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20 Years of Impact: How
We Changed the Story

For 23-year-old Daoprakri Deepal, a nursery school teacher in Bangkok, COVID-19 has brought a lot of pressure to her life. "There is a big change because my husband became unemployed and we lost the main income for the family. I'm worried about a lot of things – the family is struggling."

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Letter from the Executive Director



2021 marks the Global Fund's 20th anniversary. In those two decades, we have made remarkable progress against HIV, TB and malaria. But as we celebrate this milestone, we face a new and sobering reality: COVID-19 is reversing many hard-fought gains in the fight against these diseases.

To mark our 20th anniversary, we had hoped to focus this year's Results Report on the extraordinary stories of courage and resilience that made possible the progress we have achieved against HIV, TB and malaria over the last two decades, celebrating the countless heroes across the Global Fund partnership who have worked so hard and given so much to beat back the three epidemics. But the 2020 numbers force a different focus. The impact of COVID-19 on the fight against HIV, TB and malaria and the communities we support has been devastating. For the first time in the history of the Global Fund, key programmatic results have gone backwards.

On the cover of this year's report, there is a photo of a young woman, An Biya Nur Melani, who fought and won a terrifying battle against multidrug-resistant TB (MDR-TB) eight years ago, when she was just 17. An Biya was able to access the medicines to fight the disease, after the Global Fund support for treatment of drug-resistant TB arrived in Indonesia in 2009. She was one of the lucky ones: only 38% of people with drug-resistant TB access care. And even for those who access care, only 57% are successfully treated. The rest do not finish their treatment, or the treatment doesn't work for them – and they die. An Biya endured 18 months of daily trips to the health clinic for the intensive treatment required to cure her of MDR-TB. But one can't help but wonder: if An Biya caught MDR-TB today in Indonesia – a country currently facing

its biggest wave of COVID-19 to date, with health systems under acute stress and with hundreds of people dying every day from the virus – would she have been tested for MDR-TB? Would she have been able to undergo the intensive and protracted treatment necessary to save her life? Would she have been able to access the support needed to beat drug-resistant TB?

The impact of the COVID-19 pandemic on the fight against TB worldwide has been devastating. Between 2019 and 2020, the number of people treated for drug-resistant TB in the countries where the Global Fund invests dropped by a staggering 19%, with those on treatment for extensively drug-resistant TB registering an even bigger drop of 37%, the number of HIV-positive TB patients on antiretroviral treatment as well as TB treatment dropped by 16%. Overall, around one million fewer people with TB were treated in 2020 compared with 2019.

The impact of COVID-19 on the fight against HIV has also been significant. While it is encouraging that the number of HIV-positive people receiving antiretroviral treatment has continued to increase – by 9% – the declines in prevention services and testing are alarming. Compared with 2019, people reached with HIV prevention programs and services declined by 11% while young people reached with prevention services declined by 12%. Medical male circumcision for HIV prevention declined by 27%. HIV tests taken declined by 22%.



Because of the disruptions resulting from COVID-19, the people at greatest risk of infection have had less access to the information and tools they needed to protect themselves. After so many years of hard-fought gains, it would be a tragedy to see new HIV infections rise again.

Thus far interventions to combat malaria appear to have been less disrupted by COVID-19 than the other two diseases. Other than suspected cases of malaria tested – which fell by 4.3% compared with 2019 – rapid adaptation of malaria services seems to have limited the reverses. However, progress against the disease stalled. We did not see the year-on-year growth in provision of malaria services that we need to beat the disease.

These numbers are stark confirmation of what we feared might happen when COVID-19 struck. In many countries, COVID-19 has overwhelmed health systems, lockdowns have disrupted service provisions, and critical resources have been diverted from the fight against HIV, TB and malaria to fight the new pandemic. COVID-19 has disproportionately impacted the people most affected by existing diseases: the poor, the marginalized, those without access to health care. People avoided going to health centers for treatment out of fear of catching COVID-19 – or of being stigmatized for having COVID-like symptoms such as cough or fever, which could also be treatable malaria or TB.

Yet it would have been even worse without the rapid and determined actions that took place across the Global Fund partnership to mitigate the impact of COVID-19 on the three diseases. In March 2020, the Global Fund immediately made available up to US\$500 million through grant flexibilities to support countries in protecting the gains

made against HIV, TB and malaria and to respond to COVID-19. On 9 April 2020, we launched the new COVID-19 Response Mechanism, C19RM, to provide further support to countries to respond to the pandemic, mitigate the impact on programs to fight HIV, TB, malaria and urgently reinforce systems for health. By the end of 2020, and thanks to the generous support of a number of donors, US\$980 million had been provided to 105 countries and 14 multicountry programs through these two mechanisms. As of August 2021, we had increased this support to US\$3.3 billion for 107 countries and 16 multicountry programs.

Given our role as the world's largest multilateral provider of global health grants and our unparalleled experience in fighting infectious diseases, the Global Fund is uniquely positioned to help countries respond to the pandemic. Leveraging our scale, robust systems and longstanding partnerships we could deploy resources quickly and effectively. Drawing on our long experience and relationships, we could move rapidly to support community-led actions to counter COVID-19 and sustain lifesaving HIV, TB and malaria services. Building on many years of investing in crucial health systems infrastructure and capabilities, such as laboratory networks and supply chains, we could help countries deploy these capacities to mitigate both the direct impact of the new virus, and its knock-on impact on HIV, TB and malaria.

From the start of the crisis, we recognized that supporting countries to respond effectively to COVID-19 was vital to protecting our hard-won gains in HIV, TB and malaria. So we have supported their responses to the pandemic by providing tests, treatments and oxygen and by protecting front-line health workers with personal protective equipment (PPE), while





With Global Fund support, UNDP worked with Sudan's Federal Ministry of Health and the National Medical Supplies Fund to provide a five-month supply of medication and laboratory supplies to areas in need in Sudan to ensure uninterrupted support for people affected by HIV and TB during the COVID-19 pandemic. © UNDP/Will Seal

also helping them adapt HIV, TB and malaria programs, and urgently reinforce already fragile systems for health. In doing this, the Global Fund worked closely with key partners, not least in creating the Access to COVID-19 Tools (ACT) Accelerator, a groundbreaking global coalition that supports the development and equitable distribution of tests, treatments and vaccines and the strengthening of health systems to fight COVID-19.

The harsh reality is that while these interventions likely prevented an even worse scenario, what we have done was not enough. COVID-19 has been the most significant setback in the fight against HIV, TB and malaria, that we have encountered in the two decades since the Global Fund was established, exacerbating existing inequalities, diverting critical resources,

stopping or slowing access to treatment and prevention activities, and putting vulnerable people further at risk.

Throughout this Results Report, we highlight the extraordinary challenges we faced in 2020 as we sought to fight HIV, TB and malaria while responding to a new pandemic. Our partnership demonstrated flexibility and determination, delivering medicine, supplies and care to millions of people around the world despite the disruption, diversion of resources, and dangers of COVID-19. This crisis also showed the critical importance of systems for health in pandemic preparedness and response: laboratories, community health networks, information systems and supply chains built to fight HIV, TB and malaria were suddenly the cornerstone of the fight against COVID-19.



COVID-19 has catalyzed a multitude of innovations across all three diseases, such as multimonth dispensing of TB and HIV drugs; using digital tools to monitor TB treatment or enhance prevention interventions; and introducing patient-centered diagnostic approaches, such as co-testing for HIV, TB and COVID-19. Many of these innovations will outlast the crisis and strengthen our fight against HIV, TB and malaria. For example, in Nigeria, the National Agency for the Control of AIDS used the opportunity of people coming to health clinics for COVID-19 to test them for HIV as well, resulting in more HIV-positive people being found. In a number of countries, community health workers and volunteers engaged in the fight against malaria immediately switched from central distributions of mosquito nets – where large groups of people gather in a community square – to delivering the nets door to

In Zimbabwe, when 17-year-old Melissa's school closed down due to the COVID-19 pandemic, she was cut off from her studies and had to work to support her family. Due to school closures and lockdown measures adolescent girls and young women like Melissa face increased barriers to accessing health services and are further at risk of gender-based violence, early pregnancy and contracting HIV.

The Global Fund / Gary de Jong

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Just as 20 years ago, when the Global Fund partnership galvanized the world to fight the world's leading infectious diseases, it is time for another global push to save lives.



door. This change in the delivery model resulted in more households getting nets than ever before. For TB, COVID-19 accelerated arguably overdue changes: many countries now deliver multiple months of TB medication and check-ups are done remotely via text or a digital app.

The Results Report shows that despite the headwinds we have faced due to COVID-19, the Global Fund partnership continued to achieve great impact against HIV, TB and malaria overall. We have saved 44 million lives since 2002, including 5.4 million in 2020 alone. Deaths caused by HIV, TB and malaria have dropped by 46% since 2002 in countries where the Global Fund invests. These numbers show why we must continue to invest strongly in the fight against HIV, TB and malaria even as we respond to the new pandemic.

As we mark the 20th anniversary of the creation of the Global Fund, it's a moment to reflect on the unprecedented global solidarity which gave rise to our partnership. We celebrate the progress achieved in the fight against HIV, TB, and malaria and recommit ourselves to the task of ending these diseases as public health threats around the world.

Our partnership was founded out of the unwillingness to accept the inequalities that made prevention, care and treatment for HIV, TB and malaria available only to the rich. Together with partners, the Global Fund galvanized global solidarity, political leadership and investments against the diseases, which looked unbeatable at the time. As we mark these 20 years of impact, we honor our rich partnership of civil society, faith-based organizations, governments, multilateral and bilateral agencies, nongovernmental organizations, people living with diseases, the private

sector and technical agencies. Together, we have changed the trajectory of HIV, TB and malaria. We have changed the story. And we are determined to continue to do so.

To end HIV, TB and malaria and to confront new threats like COVID-19, we must continue to build more resilient and sustainable systems for health. We must strengthen health workforce capacities, support dynamic community responses, build more efficient and effective supply chains and data systems, and secure adequate and sustainable financing. We must renew our commitment to people that have been left behind because of who they are or where they live. We must redouble our efforts to finish the fight against HIV, TB and malaria so that no one is left behind. In the fight against infectious diseases as formidable as these, no one is truly safe until everyone is safe.

Just as 20 years ago, when the Global Fund partnership galvanized the world to fight the world's leading infectious diseases, it is time for another global push to save lives. We must protect the gains made against HIV, TB and malaria. We must also fight COVID-19 and build strong and resilient systems for health that can protect everyone, everywhere, from future yet-unseen pathogens.

The fight against COVID-19 should be a catalyst to finish the unfinished fights against HIV, TB and malaria. If we can continue to innovate and collaborate – at global, national and local levels – we can end HIV, TB and malaria, beat COVID-19 and build a much stronger foundation for pandemic preparedness and response.

Despite the horrible toll COVID-19 has taken, the pandemic presents us with a chance to build a better, more equitable and healthier world.

Key Results and Lives Saved



Malaria health volunteer Agarthah Effah (holding placard) participates in a march through Agogo town, Ghana, to help educate citizens on malaria and its prevention. *Shuttle Photography / Lawrence Antwi-Boasiako*

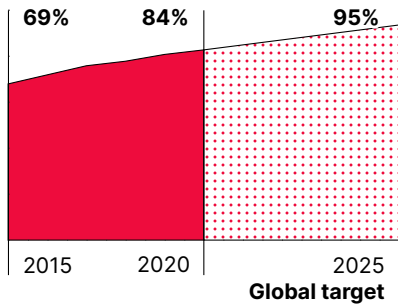
In response to HIV, TB and malaria, we measure our progress against the targets set in the global plans for HIV, tuberculosis and malaria¹ and in Sustainable Development Goal 3: Health and well-being for all. Key results in the countries where the Global Fund invests include:

¹ Targets for each disease are included in the UNAIDS 2025 programmatic targets and 2021-2030 impact and resource needs estimates, 2021; WHO Global Technical Strategy for Malaria, 2015; WHO End TB Strategy, 2014; and The Stop TB Partnership Global Plan to End TB 2016 to 2020, 2015.

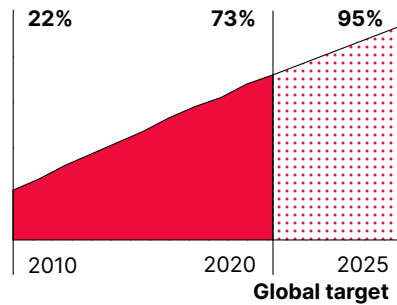


21.9 million people on antiretroviral therapy for HIV*

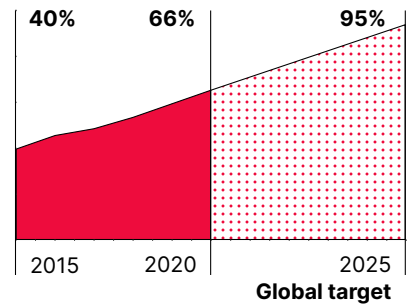
People living with HIV who know their status



ARV coverage

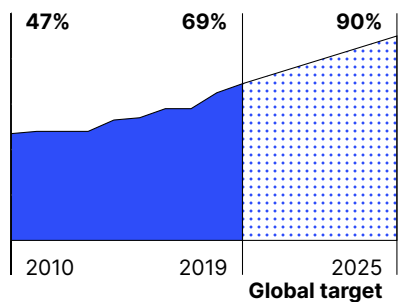


People living with HIV with suppressed viral load

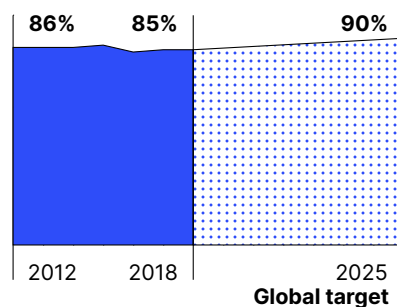


4.7 million people with TB treated*

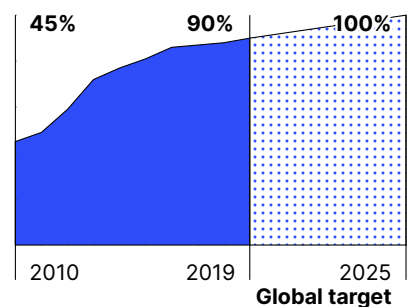
TB treatment coverage



TB treatment success rate (all forms)

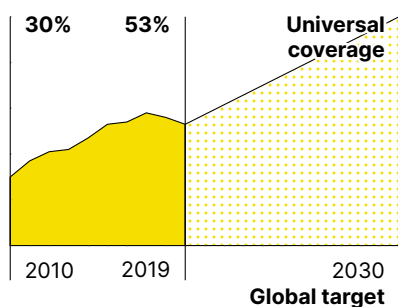


ARV coverage among HIV+ TB patients

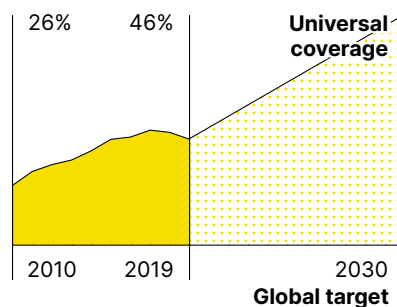


188 million mosquito nets distributed*

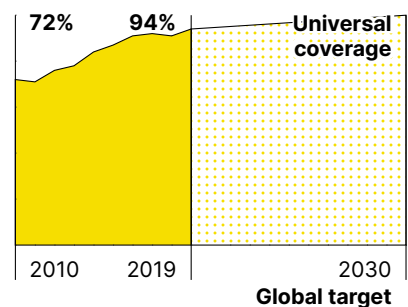
Mosquito nets population coverage



Mosquito nets population use



Suspected malaria cases tested



*Programmatic results achieved during 2020 by countries and regions where the Global Fund invests. Progress graphs are based on latest published data from WHO (2020 release for TB and malaria) and UNAIDS (2021 release). Malaria coverage calculated based on 38 African countries for which data is available from WHO / Malaria Atlas Project estimates.

44 million lives saved

Health programs supported by the Global Fund partnership had saved 44 million lives as of the end of 2020. Overall, the number of deaths caused by AIDS, TB and malaria each year has been reduced by 46% since the Global Fund was founded in 2002² in countries where the Global Fund invests.

That achievement is the result of efforts by a wide array of actors comprising the Global Fund partnership, including significant investments and initiatives implemented independently of the Global Fund. Key partners contributing to the progress against the three diseases include implementing countries; civil society groups; people affected by the diseases; bilateral partners such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), Agence Française de Développement, the UK's Department for International Development; Germany and

Japan; key multilateral and technical partners such as the World Health Organization, UNAIDS, the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaid, and Gavi, the Vaccine Alliance; private sector partners such as (RED); and foundations such as the Bill & Melinda Gates Foundation.

For more information, see Note on Methodology section.

² Data as of end-2020 for HIV; as of end-2019 for malaria and tuberculosis (2020 data not available at time of publishing)

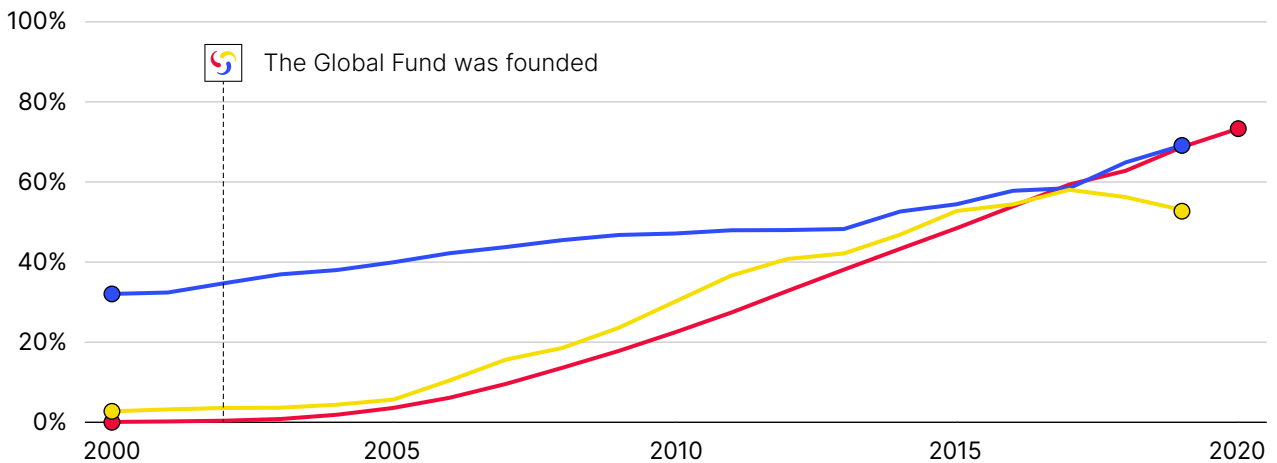


A community health worker greets a villager in Karongi district, Rwanda. These men and women form the backbone of Rwanda's decentralized health system, saving the lives of many people through treatment and prevention of diseases.
The Global Fund / Vincent Becker

Coverage of treatment and prevention interventions

In countries where the Global Fund invests

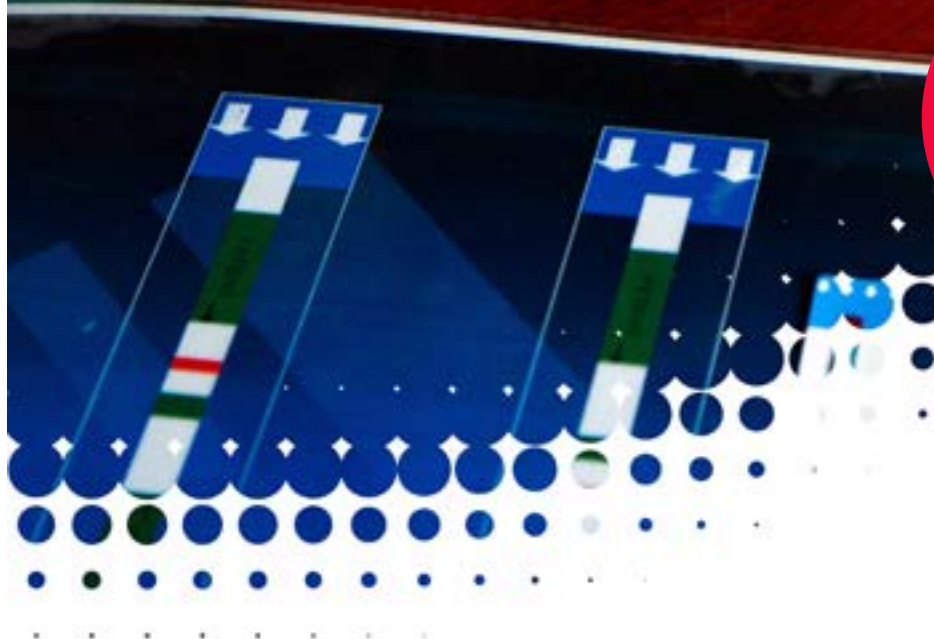
- HIV - % of people living with HIV on antiretroviral therapy
- TB - % of TB treatment coverage
- Malaria - % of population with access to a long-lasting insecticide-treated net



Malaria coverage calculated based on 38 African countries for which data is available from WHO / Malaria Atlas Project estimates in countries where the Global Fund invests. HIV and TB estimates are based on all countries where the Global Fund invests. Based on published data from WHO (2020 release for TB and malaria) and UNAIDS (2021 release).



29-year-old Viviana Adil is tested for HIV at a hospital in Wau, South Sudan.
UNICEF / Albert Gonzalez Farran



HIV: State of the Fight

In the time of COVID-19

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

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Nigeria: integrating health and community systems to boost HIV testing

The challenge

2021 marks 40 years since the first reported cases of HIV and 20 years since the creation of the Global Fund. Over the 20 years of our existence, efforts by communities, governments and global health partners have resulted in extraordinary progress in the fight against HIV. In 2020, 27.5 million of the 37.7 million people living with HIV were on lifesaving antiretroviral therapy globally, up from just 7.8 million in 2010. Globally, AIDS-related deaths have fallen by 47% since 2010, to 680,000 in 2020, while new HIV infections dropped by 31% to 1.5 million in 2020, compared to 2.1 million in 2010. At the end of 2020, the world fell short of meeting the “90-90-90” targets³ agreed at the [United Nations General Assembly in 2016](#), but eight countries surpassed them and there was marked progress globally: 84% of people living with HIV knew their HIV status, 87% of people who knew their HIV-positive status were accessing antiretroviral treatment, and 90% of people on treatment were virally suppressed.

Despite this progress and increasing domestic commitments to fight HIV, vulnerable groups are still being left behind. Every week, 5,000 adolescent girls and young women are infected with HIV in East and southern Africa. Key populations – sex workers, people who inject drugs, prisoners, transgender people, and men who have sex with men – have a substantially higher risk of infection than the general population. Together with their sexual partners, key populations make up 65% of new HIV infections globally, and 93% of infections outside of sub-Saharan Africa. While some countries are approaching zero transmission,

³ 90% of HIV-positive people know their status; 90% of HIV-positive people who know their status are on HIV treatment; and 90% of people on HIV treatment have undetectable levels of HIV in their body (achieved viral suppression).

others are seeing HIV transmission dynamics dramatically worsen as a result of lack of commitment and funding.

In terms of HIV treatment, children have been left furthest behind – with only half of them (54%) getting the lifesaving treatment they need. Men too lag behind women in accessing treatment (68% versus 79%), further perpetuating chains of HIV transmission.

In June 2021, the global community adopted new targets through a [political declaration at the United Nations General Assembly](#) to get the world back on track to ending the AIDS epidemic by 2030. To do this, we must achieve ambitious new prevention, testing and treatment targets by 2025. However, the possibility of missing the new targets is real unless we step up the fight. We know that success is possible because some countries – like Eswatini and Uganda – have already surpassed them. To accelerate progress, we must find the people who are not benefiting from effective HIV services and break down the barriers that prevent them from accessing care – the missing 4.1 million people who don’t know they have HIV and the additional 6.1 million people who know they are infected but are not on treatment. And we must dramatically and urgently improve access to and use of HIV prevention, focused on those who are at highest risk.

Disruptions from COVID-19

COVID-19 has had a big impact on the fight against HIV, especially testing and prevention services for key and vulnerable people who were already disproportionately affected by HIV. COVID-19 disrupted supply chains, limiting access to prevention commodities such as condoms and lubricants; supplies of ARVs were also stretched. Above all, COVID-19 increased inequalities that make people more vulnerable to HIV.

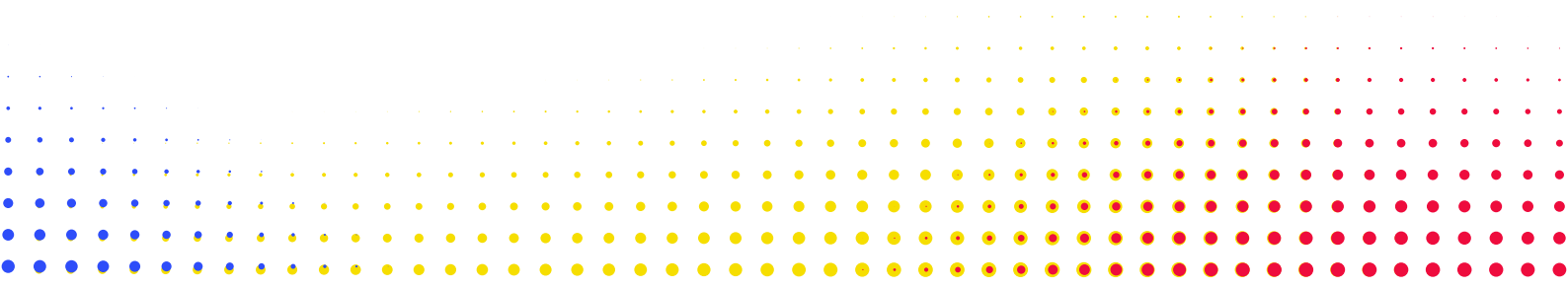




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2021 marks 40 years since the first reported cases of HIV and 20 years since the creation of the Global Fund.

Dr. Halima Youssouf is a member of a mobile clinic that brings HIV services closer to people's homes in Djibouti. "During the period of COVID-19, our work was adapted so that we not only helped HIV patients, but also tested for COVID-19," Dr Youssouf says. *UNDP Djibouti/Margot H. Quinty*

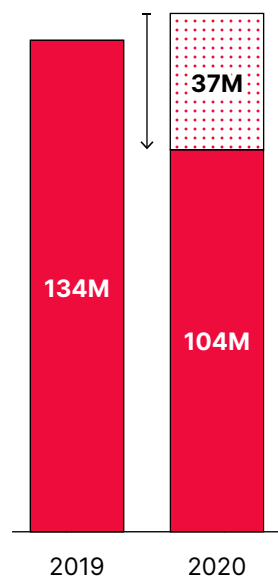


Number of HIV tests taken

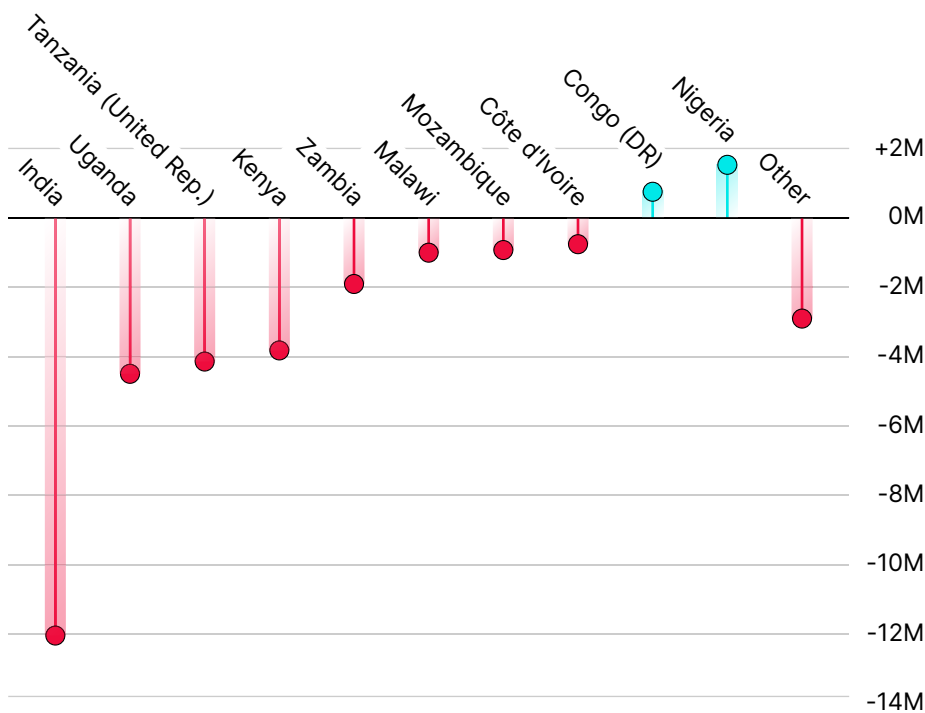
Change, 2019-2020

By **portfolio**

- Actual
- If there was no COVID-19



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



The 'If there was no COVID-19' estimates are based on grant targets adjusted by grant performance prior to COVID-19. The country graphs include countries with comparable results in both years, therefore, the total results in 2019 and 2020 might be slightly lower than the total number of services seen in the other parts of this report and in the online platform.

The pandemic is estimated to have pushed as many as to 115 million people into extreme poverty in 2020. Many people from key population groups were driven further away from the support they need as lockdowns interrupted access to HIV services and health commodities.

For the first time in the history of the Global Fund, key prevention and testing services declined compared to the previous year; between 2019 and 2020, voluntary medical male circumcision dropped by 27%; and the number of people reached with HIV prevention programs fell by 11%. The number of mothers receiving medicine to prevent transmitting HIV to their babies dropped by 4.5%. Testing dropped by 22%, holding back HIV treatment initiation in most countries. Without access to prevention services, more



For the first time in the history of the Global Fund, key prevention and testing services declined compared to the previous year due to COVID-19 disruptions.

people will be infected with HIV. Without testing, fewer people are being diagnosed and put on treatment; this not only puts their health at risk, it also contributes to ongoing transmission of HIV.

The Global Fund's response

The Global Fund provides 25% of all international financing for HIV programs and has invested US\$22.7 billion in programs to prevent and treat HIV and AIDS and US\$3.8 billion in TB/HIV programs as of June 2021. Since 2020, the Global Fund has also stepped up to support countries to mitigate the impact of COVID-19 on the HIV response. From January 2021, we have increased HIV grants by 23% on average, and are committed to deploying more than US\$6 billion to fight the disease over the next three years.

Treatment, care and support

Together with PEPFAR and other partners, our efforts to implement WHO's "treat all" guidance and the UNAIDS "90-90-90" strategy have significantly increased the number of people diagnosed with HIV and started on antiretroviral therapy. Timely antiretroviral therapy saves lives, preserves health and well-being, reduces onward transmission of HIV and is highly cost-effective. We are supporting innovative and cost-effective models of drug and care delivery that make services more accessible, which is critical for getting people on ARVs early and improving retention and viral suppression. While testing levels declined in 2020 due to COVID-19, the number of people on ARVs rose, from 20.1 million in 2019 to 21.9 million in 2020 and the percentage of people receiving multimonth dispensing of ARVs (over three months at a time) increased. This is a program change prompted by COVID-19 lockdowns that is recognized as a best practice to increase adherence to treatment.

Prevention

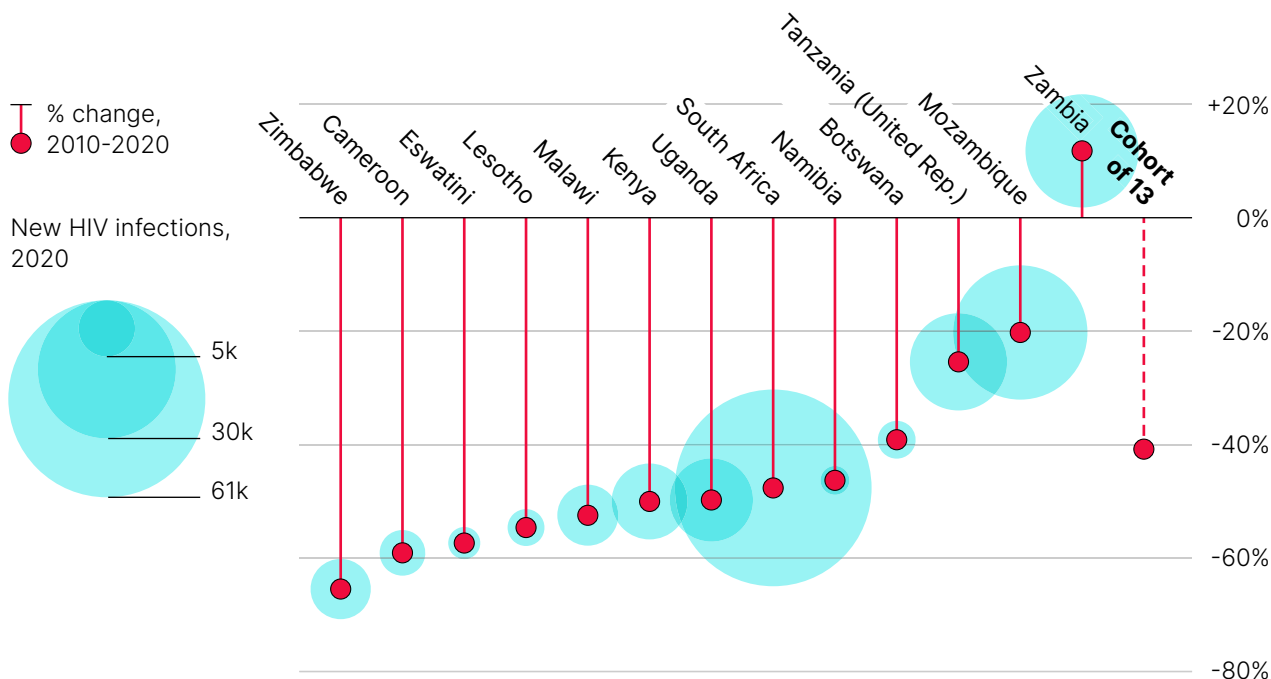
Overall, HIV prevention investments have grown steadily. We have increased our investments in prevention from US\$652 million in the 2015-2017 period to US\$752 million in the 2018-2020 period. These investments are expected to reach US\$1 billion in the 2021-2023 period. Additionally, we have increased investments in high-impact prevention measures such as condoms and PrEP. For the 2021-2023 period we are investing more than US\$140 million in condom programs – representing 17% of our HIV prevention budget.

To regain momentum in the fight against HIV, we must increase access to a combination of highly effective new and well-established HIV prevention options. The Global Fund is advancing the concept of "Precision HIV Prevention" to ensure that we get maximum impact from the scarce resources that are available. That means that we're supporting countries to focus efforts on locations where HIV is most prevalent and on people with the greatest HIV prevention needs – key populations and adolescent girls and young women and their sexual partners – so they have the tools, knowledge and power to protect themselves from acquiring HIV.

The Global Fund is investing in data systems and community delivery platforms so that community-based service providers can make informed decisions about what to prioritize in HIV prevention. We are emphasizing improved condom programming, expansion of PrEP, voluntary medical male circumcision, and harm reduction services for people who use drugs. We are accelerating adoption and use of proven new HIV prevention products such as the Dapivirine Vaginal Ring and new formulations for PrEP (such as injectable, long-acting PrEP).

New HIV infections among women age 15 to 24

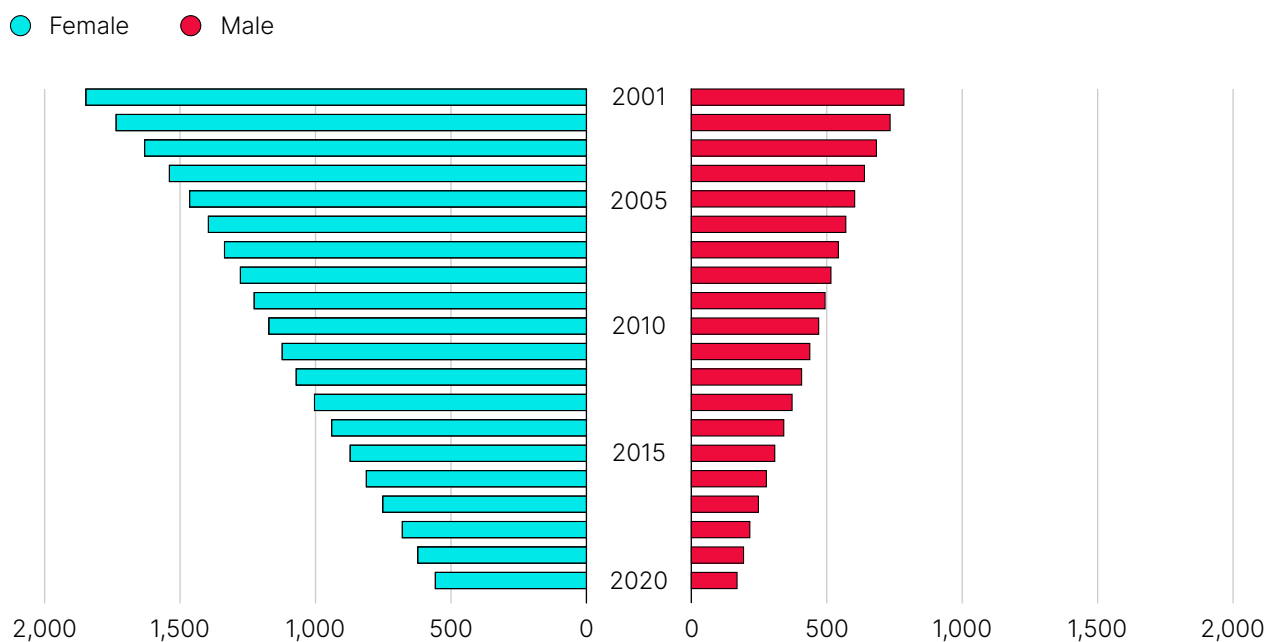
% change and most recent infections in 13 priority countries, 2010-2020



HIV burden estimates from UNAIDS, 2021 release.

New cases of HIV among 15 to 24-year-olds

Per 100,000 people at risk, in 13 priority countries



HIV burden estimates from UNAIDS, 2021 release. 13 priority countries: Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania (United Rep.), Uganda, Zambia, Zimbabwe.

Adolescent girls and young women

Adolescent girls and young women continue to be disproportionately affected by HIV. In sub-Saharan Africa, six in seven new HIV infections among those aged 15-19 years old are among adolescent girls and young women. Adolescent girls and young women remain a key focus for our HIV response. In the 2018-2020 implementation period, Global Fund investments in HIV prevention and testing for this group increased 107% within the 13 priority countries where HIV burden is highest among adolescent girls and young women: Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. There has been great progress in adoption of national strategies for adolescent girls and young women in the 13 priority countries, and we continue to invest in social support programs to fight gender-based violence, provide peer support and peer education, address harmful gender norms, and improve education about sexual health and HIV prevention.

The HER Voice Fund – a grant to support meaningful engagement of adolescent girls and young women in decisions that affect their health – has catalyzed new partnerships to support girls and women to play a critical role in the HIV response. The HER Voice Fund is a partnership between ViiV Healthcare Positive Action, the Global Fund, and the Global Network of Young People Living with HIV (Y+ Global). More than 7,000 adolescent girls and young women have been reached with small grants, allowing them to shape the HIV response in their communities. HER Voice ambassadors are now represented on the Global Fund Youth Council, the Community Rights and Gender Advisory Group and on seven Country Coordinating Mechanisms, presenting them with an opportunity to voice their thinking in the design and implementation of programs focusing on adolescent girls and young women.

Mitigating the impact of COVID-19

The Global Fund reacted swiftly in supporting countries to innovate and adapt HIV services to counter the adverse impact of COVID-19

Key results in countries where the Global Fund invests:

104m

HIV tests taken in 2020. HIV-positive people with knowledge of their status increased from 69% in 2015 to 84% in 2020. Global target: 95% by 2025.

21.9m

people on antiretroviral therapy for HIV in 2020. Coverage increased from 48% in 2015 to 73% in 2020. Global target: 95% by 2025.

66%

of people living with HIV had suppressed viral load in 2020, an increase from 40% in 2015. Global target: 95% by 2025.



A health worker provides consultation to a young woman at a Youth Day event in Cape Town, South Africa. (RED)/Jonx Pillemer

on HIV programs. These measures included multimonth dispensing of antiretroviral drugs to ensure continued treatment; multimonth dispensing of HIV prevention supplies such as condoms, lubricants, needles, syringes and PrEP; and providing prevention and outreach services for key and vulnerable populations via digital platforms and social media. 2020 data shows that treatment cohorts have been maintained, and programs have proved more resilient and adaptive than expected. However, as the COVID-19 pandemic continues, it is unclear if the alarming disruptions that resulted in lower testing and treatment initiation in 2020 – and the severe reduction in access to prevention services – will pull us even further behind.

Progress

In countries where the Global Fund invests, AIDS-related deaths have been reduced by 65% since the Global Fund was founded in 2002 and new infections have been reduced

by 54% (see graphs on page 25). The number of HIV infections among adolescent girls and young women has dropped by 41% since 2010 in the 13 priority countries (see graph on page 20). That drop in new HIV infections among young women and girls aged 15-24 was recorded by all countries except for Zambia, which saw a rise in the new infections between 2010 and 2020. However, even for Zambia that rise can largely be accounted for by the increase in population among youth 15-24 years, as the incidence rate among young women and girls in this group continued to decline. This achievement reflects steady, albeit slowing progress. If we are to prevent the severe disruptions caused by COVID-19 in 2020 from having a devastating long-term impact on the fight against HIV, we must urgently scale up adaptation and mitigation efforts to regain lost progress.



Students at the school campus at Luwambaza primary school, Malawi. © UNICEF

**Key results in countries
where the Global
Fund invests:**

686k

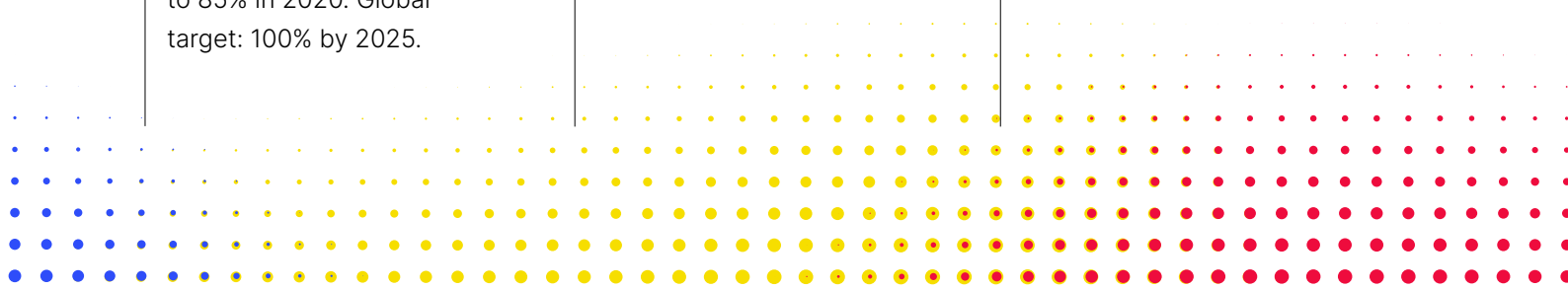
HIV-positive mothers received medicine to keep them alive and prevent the transmission of HIV to their babies in 2020; coverage increased from 44% in 2010 to 85% in 2020. Global target: 100% by 2025.

8.7m

people reached with HIV prevention services in 2020, including 4.5 million members of key populations and 3.1 million young people.

922k

voluntary medical male circumcisions for HIV prevention in 2020.

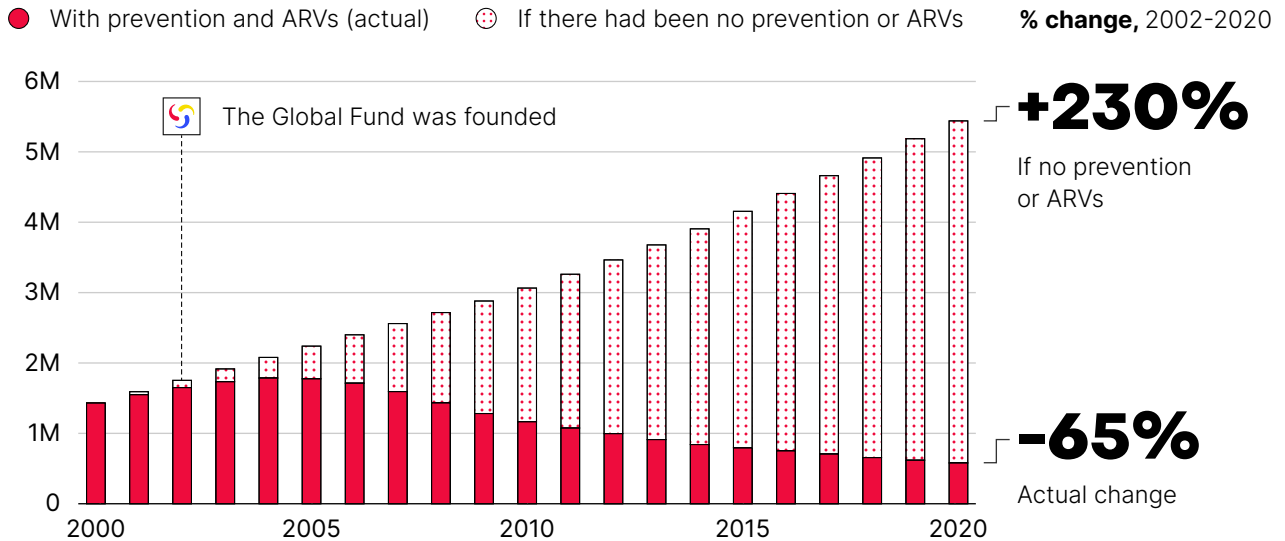




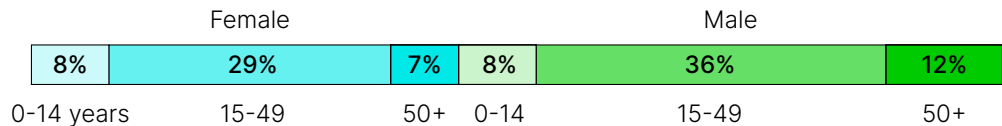
A pilot program of HIV self-testing kits in Guatemala helps people like Bryanna get access to HIV prevention and diagnosis during COVID-19. The package, which is promoted through Facebook, Twitter, Instagram and YouTube, is delivered by post and includes a self-testing kit, condoms, lubricants and brochures on how to stay healthy. *The Global Fund / James Rodriguez / Panos*

Trends in AIDS-related deaths

In countries where the Global Fund invests

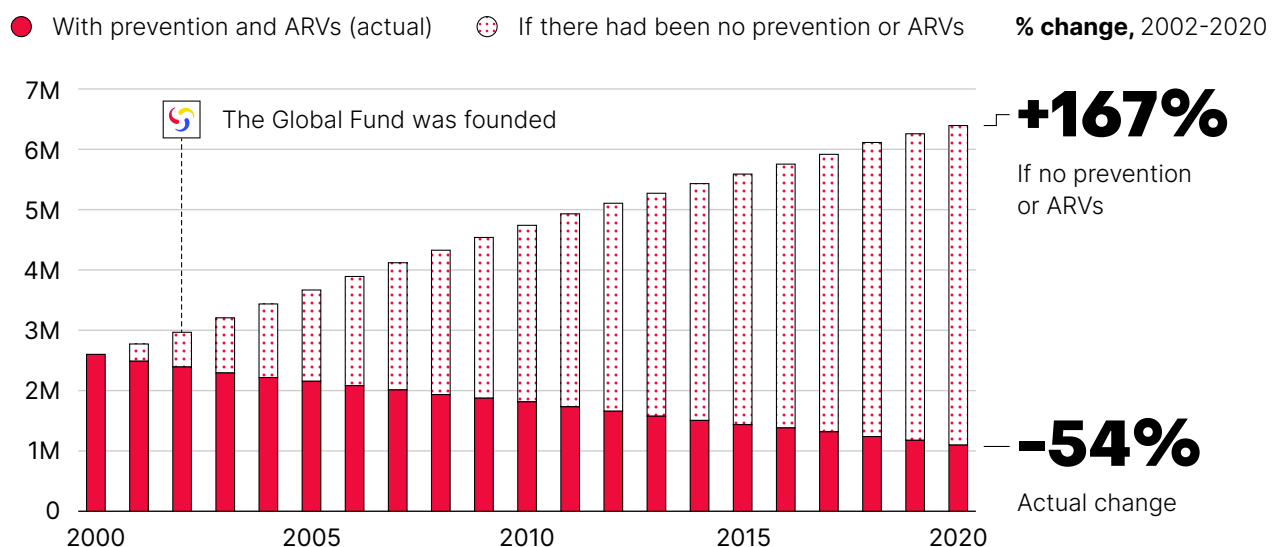


Age-sex breakdown, 2020

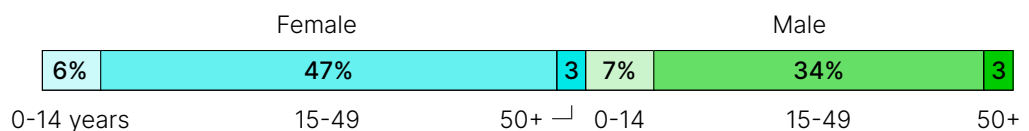


Trends in new HIV infections

In countries where the Global Fund invests



Age-sex breakdown, 2020



HIV burden estimates from UNAIDS, 2021 release. Estimation of “no prevention or ARVs” trends from Goals, AEM and AIM models.



Nigeria: integrating health and community systems to boost HIV testing

When COVID-19 struck in Nigeria in 2020, the country went into lockdown. As the virus overwhelmed systems for health, many clinical facilities were swiftly turned into COVID-19 isolation centers, displacing the delivery of other lifesaving health services, including those for HIV. By May 2020, HIV services and programs were greatly impacted, and the number of people testing for the virus dropped dramatically.



Community health extension workers make their way to a patient's home in Ondo, Nigeria.
Flickr / Dominic Chavez / The Global Financing Facility

Dr. Gambo Aliyu, the Director-General of the [National Agency for the Control of AIDS](#), a Principal Recipient of the Global Fund, described how his team acted quickly to bring HIV services closer to the people. “We decided to move to the community, we decided to move to integrated services,” he explains.

Integrating health services meant that when community health workers were out looking for cases of COVID-19, they were also looking for cases of HIV and TB. That led to great success. People who previously did not have the time or means to go to health facilities were now being reached. There are an estimated 1.7 million people living with HIV in Nigeria. Finding them is vital to the fight against HIV in the country. “On average, before COVID-19, we were identifying 50,000–60,000 individuals in a year,” Dr. Aliyu explains. However, over the last 18 months, by working through integrated community

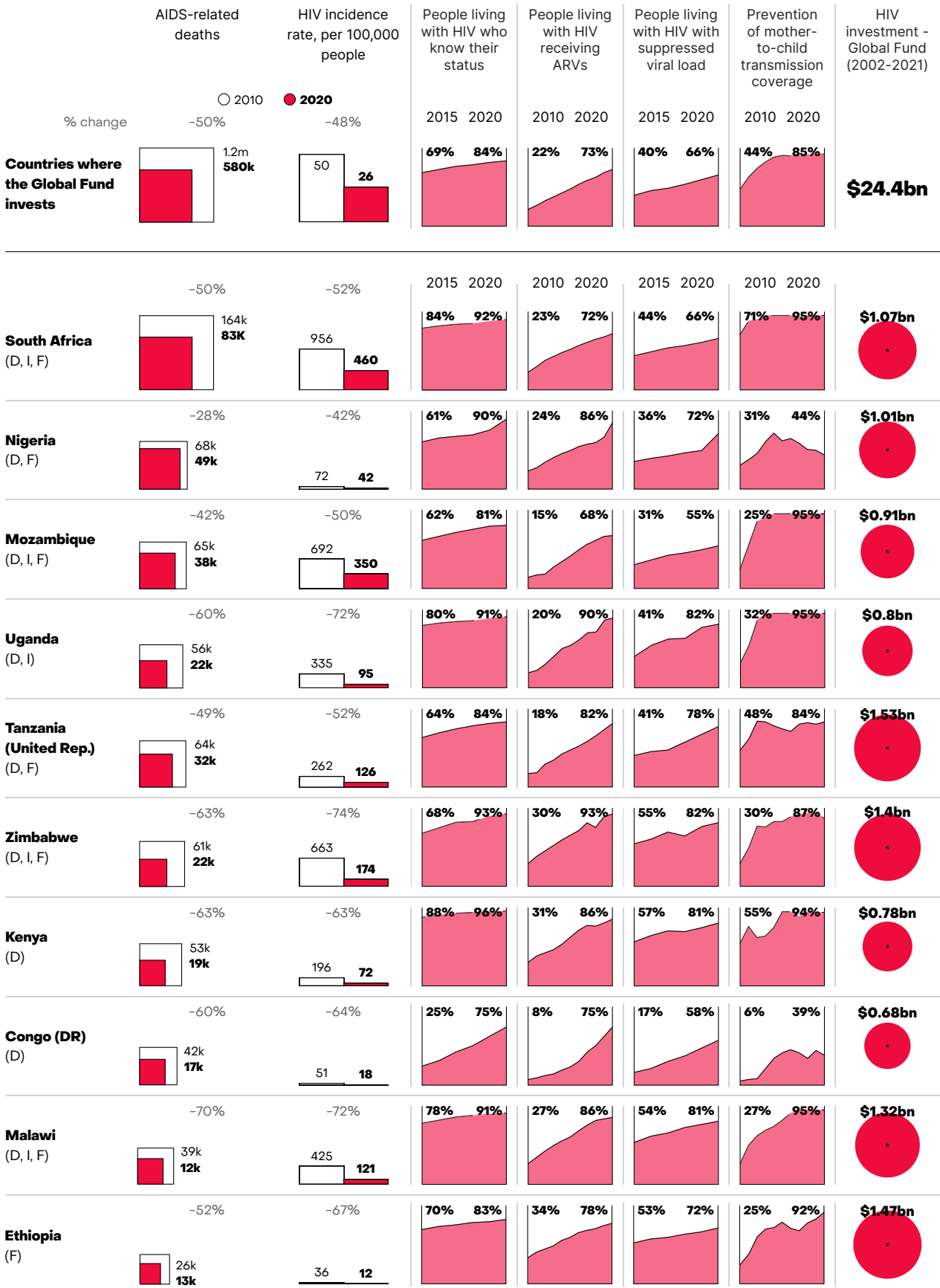
systems, his team has identified 350,000 new individuals living with HIV and referred them to treatment, bringing the total number of people identified to 1.6 million. “So this effectively brought us closer to controlling HIV in Nigeria.”

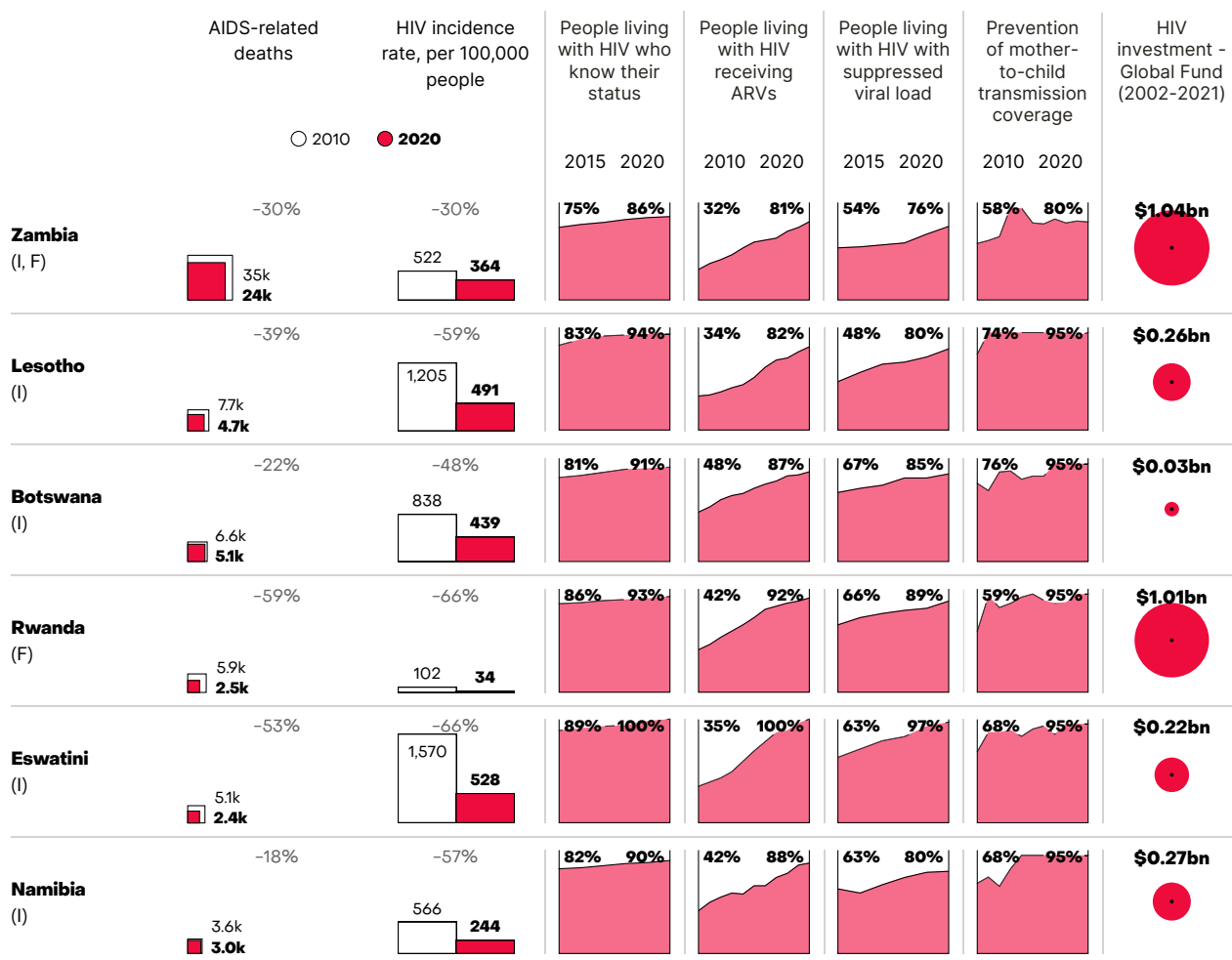
While testing dropped drastically worldwide in 2020 due to COVID-19, thanks to Dr. Aliyu and his colleagues, Nigeria is one of the few countries to actually increase the number of people diagnosed with HIV compared to 2019.

“

This effectively brought us closer to controlling HIV in Nigeria.

Investment and impact: HIV





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

All data is based on mid-point estimates from UNAIDS 2021 release <http://aidsinfo.unaids.org/>, other than Global Fund disbursements which are available on the Global Fund data explorer. The denominator for the three 95s is People living with HIV.

1. Countries listed on this page were selected based on three criteria:

- Being among the top-10 countries with the highest number of deaths in 2010 (D)
- Being among the top-10 countries with the highest incidence rate in 2010 (I)
- Being among top-10 countries that received the largest amount of funding from the Global Fund from 2002 to end-June 2021 to support HIV programs (F).

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

2. The aggregate numbers presented as "Global Fund-supported" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$24.4 billion from 2002 to end-June 2021 to support HIV/AIDS and a portion of TB programs. Additionally, they received US\$1 billion to support cross-cutting support across the three diseases, resulting in a total of US\$25.4 billion. Countries/programs that did not receive an allocation over the 2017-2019 cycle received US\$1.3 billion since 2002 resulting in a total of US\$25.7 billion.

3. Having received more than US\$1.26 billion in HIV/AIDS funding from the Global Fund, India ranks 5th in terms of share of Global Fund investment in HIV, however, the data for disease burden estimate and service coverage was not available from UNAIDS at the time of publication.

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

Patrick Tunde Fawetan, a dispatch rider for Damien Foundation, sorts sputum sample containers used by laboratories for TB diagnosis in Lagos, Nigeria. *The Global Fund / Andrew Esiebo / Panos*



Tuberculosis: State of the Fight

In the Time of COVID-19

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

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Mitigating the impact of COVID-19

The challenge

While COVID-19 surpassed TB as the world's leading infectious disease killer in 2020, TB – another airborne disease that was once a global pandemic – remains the second biggest, with more than 1.4 million people dying of the disease in 2019 (including HIV-positive people). The disease is still the leading killer of people living with HIV, causing one in three deaths. The annual number of TB deaths is falling globally, but that drop has not been sharp enough to reach the 2020 milestone of a 35% reduction between 2015 and 2020. The cumulative reduction between 2015 and 2019 was 15%, less than halfway towards the target.

Though the global health community has made significant progress in reducing the number of “missing” people with TB – people who go undetected, untreated, or unreported – this challenge remains one of the greatest impediments to ending TB. Of the 10 million people who fell ill with TB in 2019, 2.9 million were missed by health systems. One person with active, untreated, TB can spread the disease to as many as 15 other people in a year.

The fewer people we find, test and treat, the more TB cases and deaths there will be, and the higher the risk of multidrug-resistant TB spreading worldwide. Drug-resistant forms of TB (DR-TB) pose a potentially catastrophic risk to global health security. Already, DR-TB accounts for one-third of deaths caused by all types of antimicrobial resistance. In 2019, close to half a million people became ill with drug-resistant TB. Only 38% of people with DR-TB accessed care – and only 57% of those people completed treatment in 2019.

Disruptions from COVID-19

As COVID-19 spread around the world in 2020, health workers, testing machines,

laboratories and health centers were diverted from existing diseases like TB to fight the new pandemic. With similar symptoms such as cough, fever and breathing difficulties, TB and COVID-19 can be confused; many people with TB symptoms avoided health clinics or were turned away due to stigma and fear. The impact of these disruptions has been severe. As with HIV, for the first time in the Global Fund's history we have seen significant declines in key TB programmatic results compared to the previous year. The number of people tested and treated for TB dropped by 18% or around one million patients between 2019 and 2020; for drug-resistant and extensively drug-resistant TB, the declines were even worse, at 19% and 37%, respectively. The number of HIV-positive TB patients on ARVs during TB treatment dropped by 16%. While the global TB burden estimate for 2020 was not available at the time of publishing, the impact of COVID-19 on TB cases and deaths can be potentially devastating over the coming years.

“

As COVID-19 spread around the world in 2020, health workers, testing machines, laboratories and health centers were diverted from existing diseases like TB to fight the new pandemic.

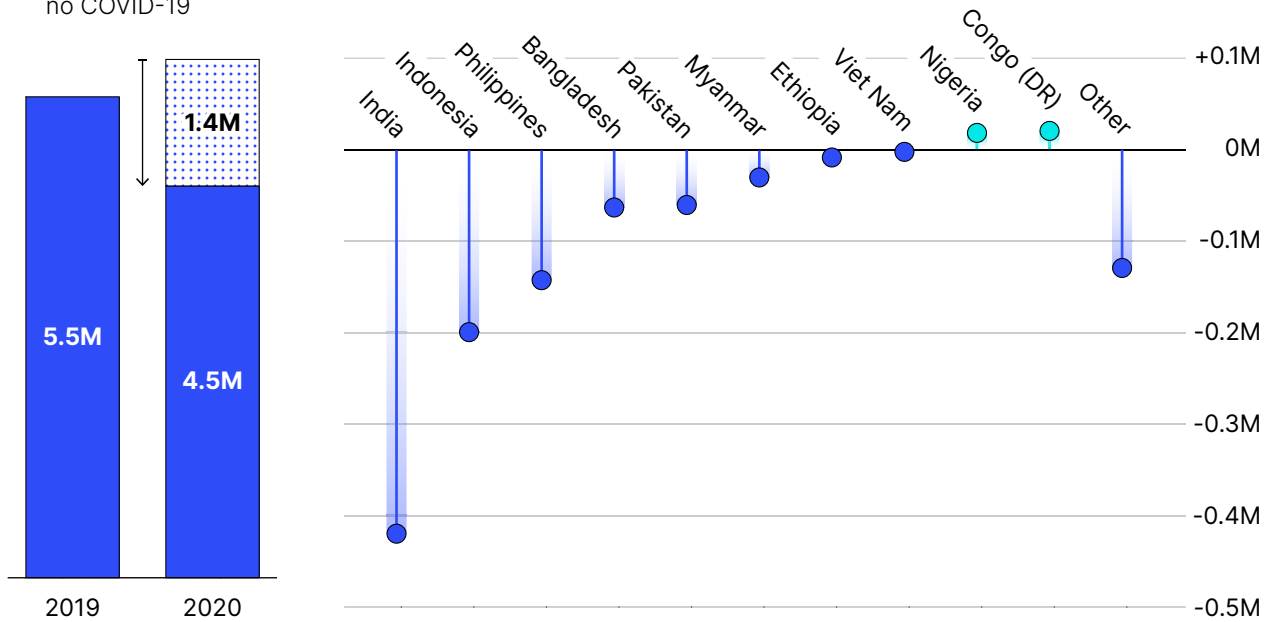
People treated for TB

Change, 2019-2020

By **portfolio**

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

- Actual
- ⊙ If there was no COVID-19



The 'if there was no COVID-19' estimates are based on grant targets adjusted by grant performance prior to COVID-19. The country graphs include countries with comparable results in both years, therefore, the total results in 2019 and 2020 might be slightly lower than the total number of services seen in the other parts of this report and in the online platform.

The Global Fund's response

The Global Fund provides 77% of all international financing for TB. We have invested US\$7.8 billion in programs to prevent and care for people with TB as of June 2021. Key indicators for success in the fight against TB are continuing to find and treat people with TB, including those with drug-resistant TB; improving access to quality diagnosis, treatment and care; and scaling up prevention. Since 2020, the Global Fund has also stepped up to support countries to mitigate the impact of COVID-19 on the TB response. From January 2021, we have increased TB grants by 24% on average, and are committed to deploying more than US\$2 billion to fight the disease over the next three years.

Testing and treatment

The Global Fund is working with the Stop TB Partnership and WHO to find more "missing" people with TB in 13 countries, which contributed to over one million additional cases notified by the end of 2019. This initiative has been expanded to 20 high burden countries and will broaden the scope to include drug-resistant TB and putting people on TB preventive therapy. Those efforts are bearing fruit. In 2019, 7.1 million people with TB were notified globally – up from 6.4 million in 2017. The percentage of people missed by health systems dropped significantly from 46% in 2013 to around 29% in 2019.

The declines in notified cases in 2020 suggest that progress in finding "missing" people with



Community health worker Rosemary Wanjiru gives TB health education to patients at the Kayole II Sub-County Hospital, Kenya. During the COVID-19 pandemic, Rosemary was torn between keeping herself and her family safe at home or going out to see patients, who desperately needed her help. *The Global Fund / Michael Ilako*

TB will not be as strong compared to previous years due to COVID-19 disruptions.

To fight drug-resistant TB, the Global Fund is encouraging and supporting countries to transition to the shorter oral regimens for drug-resistant TB, which have been shown to be more effective. We are also investing in rapid molecular diagnostics for drug-resistant TB.

Prevention

To win the fight against TB, preventing more infections and progression of infection to active disease is fundamental. The Global Fund continues to invest in broadening access to better preventive therapy in low- and middle-income countries, which stops people from developing active TB. A quarter of the world's population is infected with

TB bacilli – they have no symptoms, are not contagious and most do not know they are infected. Without treatment, 5% to 10% of these will develop active TB in their lifetime, the form that makes people sick and can be transmitted from person to person.

About 30% of the Global Fund's TB investments support interventions on TB care and prevention, particularly for children and other vulnerable groups such as people living with HIV. While COVID-19 disruptions negatively affected all other TB indicators in 2020, there was one ray of hope: 194,000 children in contact with TB patients received preventive therapy in 2020 in countries where the Global Fund invests, an increase of 13% over 2019.



Mitigating the impact of COVID-19

To end both COVID-19 and TB as epidemics, we must fight both diseases at the same time, increasing investments in the same tools, health workers and systems for health needed to fight TB and COVID-19 and prepare for future airborne pandemics. Results from 2020 show this is possible. The same tools the Global Fund partnership has built to fight TB are now being used to fight COVID-19, and emergency funding from the Global Fund to mitigate the impact of COVID-19 on HIV, TB and malaria programs and reinforce systems for health has helped countries to continue to fight TB at the same time as fighting COVID-19.

For example, while testing levels plummeted in India and Bangladesh in the first months after the COVID-19 pandemic hit, they were able to rebound towards the end of 2020. Countries have also accelerated innovative new approaches to fight TB, such as transitioning to all-oral treatment regimens

for drug-resistant TB and using new digital applications to enable patients to report progress virtually, making it easier to adhere to treatment.

The Global Fund supported integrated TB and COVID-19 screening and testing, a simple step that can stop onward transmission of both diseases – and ensure that TB patients are diagnosed and treated early. In 2020, more than 300 diagnostics machines were requested through the Global Fund's COVID-19 Response Mechanism that can be used for both COVID-19 and TB testing. The Global Fund supported countries to recover the backlog of people who were missed (notifications and treatment) due to the COVID-19 pandemic and lockdown.

However, the numbers show these efforts were not enough to regain progress lost from earlier in 2020: overall, India saw a staggering 20% drop in reported cases in 2020, and in Bangladesh they declined by

Key results in countries where the Global Fund invests:

4.7m

people treated for TB in 2020. TB treatment coverage increased from 47% in 2010 to 69% in 2019, and the TB treatment success rate reached 85% for the 2018 cohort. Global targets for coverage and treatment success rates: 90% by 2025.

194k

children in contact with TB patients received preventative therapy in 2020.

101k

people on treatment for DR-TB in 2020; treatment coverage reached 36% in 2019 and DR-TB treatment success rate increased from 48% in 2009 to 58% for the 2017 cohort. Global targets: 90% MDR-TB treatment coverage and success by 2025.



A doctor shows Oleg Chutvatov an X-ray photo of his lungs. Oleg receives treatment for tuberculosis at the TB hospital in Kharkiv, Ukraine. *The Global Fund / Evgeny Maloletka*

22%. As both countries continue to battle different waves and variants of the COVID-19 pandemic in 2021, the progress registered in the previous years may once again be knocked back.

Progress

In countries where the Global Fund invests, TB deaths (excluding HIV-positive) since the Global Fund was founded in 2002 have been reduced by 28% and new TB cases (all forms) had dropped by 4% by end-2019 (latest available estimates). However, if we are to prevent the severe disruptions caused by COVID-19 in 2020 from having a devastating long-term impact on the fight against TB – and contributing to the spread of multidrug-resistant TB – we must urgently scale up adaptation and mitigation efforts to regain lost progress.

Key results in countries where the Global Fund invests:

271k

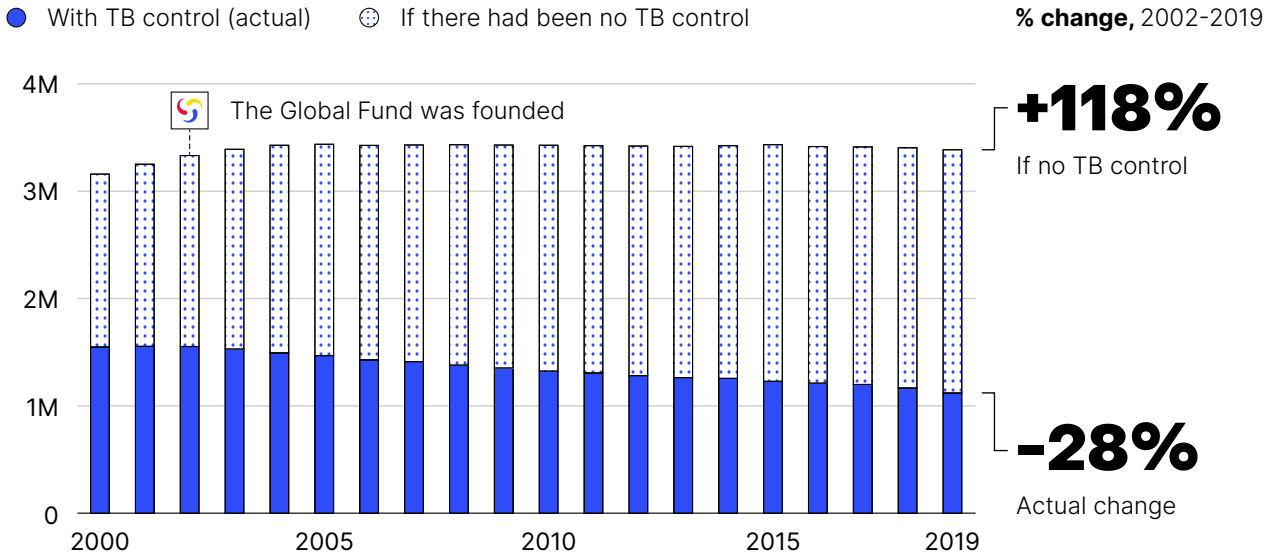
HIV-positive TB patients on antiretroviral therapy during TB treatment in 2020; coverage of ARVs in HIV-positive TB patients increased from 45% in 2010 to 90% in 2019. Global target: 100% among detected cases.

3,813

people with extensively drug-resistant TB on treatment in 2020.

Trends in TB deaths (excluding HIV-positive)*

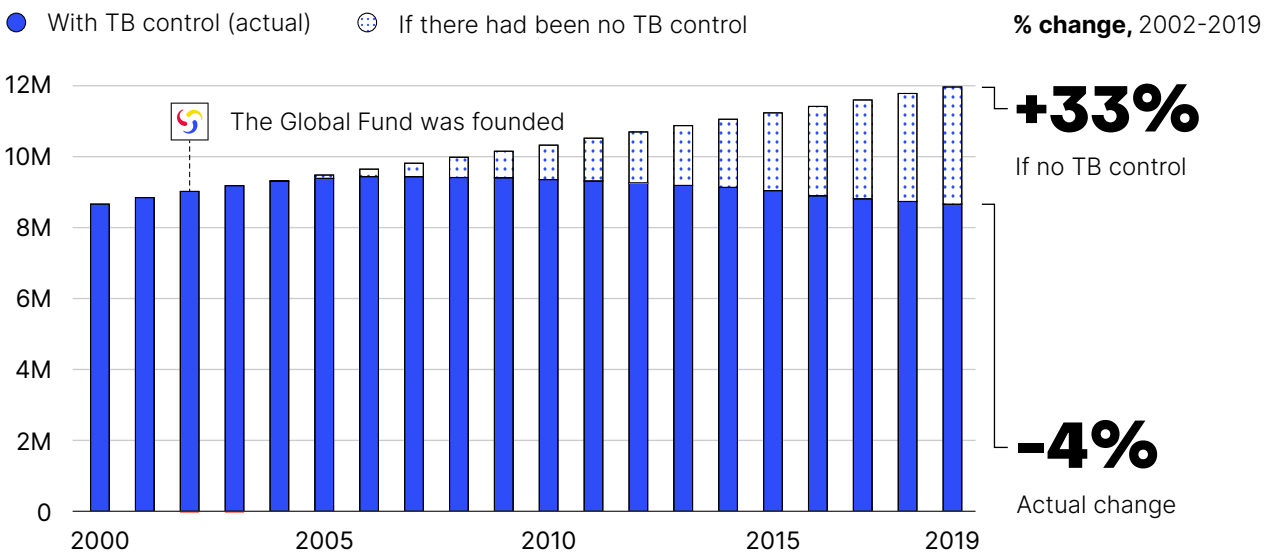
In countries where the Global Fund invests



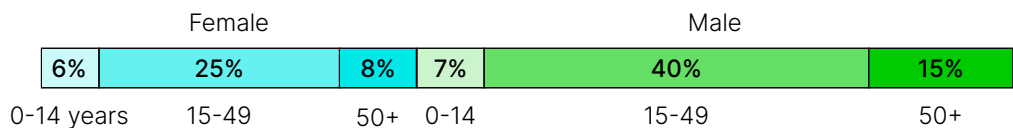
*While major control efforts for malaria and HIV began with the launch of the Millennium Development Goals in 2000, TB control efforts began much earlier. The counter-factual and actual results therefore diverged from each other much earlier, making this graph look considerably different than its HIV and malaria counterparts.

Trends in new TB cases (all forms)

In countries where the Global Fund invests



Age-sex breakdown, 2019



TB burden estimates from WHO Global TB Report 2020. Estimation of "no TB control" trends for TB deaths from WHO and for new TB cases based on the assumption of constant trend in new TB cases since 2000.



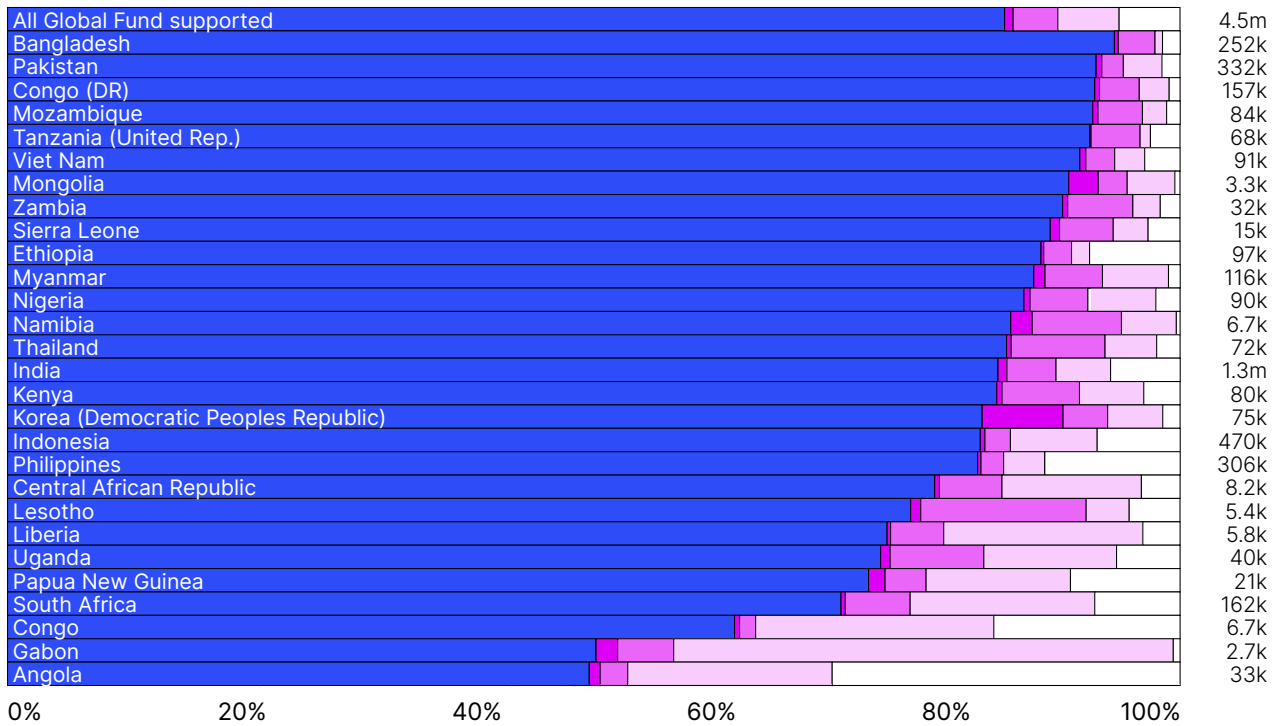
A patient takes her TB treatment at her home in Dhaka, Bangladesh.
The Global Fund / Yousuf Tushar / Panos

Treatment outcomes

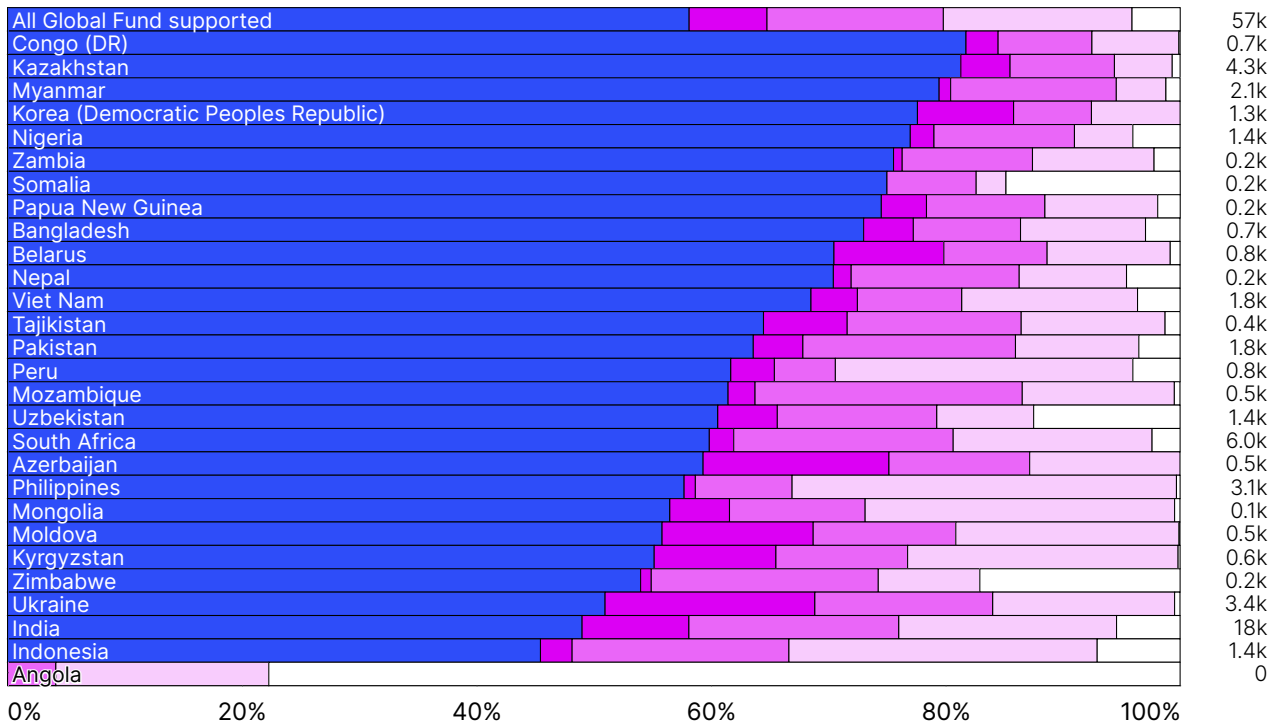
In WHO high burden countries supported by the Global Fund

● Treatment successful ● Failed ● Died ● Lost to follow-up ● Not evaluated

Drug-sensitive TB cases, 2018



MDR-TB cases, 2017



TB treatment outcomes for new and relapse TB cases, WHO Global TB Report 2020, WHO list of high burden countries. See footnote 3, p. 43 regarding data for India.



Health workers of the Mumbai Municipal Corporation enter a densely populated area of the city to trace people who have come in contact with COVID-19 patients. *The Global Fund / Atul Loke / Panos*

India: fighting two airborne pandemics

The COVID-19 pandemic is having a devastating impact on the fight against tuberculosis worldwide, as many of the resources required to fight TB – labs, testing machines, health workers – have been diverted to fight COVID-19. But India's experience shows the COVID-19 pandemic also provides an opportunity to fight both diseases at the same time by increasing investments in the common tools, health workers and systems for health needed to fight TB and COVID-19.



A lab technician conducts a test for COVID-19 at Nair hospital in Mumbai, India. *The Global Fund / Atul Loke / Panos*

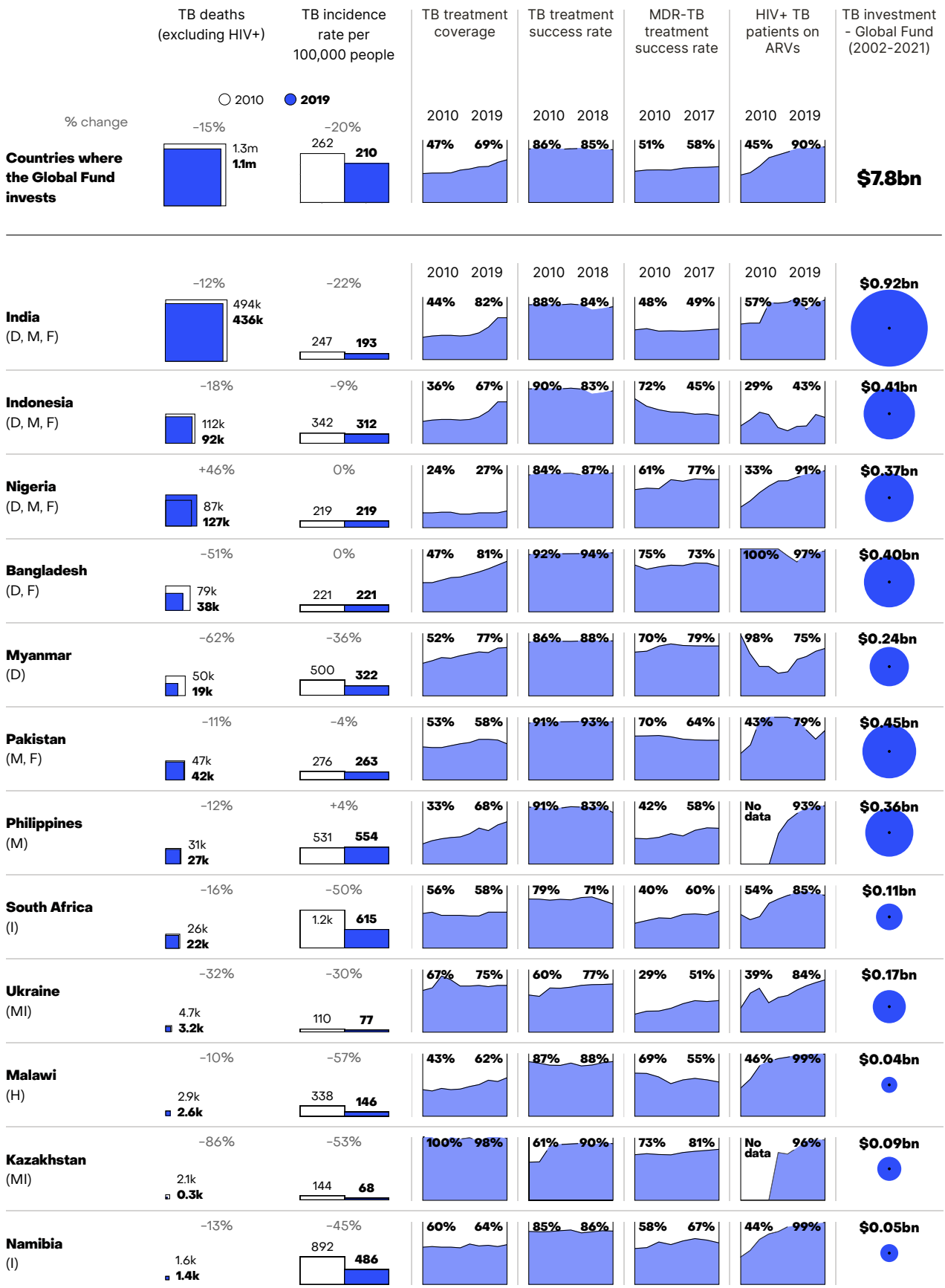
Over the last few years, India has scaled up TB investments with the goal of eliminating TB by 2025. India has been using lessons learned from the fight against TB to fight COVID-19, including infection, prevention and control measures such as tracing, testing, isolating and treating, but also drawing from the experience of communities.

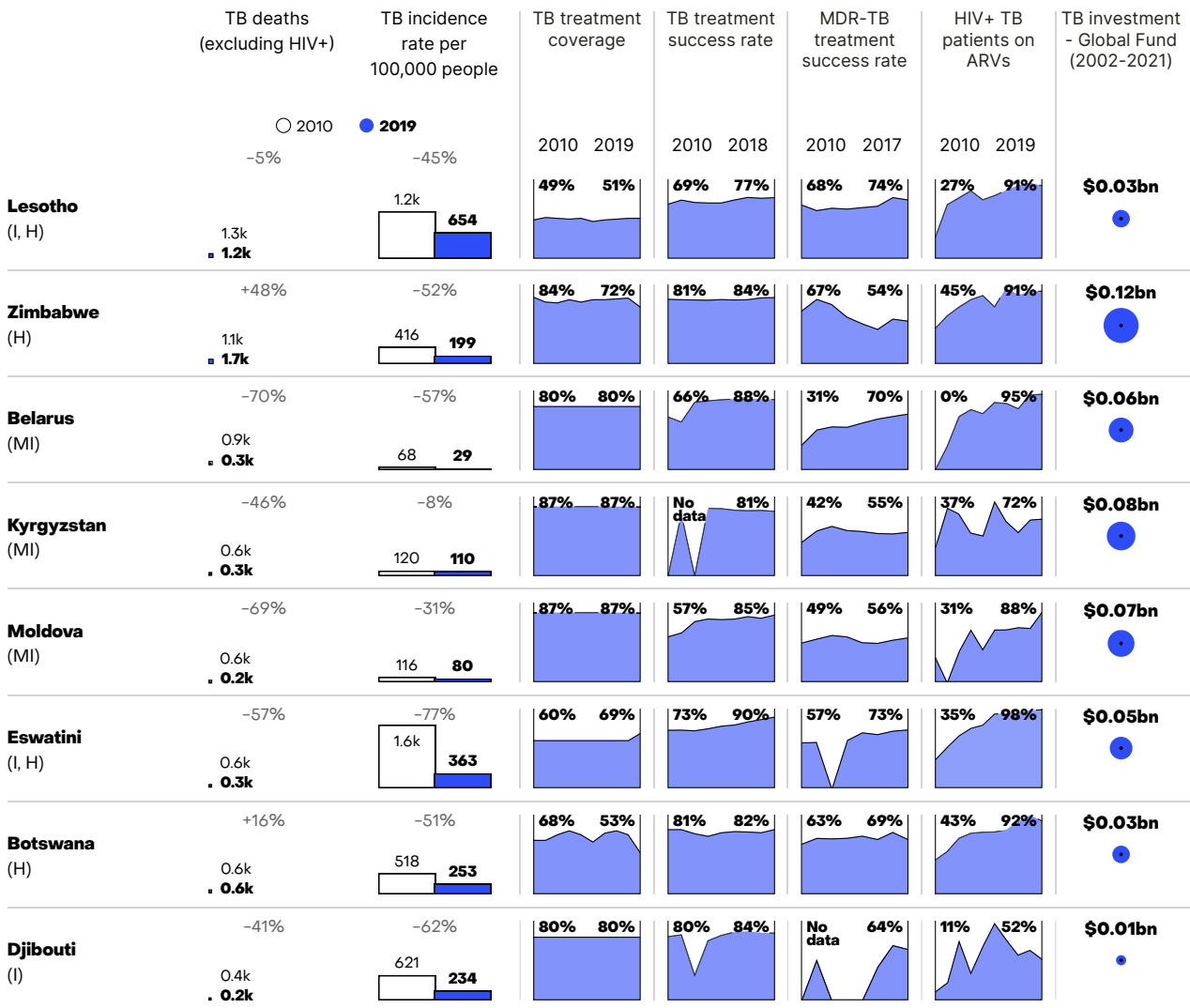
Because of lockdowns and other restrictions in the early months of the COVID-19 pandemic, diagnosis and enrollment for TB treatment fell dramatically in India, which has the highest TB burden in the world. Determined to protect its progress against TB, India responded with a plan to integrate TB and COVID-19, including screening programs and laboratory services. Efforts

to find TB and COVID-19 cases intensified across the country. Screening of TB patients for COVID-19 and COVID-19 patients for TB (known as bi-directional screening) was implemented to increase surveillance.

In India, testing and treatment numbers for 2020 show that the cumulative impact was severe: testing and treatment results dropped by 20% compared to 2019 (see graph page 33). And in March 2021, India was hit by a devastating wave of the pandemic, which at its height was infecting over 300,000 people every day. While data on the exact impact of that second wave on TB programs was not available for this report, it is expected that the second wave will have a significant impact on India's efforts to fight TB.

Investment and impact: TB





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

1. All data is based on mid-point estimates from Global tuberculosis report 2020 <https://www.who.int/tb/data/en/>, other than Global Fund disbursements which are available on the Global Fund data explorer.

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

- Being among the top-5 countries with the highest number of deaths in 2010 (D)
- Being among the top-5 countries with the highest incidence rate in 2010 (I)
- Being among the top-5 countries with highest number of MDR-TB cases in 2019 (M)
- Being among top-5 countries with the highest MDR-TB / TB incidence ratio in 2019 (MI)
- Being among top-5 countries receiving the highest amount of funding from the Global Fund from 2002 to end-June 2020 to support TB programs (F)
- Being among top-5 countries with the highest estimated HIV in incident TB cases in 2019 (H)

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

2. The aggregate numbers presented as "Countries where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$7.8 billion from 2002 to June 2021 to support TB and a portion of HIV programs. Additionally, they received US\$1 billion to support cross-cutting support across three diseases, resulting in a total of US\$8.9 billion. Countries/programs that did not receive an allocation over 2017-2019 cycle received US\$778 million since 2002, resulting in a total of US\$8.6 billion.

3. Due to the improved method for monitoring treatment outcomes in India which is a significant country for portfolio level results, the treatment success rate results from 2014 to 2018 cannot be compared with the historical results. The TB patients reported from the private sector to the national program were excluded from the 2014 and 2018 cohort for India since the monitoring system for assessing their outcome was not fully in place.

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



Safi Ouango gives seasonal malaria chemoprevention treatment to her daughter in Burkina Faso. *The Global Fund / Olympia de Maismont*

Malaria: State of the Fight

In the Time of COVID-19

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

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Burkina Faso: preventative malaria medicine for children under 5

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Mitigating the impact of COVID-19

The challenge

The fight against malaria is one of humanity's most significant public health successes. Great progress was made in malaria control between 2000 and 2017, with a reduction in overall cases and deaths, but that progress stalled around 2018. COVID-19 has exacerbated the challenge, knocking us further off track.

The emergence and spread of resistance to artemisinin – the most widely used drug against malaria – threatens to undo gains and could be globally devastating if it spreads beyond the Mekong subregion where it originally emerged. There are already indications that resistance may be present in sub-Saharan Africa and Latin

America. Additionally, mosquitoes are increasingly resistant to insecticides and have adapted their behavior, requiring the malaria community to expand the array of tools used for vector control to ensure protection of the population against malaria.

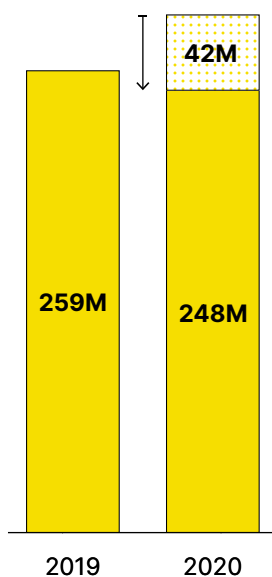
But there is hope. Countries are increasingly investing in smarter ways with a view to optimize control, efficiency, and equity by focusing on high-burden areas, where we can achieve the highest impact. Vector control coverage is higher than it has ever been, and newer tools are being developed and tested. And despite the challenges brought about by COVID-19, the pandemic has spurred innovations and adaptations to continue the fight against malaria.

Suspected malaria cases that receive a parasitological test

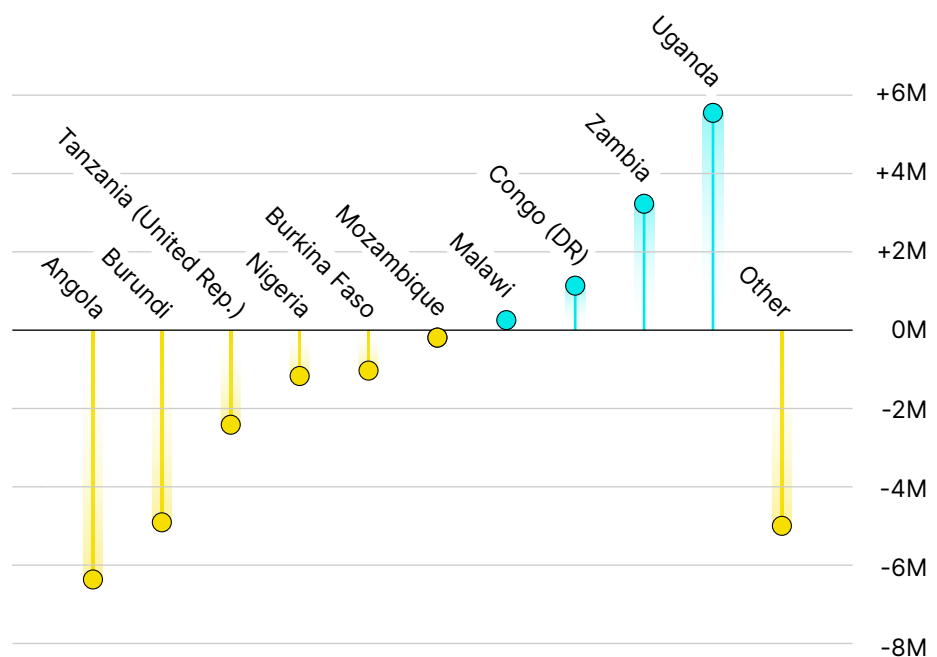
Change, 2019-2020

By portfolio

- Actual
- If there was no COVID-19



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



The 'if there was no COVID-19' estimates are based on grant targets adjusted by grant performance prior to COVID-19. The country graphs include countries with comparable results in both years, therefore, the total results in 2019 and 2020 might be slightly lower than the total number of services seen in the other parts of this report and in the online platform.

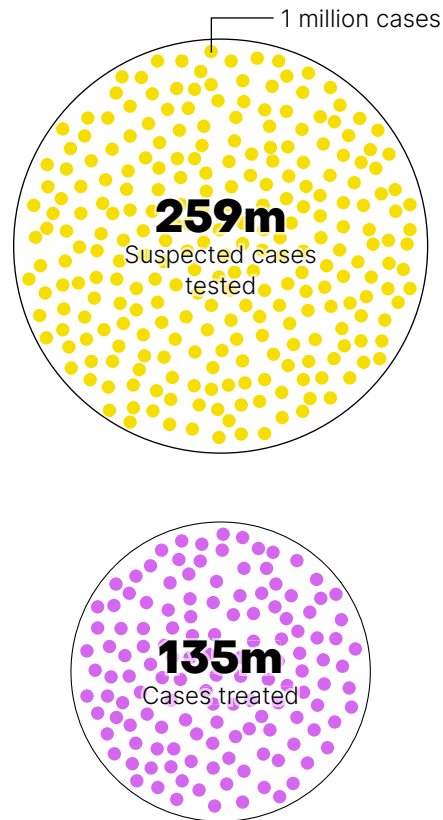
The certification of El Salvador as malaria-free in February 2021 shows that the target of eliminating malaria is within reach – but we must work even harder to regain lost progress and adapt to the disruption caused by the COVID-19 pandemic.

Disruptions from COVID-19

In 2020, the COVID-19 pandemic and aspects of the response such as lockdowns, transport restrictions, inadequate protection of front-line health workers, and early messaging from health authorities advising the public to stay at home if they had a fever made it extremely challenging to maintain essential malaria prevention and case management services. The supply chain of critical malaria health products was also disrupted. For instance, the market for malaria rapid diagnostic tests was disrupted by increased demand for COVID-19 tests and transport times for vector control products were significantly longer than prior to the pandemic. Deployment of core prevention services are traditionally delivered most often via large-scale campaigns, which needed to be adapted to align with COVID-19 restrictions. Ensuring early testing and treatment of malaria cases is critical to malaria control efforts, yet people may avoid seeking care at clinics out of fear of being infected with COVID-19 or due to conflicting health messages.

Despite the disruptions, and likely due to the diligence and innovation of community health workers and communities where most malaria prevention and control takes place, the fight against malaria was somewhat stable. Though there were no advances in progress as in previous years, most malaria programmatic results remained roughly steady or only slightly declined between 2019 and 2020. The number of suspected cases tested and cases treated for malaria dropped slightly, by 4.3% and 0.5%

Malaria cases tested and treated in 2020



respectively. Thanks to adaptation measures, prevention activities remained stable or increased compared to 2019: the number of mosquito nets distributed increased by 17%; structures covered by indoor residual spraying increased by 3%; and the number of pregnant women who received preventative treatment for malaria increased by 1%.

The Global Fund's response

The Global Fund provides 56% of all international financing for malaria programs and has invested more than US\$14.7 billion in malaria control programs as of June 2021. Since 2020, the Global Fund has also stepped up to support countries to mitigate

the impact of COVID-19 on the malaria response. From January 2021, we have increased malaria grants by 23% on average, and are committed to deploying about US\$4 billion to fight the disease over the next three years.

Testing and treatment

Timely testing and treatment for people affected by malaria is fundamental to preventing deaths. WHO recommends that all patients with suspected malaria be tested either by microscopy or rapid diagnostic tests before they are given treatment. This allows health workers to differentiate between malarial and non-malarial fevers and prescribe the most appropriate treatment, which has been a key element in the COVID-19 response.

Global Fund partners work with communities in malaria-endemic areas to provide information about what malaria is, how it is transmitted, what treatments are available, and, most importantly, what actions to take if malaria is suspected. In Ghana, for

example, village elders teach their community “not to let the sun set twice” on a child with fever. In many countries, malaria prevention lessons are added to the school curriculum. The more than two million community health workers in the countries where the Global Fund invests are a critical force in the fight to eliminate malaria, particularly in hard-to-reach rural villages. With the outbreak of COVID-19, community health workers – trusted members of the community – have been key in ensuring continued access to health care, especially for the differential diagnosis of fever and delivering appropriate health messages to the population.

The Global Fund has made significant investments to eliminate malaria and fight artemisinin resistance in the Mekong region through the Regional Artemisinin-resistance Initiative (RAI). Between 2000 and 2019, in the six countries of the Greater Mekong subregion – Cambodia, China (Yunnan Province), Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam – all



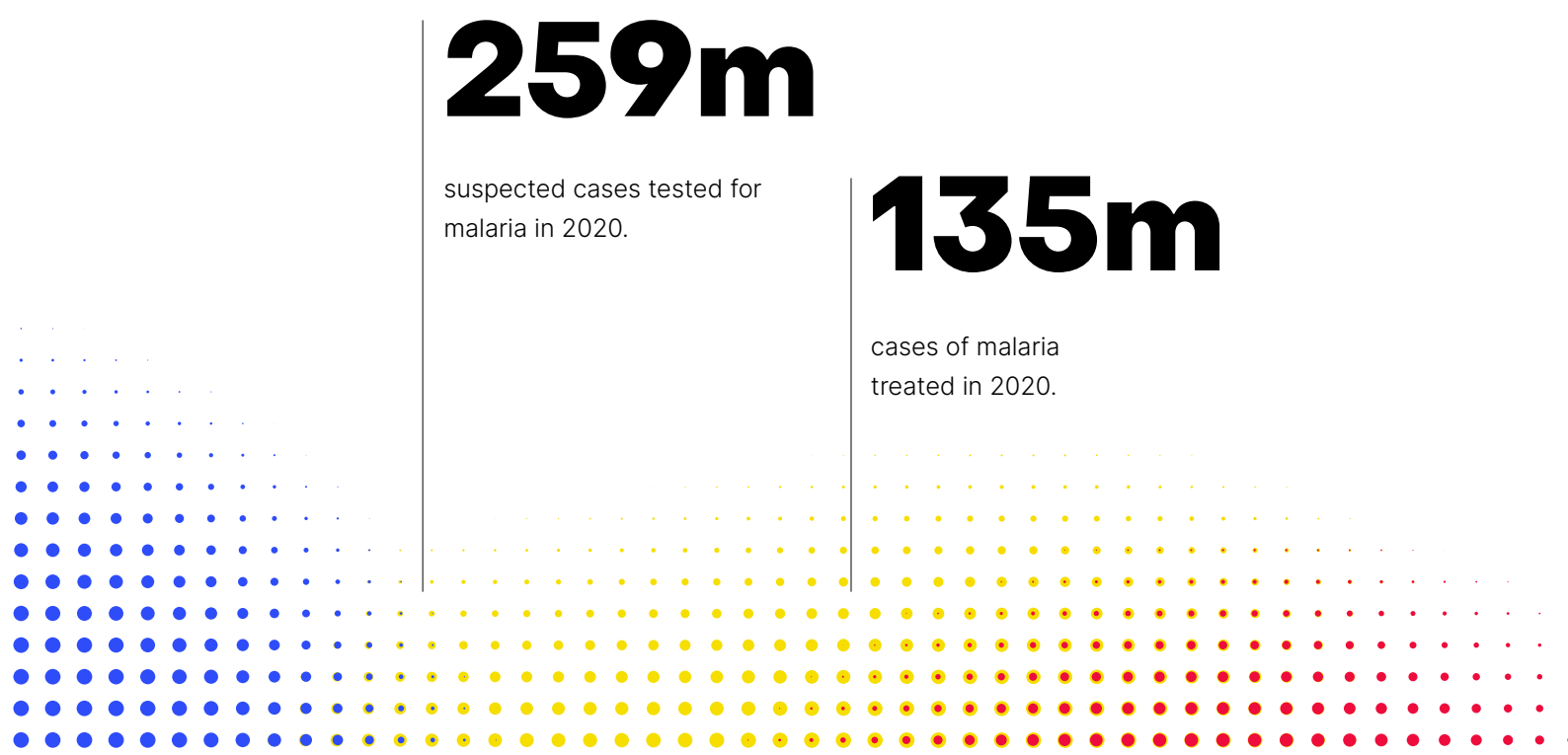
Key results in countries where the Global Fund invests:

259m

suspected cases tested for malaria in 2020.

135m

cases of malaria treated in 2020.





Bon Pheng Phomphakdee, a village malaria worker and Katai, a malaria patient, in Songpeuay village, Lao PDR. Case detection is a major obstacle on the path to malaria elimination. Malaria volunteers, like Bon Pheng Phomphakdee, who bring health services to people's homes, are the vanguard of Lao PDR's malaria elimination efforts. *The Global Fund / Jonas Gratzner*

malaria cases fell by 90%. RAI is the Global Fund's largest regional grant and seeks to accelerate malaria elimination in the region through rigorous testing, treating and tracking of malaria cases. The objective of this grant is also to prevent the spread of artemisinin resistance to countries outside the region.

Prevention

Malaria prevention underpins malaria control efforts and is the most effective way to dramatically reduce cases and deaths. It gains further importance in the context of the COVID-19 pandemic: keeping malaria cases which, like COVID-19, also present first with fever, as low as possible reduces the burden on overstretched health systems.

The Global Fund invests in multiple new and existing tools to prevent malaria. These include distributions of insecticide-treated nets, indoor residual spraying, and seasonal malaria chemoprevention for children under 5, all of which are most often conducted as large-scale campaigns. These activities are central to most countries' malaria control responses. But COVID-19 created supply chain disruptions and operational challenges of implementing campaigns during lockdowns.

Thanks to strong national leadership, wide partnership support and the availability of funds to support modified approaches – such as from C19RM – a considerable level of disruption from COVID-19 was avoided.

While some mosquito nets campaigns saw initial delays in 2020, almost all were successfully implemented often including innovations, such as digitalization, that will also improve campaign efficiency and impact moving forward. The number of mosquito nets distributed increased by 17% compared to the previous year.⁴ A massive effort led by national malaria programs and communities with support from the Global Fund, the U.S. President's Malaria Initiative, and the Alliance for Malaria Prevention among other organizations prevented what could have been a catastrophe.

The Global Fund continues to support countries to deploy innovative and more effective vector control tools. In 2020, we supported procurement of nearly 30 million pyrethroid-PBO nets to provide better malaria control in areas of pyrethroid insecticide resistance, accounting for 30% of the total insecticide-treated nets ordered through the Pooled Procurement Mechanism – nearly double the number procured in 2019. The New Nets Project co-financed with Unitaid supports market entry of dual active ingredient nets to countries in response to the rise in insecticide resistance. In 2020, despite the overall impacts of the pandemic, the Global Fund supported the procurement of 20 million of these nets.

Despite the difficulties in implementation related to COVID-19, seasonal malaria chemoprevention – an intervention implemented mainly in western African countries to prevent malaria in children under 5 – also saw an increase in the number of children covered to a total of nearly 30 million, compared to 22 million in 2019.

But as the malaria parasite evolves and drug resistance increases, these prevention tools may not be enough. We must continue to innovate, and to develop better tools and approaches. The pilots of the world's first malaria vaccine in Ghana, Kenya and Malawi, which were launched in 2019, have distributed more than 1.7 million doses of the RTS,S/AS01 (RTS,S) malaria vaccine to children under 5. The malaria vaccine pilot program is coordinated by WHO and is a collaboration of the Ministries of Health in Ghana, Kenya and Malawi, PATH, UNICEF and GSK and funded by the Global Fund, WHO, Gavi, the Vaccine Alliance and Unitaid. If the vaccine is recommended for broader use, it could be a powerful new tool to fight malaria.

Mitigating the impact of COVID-19

To ensure a consistent supply of health commodities such as diagnostics for malaria, we worked with other global health partners to negotiate with suppliers, convening a suppliers' summit in June 2020. The summit was attended by 12 companies, including all major manufacturers. The Global Fund and PMI announced tenders to secure unallocated volumes for the remainder of 2020, allowing flexibility in price offers and minimizing the risk of stockouts. These timely interventions were critical in mitigating the impact of the COVID-19 pandemic on malaria programs.

Successful program adaptations like delivering mosquito nets door to door are working and need to be scaled up. For example, by distributing mosquito nets and medication door to door in 2020, we avoided drops in mosquito nets that were distributed



⁴ Country mass net distribution campaigns occur every 3 years and are not evenly distributed across the 3-year implementation cycle, so it is difficult to compare year-on-year progress. However, such a significant increase between 2019 and 2020 indicates countries were able to successfully adapt their campaigns.



Nyayoung Orou tends to 3-month-old Nyasibet, South Sudan.
© UNICEF/
Mark Naftalin

“

Successful program adaptations like delivering mosquito nets door to door are working and need to be scaled up.

and in the number of children that received seasonal malaria chemoprevention. Services such as community referrals and distribution of long-lasting insecticidal nets – essential for malaria prevention – have increased.

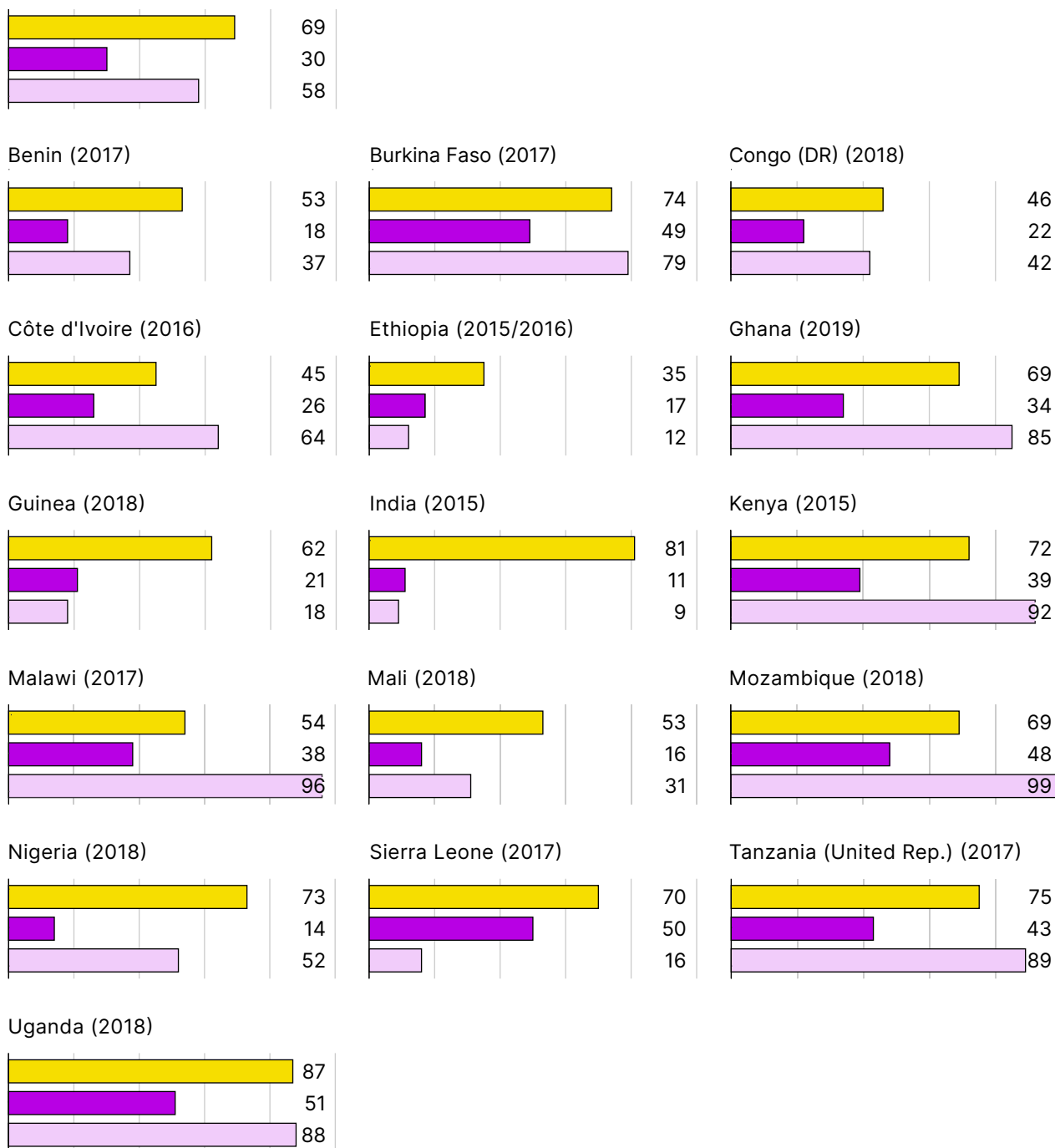
In tropical countries, a fever could be COVID-19 – or it could be malaria. To ensure patients receive the right treatment, the Global Fund is scaling up COVID-19 testing, supporting the adaptation of diagnostic algorithms to include malaria and COVID-19, ensuring steady supply of malaria tests and treatment, and providing PPE to front-line health workers so they can safely and properly diagnose and treat patients. In 2021, we must urgently fast-track the purchase of more PPE for malaria program workers and support adaptive measures to successfully

Coverage of malaria treatment

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

- Children for whom advice or treatment was sought
- Children who received a finger or heel stick
- Children who received an artemisinin-based combination therapy (ACT) among those who received any antimalarial

Median across selected countries where the Global Fund invests (2015–2019)



Countries selected based on criteria used for Malaria Investment and Impact chart. ACT: artemisinin-based combination therapy. Selected countries refers to median of countries included here. Source: Household surveys <https://mics.unicef.org/> and <https://www.statcompiler.com/en/>.

implement the more than 50 planned campaigns of mosquito net distributions, indoor residual spraying, and seasonal malaria chemoprevention.

Progress

Since 2010, the highest malaria burden countries have achieved significant declines in the overall number of deaths as well as in driving down incidence rates (see graphs on page 54). In countries where the Global Fund invests, malaria deaths have declined by 45% between 2002 and 2019 (latest available data). Through leveraging economies of scale, working with partners and negotiating directly with manufacturers, we reduced the cost of an insecticide-treated mosquito net

by 36% and the average cost of artemisinin-based combination (ACT) therapies by 39% between 2014 and 2020. Savings generated through the reduction in treatment costs alone enabled us to provide more than 59.8 million additional antimalarial treatments.



In countries where the Global Fund invests, malaria deaths have declined by 45% since 2002.

Key results in countries where the Global Fund invests:

188m

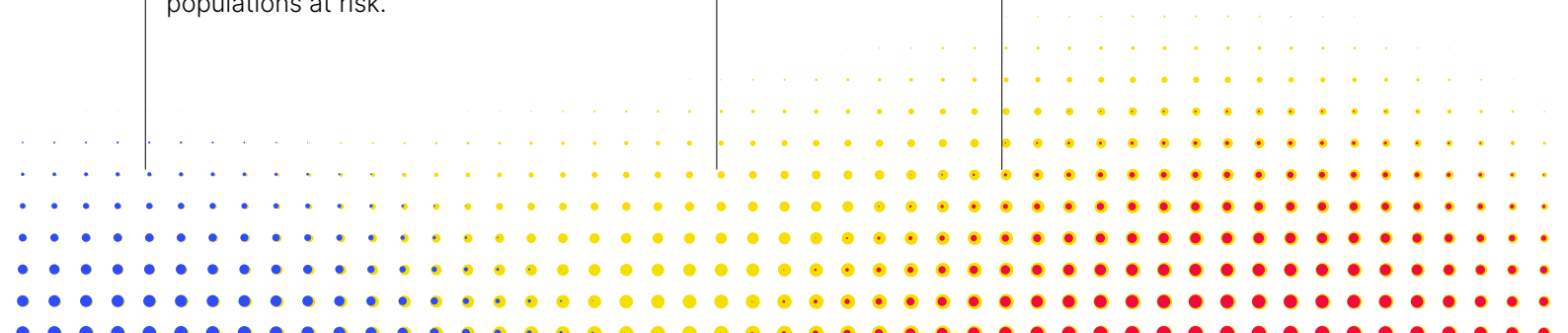
mosquito nets distributed to protect families from malaria in 2020. Coverage of population with access to a long-lasting insecticide treated net increased from 30% in 2010 to 53% in 2019, and coverage of population using a net increased from 26% in 2010 to 46% in 2019. Global target: Universal access to vector control for populations at risk.

11.5m

pregnant women received preventive therapy in 2020.

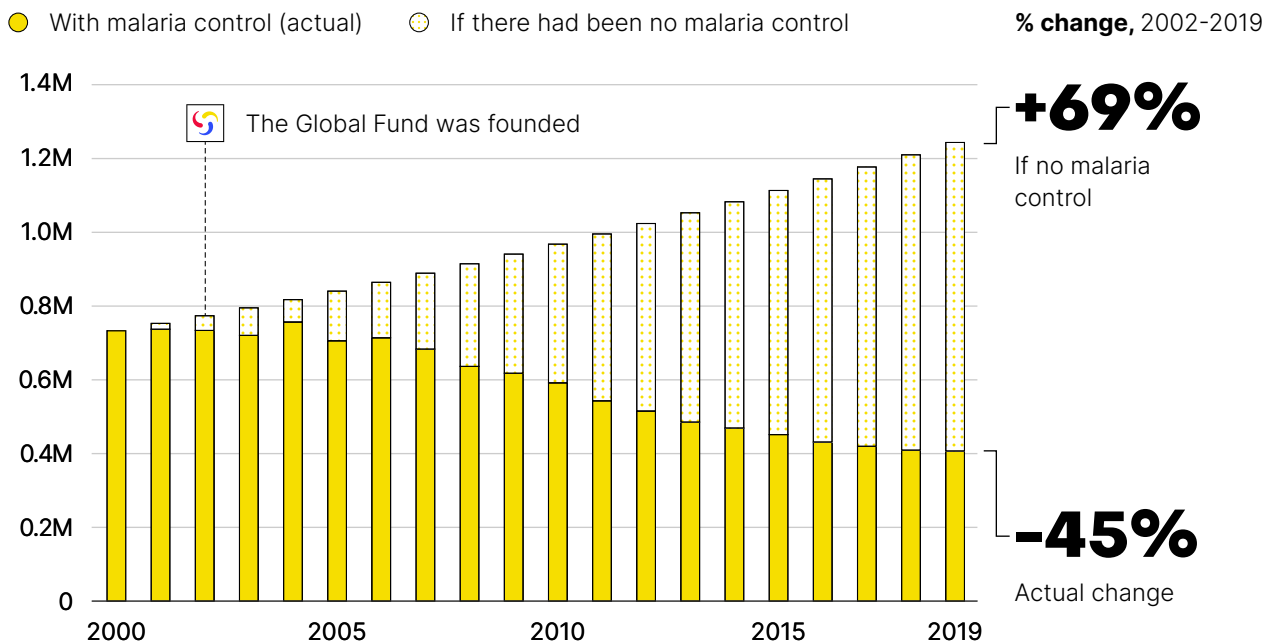
9.4m

structures covered by indoor residual spraying in 2020.



Trends in malaria deaths

In countries where the Global Fund invests

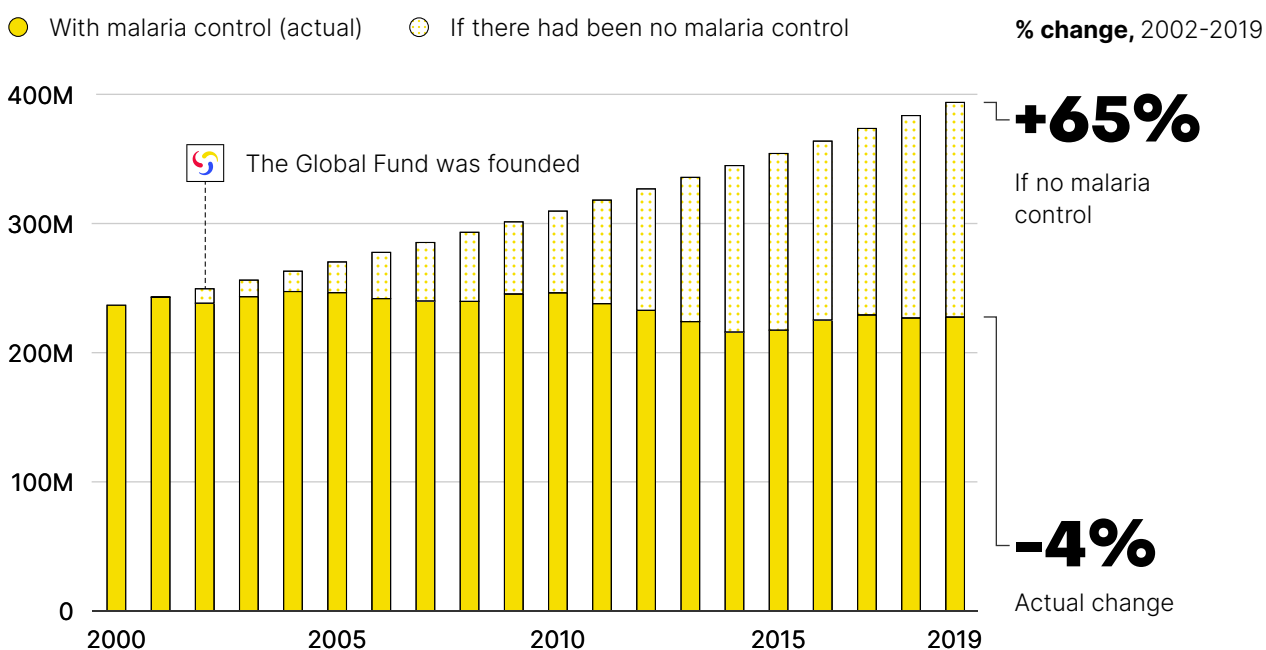


Age breakdown, 2019



Trends in malaria cases

In countries where the Global Fund invests



Malaria burden estimates and estimation of "no malaria control" from WHO Global Malaria Program, 2020 release.

Burkina Faso: preventative malaria medicine for children under 5



Health workers go door to door to administer seasonal malaria chemoprevention in Ouagadougou, Burkina Faso. *The Global Fund / Olypia de Maismont*

Seasonal malaria chemoprevention (SMC) is an important way of preventing malarial illness in children under 5 in areas of high transmission during the malaria season. Maintaining therapeutic antimalarial drug concentrations in the blood throughout the period of greatest malarial risk helps to protect children from getting sick. Using various safety precautions, the program continues to be rolled out during the COVID-19 pandemic in order to protect gains made in the fight against malaria.

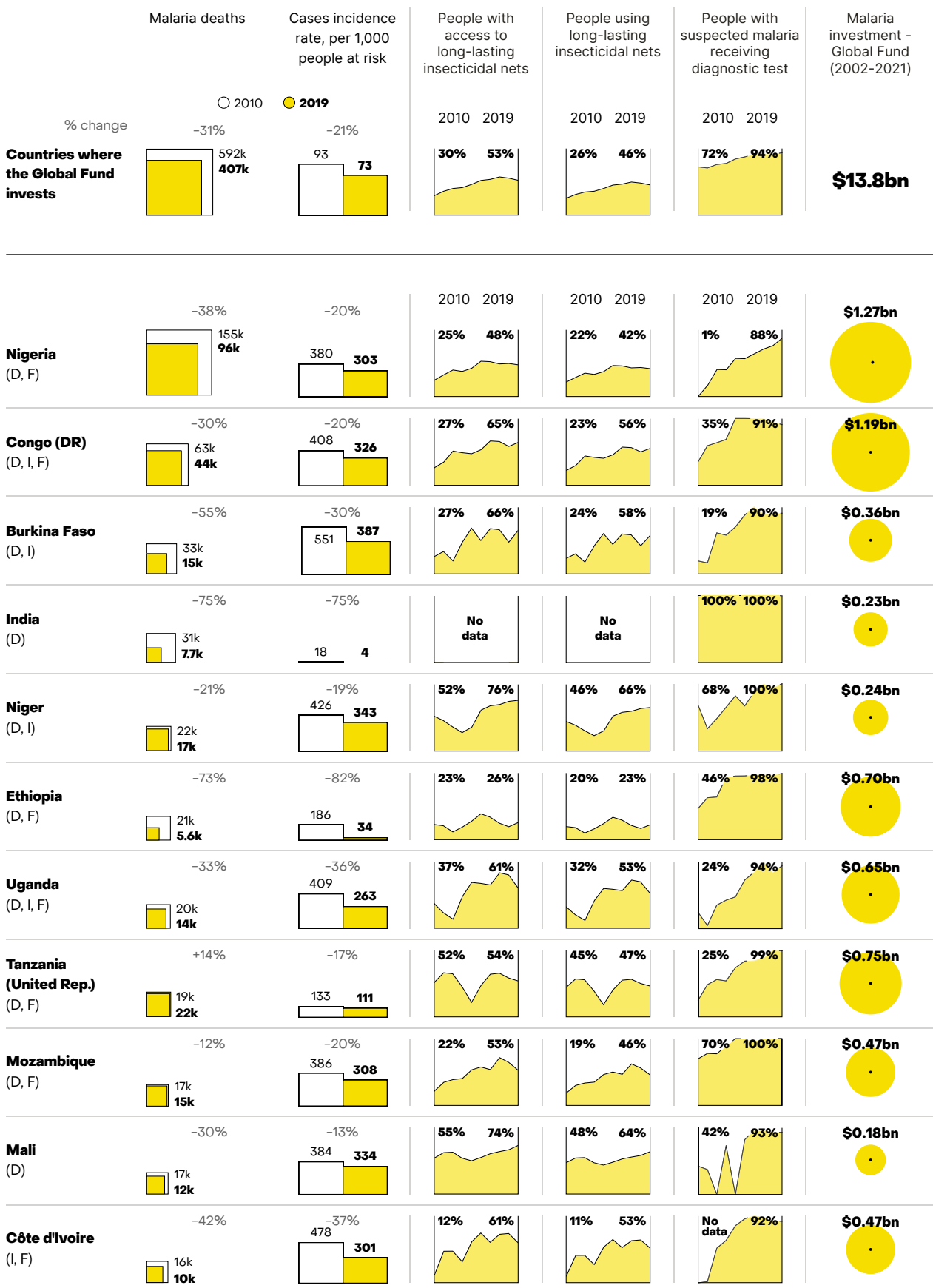
Despite lockdowns and transport stoppages due to COVID-19, health workers walked door to door in Ouagadougou to distribute mosquito nets, administer SMC to children under 5, and provide other health services to communities.

“Most of the time we are very well welcomed in homes, the community truly appreciate the initiative and adults even ask the treatment for themselves and older children!” says health worker Rabiadou Ouedraogo.

“We notice a significant reduction of the number of malaria cases, especially serious cases we receive in the health center, in this age group. Many mothers have come to take the treatment for their child, they are really happy,” adds health worker Zénabo Zinaba.

Despite the difficulties in implementation related to COVID-19, we increased the number of children covered through SMC in 2020 to a total of nearly 30 million, largely in West Africa, compared to 22 million in 2019.

Investment and impact: Malaria





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

Data is based on mid-point estimates from World Malaria Report 2020 <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2020>, World Malaria Atlas Project data for bednet access and use in countries for which estimates are available, <https://malariaatlas.org/>; and Global Fund disbursements which are available on the Global Fund data explorer.

- Countries listed on this page were selected based on three criteria:
 - Being among the top-10 countries with the highest number of deaths in 2010 (D)
 - Being among the top-10 countries with the highest incidence rate in 2010 (I)
 - Being among top-10 countries received highest amount of funding from the Global Fund from 2002 to end-June 2021 to support malaria programs (F).

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

2. The aggregate numbers presented as “where the Global Fund invests” are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$13.8 billion from 2002 to June 2021 to support malaria programs. Additionally, they received US\$991 million to support cross-cutting support across three diseases, resulting in a total of US\$14.8 billion. Countries/programs that did not receive an allocation over 2017-2019 cycle received US\$842 million since 2002, resulting in a total of US\$14.7 billion.

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

58-year-old Pauline Katsongo and her colleagues were able to adapt quickly to the challenges that came when COVID-19 arrived in the Democratic Republic of the Congo because of their experience with Ebola. Healing people gives her joy, but her fight is not an easy one: "Patient management remains very difficult. We are also facing shortages of personal protective equipment and medicine." *The Global Fund / Pamela Tulizo / Panos*



Resilient and Sustainable Systems for Health

The Foundation for Pandemic Preparedness and Response



Resilient and sustainable systems for health (RSSH) are the foundation for defeating today's infectious diseases as well as the basis for preventing, preparing for, and responding to future pandemics. To end HIV, TB and malaria, and fight emerging threats like COVID-19, we must strengthen the formal health and community systems and responses that make up RSSH.

The challenge

Even before COVID-19, health and community systems in low- and middle-income countries were under strain. Shortfalls in health workforce skills and numbers, costly and incomplete supply chains, inadequate disease surveillance systems, overburdened laboratory networks, poor integration of formal and informal health and community systems, human rights violations and abuses including gender-based violence, poor quality of care, silo implementation of national disease control programs and weak financial management and oversight mechanisms were some of the major challenges. COVID-19 is exacerbating these challenges and pushing health systems to the brink, jeopardizing people's health for years to come and leaving countries exposed to future health threats. In 2020, COVID-19 showed us how quickly a pathogen from one part of the world can spread everywhere, becoming a serious global health threat. In today's increasingly interconnected world, no one is safe until everyone is safe.

We must commit to protecting everyone, everywhere, from today's deadliest infectious diseases as well as future pathogens. The capabilities to detect, prevent, and respond to future threats – disease surveillance, supply chains, surge manufacturing, and the like – are also those needed to fight existing epidemics like HIV, TB and malaria.

The whole world benefits when we build the strength and resilience of health and community systems everywhere.

The Global Fund's response

Investing in resilient and sustainable systems for health is a core component of the Global Fund's work. We are the largest multilateral investor in grants for systems for health, investing more than US\$1 billion a year to strengthen and build diagnostic tools and laboratory facilities; data and surveillance systems; procurement and supply chains; community systems and responses; and training of health workers. Our investments in RSSH take different approaches which range from direct country allocations, support through special initiatives as part of our catalytic investments as well as investments in disease-specific programs.

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

health threat. Community systems for health support mobilization and reach the most marginalized and vulnerable people in the fight against HIV, TB and malaria. They play a crucial role in increasing access to equitable and high-quality services especially in the fight against COVID-19. These services include testing, tracing, isolating and treating new cases as well as disseminating information on control and containment measures, psychosocial support and reduction in stigma and discrimination.

Addressing human rights and gender-related barriers to health

In many countries, vulnerable people are being left behind because they cannot access prevention, treatment and/or care services because of stigma or discrimination, gender-based or other forms of violence, or punitive laws, policies and practices based on sexual orientation, gender, gender identity, race, class, health status, drug use, incarceration, or sex work. COVID-19 has increased these human rights and gender-related barriers to health. In some countries, vulnerable groups have been turned into scapegoats for the new pandemic. The Global Fund invests in efforts to comprehensively address human rights and gender-related barriers to health services to ensure everyone can access the health services they need and stay in care.

The Global Fund has increased investment in programs to remove human rights and gender-related barriers nearly eight-fold since 2016, to approximately US\$160 million, in the 20 countries as part of its “Breaking Down Barriers” initiative. The initiative helps policymakers, communities and other stakeholders identify existing human rights and gender-related barriers, determine what is needed to comprehensively address them, establish the costs involved and develop

and implement costed, country-owned strategic plans to address the barriers. All the countries that are part of the initiative have either already adopted such a plan or are developing one. On Human Rights Day in 2020, the government of Botswana – which is part of the “Breaking Down Barriers” initiative – launched a comprehensive five-year plan for removing human rights and gender-related barriers to HIV and TB services.

The Global Fund is also helping countries address human rights and gender-related barriers to health exacerbated by the COVID-19 crisis, as part of comprehensive health responses, by funding concrete programs that enable people to claim their human rights amid pandemics. These include medical ethics trainings for health workers and community-led monitoring of service quality. South Africa, for example, set up hotlines to provide legal support and organized online human rights training for vulnerable populations and police.

In Botswana, civil society groups developed activities to tackle stigma related to HIV, TB and COVID-19. In Indonesia, the National AIDS Commission is conducting a national survey on the impact of COVID-19 on vulnerable populations, looking into issues such as criminalization, gender-based violence, and service accessibility. In Ghana, a police unit specializing in gender-based violence has been trained on human rights and is working closely with peer educators and peer paralegals in tackling violence against key and vulnerable populations.

Improving procurement and supply chains

Efficient procurement and supply chain systems are critical to fighting HIV, TB and malaria and other diseases, and are a key component of resilient and sustainable systems for health. The Global Fund is one of the world’s largest procurers of medical supplies for low- and middle-income

countries. The Global Fund provides grant funding for approximately US\$2 billion of health products each year, of which the larger share goes through the Global Fund’s Pooled Procurement Mechanism. In 2020, the Pooled Procurement Mechanism managed US\$1.3 billion in orders, serving grantees in more than 90 countries. In 2020, savings achieved through the Global Fund’s Pooled Procurement Mechanism amounted to US\$249 million. On-time and in-full deliveries of health commodities remained high at 76% in 2020, resulting in decreasing reports of stock-outs.

The Global Fund’s expertise in procurement and supply operations, including secure end-to-end delivery of health products, also makes us one of the most efficient and effective operations that exists today for deploying COVID-19 tools. Through the ACT-Accelerator, we work in close partnership with the WHO and other leading global development

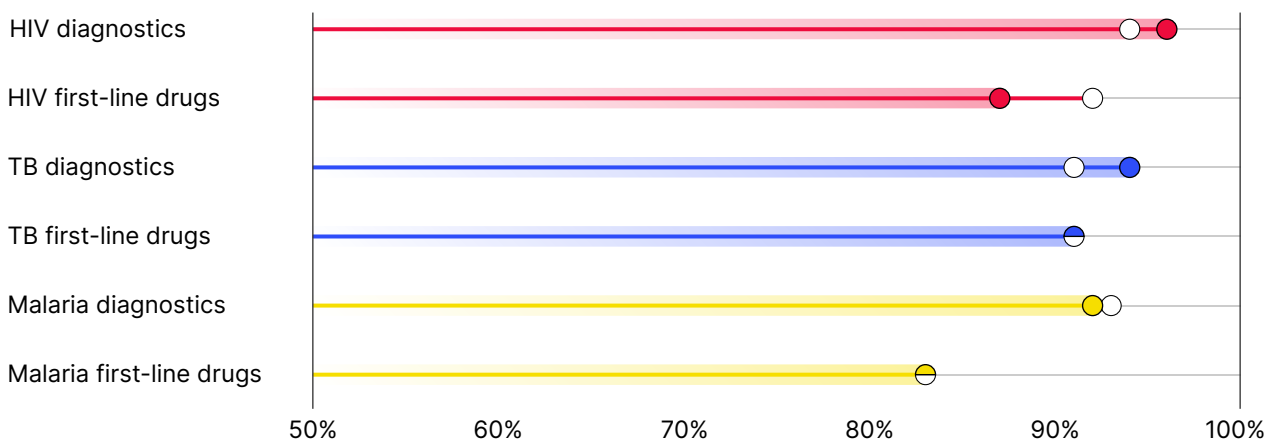
organizations – the Bill & Melinda Gates Foundation, World Bank, Gavi, the Vaccine Alliance, Coalition for Epidemic Preparedness Innovations (CEPI), FIND, Wellcome Trust, Unitaid, and UNICEF – to deploy COVID-19 tests, therapeutics (including medical oxygen), and PPE.

Recognizing the critical role that health supply chain leaders and managers play in ensuring the availability of critical vaccines and health commodities, three donor agencies – Gavi, the Vaccine Alliance, the Global Fund and the United States Agency for International Development (USAID) established a new partnership in March 2021. The partnership will jointly offer an updated version of the Strategic Training Executive Program, known as STEP 2.0, to increase supply chain efficiency and consequently improve health outcomes for many lower- and middle-income countries struggling to access medicines or other health commodities.

Average on-shelf availability

Countries with ongoing supply chain transformations

○ Target ●●● Result



Results reported at the end of 2020. On-shelf availability is measured as the percentage of health facilities visited providing tracer medicines available on the day of the visit or as per Logistics Management Information Systems status; or percentage of health facilities visited providing diagnostic services with tracer items on the day of the visit. Countries included in the initiative are: Bangladesh, Burkina Faso, Côte d'Ivoire, Congo (DR), Ethiopia, Ghana, Haiti, India, Liberia, Malawi, Niger, Nigeria, South Africa, Pakistan, Tanzania (United Rep.) and Uganda. The Supply Chain Transformation Initiative strengthens in-country supply chains through renewed strategic efforts that enhance and promote advances in the supply of medicines and other key health products to improve universal access.

Strengthening data systems and data use

As the world fights COVID-19, the need for real-time local data has become even more pressing. Infections, hospital admissions and deaths from COVID-19 worldwide are tracked daily; however, global data for HIV, TB and malaria are collated only annually. To achieve 2030 targets for HIV, TB and malaria, we need to apply the same approach to data related to these diseases. We continue to invest to support countries to build stronger data systems in their response to infectious diseases. For instance, we have invested in a US\$35 million Strategic Initiative on Data Systems to strengthen integration and effectiveness of countries' Monitoring and Evaluation systems over three years (2021-2023). Together with partners, we have also committed to invest in country data systems and community monitoring to improve the data availability and quality among key populations.

At the same time, we continue to invest in better information systems in countries. That involves working with partners to collect critical data, including data for key populations. In some countries, that means investing in a network of mobile phones at community-level clinics used to collect diagnostic, treatment and drug delivery information. In others, it means investing in sophisticated laboratory analysis data. The Global Fund also supports the WHO TB Supranational Reference Laboratory Network, which coordinates TB drug-resistance surveillance and diagnosis at the global level.

The use of quality data allows governments to respond quickly to an emerging public health crisis and to deliver the highest quality services. In the Democratic Republic of the Congo, the Global Fund partnership is supporting the implementation of a health management information system to boost

Pooled Procurement Mechanism results

	Procurement Mechanism delivery volumes through PPM in 2020	Price reduction (between 2014 and 2020)
Antiretroviral therapies	7.7m People receiving ARV therapy every month in 2020	-50%
Antimalarials	182m Artemisinin-based combination courses delivered in 2020	-39%
Mosquito nets	135m Nets delivered in 2020	-36%

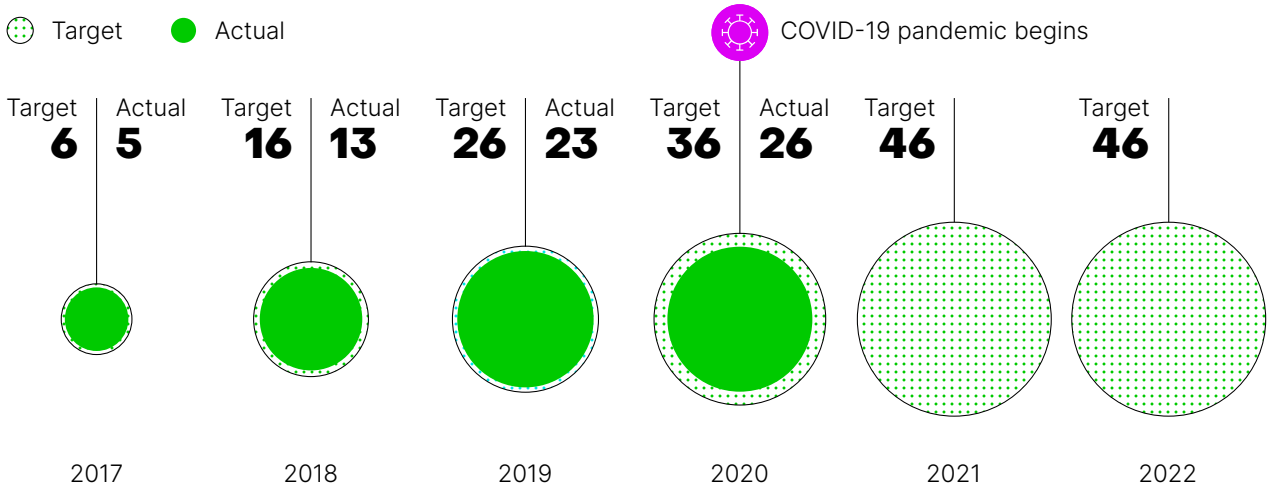
RV: -50% Based on 1st line ARV (TLD); ACT: -39% Based on ACT (Artemether/Lumefantrine 24 TABs), LLIN: -36% Based on Pyrethroid nets: 180x190x150cm size.

All information as of the end of 2020. Indicative figures to show magnitude of procurement, not representative of every product procured through the Pooled Procurement Mechanism. The Pooled Procurement Mechanism is used to aggregate order volumes on behalf of participating grant implementers to negotiate prices and delivery conditions with manufacturers. It provides access to competitive market terms and prices no matter the size or value of the order, eliminates procurement delays, supports timely grant expenditure and ensures quality assured goods and medicines reach those most in need in a timely manner.

the collection and use of disaggregated and real-time data. Better use of data empowers countries to inform policies and improve decision-making. The percentage of countries that have fully deployed functional health management information systems increased from 22% in 2018 to 39% in 2020. We are on track to reach our target of 70% by the end of 2022.

Financial management systems meeting defined standards

Number of countries



Defined standards are measured as at least 80% of agreed actions for improvement of financial systems implemented. Countries targeted include High Impact and Core Countries where the use of Public Financial Management Systems or Donor Harmonized Systems are not feasible, therefore the Global Fund supports grant implementers to strengthen their financial management systems for effective and efficient management of grants/programs. 'Agreed actions' relate to agreed actions to strengthen the people, processes and information systems of financial management systems. Financial management systems meeting defined standards represents only one of multiple RSSH key performance indicators.

Evolution of the Country Coordinating Mechanism

The Country Coordinating Mechanism (CCM) is foundational to the Global Fund's country-led approach and contribution to health governance as we invest to end HIV, tuberculosis and malaria while building resilient and sustainable systems for health. CCMs and Regional Coordinating Mechanisms (RCMs) play a key role in improving the impact of the investments we make, increasing the engagement of all those impacted by HIV, TB and malaria or involved in the response to these diseases, as well as helping enhance health governance and coordination efforts generally.

In 2018, we launched a pilot project that sought to improve the performance of CCMs across their core areas of health decision-making. Called the CCM Evolution, the

project explored how best to build core CCM capacities, to enable them to carry out inclusive operations, oversight and meaningful engagement in alignment with national structures for sustainable health governance. The pilot took place in 18 countries: Albania, Benin, Burkina Faso, Burundi, Cameroon, Colombia, Democratic Republic of the Congo, Guatemala, Haiti, Lesotho, Malawi, Mozambique, Nepal, Niger, Papua New Guinea, Romania, Tanzania and Uganda.

The results of the pilot phase were positive and underpin the global implementation of CCM Evolution between now and 2023. In 2019 the Board approved a US\$15 million Strategic Initiative to support the implementation of CCM Evolution. The implementation is ongoing in 93 countries where the Global Fund invests.

Building stronger community responses and systems

The Global Fund supports the role of communities in designing people-centered and effective interventions, implementing and evaluating service delivery, and in helping reach those who may lack access to health care, particularly the most vulnerable or marginalized. Community organizations and networks have a unique ability to interact with affected communities, react quickly to community needs and issues, and engage with affected and vulnerable groups. They provide direct services to communities and advocate for improved programming and policy environments. The Global Fund's investments support countries to better integrate community systems and responses in long-term national health plans, with a focus on sustainability.

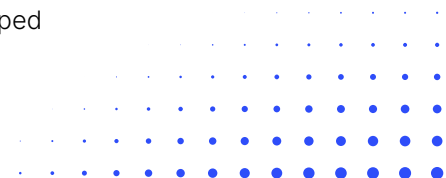
A preliminary analysis of signed grants in the latest cycle shows that approximately US\$827 million has been invested in community responses. The majority of investments (US\$740 million) have been made in interventions formalized under health systems – including integrated community case management and community health workers. We have increased direct RSSH investments in community systems strengthening (CSS) outside or partially connected to the formal health sector by 145% since the last funding cycle, supporting activities such as community health education, treatment adherence support and home care, and community-led social accountability and advocacy. Investments in CSS play a vital role in ensuring equitable access to quality services that are human rights and gender responsive.

With a view on the impact of COVID-19 on our investments, we have made significant strides in strengthening and scaling

up community-led monitoring to mitigate disruptions to key drugs, service delivery and laboratory services. Communities gather continuous feedback and data to identify bottlenecks in service delivery and quality improvements where challenges persist while empowering communities to hold service providers and decision makers accountable.

In Ghana, a community-led monitoring framework was developed in 2020 to monitor quality, accessibility and affordability of services while documenting human rights violations for referral to legal support services and psychosocial support. In Nigeria, efforts are underway to develop a national framework for community-led monitoring for social accountability. Additionally, the results from the Global Fund regional treatment observatory in West and Central Africa recorded strong gains: viral load suppression across 11 countries in two years increased from 48% to 77%. In Kenya, advocates used community-led monitoring to collect evidence on barriers to accessing health services and successfully referred 757 cases for legal support to a network of pro-bono lawyers, and in the Democratic Republic of the Congo stockouts of TB drugs reduced from 95% to 5% after one year of implementation of the community treatment observatory model on the quality of care for TB/HIV.

The Civil Society Movement Against Tuberculosis-Sierra Leone (CISMAT-SL) has been implementing community-led monitoring with a specific focus on drug stockouts at facility levels; infrastructure and capacity to deliver services at the facility level; social and structural issues faced by TB patients; and TB case notification and lost-to-follow-up data. Through 160 community TB animators and 16 district coordinators, CISMAT-SL developed





These community health workers in Kanyach Kachar area in Homa Bay County, Kenya, have been fighting malaria in their community. Now they are on the front lines of the fight against COVID-19 as well.
Kennedy Musyoka / Amref Health Africa

and provided tools and training for data collection, reporting and quality assurance.

The Community-led Monitoring Strategic Initiative was approved in 2020 for implementation in 2021-2023. It will provide long-term support to five countries and one regional grant to strengthen the uptake and implementation of community-led monitoring mechanisms across the three diseases while generating evidence and learning on community-led monitoring and impact on health outcomes. The initiative will also help to strengthen partner coordination and collaboration on community-led monitoring (with UNAIDS, Stop TB, PEPFAR, US Centers for Disease Control and Prevention, and USAID).

In response to the disruption caused by COVID-19, communities are devising new and innovative approaches for health services to be implemented safely – for instance, shifting to decentralized models of door-to-door health service delivery, or using digital platforms to conduct medical consultations with patients – and mitigate negative impacts on HIV, TB and malaria programs. For TB, the One Impact community-led monitoring tool was implemented in nine countries with Global Fund support. Through the CCM Evolution, we will provide additional support for oversight mechanisms and community-led monitoring of human rights violations and access to services.

Community health workers

In many rural communities, community health workers are the foundation of the health system. In 2020, the crucial role community health workers play became even more apparent as these workers took up and often led the fight against COVID-19, even as they continued their role in the fight against HIV, TB, malaria and other diseases. The health of millions of people, especially in rural Africa, is supported by the social capital and trust built around community health workers.

There are more than two million community health workers in the countries where the Global Fund invests, mainly serving rural and hard-to-reach populations. In South Africa, more than 30,000 community health workers moved door to door, screening people and identifying COVID-19 infections before people went to health care facilities. As COVID-19 surged in Kenya, the country turned to more than 63,000 community health workers to support home-based isolation and care operations.

Promoting integrated, people-centered health services

The Global Fund increasingly provides HIV, TB and malaria prevention and treatment programs through various facility and community-based delivery points that supply a range of health services. The aim is to address an individual's multiple health needs at different points in their lives, improving overall health with a more cost-effective and efficient approach. We recognize the importance of this integrated approach to improve impact, as well as the vital link between health services and community responses, particularly in efforts to reach key populations and vulnerable people who do not always go to health clinics because of stigma and other human rights barriers.



Muhammad Yunus (right) and Salaam Shaikh, coordinators for COVID-19 awareness in Mumbai, India, in their personal protective gear.

© UNICEF/Singh



In Ukraine, Global Fund grants support patient-oriented prevention, treatment and care for people living with HIV and TB to maximize efficiency and improve overall health outcomes.

We invest in sexual and reproductive health and rights services, which are often the first point of contact with the health system for key and vulnerable populations. The services include screening and testing for sexually transmitted infections, post-violence care and antenatal care, training of health personnel and family planning. Our investments in human rights support community-led monitoring of gender-based violence as part of the human rights monitoring in order to link survivors to appropriate services, including legal services. Our sexual and reproductive health rights approach seeks to challenge policy and legal barriers that prevent people from accessing these health services, particularly supporting young people's participation in sexual and reproductive health programs.

Pandemic preparedness and response

Resilient and sustainable systems for health are the foundation for defeating today's infectious diseases and the basis for preventing, preparing for and responding to future pandemics. When the COVID-19 pandemic hit, most low- and middle-income countries responded to COVID-19 using the same laboratories, disease surveillance, community networks, trained health workers and supply chains that were created to fight HIV, TB and malaria. A new report by the Independent Panel for Pandemic Preparedness and Response calls on the world to, among other things, "invest in preparedness now to prevent the next crisis." The report cites the Global Fund as a success case in providing grant flexibilities and mobilizing additional funds to support countries' COVID-19 responses. The Global Fund will continue to advocate for an integrated approach to pandemic preparedness and response that includes the fight against major infectious diseases as well as future pandemics.



Social worker Vladyslav Sydorenko makes sure people who use drugs in Kyiv region, Ukraine, have access to the right care and treatment: "I visit those who are bedridden. I give them syringes, test them for HIV and hepatitis. I also provide consultations on different matters, and help them get registered to receive medication."
The Global Fund / Evgeny Maloletka

Breaking down barriers in Mozambique



As part of the “Breaking Down Barriers” Initiative for the 2018–2020 period, the Global Fund supported Mozambique with US\$4.7 million of a human rights matching fund. Mozambique allocated an additional US\$2.7 million from within its HIV allocation to expand programs to address human rights barriers to health.

Based on the recommendations from the Human Rights Baseline Assessment, Mozambique started to invest in a wide range of human rights programs, with a strong focus on integrated community legal empowerment programs through trained peer educators and community paralegals, who monitor, identify and report human rights violations against key and vulnerable populations in TB and HIV.

A mid-term progress assessment conducted by an independent team of researchers showed that these activities have started to reduce human rights barriers to accessing services, while supporting people affected by the diseases to stay in care. The community paralegals working with



Armed with lists of women to contact, community outreach workers, known as “activistas”, engage with people in the red light district of port of Maputo in Mozambique. They provide HIV prevention and referral information to those who need it. *The Global Fund / John Rae*

Fundação para o Desenvolvimento da Comunidade helped secure the release of 45 sex workers who were detained by a community safety council for possession of used condoms.

The Centro de Colaboração em Saúde has developed a network of community activists who are trained on human rights. The community activists aim to see that people living with HIV and people with TB are supported throughout their care by addressing barriers to health and reconnecting them with care. People who experience human rights barriers are referred to community paralegals or a lawyer for appropriate support. In the second semester of 2020, people made more

than 49,000 such visits. Of these, more than 89% were referred to health facilities while more than 95% of them were reintegrated into antiretroviral therapy.

To support the country to progress further, the Global Fund invested US\$4.4 million in Mozambique for the 2021-2023 period as part of another human rights matching fund. This time, the country allocated an additional US\$9 million from the HIV and TB allocations to significantly expand community-led monitoring linked to community legal empowerment as well as building human rights trainings for health care workers and law enforcement officers to prevent, identify, and address gender-based violence.

Alhafis Mahamat Tahir with his daughter Zahra (20 months), who was treated for malaria in the refugee camp where they live. The Global Fund supports UNHCR's work in the Dosseye camps in Chad to protect families against HIV, TB and malaria. *Robin Hammond / NOOR for the Global Fund*



Investing for Impact

Since our creation in 2002, the Global Fund has disbursed more than US\$50 billion to respond to HIV, TB and malaria and for programs to strengthen systems for health across more than 155 countries, including regional grants, as of June 2021. That makes the Global Fund one of the world's largest funders of global health.

In 2020 alone, the Global Fund disbursed US\$4.2 billion to support countries to fight HIV, TB and malaria. In addition to this funding for our core mission, we also approved US\$980 million in funding to 105 low- and middle-income countries and 14 multicountry programs in 2020 to respond to COVID-19, mitigate its impact on lifesaving HIV, TB and malaria programs and make urgent improvements to health and community systems. This combined

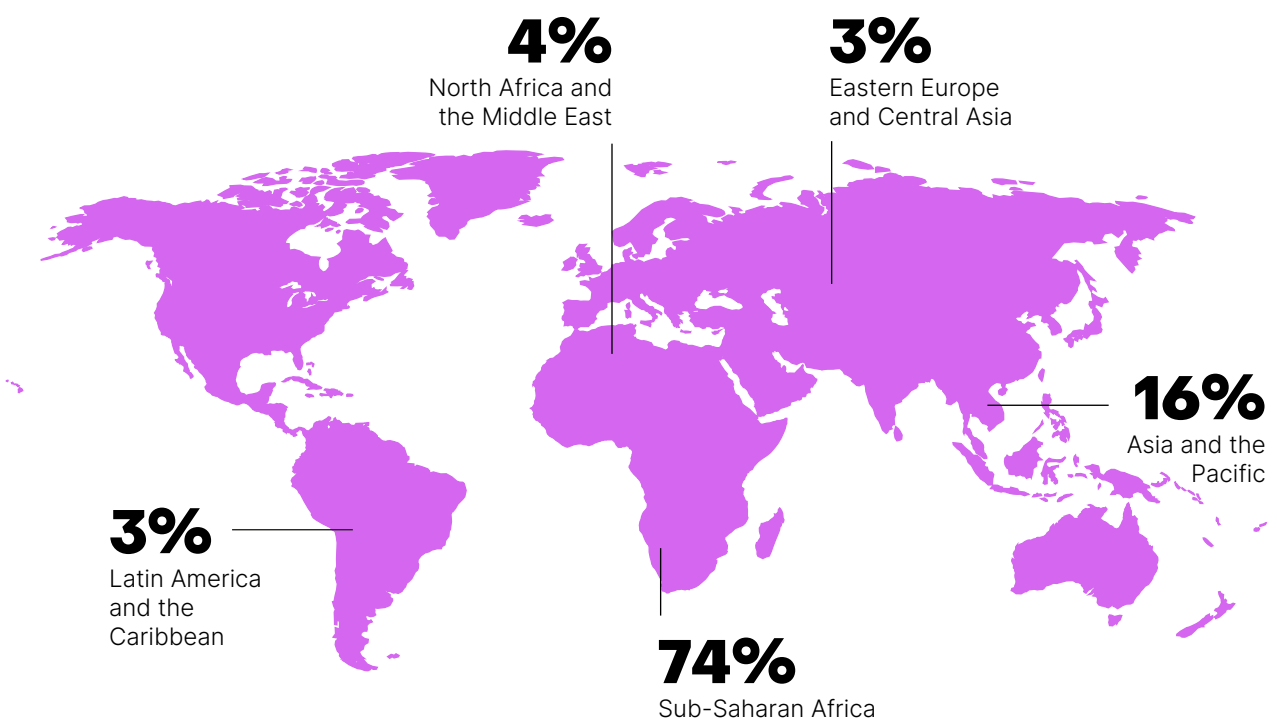
work cemented the Global Fund's position as a proven and effective vehicle to channel investments to respond to the world's deadliest infectious diseases and prepare for future pandemics in low- and middle-income countries.

An evolving resourcing model

The financial model of the Global Fund partnership continues to evolve, reflecting the strengths of our diverse stakeholders

Global Fund investments by region

In 2019-2021 as of June 2021



and the changing needs and capacities of implementing countries. While public donors continue to be the primary source of funding for the Global Fund with 92% of total pledges in the Sixth Replenishment, private sector partners are playing a more significant role, complementing the contributions of other development partners through increased funding and innovative solutions. Yet the biggest change is the increasing role of domestic resource mobilization, as national governments take on more of the challenge of funding the fight against the three diseases as part of their overall journey towards delivering universal health coverage and achieving Sustainable Development Goal 3 of health and well-being for all. There are growing concerns that the economic impact of COVID-19 will affect countries' ability to invest more in health in the next few years.

Global Fund resources

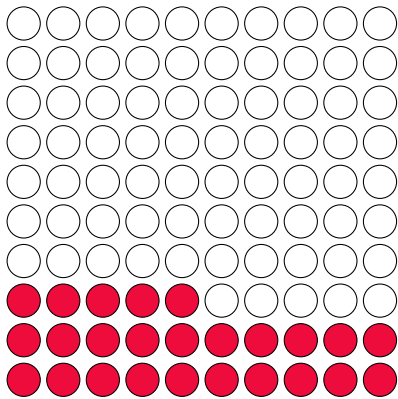
The Global Fund raises funds in three-year periods known as “replenishment cycles.” The Sixth Replenishment attracted pledges amounting to US\$14.02 billion⁵ against the target of US\$14 billion. The Seventh Replenishment will take place in 2022. Provisional estimates of resources for the next cycle show significant increases in resource needs for the three diseases, particularly considering challenges and progress lost due to COVID-19.

To date, the largest contributors to the Global Fund (on a cumulative basis) are the United States of America, France, the United Kingdom, Germany, Japan and the European Commission. Following their public pledge announcements, donors then make payments over the replenishment cycle, based on an agreed payment schedule.



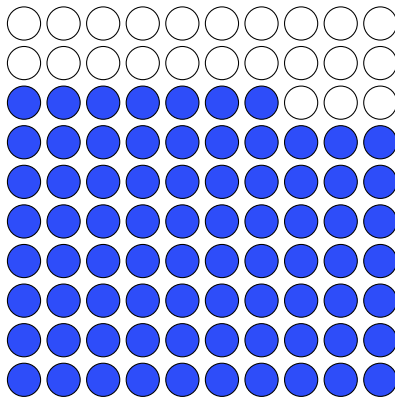
Girls fetch water at Bolongo health center in Chad. *The Global Fund / Andrew Esiebo*

International grants provided by the Global Fund in 2020



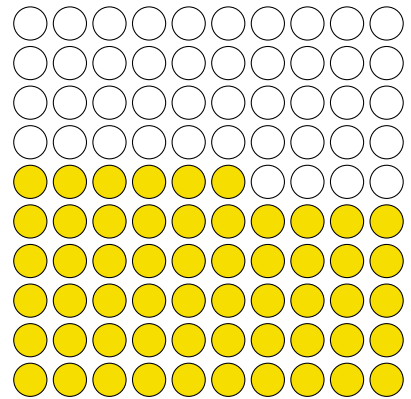
 **25%**

of all international financing for **HIV**



 **77%**

of all international financing for **TB**



 **56%**

of all international financing for **malaria**

⁵ The Global Fund measures overall funding in US dollars but pledges and contributions are made in multiple currencies.

As of June 2021, donors had contributed a total of US\$4.93 billion under the Sixth Replenishment cycle, putting us on track for conversion of all pledges.

Just months after the successful Sixth Replenishment conference, the COVID-19 pandemic presented an unprecedented global health challenge. In support of the Global Fund's COVID-19 response in 2020, donors including Canada, Denmark, Germany, Italy, Norway, Sweden, and the FIFA Foundation pledged an additional US\$259 million to support countries' response to COVID-19, mitigate its impact on lifesaving HIV, TB and malaria programs, and reinforce systems for health. Working together with our partners, the Global Fund has a critical role to play in the next phase of the global response to COVID-19. In line with our responsibilities within the ACT-Accelerator's prioritized strategy and

budget for 2021, the Global Fund could channel US\$10 billion in 2021 to support the global response to COVID-19 and mitigate its impact on lifesaving HIV, TB and malaria programs. As of July 2021, the Global Fund had raised an additional US\$3.75 billion from donors including Germany, the Netherlands, Switzerland and the United States towards our COVID-19 response.

Domestic resource mobilization

Domestic financing plays a critical role in achieving sustainable impact. At the same time, many countries are facing the challenge of responding to the COVID-19 pandemic while facing large economic shocks. This will require even greater focus on strengthening the efficient use and value for money of existing resources while continuing to encourage increased investments in HIV, TB, and malaria programs as well as in building resilient and sustainable systems for health.



President Paul Kagame of Rwanda chairing the African Leadership Meeting on Investing in Health during the African Union Summit in Addis Ababa, Ethiopia, on 9 February 2019. Flickr / Paul Kagame

In 2019, the Global Fund supported the African Union and its then-Chairperson President Paul Kagame, the President of Rwanda, to host the Investing in Health: Africa Leadership Meeting (ALM), which led to the adoption of the ALM Declaration by Africa's 55 heads of state and government. The Global Fund continues to support the AU to implement the ALM. This has included backing the AU process of negotiating and developing the Health Financing Tracker and preparing regional economic communities to host regional health financing hubs. To be implemented jointly by officials in the ministries of finance and the ministries of health, the tracker supports countries to assess the health financing situation in a country and guide the implementation of reforms that can lead to growth in domestic investments in health.

In 2020, the Global Fund supported the AU to convene Africa's ministers of finance and health for a meeting to discuss health financing reform at the continental level. The 2020 meeting focussed on the economic impact of COVID-19 and how the ALM initiative can provide a framework for health financing reform over the long term.

Co-financing

As countries increase their investments in health, including in HIV, TB and malaria programs, domestic resource commitments have risen rapidly, in part catalyzed by Global Fund co-financing requirements. The Global Fund's Sustainability, Transition and Co-financing Policy aims to support countries as they move toward fully domestically funded systems for health and responses to HIV, TB and malaria.

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

This mechanism has proved remarkably successful in incentivizing increased domestic investment in health. Co-financing of Global Fund-supported programs increased by 44% in the 2017-2019 allocation period, with a further 36% increase already committed for the 2020-2022 allocation period. Given the economic impact of COVID-19, the Global Fund is leveraging its co-financing policy as well as broader efforts on health financing to support countries to enhance the effective use of existing resources, maintain current levels, and increase domestic financing to ensure continued programmatic impact.

Debt2Health

2021 saw the signing of two major Debt2Health agreements (with Indonesia in April and with Sri Lanka in June) converting €70 million of debt owed to Germany into investments in public health programs supported by the Global Fund in these two countries. Debt2Health is an innovative financing mechanism that is designed to increase domestic financing in health by converting debt repayments into lifesaving investments in public health programs. Sri Lanka will now channel the €20 million in proceeds from this agreement into a grant focused on capacity building for health information systems, training, and procurement of TB digital X-rays; Indonesia will complement the Global Fund's investments for its national fight against tuberculosis for the 2021-2023 period with an additional €50 million thanks to Debt2Health.

Since its inception in 2007, 10 implementing countries have signed Debt2Health agreements generating more than US\$232 million for domestic health programs. In return, Australia, Germany and Spain have cancelled debt owed by those implementing countries.

Innovative partnerships

The private sector can play a transformational role when it comes to ending the world's deadliest infectious diseases through investment in areas such as new technologies, health innovations and greater efficiency. Only through innovation can we end HIV, TB and malaria. In this report, we share new examples from our private sector engagements.

The Global Fund and Zenysis Technologies, a U.S.-based big data integration and software startup, teamed up with the ministries of health of Rwanda and Zambia to develop an innovative platform that aims to harness the power of quality data to strengthen health programs and save lives. The platform integrates different health and supply chain systems into one single workspace, enabling countries to improve their health and logistics data quality, make forecasts for health product needs, minimize wastage and evaluate the effectiveness of interventions in a targeted manner.



Co-financing of Global Fund-supported programs increased by 44% in the 2017–2019 allocation period, with a further 36% increase already committed for the 2020–2022 allocation period.

In Rwanda, Mastercard and Microsoft supported the Ministry of Health with the implementation of a digital health strategy, developing data and interoperability standards to govern how health data is collected, managed and shared, as well as how data systems speak to each other. This work laid the foundation for data to be harnessed in a seamless and secure manner across the health care system in the country.

The Global Fund and Fondation CHANEL signed a new agreement to set up a civil society-led fund to strengthen women's and girls' engagement in developing health policies in western and Central Africa. The Voix EssentiELLES partnership – worth US\$1.5 million – will run for three years starting in Senegal, Burkina Faso, and Côte d'Ivoire. It will serve as an important initiative to support women and girls to assume leadership positions in health policy and grant implementation processes with the goal of addressing inequalities that impact their health. The partnership builds on initiatives like the HER Voice Fund, a partnership launched in eastern and southern Africa in 2018 with civil society and private sector partners to increase adolescent girls' and young women's participation in grants and policy processes.

Facing significant human rights barriers fueled by stigma and discrimination, gender inequality, punitive laws and violence, the people most in need of health services often cannot access them. The Thomson Reuters Foundation, the corporate foundation of the global news and information services company Thomson Reuters, is partnering with the Global Fund to support our “Breaking Down Barriers” initiative, with a focus on gender, LGBTI+ and human rights barriers. The Thomson Reuters Foundation facilitates pro bono legal research and legal capacity building for civil society partners in

key countries supported by the Global Fund. It also trains journalists and Global Fund implementers in eastern and southern Africa on human rights and health issues.

2020 marked the 10-year anniversary of Project Last Mile's partnership with the Global Fund. Over the past decade, Project Last Mile partners (the Coca-Cola Foundation, USAID, PEPFAR and the Bill & Melinda Gates Foundation) have invested more than US\$24 million to strengthen country supply chains and access to health services by tapping into Coca-Cola's route-to-market and strategic marketing expertise. Over the last decade, Project Last Mile has engaged in 18 country-driven initiatives across 10 countries in Africa, with a further three pipeline projects slated to kick off in 2021, making it a uniquely successful example of a replicable public-private partnership. Since the outbreak of COVID-19, Project Last Mile has supported donor partners and African governments in catalyzing local production of personal protective equipment and in developing targeted communications on COVID-19 prevention. The project has also supported partners in supply planning to reduce disruptions in critical medicines supply during the pandemic.

(RED), a groundbreaking initiative that works with the world's biggest brands to fight HIV in Africa, celebrated 15 years this year. (RED) has been a long-standing supporter of the Global Fund, harnessing the power of people and the world's most iconic brands to fight HIV. Profits from the sale of (RED)-branded products and experiences have generated more than US\$650 million for the Global Fund to date.

Since 2016, the Global Fund has been a close partner of the Lives and Livelihood Fund – a US\$2.5 billion concessional financing facility



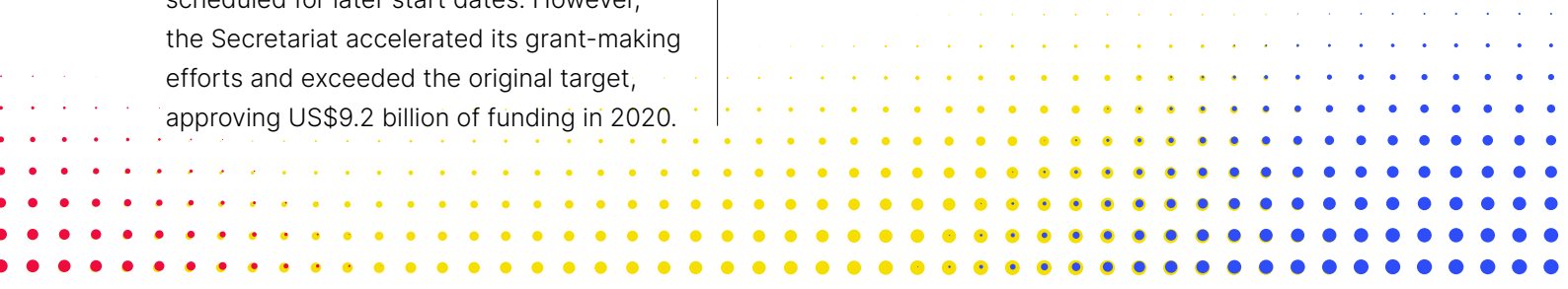


set up by the Islamic Development Bank and the Bill & Melinda Gates Foundation – to support increased financing for critical health programs. In 2019 and 2020, we partnered with the Lives and Livelihood Fund to support Benin with US\$50 million to strengthen primary care and community health workers programs.

Funding cycle

Our funding cycle runs in three-year cycles that directly correspond with our donor Replenishment periods. The Global Fund has a total of US\$12.71 billion available in funding allocations for the 2020-2022 funding cycle. Of these funds, the Global Fund had planned for US\$8.9 billion in grants to be approved in 2020, with the remaining funds scheduled for later start dates. However, the Secretariat accelerated its grant-making efforts and exceeded the original target, approving US\$9.2 billion of funding in 2020.

The Voix EssentiELLES partnership between the Global Fund and Fondation Chanel aims to strengthen women's and girls' engagement in developing health policies in Western and Central Africa.
The Global Fund / Georges Mérillon





As of 31 December 2020, US\$8.54 billion of the approved grants had been signed and began implementation in January 2021; two countries were still in the process of signing the remaining finalized grants worth US\$660 million. These were subsequently signed in early 2021. The US\$8.54 billion signed in 2020 is the highest amount of grants we have ever signed in a single year.

Commitment to transparency, accountability and ethical standards

The Global Fund operates with a high degree of transparency and accountability in all of our work and has zero tolerance for corruption or misuse of funds. Strict controls and monitoring systems are in place to ensure donor funds are used effectively; the Global Fund refers all cases of suspected wrongdoing to an independent Inspector General who conducts audits and investigations and publishes the findings publicly. If misuse of funds is detected, the Global Fund immediately responds and pursues recoveries so that no donor money

Visitors get tested for HIV at a hospital in Jakarta. Testing is the gateway to treatment and support. But according to UNAIDS, one-third of people living with HIV in Indonesia in 2020 still didn't know their status. *The Global Fund / Jiro Ose*

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The Global Fund was ranked in the top category in the 2020 AID Transparency Index for our transparency and accountability, underlining our commitment to tracking health investments and providing quality data.

is lost to fraud. To date, more than 99% of all funds identified by the OIG as lost to fraud have been resolved.

The Global Fund was ranked in the top category in the 2020 AID Transparency Index for our transparency and accountability, underlining our commitment to tracking health investments and providing quality data.

The Global Fund requires our staff and partners worldwide to adhere to the highest ethical standards in the conduct of Global Fund-supported activities. We are committed to protection from sexual exploitation, sexual abuse and sexual harassment (PSEAH), and we have been working to reinforce and expand governance, training, monitoring and reporting on PSEAH in all Global Fund activities since 2018. In 2019, the Global Fund rolled out a more explicit and specific code of conduct for Global Fund staff and related trainings. In 2020, the Global Fund established the Sexual Exploitation, Abuse, and Harassment Review Panel chaired by the Chief of Staff and the PSEAH Working Group chaired by the Ethics Officer, and we began to participate in the Inter-Agency Standing Committee Technical Experts Group on PSEAH with international partners.

In 2021, we approved and began the rollout of more explicit and specific codes of conduct for CCMs, Global Fund governance officials, suppliers and recipients of Global Fund grants, and we completed a comprehensive survivor- and victim-centered framework on sexual exploitation and abuse and harassment that will further clarify roles and responsibilities across the organization and among stakeholders. We will continue to take further action, including trainings and awareness-raising across the partnership, to institutionalize a survivor- and victim-centered approach to prevent, detect and respond to such abuses.

Commitment to diversity and equality

In 2020, the Global Fund launched a Youth Council to bring the unique reality of adolescents and young people, in all their diversity, to the attention of the Executive Director of the Global Fund. The Youth Council provides insight into the needs and challenges youth face in relation to the three diseases and more broadly to other aspects of their health and well-being. The Youth Council members represent young people living with or affected by HIV, TB and malaria around the world, including key and vulnerable populations, and reports to the Executive Director.

On International Women's Day 2021, the Global Health 50/50 Report ranked the Global Fund as one of the "12 very high-scoring" organizations on gender equality. The report surveyed 201 global health organizations to assess how gender equality is being advanced both within the organizations and in the health programs they run.

Consolidated financial statements and external audit

The Global Fund's 2020 consolidated financial statements reflect an effective and efficient use of resources to support programs in more than 100 countries. As of 31 December 2020, operating assets exceed the operating liabilities by US\$6.5 billion. Full financial data is available in our Annual Financial Report. Our operating expenditure for the year was US\$299 million at the budget rate, within the Board-approved limit. We made significant redeployment of travel and other savings to additional resources needed for the Technical Review Panel work to meet our grant-making targets. Additional reinvestments were also done to strengthen the IT systems at the Secretariat and in 57 countries where we invest.

Fighting COVID-19



The challenge

Nearly two years after it was first detected, COVID-19 is still having a catastrophic impact on the most vulnerable communities around the world and is threatening decades of progress in the fight against HIV, TB and malaria. Countries' systems for health are struggling under the strain of increasingly devastating waves of COVID-19 and the emergence and circulation of more virulent variants.

On top of the increased burden on systems for health, the pandemic response in many low- and middle-income countries is hampered by a lack of personal protective equipment (PPE) such as gloves and masks, insufficient access to diagnostic tests, oxygen shortages, and the inequitable distribution of vaccines. Spot-checks across Africa and Asia showed that in 2020, only 45% of facilities surveyed had at least the

four most essential items of PPE available to all staff, including masks, disinfectant, gloves and hand sanitizer. Without PPE, health workers are risking their lives daily to care for those in need. Without adequate testing, countries are operating blind, unable to detect or trace the spread of the virus, while also unable to diagnose and appropriately treat patients.

To make matters worse, the new variants of COVID-19 threaten the effectiveness of the existing array of COVID-19 tools, including the progress made with treatments and the development of vaccines, underscoring the urgent need to contain COVID-19 in all countries.

COVID-19 is not only causing a health crisis. The virus is also creating a perfect storm of economic and social consequences. Job losses and economic disruptions sent an



A staff member at Nair hospital puts on personal protective equipment during the COVID-19 pandemic in Mumbai, India, in March 2021. *The Global Fund / Atul Loke / Panos*

additional 115 million people into extreme poverty in 2020, an unprecedented historical increase that is expected to extend into 2021. Lockdowns have been marked by a sharp rise in gender-based violence, mass unemployment, and prolonged school closures. COVID-19 restrictions too often cut the poorest and most vulnerable off from health care, and the virus has made people less likely to seek health care because they are afraid of getting sick. Fear and uncertainty surrounding COVID-19 have also increased stigma and discrimination.

The Global Fund's response

The Global Fund responded swiftly to the pandemic, leveraging our expertise and strong global networks, and making significant funding available for countries to fight COVID-19. In early March 2020, the Global Fund supported countries to use up to US\$500 million in grant savings and

reprogramming to rapidly adapt existing programs, purchase personal protective equipment (PPE), COVID-19 tests and medical supplies, and to deploy prevention campaigns. In April 2020, we took a further step by launching the COVID-19 Response Mechanism (C19RM) with an initial capacity of an additional US\$500 million. As of August 2021, we had approved US\$3.3 billion to 107 countries and 16 multicountry programs through C19RM funding and grant flexibilities to support their responses to COVID-19 with critical tests, treatments and medical supplies, protect front-line health workers, adapt lifesaving HIV, TB and malaria programs, and reinforce fragile systems for health.

In 2021, thanks to generous donor contributions, an additional US\$3.75 billion has already been raised for C19RM, and the Global Fund is now the primary channel

for providing grant support to low- and middle-income countries for COVID-19 tests, treatments (including medical oxygen), personal protective equipment and critical elements of health system strengthening through the Access to COVID-19 Tools (ACT) Accelerator partnership.

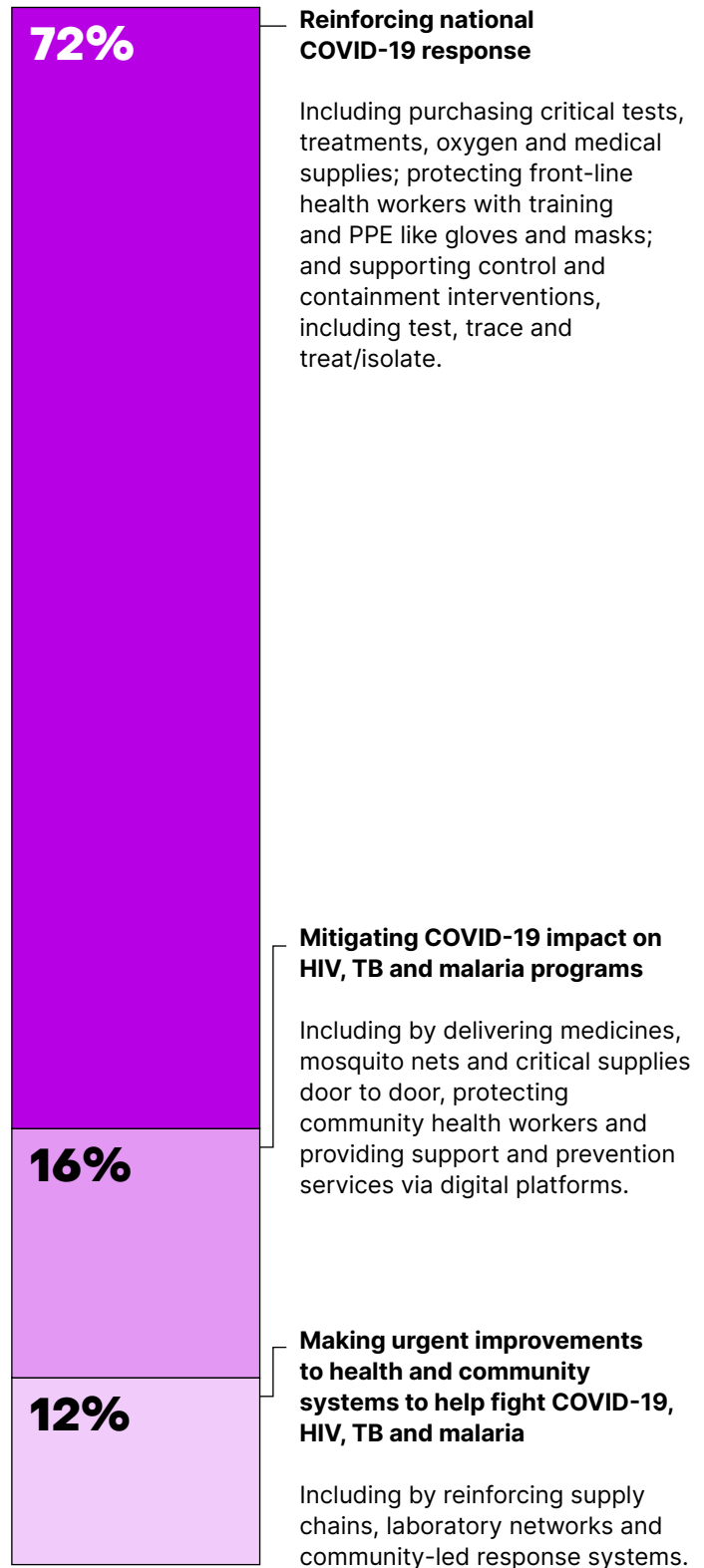
The fight against COVID-19 is global, and therefore requires strong collaboration and coordination. The Global Fund is a founding partner of the Access to COVID-19 Tools Accelerator (ACT-Accelerator), a unique global collaboration working to accelerate the development and equitable distribution of tests, treatments and vaccines – and the strengthening of health systems – that the world needs to fight COVID-19. The Global Fund is co-leading on two of ACT-Accelerator’s four components – the Diagnostics Pillar and Health Systems Connector – and we are also supporting on procurement and distribution for the Therapeutics Pillar. Funding channeled through the Global Fund’s C19RM contributes to the ACT-Accelerator targets as well as to the adaptation of HIV, TB and malaria programs, and crucial elements of health systems strengthening.

Reinforcing critical systems for health

The fight against COVID-19 builds upon the same health and community systems the Global Fund has been strengthening in the fight against HIV, TB and malaria. These investments – in front-line health workers, laboratory systems, supply chain improvements, health information systems, and community health systems – have proven to be foundational in the pandemic response. For instance, previous Global Fund support in Uganda has contributed to building a strong laboratory network, which enabled the country to extend diagnostic testing coverage for COVID-19 to communities living even in the remotest areas.

How countries are using the COVID-19 Response Mechanism

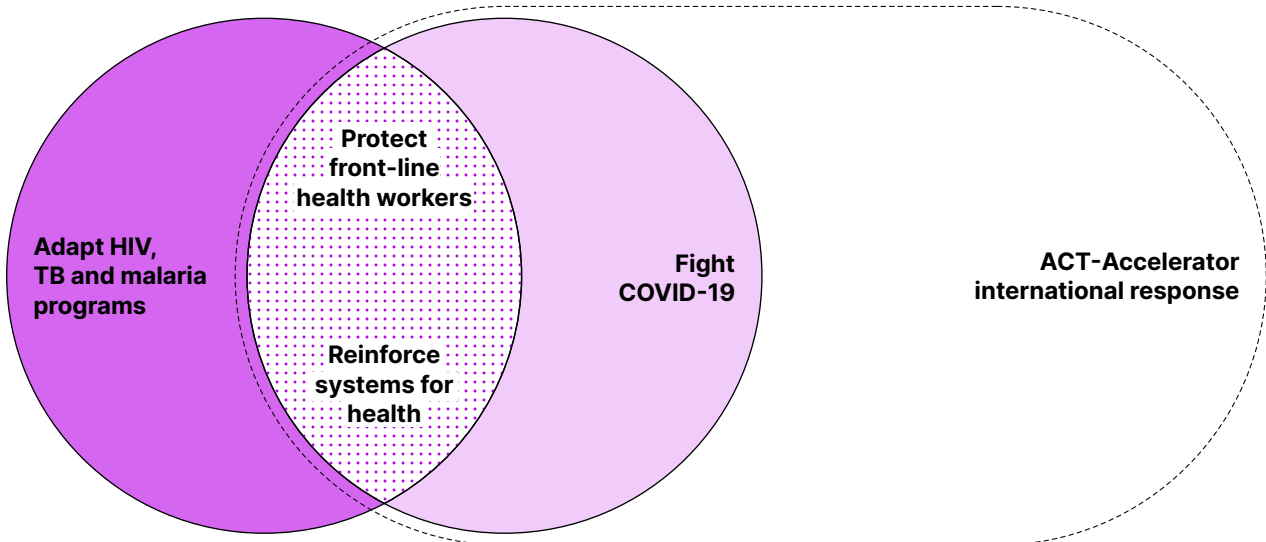
As of August 2021



The Global Fund's role in the global response

●○○ The Global Fund's response

○ International response



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The Global Fund is co-leading on two of ACT-Accelerator's four components – the Diagnostics Pillar and Health Systems Connector – and we are also supporting procurement and distribution for the Therapeutics Pillar.

The Global Fund is making urgent improvements to health and community systems to help fight COVID-19, HIV, TB and malaria, including by reinforcing supply chains, laboratory networks and community-led response systems, and protecting and training front-line health workers. The ACT-Accelerator's Health Systems Connector (HSC), co-led by the World Bank, WHO and the Global Fund, equips health care workers with personal protective equipment (PPE) to safely deliver essential health services, and helps countries identify and address key bottlenecks for the effective deployment and use of COVID-19 tools (such as vaccines, therapeutics, and diagnostics), and the system investments that are required to complement the new tools. The Global Fund is engaged in all workstreams of the Health Systems Connector and focuses particularly on the procurement of PPE (and broader



Janyl, a 30-year-old HIV online consultant, speaks to a patient from her office. For people living with HIV, or those at risk of contracting the virus, the COVID-19 pandemic created a new challenge of how to get essential health care.
© UNDP Kyrgyzstan/Dmitry Motinov

support to infection prevention and control), the strengthening of supply chains, and supporting community-led responses.

Diagnostic tests

Testing is the first line of defense against COVID-19. Without testing, we cannot track or contain the spread of the virus, address urgent clinical needs, test the efficacy of vaccination, and detect the emergence of new variants. Not all countries have access to vaccines, and testing remains the only way to manage and monitor COVID-19 outbreaks through the ‘test, isolate, trace and treat’ strategy. With FIND, the Global Fund co-leads the ACT-Accelerator Diagnostics Pillar, which aims for all countries to be able to deploy affordable, quality and rapid point-of-care tests that are easy to use. We are supporting low-and middle-income countries to put in place effective

‘test, isolate and trace’ strategies to contain the outbreak and minimize disruption of core health services, as well as to strengthen and sustain country capacity to operationalize diagnostic tools and ready for scale-up. The Global Fund is primarily focused on the procurement of antigen rapid diagnostic tests (Ag RDTs) and molecular polymerase chain reaction (PCR) tests, the strengthening of laboratory infrastructure and capacities (including sequencing), and the significant requirements for training and technical assistance.

Therapeutics

Therapeutics, including medical oxygen, play a critical role in the COVID-19 response. Even with the planned rollout of vaccines in 2021, millions of people will still contract COVID-19, especially with the emergence of new variants. Ensuring therapeutics can be

made available as soon as possible is particularly urgent to reduce the COVID-19 burden on health systems. With WHO and Unitaid, the Global Fund co-leads the workstream on procurement and delivery of therapeutic treatments like corticosteroids and medical oxygen for low- and middle-income countries.

As a key partner in the COVID-19 Oxygen Emergency Taskforce, the Global Fund is providing rapid support to countries to strengthen their oxygen supply and capacity. In the spring of 2021, as India battled a raging COVID-19 surge caused by the Delta variant, the Global Fund fast-tracked US\$75 million to the country to purchase oxygen concentrators and Pressure Swing Adsorption oxygen plants. These investments are to help meet the medium-term needs for medical oxygen and prepare for future COVID-19 waves.

Adapting lifesaving HIV, TB and malaria programs

Adapting HIV, TB and malaria programs to mitigate the impact of COVID-19 and safeguard our hard-fought progress is a critical part of the Global Fund's pandemic response. To counter the disruption caused by COVID-19, countries and communities are constantly devising new and innovative approaches to enable health services to be implemented safely and therefore mitigate negative impacts on HIV, TB and malaria programs. For example, some of these adaptations include providing HIV and TB patients with enough medicines for multiple months at a time, switching from a centralized approach to a door-to-door delivery system to distribute mosquito nets, and moving health services onto digital platforms to allow for safer interactions. More detail on disease-specific interventions are included in each of the disease sections in this report.

Protecting key and vulnerable populations

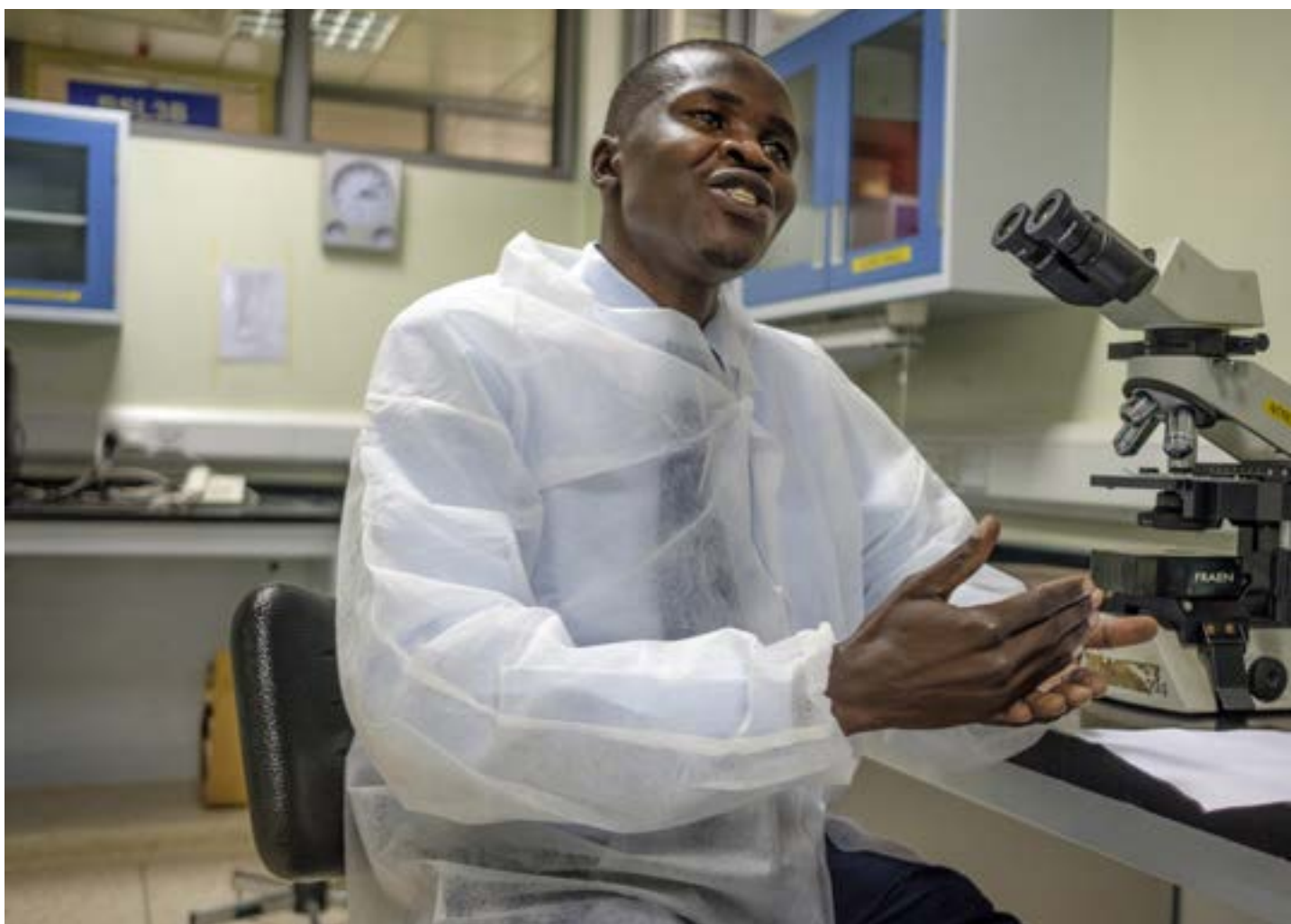
Besides the direct health impacts, the pandemic is also having social and indirect consequences for key and vulnerable populations in communities, and our COVID-19 response takes into account and responds to the inequalities and injustices that the virus is exacerbating. The Global Fund is committed to equitable access and embodies a people-centered approach, and human rights and gender aspects are prioritized in all our work. This is why in Eswatini for example, C19RM funds supported a civil society initiative to move HIV prevention for adolescent girls and young women online, to ensure service continuity during lockdowns and protect vulnerable populations from disease.

Unite to fight

This is not just a fight against a single virus, but a fight to protect and save lives from multiple infectious diseases, including HIV, TB and malaria, and the Global Fund's comprehensive response reflects these intertwined priorities. In 2021, working in partnership with the global community, the Global Fund is committed to fight COVID-19, strengthen the systems for health underlying countries' responses, adapt HIV, TB and malaria programs to mitigate the pandemic's impact, and most importantly, leave no one behind.



As of August 2021, we had approved US\$3.3 billion to 107 countries and 16 multicountry programs to support country responses to COVID-19.



Global Fund's support for Uganda's national response to COVID-19

In 2020, the Global Fund's support for Uganda's COVID-19 Response was fast and significant, awarding over US\$51.9 million of funding to fight the pandemic.



Ocung Guido, lab scientist at the National TB Reference Lab in Kampala, Uganda. *The Global Fund / Jiro Ose*

Patients wait for consultation at the out-patient department of Nyaravur Health Centre III in Nebbi District, Northern Uganda. © UNICEF/Adriko

In addition, we supported Uganda to reprogram over US\$10.5 million in existing grant savings to mitigate the impact of COVID-19 on the fights against fight HIV, TB and malaria and initiate urgent improvements in health and community systems.

This funding to Uganda was primarily invested in the procurement of essential COVID-19 diagnostic tests as well as PPE, routine service provision at health facilities (including for HIV, TB and malaria), and community interventions, including efforts to prevent and counter gender-based violence. Moreover, the funding financed oxygen equipment, cold chain systems, and related procurement and supply chain management costs.

In 2021, Uganda is experiencing a new surge of COVID-19 cases fueled by the Delta variant. Faced with the urgent need to support the country to protect the health workforce and to prevent and control infection, the Global Fund rapidly supported Uganda's order for additional PPE and COVID-19 tests. As of 5 July 2021, the Global Fund had already delivered 2.5 million diagnostic tests to Uganda.

The total C19RM funding to Uganda (including all C19RM 2020 grants received to date) is US\$178.8 million. This funding and interventions will contribute to efforts to curb the increasing spread of the COVID-19 pandemic and to mitigate disruptions of HIV, TB and malaria programs, including for communities and key populations.



 **THE
GLOBAL
FUND**
20
YEARS OF IMPACT

20 Years of Impact: How We Changed the Story

Twenty years ago, AIDS, tuberculosis and malaria seemed unbeatable. The world's deadliest diseases were claiming millions of lives every year with devastating consequences for families and communities around the world, especially in poor countries.

The Global Fund was born out of the world's refusal to accept the loss of millions of lives every year to diseases that were both preventable and treatable. In June 2001, the United Nations General Assembly convened the first special session dedicated to HIV and AIDS, which led to the creation of the Global Fund. This year, the partnership celebrates 20 years of making the impossible possible.

But as we celebrate 20 years of progress, COVID-19 is destroying many hard-fought gains in the fight against HIV, TB and malaria, and putting millions more people at risk. Once again, we see a wide divide between countries with tools to fight a pandemic and those without. High vaccination rates

and quality health care in high-income countries are enabling citizens to gradually resume normal life – but in low - and middle-income countries, weak systems for health and a lack of tests, treatments and vaccines enables COVID-19 to spread unabated in wave after deadly wave.

It is time for another global push to save lives. We must protect everyone, everywhere, from today's deadliest infectious diseases as well as from future yet-unseen pathogens. In their own words, the survivors, activists and heroes in the fight against HIV, TB and malaria over the past two decades explain why the work of the Global Fund is more relevant and critical than ever.

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This year, the Global Fund partnership celebrates 20 years of making the impossible possible.

Having survived multidrug-resistant tuberculosis in 2012 thanks to treatment available through Indonesia's public health system, An Biya Nur Melani is now able to teach and take care of her younger niece, who lives with her in their home in Jakarta.

The Global Fund / Ed Wray

*The Global Fund / Frants Combrink*

20 years of HIV treatment in South Africa

In 2001, at the age of 22, Vuyiseka Dubula was diagnosed with HIV. At that time, the diagnosis felt like a death sentence, as HIV treatment was not available in South Africa, her country. The highly effective antiretroviral therapy was nearly US\$10,000 a year, priced well beyond the reach of Vuyiseka and most other HIV-positive people in low- and middle-income countries. Every

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To make this therapy accessible to people living in poverty, we needed to fight. TAC introduced me to that fight for social justice. For most of us at TAC, it was the fight for our lives, because friends and family members were dying from the disease.

day, she waited for her time to die. But after two months, she decided to stop waiting and start fighting. She joined Treatment Action Campaign (TAC) – a South African group that was fighting for access to HIV treatment for all. With TAC she marched and pushed for political action and the creation of the Global Fund.

The Global Fund's impact was immediate. In South Africa, as in many other countries around the world, our investments catalyzed efforts to treat all people equally, supporting early initiatives for HIV treatment and building the necessary infrastructure to deliver it. In 2004, Vuyiseka was one of the many people who began to access lifesaving ARVs through the Global Fund. People who started treatment would get up from their deathbeds to live normal lives in what was referred to as the Lazarus effect. Twenty years and 44 million lives saved later, the partnership continues to deliver on its mandate – supported by the relentless commitment of activists like Vuyiseka. The 22-year-old who was at death's door 20 years ago is now Director of the Africa Centre for HIV/AIDS Management at Stellenbosch University in South Africa. Thanks to another groundbreaking HIV advancement – PMTCT, a treatment that prevents the transmission of HIV from mothers to their babies – she also has two HIV-negative children.



El Salvador beats malaria



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Eliminating malaria was hard but not difficult work. The work was done jointly with people at the local level.

In February 2021, El Salvador became the first country in Central America to be certified by the WHO as malaria-free. This extraordinary achievement follows more than 50 years of commitment, hard work and community involvement. The Global Fund supported the country in the fight against the disease in the last two decades and sees the triumph of El Salvador as a culmination of a great collaboration between national, community and

international partners. The achievement heralds great future possibilities in the fight against the disease in Central America and beyond.

Norma Ortiz, the president of a local community development organization and a member of the network of malaria volunteers in El Salvador, spoke about the efforts that she and her colleagues in villages across the country put in to beat the disease.



An Biya's battle with the deadliest form of TB

An Biya Nur Melani from Indonesia remembers her arduous fight against multidrug-resistant TB when she was just 17 years old. Every day for 18 months, An Biya and her mother would make an hour-long bus trip from her home to the clinic for treatment. The treatment would include more than 11 pills a day, which would be notoriously hard to take. However, those drugs were a welcome relief in Indonesia, where most people didn't have access to these expensive medications before Global Fund support arrived in 2009. Before



These days, An Biya helps her mom run their small shop in Jakarta.
The Global Fund / Ed Wray

then, most people suffering from drug-resistant TB in the country would die.

An Biya's 18-month treatment cured her of the deadly disease. But as is often the case for people living in low-income and congested neighborhoods, she was exposed to TB again only a few years later. When she started losing weight and coughing, she recognized the familiar symptoms and contacted her doctor, Dr. Erlina Burhan, who discovered she was sick again with TB. She again treated An Biya – this time for six months

– allowing her the opportunity to go back to being a normal teenager. Today, she is 25 and supports her mother – her biggest treatment partner when she was sick – working at their small shop in their neighborhood in South Jakarta. She also takes care of her niece, who lives with them.

After surviving TB twice, An Biya still has lingering challenges with her health. But she has beaten TB and is not on any medication. The teenager we met eight years ago grounded by a debilitating disease is now

a cheerful young woman who is contributing to her family and community. An Biya also has an active social life. She likes to sing karaoke online with friends from as far as Nepal and India.

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An Biya took more than 6,000 pills over 18 months to overcome MDR-TB.

Anton Basenko working from his home in Kyiv, Ukraine.
The Global Fund / Evgeny Maloletka



In Ukraine, protecting human rights through harm reduction

Anton Basenko started injecting drugs as a teenager, which eventually put him in trouble with the law. But that was just one of his many challenges; he soon developed persistent health issues and he also started living in the streets, losing his home and family.

Determined to turn around his life, Anton joined a Global Fund-supported harm reduction program in 2003 – just a year after the Global Fund was founded. In the program, he found out he had HIV and hepatitis C. A year later, in 2004, Anton became one of the first patients of an opioid substitution therapy in Ukraine. In 2005,

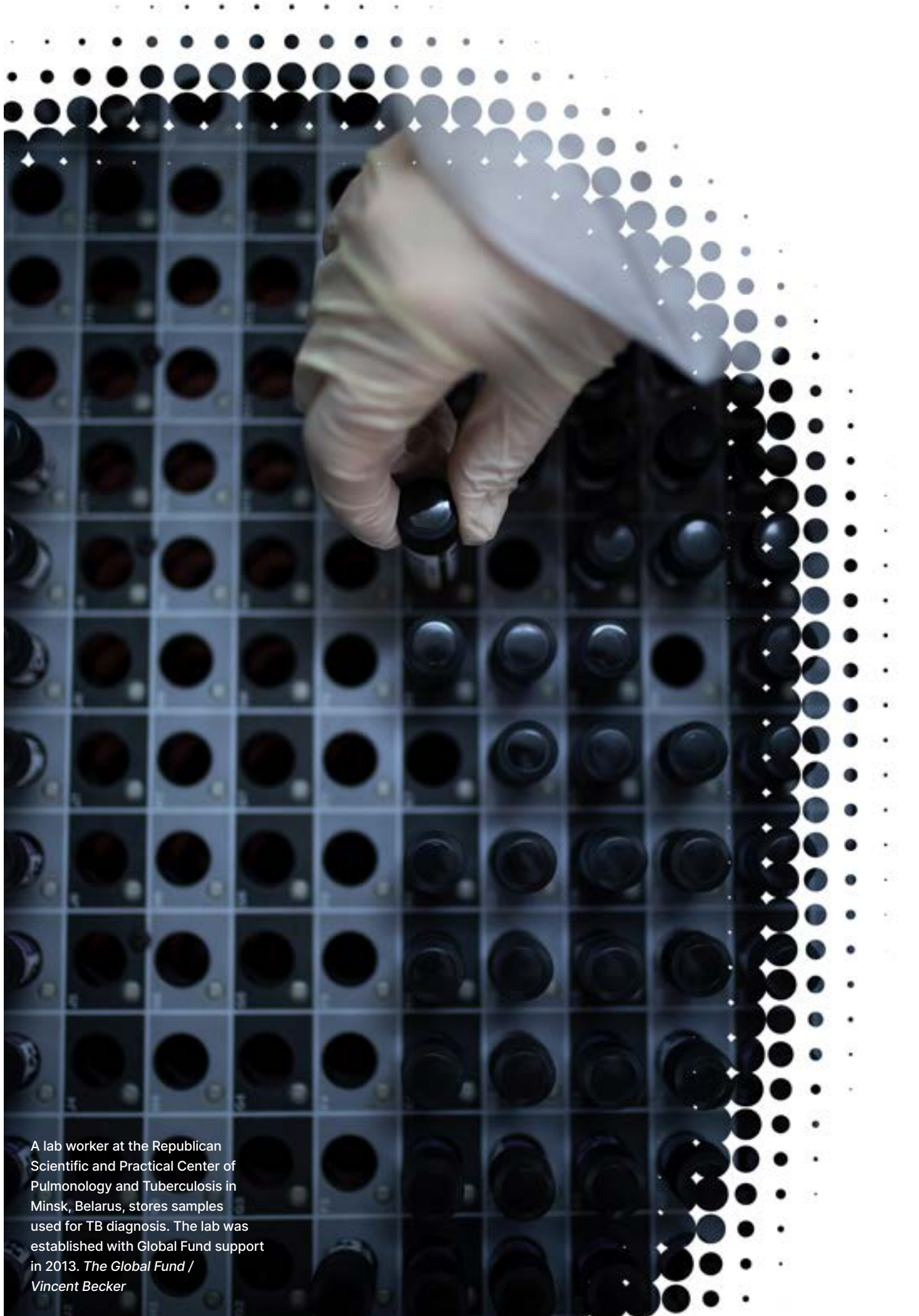
Anton started antiretroviral therapy, and in 2017 he was cured of hepatitis C. Today, Anton is a husband and a father. He has also built a thriving career as an activist and a defender of human rights of people who use drugs. He spoke about his work and experience with the Global Fund partnership, which he says changed his life.



Anton prepares to take pills for his opioid substitution therapy.
The Global Fund / Evgeny Maloletka

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I am proud to be one of the millions lives saved by Global Fund since 2002 when the new programs were launched. These are not just numbers; these are actual lives. In my case, the Global Fund has also changed my professional life completely. Thanks to Global Fund support I remained on opioid substitution therapy free of charge for many years and this gave me the opportunity to live a normal life.



A lab worker at the Republican Scientific and Practical Center of Pulmonology and Tuberculosis in Minsk, Belarus, stores samples used for TB diagnosis. The lab was established with Global Fund support in 2013. *The Global Fund / Vincent Becker*

Note on Methodology

The Global Fund Results Report 2021 presents selected programmatic results (e.g., people on antiretroviral therapy, people with TB treated, mosquito nets distributed) achieved by supported programs in 2020. To measure results and impact, the Global Fund also uses the official disease burden and impact estimates developed and published by our technical partners, including WHO, UNAIDS, Stop TB and the RBM Partnership to End Malaria.

We do not create our own disease burden and impact estimates. The disease burden and impact numbers and percent of population in need covered by key interventions and their outcomes are based on the latest available data from UNAIDS and WHO; in this report, data for HIV are up to 2020, but data for TB and malaria are up to 2019, as indicated, as the 2020 data from WHO was not yet available at the time of publication. The Global Fund's results are calculated using the data for HIV, TB and malaria in countries where we invest in a given year. This means our results are different from the global figures presented in the WHO and UNAIDS reports, which include all data from all countries worldwide.

The Global Fund reports full national results for the countries where we invest, rather than reporting solely on the specific projects or interventions we fund. This reflects a core principle of the Global Fund: that we support national health programs and strategies

to achieve national goals. By reporting full national results, we can show the impact of the programs we support together with all partners and demonstrate where countries are on the trajectory toward achieving 2030 targets to end the epidemics.

The “lives saved” figure in the Global Fund's results is calculated in conjunction with technical partners using the most advanced modeling methods currently available, yielding estimates, not scientifically exact figures. The number of lives saved in a given country in a particular year is estimated by subtracting the actual number of deaths from the number of deaths that would have occurred in a scenario where key disease interventions did not take place. For example, consider a country in which there is a TB program that provides treatment to people with TB and in one year, 1,000 people diagnosed with TB were treated and 100 people died of TB. If in that same country, studies showed that the probability of dying with TB was 70%, it would be reasonable to assume that 700 people would have died had there not be the availability of treatment for TB. Therefore, the estimate of the impact of the treatment intervention in this case would be 600 lives saved. The same principle is used in all countries and for all diseases, using the best available estimates of intervention effectiveness and epidemiology.

For a fuller explanation of the Global Fund's reporting methodology, visit theglobalfund.org/en/methodology.

