
Upper-Middle	2,761	3,463	702	25%
Total	8,768	13,316	4,548	52%



1/3 OF INVESTMENTS

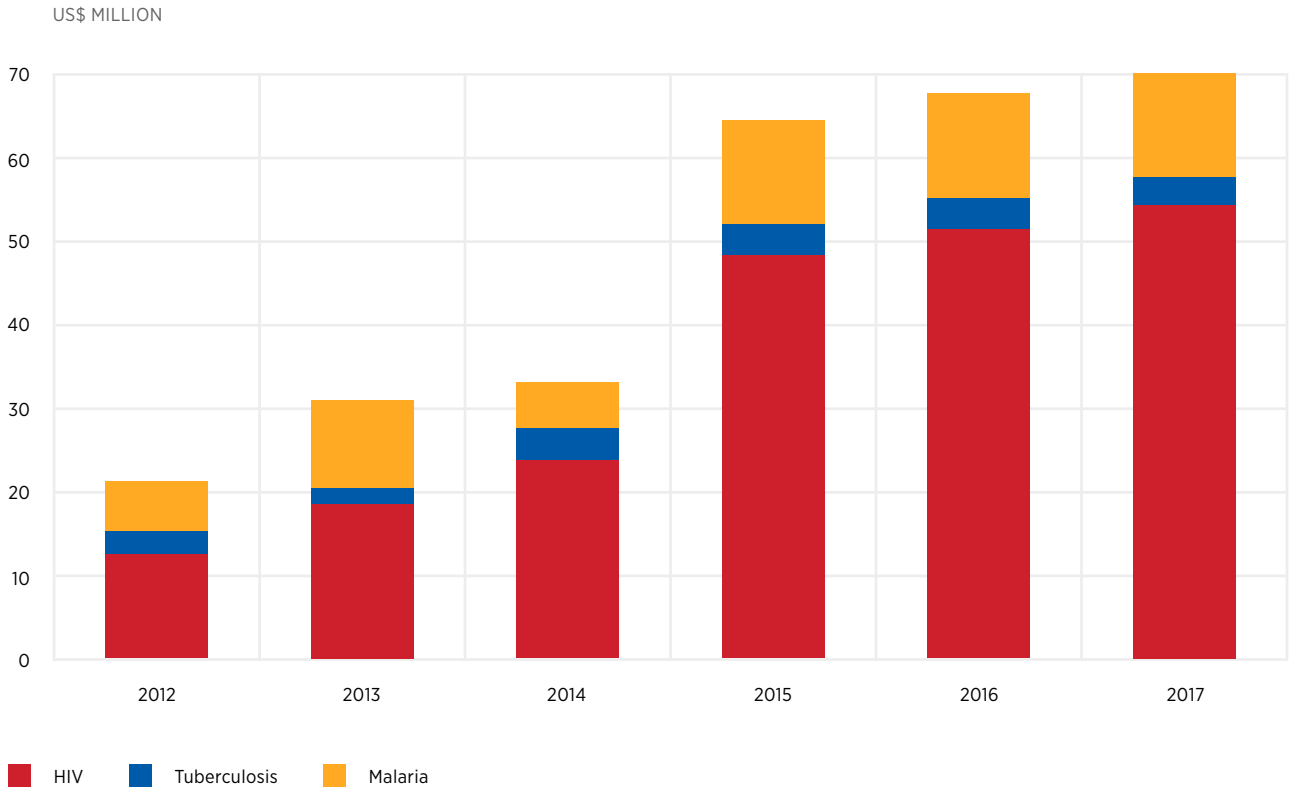
GO TO BUILDING
RESILIENT AND
SUSTAINABLE
SYSTEMS
FOR HEALTH

A Volunteer Health Promoter provides medicine to a young man under TB treatment. He has been taking his medicine for two months and is regaining weight. *Paraguay – The Global Fund / John Rae*

Implementing countries have stated that the funding model's requirement for counterpart financing has been valuable in unlocking more resources for health in their countries. In a survey conducted among 404 participants in country dialogue and concept note development in the first five funding windows of the funding model, 82 percent of respondents said the Global Fund's increased focus on counterpart financing encouraged greater government commitments in their countries.

Under the funding model, governments in several countries will for first time make substantive direct co-investments in Global Fund-supported programs – an important step towards longer-term sustainability of programs. The Global Fund is continually looking to make the process simpler.

The global health landscape is increasingly diverse and complex. The Global Fund is evolving towards increased differentiation and tailored partnerships with countries in different places along the development continuum, taking into consideration the unique characteristics of each health system and the presence and role of critical partners. Countries sometimes advance and sometimes suffer setbacks, as unexpected changes come in politics, policies, institutions, economics, and public health.



In Mozambique

A good example is Mozambique, which has demonstrated strong commitment to providing additional budgetary support of about US\$28 million to programs supported by the Global Fund in 2015, and thereafter maintain a steady increase in its contribution. These commitments of direct program funding along with increases in service delivery costs for program scale up, translate into an additional US\$118 million from government resources for HIV, TB and malaria in the current period compared to the past one – an increase of more than 130 percent.

Ensuring that a tiny community living on an island near Maputo also receive free mosquito nets requires carrying a bale of nets to shore at low tide. *Mozambique – The Global Fund / John Rae*



In the Philippines

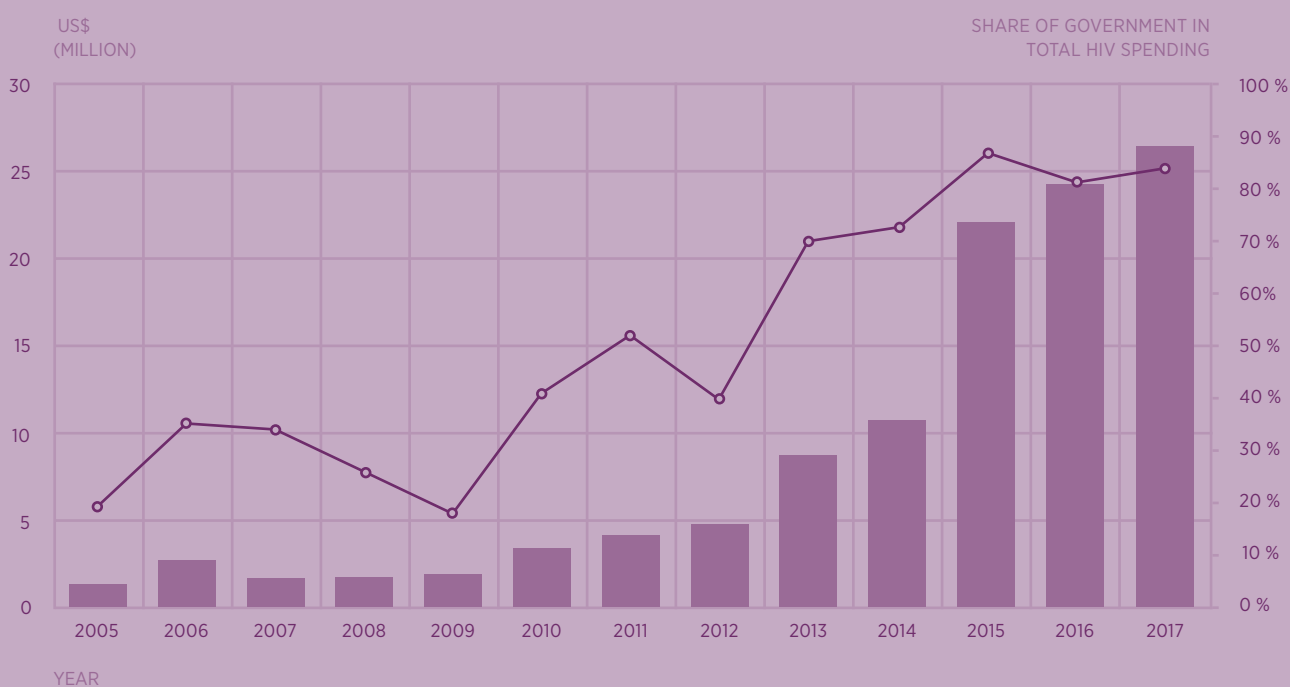
The Philippines has shown leadership in the area of domestic financing. Backed by strong political support from President Aquino for universal health care, the government has earmarked about 85 percent of a projected US\$6 billion in revenue from new alcohol and cigarette taxes over five years to improve health care. In 2014, the Department of Health budget recorded a 58 percent increase in appropriation, compared with 2013. The government's commitments to HIV in 2015-2017 account for 92 percent of resources in the response, a dramatic increase from 18 percent in 2009.

The commitment translates into a program of prevention services being offered through the national health care system. At the city health office in Puerto Princesa, the Philippines, pregnant women volunteer to take an HIV test, provided for free with support from the Global Fund. Two times a week, consultations are given for free as well.

The Philippines - The Global Fund / John Rae



DOMESTIC FINANCING OF HIV PROGRAMS IN THE PHILIPPINES (2005-2017)



- Amount of government investment
- Government investment as percentage of total spending on HIV

Source: GARPR, UNAIDS (2013) and request to the Global Fund (2014).
Note: Includes only earmarked HIV spending. Human resources costs borne by local governments not included.

Toward Full Transition and Sustainability

Diversifying the way the Global Fund invests and engages in different country settings is not merely about the financial investments. It is about choosing what to support in different contexts, and doing it more effectively through partnerships.

The Global Fund supports a large percentage of disease program budgets, as well as key system components, in countries early in the continuum. When a country is going through the complex transition from a post-conflict state, there are often major systemic and capacity gaps in the health sector that greatly affect its ability to implement programs. In these countries, increased investments can strengthen core elements of health, and can build the resilience needed to respond to HIV, TB and malaria and to address broader health needs. Flexibility and responsiveness are critical for the Global Fund's engagement in these more volatile contexts.

Broader partnerships are also needed with actors who are experienced in operating in challenging environments and who know community networks and leaders. In countries facing exceptional circumstances, and especially difficult development challenges, the United Nations Development Programme (UNDP) has been serving as interim Principal Recipient, developing capacity of national entities to take over the role of Principal Recipient. Areas of capacity development include program and financial management, fiduciary controls and oversight, procurement and supply chain management, among others. To date, UNDP has successfully transitioned out of 23 countries.

Countries at the other end of the continuum have the ability to pay for core commodities and have adequate human resources. In these contexts, the Global Fund supports activities that allow an effective transition to self-sustainability. This includes investments in key and vulnerable populations and concentrated epidemics where political will may be lacking, and activities to ensure a government's ability to contract with non-governmental and civil society organizations. Integration of novel mechanisms such as performance-based funding, and partnering with other institutions can develop transition instruments to support successful transitions from external support.

Between the two extremes of the development continuum lie a large number of countries that need tailored approaches based on the unique health needs and characteristics of health systems, on the socioeconomic and political environment, and on the fabric of partners present in each setting. By tailoring investments and processes through differentiation, the Global Fund, as a financing mechanism, can play an important and increasing role in influencing political will, capacity development and long-term programmatic and financial sustainability.

The Global Fund has disbursed more than US\$27 billion to accelerate the end of AIDS, TB and malaria.





OPPOSITE PAGE: A counselor or “activista” works side by side with doctors and nurses to do counseling and testing for HIV at a Maputo health center. Mozambique – *The Global Fund / John Rae*

THIS PAGE: KeloKobong Djamba collects a free insecticide-treated net during a massive distribution campaign carried out in Chad in 2014 whereby nearly 7.3 million mosquito nets were distributed throughout the country. The goal of the campaign was complete coverage – reaching every person at risk for malaria. Chad – *The Global Fund / Andrew Esiebo*

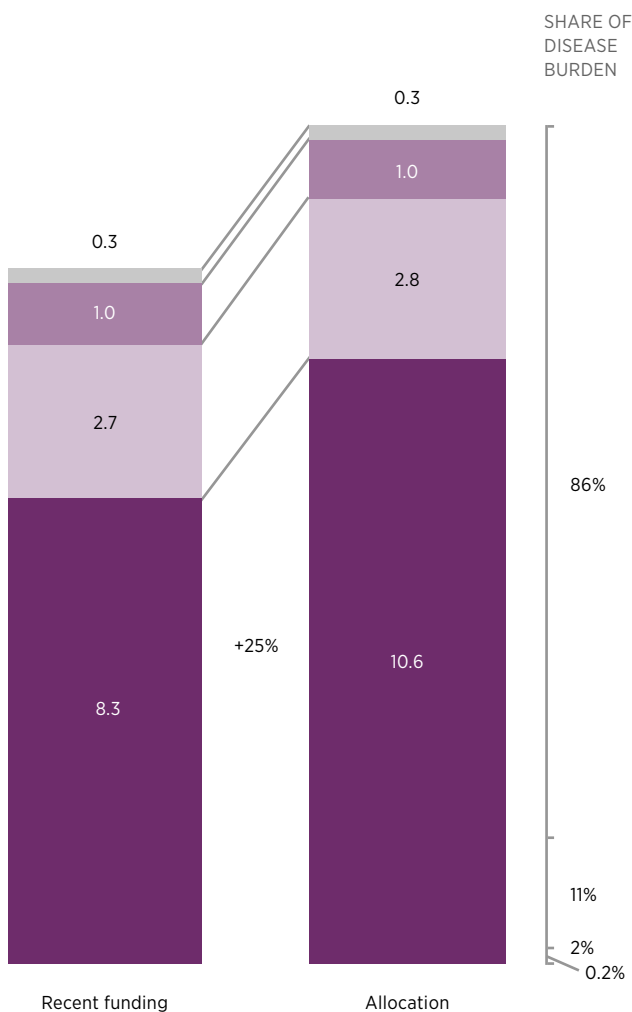
Finances

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.

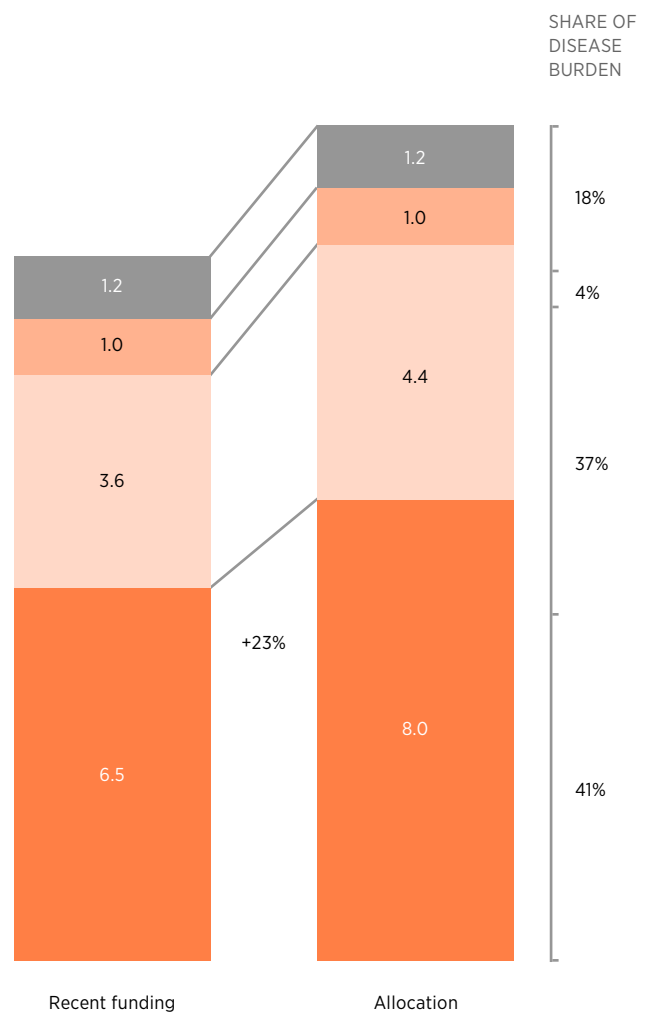
The figure below shows a comparison of funding between the current allocation period and the recent period of previous years. The figure illustrates how funding increased significantly for high-burden countries and for low-income countries, while remaining at the same level or increasing slightly in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

COMPARISON RECENT FUNDING VS. 2014-2016 ALLOCATION

DISEASE BURDEN QUARTILES



INCOME LEVELS

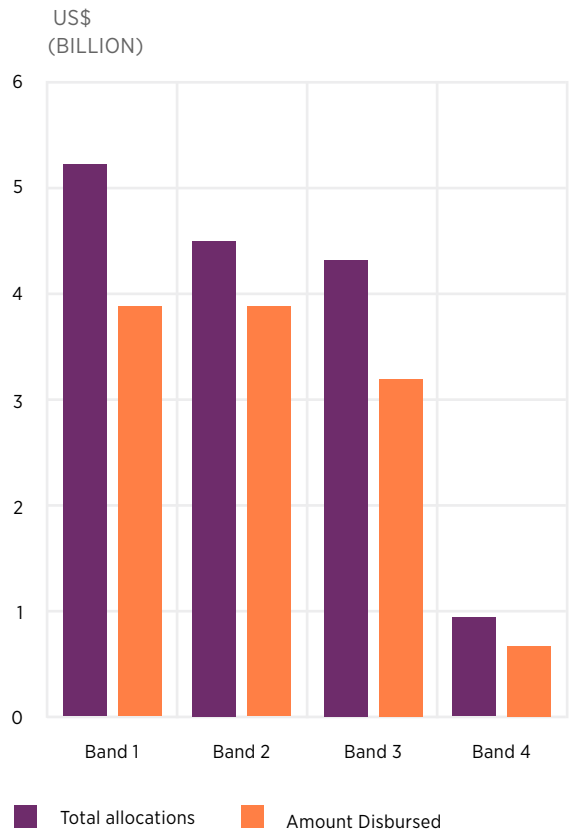


1st (lowest)
 2nd
 3rd
 4th (highest)

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



ALLOCATION AND DISBURSEMENT BY BAND
FOR THE FOURTH RELENISHMENT (2014-2016)



52%
INCREASE

IN DOMESTIC
INVESTMENTS IN
HEALTH

Pregnant women wait at Mtendere Hospital, Zambia. With Global Fund support, the hospital offers HIV testing for expectant mothers, voluntary counseling and treatment, peer education, home-based care, income-generating activities and support for orphans and other vulnerable children. *Zambia - The Global Fund / John Rae*

Value for Money

The Global Fund is focused on achieving lower prices for health and medical commodities, as well as 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.

By 2015, the Global Fund had achieved two-year savings worth more than **US\$500 million** through more effective procurement. The pooled procurement mechanism increased from US\$300 million in 2011 to a projected **US\$1.2 billion** for 2015. The medicines and products purchased through that pool were delivered more swiftly than in the past.

The Global Fund has also launched “Finance Step-Up”, an initiative that improves the transparency, accountability and reliability of internal Global Fund financial systems through an integrated data platform containing sophisticated financial planning and forecasting capacity to ensure early identification of emerging trends and challenges.

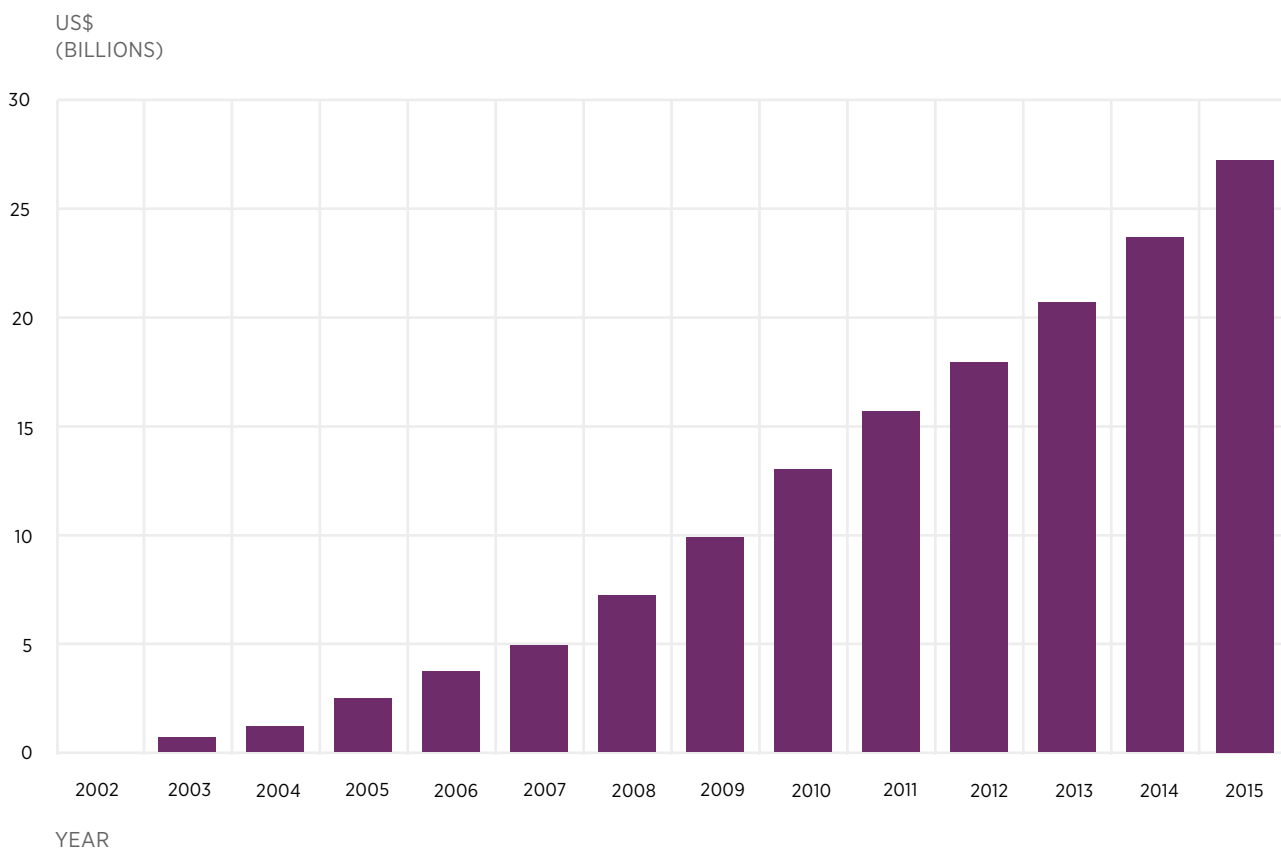
DISBURSEMENT

By September 2015, the Global Fund had disbursed **US\$27 billion** toward the fight to end AIDS, TB and malaria as epidemics.

The Global Fund’s pattern of disbursement reflects the geographic spread of disease. The regions High-impact Africa 1 and High-impact Africa 2 account for approximately 44 percent of Global Fund disbursements. These regions, along with Africa and Middle East, cover sub-Saharan Africa, where HIV/AIDS and malaria are most geographically concentrated.

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 such as the Oil Search Health Foundation in Papua New Guinea and Anglo-Gold Ashanti in Ghana.

GLOBAL FUND DISBURSEMENTS BY YEAR (CUMULATIVE) (2002-2015)



BREAKDOWN OF PORTFOLIO BY
GLOBAL FUND REGION



- Africa and Middle East (28%)
- Asia Europe and Latin America (13%)
- High-impact Africa 1 (20%)
- High-impact Africa 2 (23%)
- High-impact Asia (15%)



US\$500
MILLION

IN SAVINGS IN TWO
YEARS THROUGH
MORE EFFECTIVE
PROCUREMENT

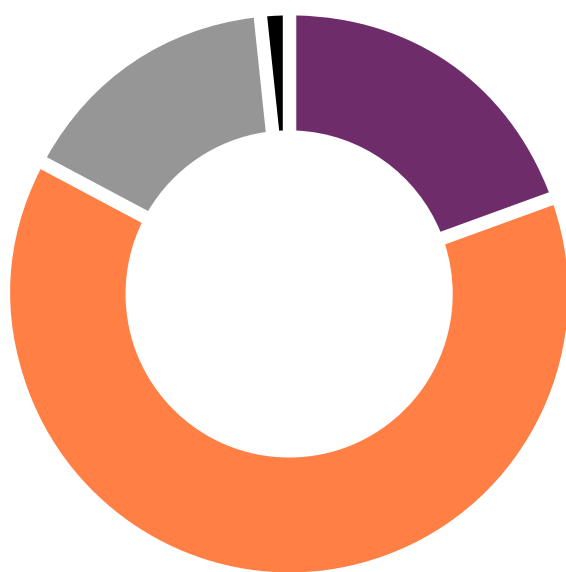
Medical staff discuss patient care at the Regional Hospital to Fight TB in Fergana, Uzbekistan. The Global Fund supports training of staff as well the medicine to treat TB so that it can be offered for free to patients who need it - not only at this hospital, but throughout the country. *Uzbekistan - The Global Fund / John Rae*



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 94 percent of cumulative investment in the Global Fund.

Expanding access to PMTCT is a key priority in KwaZulu-Natal, the province with the highest HIV prevalence rate in South Africa. *South Africa - The Global Fund / John Rae*

BREAKDOWN OF PORTFOLIO BY TYPE OF IMPLEMENTER (ACTIVE GRANTS)



■ Civil society (20%) ■ Governmental (63%)
■ Multilateral (16%) ■ Other (1%)



OPERATING EXPENDITURE

The Global Fund's operating expenditure dropped in 2014 to **US\$286 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 three 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.

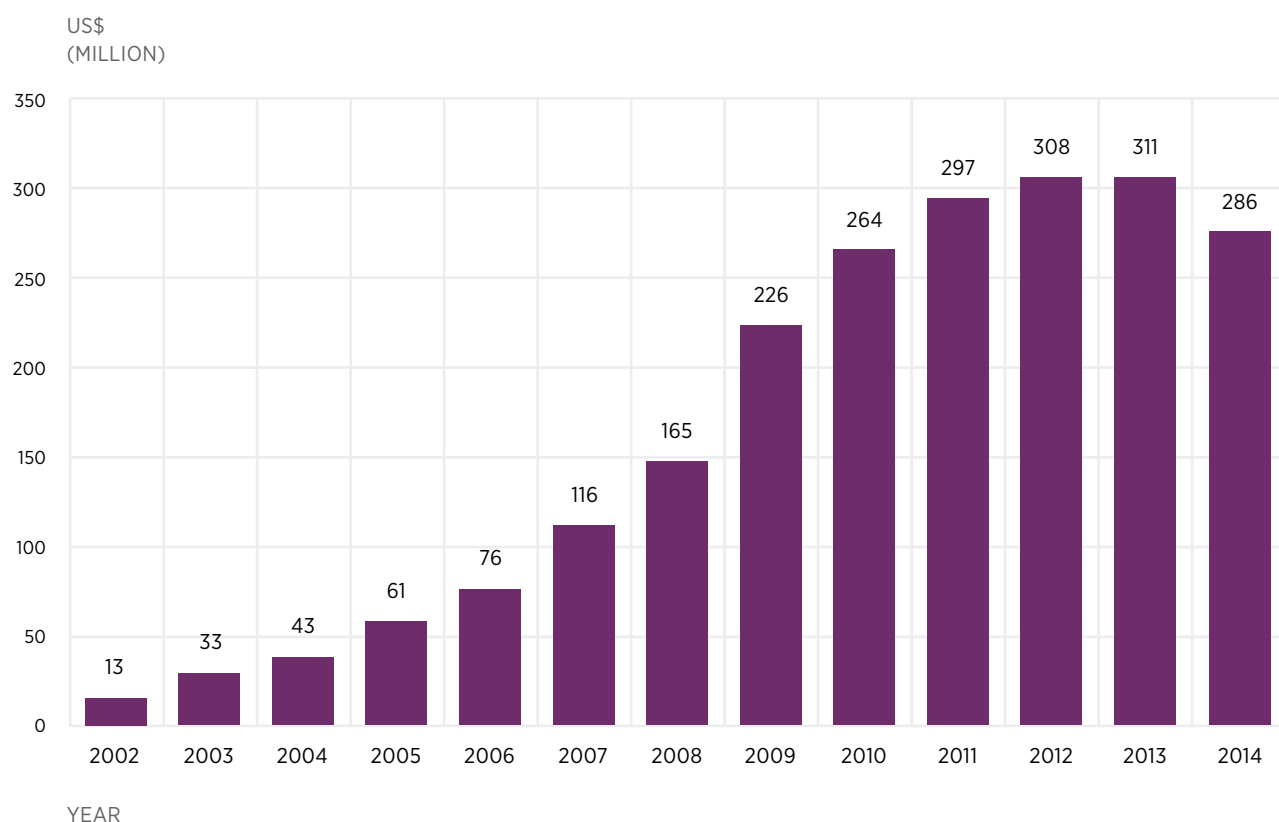
In the current replenishment period, (2014-2016), donors have pledged to contribute **US\$12.23 billion**.

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 94 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 act as investors. These countries include Brazil, Kenya, Malawi, Mexico, Namibia, Rwanda, South Africa, Thailand, and Zimbabwe. In many cases, counterpart domestic financing is playing a larger role as countries transition to middle-income status. A review of 68 key disease programs found that domestic governments have committed an additional US\$2.8 billion for 2015-2017 when compared to 2012-2014 – a **62 percent** increase.

Non-government sources of funds are also growing. The Bill & Melinda Gates Foundation is the largest non-government investor in the partnership, contributing **US\$1.4 billion** to the mission since inception. Other notable donors include PRODUCT (RED) – which raises funds through popular consumer brands – the United Methodist Church, the Tahir Foundation, UNITAID, Chevron and BHP Sustainable Communities.

OPERATING EXPENSES BY YEAR (2002-2014)



Conclusion

The achievements of the Global Fund partnership are the results of multitudinous efforts, with contributions 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.

These achievements are not possible without resilient and sustainable systems for health, without community systems, without improved supply chain management, and continual innovation. They are only possible with focus on gender inequalities, and with a strong commitment to advancing human rights. Respecting and promoting human rights is essential for expanding access to health services, especially for key populations and those who are most vulnerable. The progress cited in this report could only be possible with greater domestic investments in health, improved value for money, and more effective procurement of necessary health products.

To make a transformational difference in the lives of the millions of people affected by HIV, TB and malaria, the Global Fund partnership must strive to constantly improve. Better data and better tracking of results and impact are an essential ingredient. So are the principles of partnership and shared responsibility. In 2015, as world leaders coalesce to formulate Sustainable Development Goals, as building blocks for improving the lives of billions of people, the achievements of global health can serve as a model for what can be achieved when communities come together and aim for common goals, like access to quality health care for all.



After a dramatic recovery thanks to ARV therapy, Beauty dedicated her life to helping others living HIV and chairs a 20-member HIV support group. She also met the love of her life, Mwaala, and disclosed her status to him. He didn't mind and they now live a happy life as a married couple.
Zambia - The Global Fund / John Rae

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AIDS, Tuberculosis and Malaria**

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