

# MITIGATING THE IMPACT OF COVID-19 ON COUNTRIES AFFECTED BY HIV, TUBERCULOSIS AND MALARIA



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Cover photo:

As the rainy season approaches in West and Central Africa, the Global Fund is working with partners to implement new strategies to distribute mosquito nets to protect families from malaria despite the disruption caused by the COVID-19. For the first time, community health workers in Benin went door to door to distribute more than 8 million mosquito nets across the country. About 5,500 community workers were mobilized to complete this lifesaving activity in 20 days.

# 1. EXECUTIVE SUMMARY

The COVID-19 pandemic threatens to reverse the extraordinary gains made by the Global Fund to Fight AIDS, Tuberculosis and Malaria partnership in the fight against the three epidemics. In 2020 we will likely see increases in deaths and new infections across all three diseases for the first time in many years as health and community systems are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted. In many of the countries most heavily affected by HIV, TB and malaria, the knock-on impact of COVID-19 on these three diseases in terms of incremental deaths may outweigh the direct impact of the virus.

While many of the countries hit by the COVID-19 in the first few months of the year are now beginning to relax lockdown measures as infection and death rates fall, in the regions most affected by HIV, TB and malaria, such as Africa, South Asia and Latin America, the pandemic continues to accelerate. In lower resource settings, lockdowns are less effective and hard to sustain, and clinical care facilities are extremely limited. In such environments, the response to COVID-19 must focus on containing the pandemic's spread as far as possible through testing, contact tracing and isolation, protecting the health workforce through training and the provision of personal protective equipment (PPE) and minimizing the knock-on impact on other diseases through shoring up fragile health systems, and adapting existing disease programs.

The stakes are extraordinarily high. In 2018, deaths from HIV, TB and malaria together amounted to 2.4 million people worldwide – roughly half the death toll of the peak of the epidemics, but still a shocking figure. Analyses from WHO, UNAIDS, the Stop TB Partnership and others suggest this annual death toll across the three diseases could nearly double, wiping out years of progress, if we do not act decisively. The scale of the disruption to HIV, TB and malaria as a result of COVID-19 is indicated by the latest Global Fund survey, covering 106 countries, which suggests that approximately three-quarters of current HIV, TB and malaria programs have been impacted.

For the poorest and most vulnerable communities already affected by HIV, TB and malaria, COVID-19 represents a fundamental threat. Not only are they extremely vulnerable to COVID-19 itself, but they are likely to be even more at risk from HIV, TB and malaria. The economic impact of COVID-19 will also fall most heavily on such communities, so nutritional deficiencies and the collapse of services will exacerbate their susceptibility to disease. For those struggling to escape acute poverty and marginalization, this is a terrifying prospect. For those facing stigma and human rights-related barriers to accessing health services, COVID-19 intensifies the challenges. Gender inequalities will also be heightened, considering women are overrepresented in lower levels of the health workforce and face higher rates of income insecurity.

For the poorest and most vulnerable communities already affected by HIV, TB and malaria, COVID-19 represents a fundamental threat.

The Global Fund has reacted decisively to the emergence of COVID-19, quickly making available up to US\$1 billion to support countries as they respond to the pandemic, adapt their HIV, TB and malaria programs, and reinforce their already overstretched systems for health. We are working with global, regional and country partners to mobilize and deploy resources, adapt interventions and share best practices. We are determined to ensure that all the lessons learned from the fight against HIV, TB and malaria are leveraged in the fight against this new virus, including the imperative to act swiftly, to mobilize and empower community leadership, to identify and address human-rights and gender-related aspects of the pandemic, and above all, to leave no one behind.

The Global Fund is a founding partner of the [Access to COVID-19 Tools Accelerator \(ACT-Accelerator\)](#) – a global collaboration to accelerate development, production and equitable access to new COVID-19 technologies. Given the instrumental role the Global Fund played in ensuring access to antiretroviral treatments in response to the explosion of HIV and AIDS in Africa and elsewhere nearly 20 years ago, we understand perhaps more than most institutions the imperative of ensuring equitable and rapid access to new lifesaving tools. Our experience in fighting HIV, TB and malaria also tells us that new tools alone will not suffice. To save lives, new medical tools need to be delivered through effective clinical programs underpinned by resilient and sustainable systems for health that reach those most at risk.

The Global Fund was created in response to a global health crisis and has proven extraordinarily successful as a partnership to save lives and fight disease.

Mounting an effective response to COVID-19 and mitigating the impact on HIV, TB and malaria will require significantly more resources than have been made available thus far. Through the ACT-Accelerator partnership, the Global Fund has worked with partners to estimate the likely needs. Focusing on the countries the Global Fund invests in to fight HIV, TB and malaria, we estimate that at least US\$28.5 billion is required for the next 12 months to adapt HIV, TB and malaria programs to mitigate the impact of COVID-19, to train and protect health workers, to reinforce systems for health so they don't collapse, and to respond to COVID-19 itself, particularly through testing, tracing and isolation and by providing treatments as they become available. On the assumption that a vaccine will not be available at scale within a 12-month timeframe, this figure of US\$28.5 billion does not include any consideration of the costs of deploying a vaccine.

Given the severe economic impact of the pandemic on the countries the Global Fund focuses on, most of this US\$28.5 billion incremental resource requirement will need to be met from external resources. Significant financial contributions have already been announced by development partners, including by the Global Fund itself, the World Bank, and other multilateral and bilateral partners. Debt relief may also help. However, much of the money being made available is being redeployed from existing projects and is being directed towards addressing the broader socioeconomic impact of the crisis, or to accelerating the development of a vaccine. While it is impossible to provide a precise estimate of the shortfall, we are confident that without significant extra contributions, there will not be nearly enough money to mitigate the impact of COVID-19 in the countries most affected by HIV, TB and malaria.

The impetus behind the creation of the Global Fund in 2002 was the last big pandemic to strike humanity – HIV and AIDS. We were designed as a unique public-private multilateral partnership to fight the three infectious diseases causing the most deaths around the world – HIV, TB and malaria. In just under 20 years, we have disbursed US\$45 billion to more than 140 countries, working with partners to save more than 32 million lives and help cut HIV, TB and malaria deaths by roughly half since the peak of the epidemics. We are therefore uniquely positioned to help countries immediately respond to COVID-19. Engaging with communities; working through local supply chains to deliver to those most in need; implementing programs through partnerships with governments, civil society and private sector; preventing, testing and treating for disease; procuring quality health products at fair cost at scale – these are the core capabilities of the Global Fund. We see a responsibility to leverage and use those capabilities to help fight COVID-19. We also see an effective response to COVID-19 as essential to protecting the gains on HIV, TB and malaria and sustaining the momentum towards ending the epidemics.

The Global Fund has made up to US\$1 billion available to countries to help them adapt HIV, TB and malaria programs, strengthen systems for health and respond to COVID-19. However, these funds will be almost fully deployed by July 2020. For the Global Fund to be able to play its part in delivering a plan to mitigate the impact of the COVID-19 on countries affected by HIV, TB and malaria, we will need extra financial resources. To give a sense of the scale, if we were to play a role commensurate with the role we are currently playing in the fight against HIV, TB and malaria, our share of the US\$28.5 billion required for the next 12 months would be around US\$6 billion. Taking account of the up to US\$1 billion we are already deploying, the incremental sum would be US\$5 billion. We are confident that by leveraging existing systems and processes, we could deploy a further US\$5 billion over the next 12 months responsibly and effectively, and that by doing so, we would save millions of lives from both the direct impact of COVID-19 itself and the knock-on impact on HIV, TB and malaria.

The Global Fund was created in response to a global health crisis and has proven extraordinarily successful as a partnership to save lives and fight disease. Faced with this new crisis we must protect these gains and leverage the strengths of the partnership we have built together. And we must act with speed. While a vaccine may remove the threat of COVID-19 over a 12-18-month horizon, we cannot count on the research and development efforts being successful in this timeframe; even if they are, the direct and knock-on impact of COVID-19 in countries heavily affected by HIV, TB and malaria over the next 12 months could be devastating. To protect and sustain progress against HIV, TB and malaria, defeat COVID-19 and save lives, we must unite to fight.

## 2. COVID-19 THREATENS PROGRESS IN THE FIGHT AGAINST HIV, TB AND MALARIA

COVID-19 has emerged at a critical juncture in the fight against HIV, TB and malaria. While we have made remarkable progress in reducing the death toll from these three diseases in recent years, we have not made fast enough progress in reducing new infection rates. We are therefore not on track to achieve the Sustainable Development Goal 3 target of ending the three epidemics by 2030. The Global Fund's Sixth Replenishment in October 2019 called on the partnership to "Step Up the Fight" to get back on track, saving more lives and accelerating the end of the epidemics. Donors responded to this challenge, pledging a record US\$14.02 billion for the three-year grant cycle beginning in January 2021. The success of the replenishment enabled the Global Fund to increase country allocations for the next grant cycle by 23.4%. Before COVID-19 emerged in January 2020, the Global Fund partnership was therefore in a position where we recognized we were off the trajectory we needed to be on to end the epidemics by 2030, but we had successfully secured significant resources to help get back on track. We were just gearing up to deploy those funds in the next grant cycle when the COVID-19 pandemic hit.



**"With the government shutting down bars and nightclubs, most sex workers don't have money to buy food, pay their rent or get basic medicines for themselves and their children," says Peninah Mwangi, Executive Director of Kenya's oldest sex workers' organization BHESP. "The situation is desperate." Because of COVID-19, disruptions in condom distribution and outreach prevention programs are also leaving sex workers more exposed to contracting HIV. With Global Fund support, BHESP engages with local authorities to obtain food packages and hygiene kits. The group is also helping sex workers pay their rent.**

COVID-19 has dramatically changed the situation. Now we face the prospect of significant reversals across all three diseases. For the first time in many years we might see increases in deaths and infections in many countries due to HIV, TB and malaria. In the most affected countries, the indirect death toll from incremental deaths due to HIV, TB and malaria might exceed the direct death toll from COVID-19.

### Direct Impact of COVID-19

While many of the countries hit by the COVID-19 in the first few months of the year are now beginning to relax lockdown measures as infection and death rates fall, in the regions most affected by HIV, TB and malaria, such as Africa, South Asia and Latin America, the pandemic continues to accelerate. In the poorest countries lockdowns are less effective and hard to sustain, since households must work to eat, and governments are unable to compensate for lost income. Underfunded and overstretched systems for health cannot provide the clinical care required for more severe cases. Health workers, already too few in number, are falling sick or having to self-isolate. In areas affected by conflict or natural disaster, or for the nearly 80 million forcibly displaced people in the world, these challenges are particularly acute.

We are still in the early days of understanding the full impact of COVID-19 on different communities and in different settings. The demographics of regions like Africa, with only 3% of the population over 65, will likely reduce the mortality rate compared to regions like Europe, where around 20% are 65 and older, given the correlation of severe cases with age. On the other hand, the higher burden of other diseases, including HIV, TB and malaria, will likely work in the other direction. Deficiencies in sanitation, access to clean water, and inadequate and overcrowded housing will likely contribute to the spread of the virus.

Likewise, we need to learn much more about the impact of other conditions on COVID-19 prognosis. Those who are HIV-positive fear that being immunocompromised may make them more vulnerable, particularly if their access to lifesaving antiretrovirals is interrupted. People with TB, whose lungs are often already damaged, are understandably worried that they will be particularly vulnerable to the severe respiratory stress that COVID-19 can cause. Children who catch malaria may not be able to get timely access to treatment if health workers are overwhelmed by COVID-19 cases, or sick themselves. Lockdowns and other public health measures can themselves create additional unintended vulnerabilities such as increased gender-based violence, reduced access to health care for marginalized communities, and human rights abuses, stigma and discrimination against key populations.

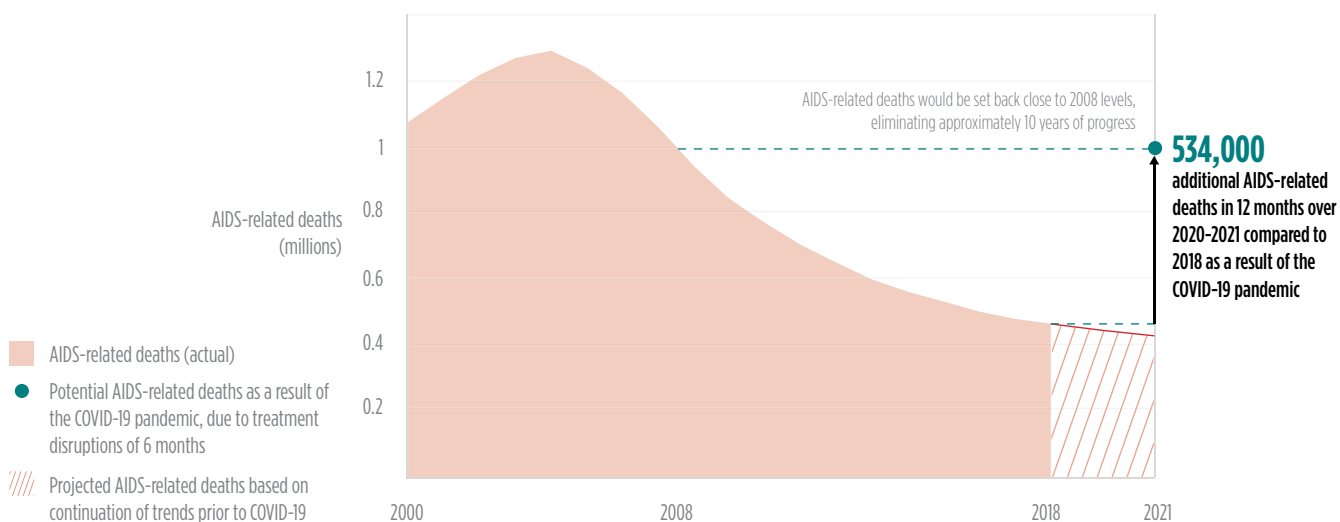
As in all countries, the socioeconomic impact of the pandemic will hit the most vulnerable communities the hardest. The International Monetary Fund predicts that more than 170 countries will experience negative income growth in 2020<sup>1</sup>, and the World Bank estimates that the economic contraction following COVID-19 could push an additional 71 million people into extreme poverty in 2020, with sub-Saharan Africa and South Asia being hardest hit<sup>2</sup>. Lack of food, lack of housing and the collapse of services will exacerbate the vulnerability of the poorest and the most vulnerable.

The next six months could see the death toll soar in the world's most vulnerable countries and regions if we don't act now. Modelling studies show that even if assertive suppression strategies are implemented, millions of lives could be lost. With the widespread roll-out of a vaccine – if one is found – likely at least 12-18 months away, the only way to contain COVID-19 now is through massively increased levels of testing, contact tracing and supported isolation, much greater protection of health care workers and rapid deployment of treatments as these become available.

## Knock-on Effects of the COVID-19 Pandemic on HIV, TB and Malaria

In addition to the potentially devastating direct impact of COVID-19, the knock-on effects of the pandemic on the fight against HIV, TB and malaria and other infectious diseases could be catastrophic, and possibly higher than the direct impact, threatening to derail years of progress. The stakes are extraordinarily high across all three diseases. New modelling studies by WHO<sup>3</sup>, UNAIDS and the Stop TB Partnership (see graphs below) show that if health systems collapse or treatment and prevention services are interrupted, the death toll from HIV, TB and malaria could as much as double over the next year. Globally, that means the annual death toll from HIV, TB and malaria could be set back to levels not seen since the peak of the epidemics as a knock-on or indirect consequence of the COVID-19 pandemic.

### Potential increase in AIDS-related deaths due to HIV treatment disruption in the context of the COVID-19 pandemic in sub-Saharan Africa



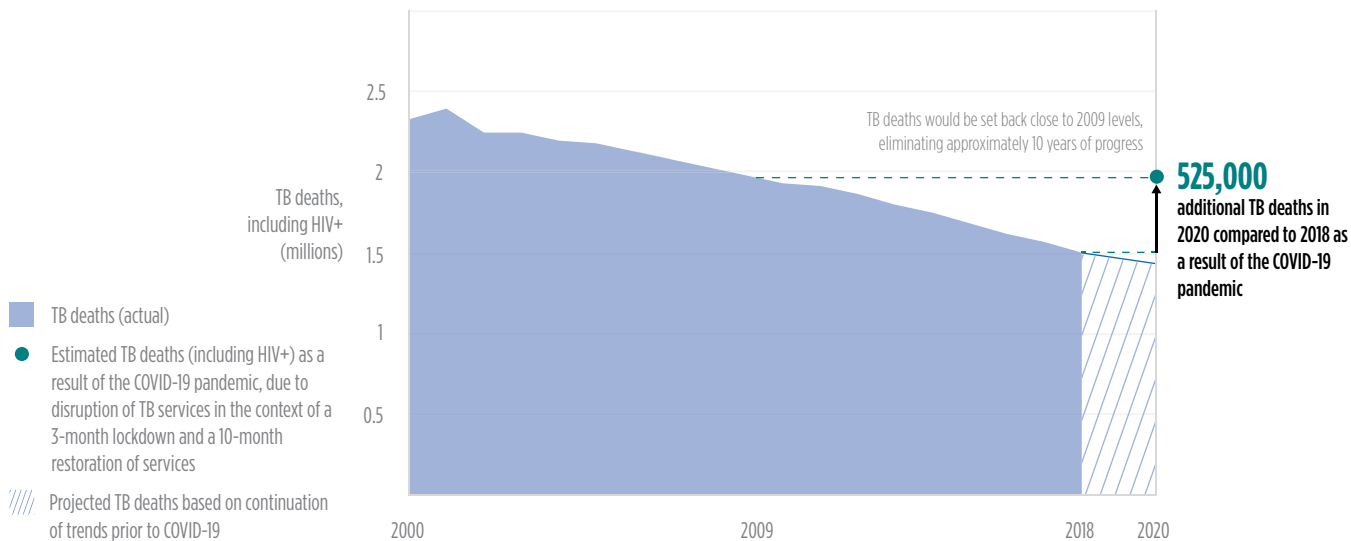
Estimates of AIDS-related deaths over 2000-2018 from UNAIDS, 2019 release. Estimation of projected AIDS-related deaths over 2018-2021, based on continuation of trends prior to COVID-19. Estimation of potential AIDS-related deaths as a result of the COVID-19 pandemic from modelling work convened by WHO and UNAIDS, 2020.

1 <https://blogs.imf.org/2020/04/14/the-great-lockdown-worst-economic-downturn-since-the-great-depression/>

2 [https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty?cid=SHR\\_BlogSiteShare\\_EN\\_EXT](https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty?cid=SHR_BlogSiteShare_EN_EXT)

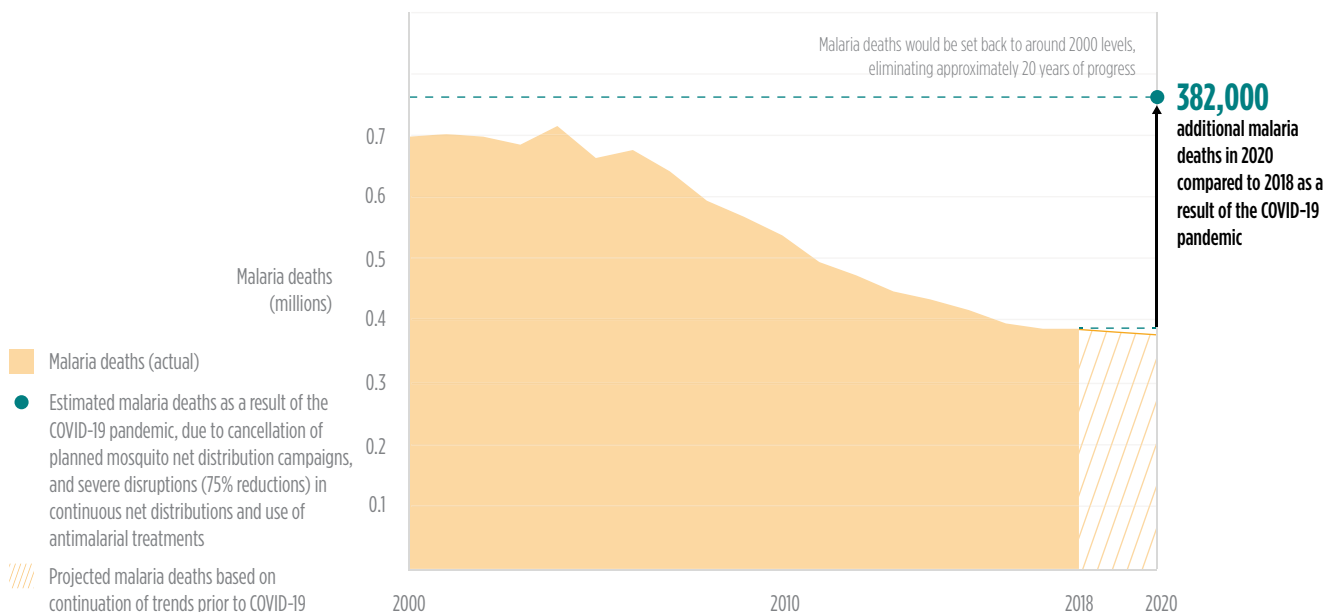
3 Due to co-morbidities across the three diseases, particularly the inclusion of TB deaths in HIV+ deaths; HIV+ deaths in TB deaths; and strong co-morbidities of malaria, in particular with HIV, diarrhea, pneumonia, malnutrition and to some degree with TB, the total number of additional deaths due to the COVID-19 pandemic across the three diseases should not be calculated by summing up HIV, TB and malaria deaths across the three graphs.

**Potential increase in TB deaths due to TB service disruption in the context of the COVID-19 pandemic globally<sup>4</sup>**



Estimates of TB deaths (including HIV+) over 2000-2018 from WHO Global TB Report 2019. Estimation of projected TB deaths over 2018-2020 based on continuation of trends prior to COVID-19. Potential TB deaths (including HIV+) globally as a result of the COVID-19 pandemic estimated for the year 2020 from Stop TB Partnership (and partners) modeling study, 2020 which assumed a conservative lockdown period of 3 months and recovery period of 10 months. These additional estimated TB deaths are due to TB service disruptions and exclude TB deaths that may happen in people living with HIV because of disruptions of ARV and other HIV-related services.

**Potential increase in malaria deaths due to malaria service disruption in the context of the COVID-19 pandemic in sub-Saharan Africa**

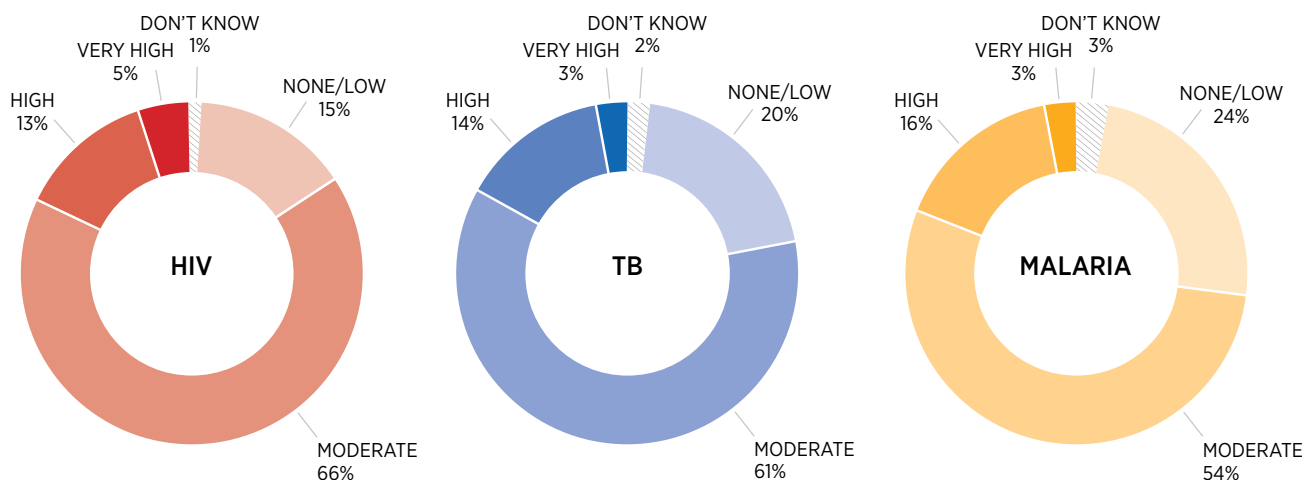


Estimates of malaria deaths over 2000-2018 from WHO World Malaria Report, 2019 release. Estimation of projected malaria deaths over 2018-2020 based on continuation of trends prior to the COVID-19. Estimation of potential deaths as a result of the COVID-19 pandemic from WHO modelling study, 2020.

4 [http://www.stoptb.org/assets/documents/news/Modeling%20Report\\_1%20May%202020\\_FINAL.pdf](http://www.stoptb.org/assets/documents/news/Modeling%20Report_1%20May%202020_FINAL.pdf)

## Disruption in Health Service Delivery

Survey results of Global Fund-supported programs show widespread disruptions to HIV, TB and malaria service delivery as a result of the COVID-19 pandemic (as of 1 June)



We are already witnessing the impact of COVID-19 on the fight against HIV, TB and malaria across the countries where the Global Fund invests. The latest survey results of Global Fund-supported programs across 106 countries show widespread disruptions to HIV, TB and malaria work as a result of the COVID-19 pandemic, impacting approximately three-quarters of HIV, TB and malaria programs<sup>5</sup>.

The survey provides glimpses into the rapidly changing realities on the ground. For example, HIV and TB laboratory services are under acute pressure, with 20% experiencing high or very high levels of disruption, with many of the advanced diagnostics instruments put in place to perform viral load testing for HIV-positive people on antiretroviral treatment or to diagnose TB now being used for testing for COVID-19. Unless laboratory capacity is increased rapidly to enable testing for COVID-19 alongside viral load testing and TB diagnosis, we risk losing momentum on the UNAIDS 90-90-90 targets<sup>6</sup> and reversing the gains we have made on increasing TB case identification.

On HIV, we are seeing significant disruption to prevention programs, which often depend on community and face-to-face interventions rendered impossible during lockdowns. Similarly, access to lifesaving antiretrovirals has been made more difficult for some by restrictions on movement, local stockouts, and in some cases, increased stigma and discrimination.

On TB, the potential for confusion with COVID-19, given the similarity of initial symptoms and the diversion of diagnostic resources, risks fueling stigma and hindering case finding. As with HIV, some people with TB have encountered difficulties in sustaining treatment.

On malaria, delays in mosquito net distribution and indoor spraying programs have threatened to undermine vector control. Meanwhile the testing and treatment of people with fevers, particularly children, depends critically on the availability of health workers, who might be unable to travel, sick or scared to expose themselves without protective equipment.

In response, countries and communities are devising new and innovative approaches to enable services to be implemented safely, from virtual observation of TB treatment via smartphone applications, to dispensing multiple months of treatment to people with HIV and TB, and door-to-door delivery of critical supplies like mosquito nets. Many of these new approaches require additional resources like fuel for transport, protection equipment for community health workers and program staff, technical support for online services, and adjustment of procurement and supply systems to enable longer-term prescription of drugs.

<sup>5</sup> The biweekly survey is completed online by country-based Local Fund Agents who monitor grant implementation and progress on behalf of the Global Fund. The tool helps identify potential risks and disruptions to programs, but given its qualitative nature, is not intended to be a rigorous assessment of the country situation, nor should it be interpreted as such. The information is based on a range of in-country stakeholder views but is not verified or calibrated. A total of 106 countries completed the survey.

<sup>6</sup> Global targets of 90% of HIV-positive people who know their status; 90% of HIV-positive people who know their status on treatment; 90% of people on ARVs with suppressed viral load by 2020.



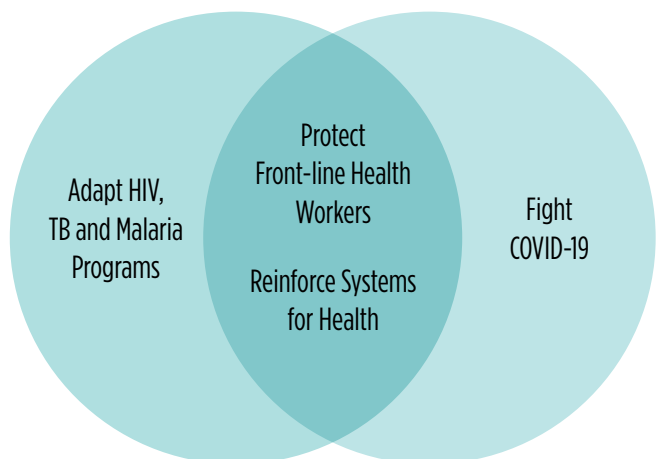
### 3. THE GLOBAL FUND'S ROLE IN THE GLOBAL RESPONSE: ADAPT HIV, TB AND MALARIA PROGRAMS, PROTECT FRONT-LINE HEALTH WORKERS, REINFORCE SYSTEMS FOR HEALTH, AND FIGHT COVID-19



Community health workers in Kanyach Kachar area in Homa Bay County in Kenya gather outside a local health facility. They have been fighting malaria in their community. Now they are on the front lines of the fight against COVID-19 as well.

Given its role as the world's largest multilateral provider of grants for global health and its focus on fighting infectious diseases and strengthening systems for health, the Global Fund is uniquely positioned to help countries respond to the COVID-19 pandemic and mitigate the knock-on impact on HIV, TB and malaria. In alignment with WHO's overall leadership and coordination of the global COVID-19 response, the Global Fund has adopted a four-pronged response to the pandemic:

1. **Adapt HIV, TB and malaria programs to mitigate the impact of COVID-19 and safeguard progress;**
2. **Protect front-line health workers through the provision of personal protective equipment (PPE) and training to front-line health staff, including community health workers;**
3. **Reinforce systems for health so they don't collapse by supporting urgent enhancements, including to supply chains, laboratory networks and community-led response systems;**
4. **Fight COVID-19 by supporting control and containment interventions, including testing, tracing and the support of isolation, communications and treatment (as therapeutics become available).**



The Global Fund has acted quickly to provide up to US\$1 billion to ensure lifesaving HIV, TB and malaria programs continue, strengthen critical systems for health, and help countries fight COVID-19. In early March 2020, the Global Fund enabled countries to use up to US\$500 million in grant flexibilities to rapidly adapt existing programs, purchase protective equipment, diagnostics and medical supplies, and to deploy prevention campaigns. In April, we took a further step by launching the COVID-19 Response Mechanism with an initial capacity of an additional US\$500 million.

## Highlights of our response as of 23 June 2020 include:

### Grant Flexibilities:

Since introducing grant flexibilities in early March 2020, we have approved requests from 91 countries and 8 regional programs amounting to over US\$172 million. Examples of interventions and initiatives funded through grant flexibilities include:

- ▶ **Benin:** With the rainy season imminent, Benin modified its mosquito net distribution campaign to be consistent with social distancing, mobilizing 5,500 community health workers in Benin to go door to door to distribute more than 8 million mosquito nets across the country in 20 days.
- ▶ **Honduras** is mitigating impact on malaria programs and fighting COVID-19 by purchasing 25,000 surgical masks and 5,000 N95 respirator masks and by utilizing four ventilators and a mobile X-ray machine.
- ▶ **Uganda:** To ensure continued support for HIV-positive mothers and pregnant women and prevent the transmission of HIV to their babies, health facilities are switching to door-to-door delivery of antiretroviral treatment and health services.
- ▶ **Indonesia** is purchasing masks and other personal protection equipment for front-line health workers, improving laboratory testing, and repurposing molecular-based technology for tuberculosis to also test for COVID-19.
- ▶ **Senegal:** Health workers are ensuring critical services to key populations like people who inject drugs continue, by equipping staff at methadone clinics with protective equipment like masks, gowns, goggles and gloves and requiring temperature checks, hand-washing and masks for all patients.
- ▶ **Kenya:** Community health workers who regularly provide testing, tracing and care for diseases like malaria and TB are training to adapt their skills to also test, trace and isolate for COVID-19. The community health workers provide surveillance for new COVID-19 infections. As the cases of the pandemic increase, Kenya has also turned to the community health workers to support home-based isolation and care for people infected with COVID-19.

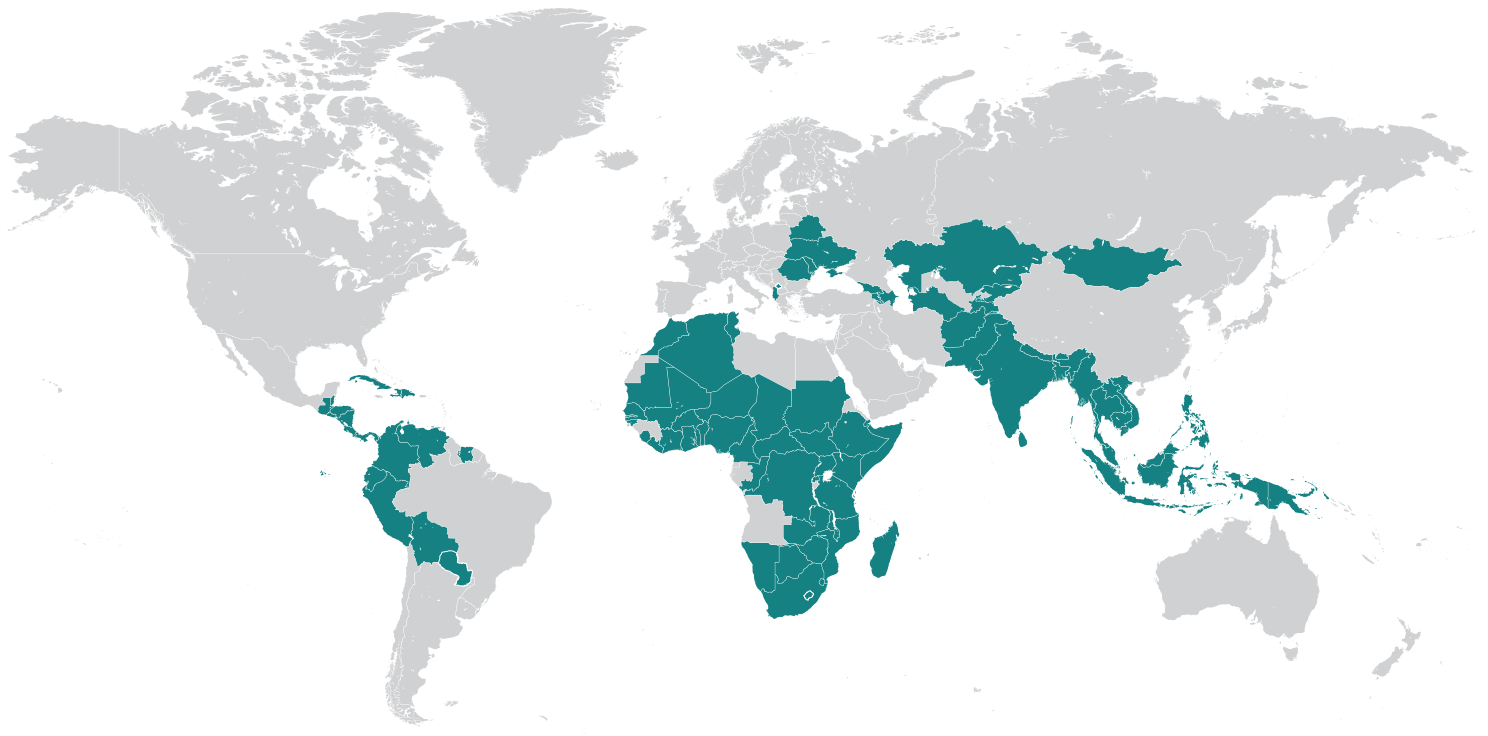
### COVID-19 Response Mechanism:

Since launching the COVID-19 Response Mechanism in late April 2020 with an initial capacity of US\$500m we have received 68 funding requests totaling more than US\$468 million from all regions where the Global Fund invests. More requests are coming in. Funding requests through the mechanism are being reviewed and processed within 10 business days. As of 19 June, 37 countries have received approval for approximately US\$185 million in immediate funding through the COVID-19 Response Mechanism.

Examples of the types of spending approved thus far include:

- ▶ **Interventions to mitigate impact on the three diseases,** including:
  - ▶ Strengthening treatment and care for TB, HIV and malaria such as fever management, triaging and home-based care for patients unable to access facility-based care due to lockdowns;
  - ▶ Expanding outreach for key populations and adolescent girls and young women, including community capacity building and support;
  - ▶ Nutrition support for the most vulnerable and severely malnourished TB and HIV patients;
  - ▶ Expanding HIV testing (facility, community, self-testing) across several countries to mitigate impact on prevention and treatment enrollment;
  - ▶ Strengthening of fever triage and malaria testing;
  - ▶ Reinforcing TB screening with portable digital X-ray and diagnostic instruments.
- ▶ **Interventions to protect front-line health workers,** including provision of PPE to formal health care staff, community health workers, volunteers during mosquito net distribution campaigns, and laboratory personnel;
- ▶ **Initiatives to strengthen health systems,** including:
  - ▶ Strengthening laboratories, including diagnostic instruments and consumables, minor infrastructure (including electricity supply) plus sample transportation and PPE for laboratory staff;
  - ▶ Training of front-line health workers on managing COVID-19, and on adapting HIV, TB and malaria programs;
  - ▶ Strengthening community-led communications and contact tracing.
- ▶ **Direct support to countries' COVID-19 response strategies** primarily through the procurement of automated molecular antigen test kits.
- ▶ **Private sector partners have provided technical solutions and digital health technology** to enable countries and organizations to adapt to lockdowns and remote working, through providing video conferencing software and increased bandwidth, telemedicine and data integration applications, support for mass SMS health information campaigns, and technical assistance and training, and offered transport and storage capacity for COVID-19 supplies.

## Countries accessing Global Fund support to fight COVID-19 as of 22 June



Our continuously updated COVID-19 Response webpage details approved COVID-19 response funding by country and multicountry program: [Excel](#) | [PDF](#) | [Map](#)

In addition to providing direct support to implementing countries through its own channels, the Global Fund is a founding partner of the [Access to COVID-19 Tools \(ACT\) Accelerator](#) – a global collaboration of organizations and governments working to accelerate development, production and equitable access to new COVID-19 technologies across four main pillars: diagnostics, therapeutics, vaccines, and health system strengthening. We are a co-convenor of both the Diagnostics Partnership (with the Foundation for Innovative New Diagnostics – FIND) and of the Health Systems Connector (with the World Bank and WHO). We are also leading the workstream on procurement and deployment in the Therapeutics Partnership.

Supporting countries as they strive to respond to COVID-19 and mitigate the impact on other diseases will require intense coordination and collaboration between partners. For example in the diagnostics arena, as well as co-convening the ACT-Accelerator Diagnostics Partnership, we are working with WHO, UNICEF and other partners through the Diagnostics Consortium to procure and allocate molecular diagnostic tests for COVID-19; we are also engaged with the Africa Centres for Disease Control and Prevention on ensuring effective collaboration between the Global Fund and our online purchasing platform, [wambo.org](#), and the newly launched African Medical Supply Portal.



Social distancing is maintained before entry into Antela Public Health Center in Baria, Gujarat.

## 4. TO PLAY ITS PART IN THE RESPONSE TO COVID-19, THE GLOBAL FUND WOULD NEED AN ADDITIONAL US\$5 BILLION

Mounting an effective response to COVID-19 and mitigating the impact on HIV, TB and malaria, will require significantly more resources than have been made available thus far. Through the ACT-Accelerator partnership, the Global Fund has worked with partners to estimate the likely needs. Focusing on the countries the Global Fund invests in to fight HIV, TB and malaria, we estimate that at least US\$28.5 billion is required for the next 12 months to adapt HIV, TB and malaria programs to mitigate the impact of COVID-19, to train and protect health workers, to reinforce systems for health so they don't collapse, and to respond to COVID-19 itself particularly through testing, tracing and isolation and by providing treatments as they become available. On the assumption that a vaccine will not be available at scale within a 12-month timeframe, this figure does not include any consideration of the costs of deploying a vaccine.



In Ukraine, the Global Fund is supporting an initiative by CO "100% LIFE," a local HIV community network, which organizes courier services that deliver antiretrovirals and other medicines to homes. The country's two biggest post operators, Ukrposhta and Nova Poshta, offer the services. People living with HIV in remote areas where postal services are not available are not left out either – their medication is delivered by car. "For somebody living with HIV, getting a package with ARVs during the COVID-19 pandemic is like receiving life in a box," says Dmytro Sherembey, head of the coordination council at CO "100% LIFE".

Given the severe economic impact of the pandemic on the countries the Global Fund focuses on, most of this US\$28.5 billion incremental resource requirement will need to be met from external resources. Significant financial contributions have already been announced by development partners, including by the Global Fund itself, the World Bank, and other multilateral and bilateral partners. Debt relief may also help. However much of the money being made available is being redeployed from existing projects, and is being directed towards addressing the broader socioeconomic impact of the crisis or to accelerating the development of a vaccine. So, while it is impossible to provide a precise estimate of the shortfall, we are confident that without significant extra contributions, there will not be nearly enough money to mitigate the impact of COVID-19 in the countries most affected by HIV, TB and malaria.

The impetus behind the creation of the Global Fund in 2002 was the last big pandemic to strike humanity – HIV and AIDS. The Global Fund was designed as a unique public-private multilateral partnership to fight the three infectious diseases causing most deaths around the world – HIV, TB and malaria. In just under 20 years, we have disbursed US\$45 billion to more than 140 countries, working with partners to save more than 32 million lives and help cut HIV, TB and malaria deaths by nearly half since the peak of the epidemics. Given its positioning as the largest multilateral grant provider in global health, and its distinctive focus on fighting infectious diseases, the Global Fund is therefore uniquely positioned to help countries as they respond to COVID-19 and act to mitigate the impact on HIV, TB and malaria.

The Global Fund has immense experience in critical aspects of the required response, including: engaging with communities; working through local supply chains to deliver to those most in need; implementing programs through partnerships with governments, civil society and private sector; preventing, testing and treating for disease; and procuring quality health products at fair cost at scale. These are some of the core capabilities of the Global Fund. We see a responsibility to leverage and use those capabilities to help fight COVID-19. We also see an effective response to COVID-19 as essential to protecting the gains on HIV, TB and malaria and sustaining the momentum towards ending the three epidemics.

The Global Fund is also uniquely placed to manage the complex interdependencies between the new fight against COVID-19 and the unfinished fights against HIV, TB and malaria. For example, countries are already using the molecular diagnostic instruments and laboratory facilities we have already financed for viral load testing and TB diagnostics for COVID-19 testing. Community health workers we have funded for malaria test and treat services are playing a key role in screening for COVID-19 and promoting prevention and containment in rural settings.

Community systems for health created to mobilize action and reach out to the most marginalized are playing a critical role in ensuring that in the fight against COVID-19, no one is left behind.

Moreover, the Global Fund brings a focus on minimizing the total human cost of COVID-19, measured by not just the lives lost directly to the virus, but also the lives lost because of the knock-on impact on other diseases, including, HIV, TB and malaria, as well as other diseases like measles, pneumonia and polio. Adopting this broader metric of success will be critical in the countries significantly affected by other diseases, including HIV, TB and malaria. Otherwise, there is a risk that strategies too tightly focused on COVID-19 itself result in significantly more lives being lost because the impact on the other diseases is not being measured or managed.

The Global Fund has already made up to US\$1 billion available to countries to help them adapt HIV, TB and malaria programs, strengthen health systems and respond to COVID-19. With grant flexibilities we enabled countries to utilize grant savings and undertake limited reprogramming to fund their COVID-19 response, with a maximum envelope of up to US\$500m. With the COVID-19 Response Mechanism, we made available all the forecast funds available for portfolio optimization to the end of the Fifth Replenishment cycle, which amounted to US\$500 million. However, since we have deliberately sought to make these funds immediately available to countries given the urgency of their needs, these funds will be almost fully deployed by July 2020.

For the Global Fund to be able to play an ongoing part in delivering a plan to mitigate the impact of the COVID-19 on countries affected by HIV, TB and malaria, we will need extra financial resources. To give a sense of the scale, if we were to play a role commensurate with the role we are currently playing in the fight against HIV, TB

and malaria, our share of the US\$28.5 billion required for the next 12 months would be around US\$6 billion. Of this figure, 62% relates directly to mitigating the impact on HIV, TB and malaria, while 38% relates purely to helping countries respond effectively to COVID-19. Both are necessary to prevent COVID-19 from reversing our gains on HIV, TB and malaria and undermining our progress towards ending the epidemics. Taking account of the up to US\$1 billion we are already deploying, the incremental sum would be approximately US\$5 billion. We are confident that by leveraging existing systems and processes, we could deploy such a sum over the next 12 months responsibly and effectively, and that by doing so, we would save millions of lives from both the direct impact of COVID-19 itself and the knock-on impact on HIV, TB and malaria.

If we secured a further US\$5 billion, we would work with partners to invest these resources to help countries take further action in the four key areas that are the focus of our response to COVID-19:

1. **Adapt HIV, TB and malaria programs to mitigate the impact of COVID-19 and safeguard progress;**
2. **Protect front-line health workers through training and provision of PPE;**
3. **Reinforce critical aspects of health systems for health to avoid collapse and to sustain the response;**
4. **Fight COVID-19, particularly through testing, tracing and supported isolation, and through treatment services (as therapeutics become available).**

**To mitigate the impact of COVID-19 on the countries most affected by HIV, TB and malaria, to save millions of lives, and to sustain momentum the Global Fund would need an additional US\$5 billion for the next 12 months.**

**The Global Fund's Response to Mitigate the Impact of COVID-19 on Countries Affected by HIV, Tuberculosis and Malaria<sup>7</sup>:**  
All figures in US\$

	Resource Need for Global Fund Implementing Countries	Global Fund Share
<b>Adapt HIV, TB and Malaria Programs</b>	<b>\$2.7bn</b>	<b>\$1bn</b>
<b>Protect Front-line Health Workers</b>	<b>\$10.8bn</b>	<b>\$1.8bn</b>
<b>Reinforce Systems for Health</b>	<b>\$2.3bn</b>	<b>\$0.9bn</b>
<b>Fight COVID-19</b>	<b>\$12.7bn</b>	<b>\$2.3bn</b>
<i>Diagnostics</i>	\$4.9bn	\$1.9bn
<i>Therapeutics</i>	\$7.8bn	\$0.4bn
<b>SUBTOTAL</b>	<b>\$28.5bn</b>	<b>\$6bn</b>
<b>Global Fund resources already made available through grant flexibilities and the COVID-19 Response Mechanism</b>		<b>\$1bn</b>
<b>TOTAL ADDITIONAL RESOURCES REQUIRED</b>		<b>\$5bn</b>

<sup>7</sup> The breakdown of funding across the categories is indicative and does not necessarily reflect how the US\$6 billion will be distributed.

## Adapt HIV, TB and Malaria Programs

Aside from the potentially catastrophic direct impact of COVID-19, the knock-on effects of the pandemic on the fight against HIV, TB and malaria and other infectious diseases could be devastating, threatening to derail years of progress and kill millions more people. We must act now to help countries adapt HIV, TB and malaria programs to protect gains and momentum on the three diseases.

Based on our experience thus far of the costs of adapting HIV, TB and malaria programs in the COVID-19 context, and assuming the Global Fund plays a role in financing this adaptation proportionate to its overall share of external financing across the three diseases, **the Global Fund would need US\$1 billion** over the next 12 months to fund adaptations to HIV, TB and malaria programs, including:

- ▶ **Implement changes to lifesaving delivery models**, such as shifting to door-to-door malaria mosquito net distribution or increasing the use of Mass Drug Administration;
- ▶ **Provide home-based care and delivery of services** for HIV, TB and malaria, including increasing community-based drug delivery and tracing for HIV and TB patients and setting up remote support systems for TB treatment and preventive therapy;
- ▶ **Strengthen malaria and TB diagnosis** to mitigate against false results and distinguish from COVID-19;
- ▶ **Support key and vulnerable populations and adolescent girls and young women** through cash transfers or nutritional support for people living with HIV and TB so they can continue taking their treatment;



Nurse Mbayang Fall Bousso puts on protective gear at CEPIAD, a methadone clinic for people who use injecting drugs in Dakar, Senegal. “We work with vulnerable populations,” she says. “We have to take preventive measures. All the patients who come here wear masks, wash their hands and also we take their temperatures.”

- ▶ **Intensify interventions for particularly vulnerable groups**, such as active case finding for COVID-19 and TB in prisons;
- ▶ **Mitigate the disruption of essential commodities** by securing reliable supplies of critical commodities such as malaria rapid diagnostic tests (RDTs), even where costs are being pushed upwards because of COVID-19;
- ▶ **Enable community-based interventions to shift to digital mode**, such as using smartphone apps or online prevention modules.

## Protect Front-line Health Workers

Protecting front-line health workers is an imperative if countries are going to be able to mount an effective response to COVID-19 and mitigate the impact on HIV, TB and malaria. Most low-income countries already have a lower per capita ratio of health workers than other parts of the world and cannot afford to lose any to sickness or isolation. Without adequate supplies of basic protective equipment such as masks and gloves, front-line health workers will fall sick in increasing numbers, or be unwilling to treat people potentially infected with COVID-19. Provision of PPE should not be limited to formal salaried health workers, such as doctors and nurses, but extended to community health workers and peer and outreach workers, including those serving remote rural villages and those working to serve hard-to-reach populations. In both cases the consequences of losing such front-line staff could be devastating, since they are the key to delivering lifesaving services, and in many cases, there is limited or no alternative.

Based on conservative assumptions about the proportion of health care workers needing PPE and assuming the Global Fund pays for a share proportionate to its overall share of HIV, TB and malaria financing (including domestic financing), **the Global Fund would need US\$1.8 billion to:**

- ▶ **Protect front-line health workers with appropriate protective equipment** including a mix of medical masks, N95 masks, latex gloves, face shields, medical gowns and goggles to health workers and HIV, TB and malaria program staff including community health workers, nurses, doctors, midwives and laboratory technicians;
- ▶ **Provide training and support to front-line health workers**, including community health workers and volunteers, to enable them to continue their work safely, protecting themselves and their communities to prevent the spread of COVID-19 particularly through screening, contact tracing and monitoring of self-isolation;
- ▶ **Implement management processes and systems for deployment and disposal of PPE.**

## Reinforce Systems for Health

Sustainable and resilient systems for health are the first line of defense against new diseases like COVID-19, as well as the foundation for the fight against the existing epidemics of HIV, TB and malaria. COVID-19 has already disrupted and overwhelmed many elements of health and community systems in different parts of the world, including hospitals, laboratories, supply chains and community-led interventions. It is vital to shore up fragile systems for health, fixing critical weaknesses, to avoid such systems collapsing under the strain of the COVID-19 pandemic and to ensure continuation of lifesaving HIV, TB and malaria programs.

Informed by early indications of potential need, and assuming the Global Fund maintains its proportionate share of external HIV, TB and malaria financing, **the Global Fund would need US\$0.9 billion to strengthen and expand:**

- ▶ **Human resources**, particularly through training for health care workers, community health workers, and surge capacity for clinical care staff; supportive supervision; and recruitment of additional health volunteers;
- ▶ **Community health systems**, through capacity building and community engagement; risk communication and awareness generation to mitigate the impact of COVID-19; community-based monitoring and reporting; community-based support to vulnerable populations, e.g. safe visits to affected communities and innovative approaches to community support and engagement;
- ▶ **Supply chain management**, including alternative delivery methods during travel restrictions (e.g. motorcycles); ability to manage multiple months of dispensing of ARVs and other essential commodities for HIV treatment and prevention; warehouse storage; and waste management for personal protective equipment;
- ▶ **Monitoring and evaluation systems and surveillance**, through strengthening surveillance systems – e.g. integrated disease surveillance; contact tracing for the highest risk groups; procurement of mobile phones, tablets and laptops for data management and adherence support;
- ▶ **COVID-19 containment, treatment and care**, including case management and procurement of respirators, oxygen therapy and pain relief; expansion of isolation and treatment facilities; scale-up of sanitation and hygiene at health facilities; and contact tracing.

## Fight COVID-19

To mitigate the impact of COVID-19 on the countries and communities most affected by HIV, TB and malaria, we need to extend our support beyond the programs, staff and capacities purely focused on the three diseases. We must support countries in responding to the pandemic itself. Otherwise, COVID-19 will overwhelm systems for health with potentially catastrophic implications.

### Diagnostics

In the absence of a vaccine and effective therapeutics, testing has become the first line of defense against COVID-19, since it underpins both strategies to contain the spread of infection and the clinical management of individual patients. For lower income countries which cannot sustain lockdowns and have extremely limited clinical care capacities, testing, contact tracing and isolation is even more vital. As therapeutics and vaccines become available, antigen and antibody testing will be essential to identify and prioritize usage.

The ACT-Accelerator Diagnostics Partnership has estimated that US\$6 billion is required for the next 12 months to spur innovation including new antigen RDTs and digital solutions, expedite regulatory approval and market readiness, and ensure adequate supply in low- and middle-income countries and expand their laboratory and technical capacity. Of the US\$6 billion figure, US\$5.6 billion relates to the deployment, delivery and utilization of 500 million tests in low- and middle-income countries over the next 12 months.

Applying this figure to the countries most affected by HIV, TB and malaria, and assuming the Global Fund finances a share proportionate to its share of HIV, TB and malaria external financing, **the Global Fund would need US\$1.9 billion to:**

- ▶ **Scale up procurement and deployment of antigen and antibody Polymerase chain reaction (PCR) and RDT tests** as part of the Diagnostics Consortium, coordinating with partners to ensure equitable allocation of scarce test types. In doing this we would be leveraging our well-established procurement and distribution systems;
- ▶ **Reinforce laboratory and diagnostic capacity**, including procurement of high/low throughput automated PCR and other diagnostic instruments and viral load machines; provision of additional safeguards for infection prevention and control; increased transportation for lab samples; renovations of laboratories; establishment of mobile labs; and quality control programs including supervisory visits and trainings.



The Global Fund / Vincent Becker

The GeneXpert system, used widely with Global Fund support to help countries conduct diagnostic tests for TB and multidrug-resistant TB, can be adapted to also test for COVID-19.

### Therapeutics

There is an urgent need to develop effective therapeutics for COVID-19. Therapeutics are essential to reduce morbidity and mortality from the pandemic and mitigate the long-term damage for people’s health. Therapeutics can also be used as prophylaxis, to prevent symptoms and the spread of the disease. Effective therapeutics – used in conjunction with systematic testing through equitable

access to diagnostics – will provide countries with a wider set of tools to manage the pandemic while minimizing the damage to their economies and enabling societies to function. Even when a vaccine eventually becomes available, a global roll-out will take time and may not reach full protection. There will be a persistent need to test and treat those who continue to fall ill from the disease.

The ACT-Accelerator Therapeutics Partnership’s preliminary estimates suggest that US\$8.9 billion is needed over the next 12 months to catalyze research and development of new therapeutics, accelerate market access through manufacturing scale-up and regulatory support, and procure and deploy at scale in low- and middle-income countries. This estimate is inherently highly uncertain given the difficulty of predicting the costs of potential therapeutics and when they might emerge.

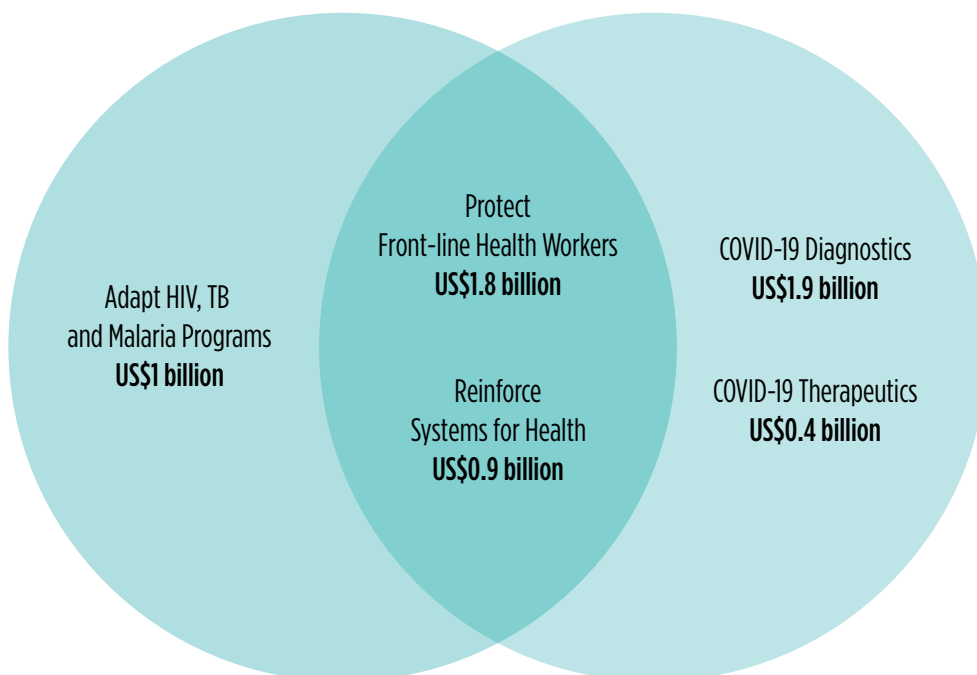
Adjusting this figure for the Global Fund implementing countries and to be highly conservative given the uncertainties about product availability and timing, assuming the Global Fund only pays for 10% of the estimated need, **the Global Fund would need at least US\$0.4 billion to:**

- **Support the procurement and delivery of COVID-19 treatments** over the next 12 months, leveraging our well-established procurement and distribution systems.

### Components of the Global Fund’s Response to Mitigate the Impact of COVID-19 on Countries Affected by HIV, Tuberculosis and Malaria:

Mitigate Impact on HIV, TB and Malaria Programs  
**US\$3.7 billion**  
 62% of Global Fund Response

Fight COVID-19  
**US\$2.3 billion**  
 38% of Global Fund Response





## 5. THE GLOBAL FUND IS A PROVEN MODEL TO FIGHT INFECTIOUS DISEASE AND SAVE LIVES

The Global Fund is a proven model to fight infectious disease and save lives. As a partnership between governments, technical partners, the private sector, civil society, health organizations and communities, the Global Fund brings diverse players together, building off each other's strengths to deliver health solutions quickly and at scale. The Global Fund's extraordinary record of impact is proof that when the world unites around a common goal, we can drive the deadliest infectious diseases into retreat and save millions of lives.

Less than 20 years ago, AIDS, tuberculosis and malaria appeared unstoppable. In many countries, AIDS devastated an entire generation, leaving countless orphans and shattered communities. Malaria ravaged young children and pregnant women unable to protect themselves from mosquitoes, or access lifesaving medicine. Tuberculosis inflicted massive loss of life among the poor and marginalized, whether in urban slums or rural destitution.



Happy children at the playground of their school in Toumodi-Sakassou, in the center of Côte d'Ivoire. Due to COVID-19, the schools were closed for several weeks. Classes started, and children are happy to see their friends.

The world fought back. Through an unprecedented partnership of governments, civil society, people affected by the diseases, the private sector, and faith-based organizations, the Global Fund was created in 2002 to pool the world's resources to fight AIDS, TB and malaria. This act of global solidarity has proved extraordinarily successful. Since 2002, the Global Fund and partners, including governments and other providers of external assistance, have saved 32 million lives. The number of people dying from AIDS, TB and malaria has been reduced by nearly half.

Today, the Global Fund is the largest multilateral grant funding mechanism in global health — disbursing more than US\$4 billion a year to support programs to fight HIV, TB and malaria and strengthen health systems in more than 100 countries.

As the world responds to COVID-19, we must adapt and leverage the strengths of the Global Fund, both to fight COVID-19 itself, and to mitigate the impact on HIV, TB and malaria.

### **Building resilient and sustainable systems for health:**

The Global Fund is the largest multilateral provider of grants to support sustainable systems for health, investing more than US\$1 billion a year on: improving procurement and supply chains; strengthening data systems and data use; training qualified health care workers; building stronger community responses and systems; and promoting the delivery of more integrated, people-centered health services so people can receive comprehensive care throughout their lives. The infrastructure and capabilities put in place to defeat HIV, TB and malaria can play a vital role in the response to COVID-19 and in the prevention, identification and response to future health threats, underpinning global health security.

**Community engagement:** The Global Fund has unique depth of experience and mechanisms for the engagement of communities and civil society to fight infectious diseases. Lessons from Ebola outbreaks in Africa and in the HIV pandemic show that supporting community engagement and community-led responses will be critical in the fight against COVID-19.

### **Fighting human rights and gender barriers to health:**

The Global Fund has deep expertise in protecting human rights and addressing stigma, particularly among key populations; removing gender barriers to health; engaging communities; and fairly allocating limited resources so no one is left behind. These capabilities will be vital in the fight against COVID-19.

**Private sector engagement:** The Global Fund works with an extraordinary range of private sector partners to leverage their capacity for innovation, functional capabilities in areas like last-mile distribution, data analytics, communications and behavioral change, and ability to reach critical populations. Mobilizing the private sector will be critical to sharpening and sustaining the response to COVID-19 and mitigating the broader impact.

**Effective procurement systems and economies of scale:** As one of the largest purchasers of health supplies worldwide, procuring over US\$1 billion in diagnostics, prophylactics and therapeutics for infectious diseases every year, the Global Fund leverages economies of scale and coordinates procurement for more than 100 countries to negotiate fair prices of quality-assured products. By securing the right prices and assured supply, the Global Fund helps ensure the most vulnerable communities get access to lifesaving medicines and tools and delivers greater value for money.

**Supply chain and logistics:** The Global Fund has well-established partnerships with governments, nongovernmental organizations, the private sector and other delivery partners across low- and middle-income countries, including the most challenging operating environments, and has a proven capability to work through local supply chains to ensure health products are channeled to where they are most needed.

**Rigorous monitoring and well-established systems:** The Global Fund has unparalleled experience developing, managing and monitoring programs to fight infectious diseases across low- and middle-income countries. The Global Fund has a proven country-led business model and rigorous, transparent and well-accepted allocation mechanisms to ensure resources are channeled to where they are most needed, and has well-established and robust financial disbursement, control, assurance and risk management mechanisms across low- and middle-income countries.

**Dedicated COVID-19 rapid response mechanism:** The Global Fund has created a specific time-limited mechanism, the COVID-19 Response Mechanism, to channel additional funding to countries. Launched with an initial US\$500 million made available by the Global Fund, the mechanism is available to invest funds to finance country-led interventions in the four key areas of our COVID-19 response plan:

1. **COVID-19-related risk mitigation measures for programs to fight HIV, TB and malaria;**
2. **Protection of front-line health workers with PPE and training;**
3. **Reinforcement of systems for health, such as laboratory networks, supply chains, and community-led response systems;**
4. **COVID-19 control and containment interventions, diagnostics, treatment, communications and other public measures as specified in WHO guidance and aligned with national Strategic Preparedness and Response Plans.**

Any supplementary funding pledged to the Global Fund in the context of the COVID-19 crisis will be channeled through the COVID-19 Response Mechanism and be administered under existing policies and within the established internal control framework of the Global Fund. The Global Fund will provide regular reporting on the investments made with COVID-19 Response Mechanism funds through its usual processes.



Community health worker Bagen Coumba Ndiaye (left) speaks with Ndeye Anta Sall about the risks of TB as part of important community outreach about the disease during the COVID-19 pandemic.

## 6. CONCLUSION: WE MUST UNITE TO FIGHT

Mitigating the impact of COVID-19 on the countries most affected by HIV, TB and malaria will require swift action, extraordinary levels of leadership and collaboration, and significant extra resources. We must recognize that this is not just a fight against a single virus, but a fight to protect and save lives from multiple infectious diseases. We must fight this new fight, and we must sustain the unfinished fight against HIV, TB and malaria. Saving people from dying from one

infectious disease simply to have them die of another is not the result we want. Our goal must be to mitigate the total impact of COVID-19, including both the direct effects of the virus, and the knock-on impact on other diseases. In the fight against infectious diseases, no one is safe until we are all safe. Moreover, as in the fight against HIV, TB and malaria, in the fight against COVID-19, we must leave no one behind.



In northern Uganda, the lockdown and restrictions on transport are a barrier to accessing health services for mothers and pregnant women living with HIV, putting them and their babies at risk. Ensuring HIV-positive mothers and pregnant women have continued access to antiretroviral treatment to prevent transmitting the virus to their babies is critical. If access to medicine is interrupted, the mother risks passing the virus to her baby, and risks developing health issues herself as a result of the interruption in treatment. But local partner AVSI Foundation had a contingency plan in place and are now delivering lifesaving treatment door to door.

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Tuberculosis and Malaria

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