

# FIGHT FOR WHAT COUNTS.

## Investment Case

Seventh Replenishment 2022  
Executive Summary



Cover: Safi Ouango and her 2-year-old daughter Oudima Aoulaiou, who received seasonal malaria chemoprevention (SMC), a preventive malaria treatment. Using various safety precautions, the SMC program in Burkina Faso continued to be rolled out during the COVID-19 pandemic in order to protect gains made in the fight against malaria.

The Global Fund/Olympia de Maismont



# FIGHT FOR WHAT COUNTS.

In 2002, in an act of extraordinary global solidarity and leadership, the world came together to create the Global Fund to fight what were then the deadliest pandemics confronting humanity: HIV and AIDS, tuberculosis (TB) and malaria.

Over the 20 years that followed, this unique partnership has invested more than US\$53 billion, **saving 44 million** lives and reducing the combined death rate from the three diseases by more than half in the countries in which the Global Fund invests.

Behind these huge numbers lie a multitude of individual human stories. The 44 million people whose lives have been saved include parents who care for their children, employers and workers that build thriving economies, neighbors and friends that contribute to their communities. They are children who have survived malaria or have been protected from HIV and are now young adults. They are community leaders who strive every day to make the lives of people in their communities better, healthier, and longer. Every life saved and every infection averted has a multiplier effect.

In 2022, we need another such moment of global solidarity and leadership. COVID-19 continues to cause huge loss of life, human suffering and economic and social disruption across the world. Hard-won gains against HIV, TB and malaria are being reversed, with devastating consequences for the poorest and most vulnerable communities. The entire United Nations Sustainable Development Goals agenda is now at risk, as inequities deepen, poverty spirals and social and political tensions grow.

**This is the moment for the world to recommit to protect everyone from the deadliest infectious diseases.**

That means protecting people across the world, wherever they are and wherever they live, from the earlier pandemics we have yet to defeat – HIV, TB and malaria; the pandemic running rampant right now – COVID-19; and future pandemics we have yet to see but know will come.

Protecting the world from such pandemics is not an impossible dream. With science, money and leadership, we have proven we can fight and beat even the most formidable infectious disease threats. Yet neither will it be easy. Since no one is safe from infectious diseases until everyone is safe, protecting us all from pandemics will take a truly global effort. Because preventing, detecting and responding to pandemics requires much more comprehensive and effective systems and capacities, we need to step up investment in the critical components of health systems and tackle barriers to access. The communities most affected by pandemics, particularly those most marginalized, must be at the center, voicing their needs and designing responses that truly leave no one behind.

Climate change and environmental damage make this all the more urgent. Climate change will affect the epidemiology of existing diseases and facilitate the emergence of new diseases. Changes in rainfall, temperature and humidity are already shifting malaria transmission into new areas. Climate change will also alter TB and HIV through, for example, the forced displacement or migration of

vulnerable populations and increased economic insecurity. Moreover, climate change and other environmental pressures will also change the dynamics of zoonotic spillover, the process by which diseases affecting animals transition to humans. Since three-quarters of new disease threats originate in animals, any increase in zoonotic spillover will increase the probability of new pandemic threats.

**The Global Fund's Seventh Replenishment is the world's opportunity to rise to the challenge and take bold action.** We can turbocharge progress in the fight against HIV, TB and malaria, regaining ground lost during the pandemic and getting back on track toward finally ending these three pandemics by 2030. We can also deliver a step change in pandemic preparedness, strengthening the overall resilience of systems for health by investing in their capacities to prevent, detect and respond to new health threats. By taking an integrated approach to the pursuit of these two complementary objectives, we can maximize the impact of every dollar. ●



Children rest in bed under a long-lasting insecticide-treated net at home in the Maradi region of Niger. The distribution of these nets – designed to fight insecticide resistance – through multiple channels is a key to making sure that families are protected with the latest innovations to keep their children safe.

The Global Fund/Sarah Hoibak

# The impact of COVID-19 on HIV, TB and malaria

Even before COVID-19, progress against HIV, TB and malaria was off track. That's why, during the Global Fund's Sixth Replenishment three years ago, we called on the world to "step up the fight."

The response from donors was a resounding "yes": We raised a record-breaking US\$14 billion, enough to enable a significant increase in funding for HIV, TB and malaria programs and further investment in health systems and community health networks during the 2021-2023 implementation period.

But in early 2020, just as we began to implement this increased funding, COVID-19 struck. Each successive wave of COVID-19 diverts resources, disrupts services, and threatens to overwhelm health and community systems, increasing the damage to HIV, TB and malaria programs. Despite massive efforts across the Global Fund partnership, supported by the Global Fund's COVID-19 Response Mechanism (C19RM), the stark reality is that we have gone backwards.

**In 2020, for the first time in the Global Fund's history, we saw declines in**

key programmatic results across all three diseases in the countries where we invest. HIV testing fell by 22% and prevention services by 11%. While HIV treatment services have proven more resilient and adaptive, new enrollment on lifesaving antiretroviral therapy – medicine that enables people who are HIV-positive to live healthy lives and prevents them from passing the disease to others – has fallen. TB deaths have increased, fueled by a surge in the number of undiagnosed and untreated cases. The number of people treated for drug-resistant TB dropped by 19%, while treatment for

people with extensively drug-resistant TB fell by 37%. Overall, the number of people being treated for TB fell by over 1 million. Malaria deaths and cases increased significantly in 2020, mainly due to COVID-19 disruptions. New estimates suggest a child is dying nearly every minute as a result of this mosquito-borne parasite. Malaria testing fell by 4%. Instead of stepping up the fight against the three diseases, we found ourselves struggling to protect hard-won gains.

**The last two years have been a vivid demonstration of how old and new pandemics interact.** COVID-19 has been a catastrophe for those most affected by HIV, TB and malaria. Once again, we have seen how pandemics thrive on and exacerbate inequities. Across many parts of the world, the COVID-19 crisis has worsened human rights-related barriers to accessing health services, deepened gender inequities and led to increased rates of gender-based violence. However, we have also seen extraordinary resilience and innovations, as countries adapt and innovate, leveraging the synergies<sup>1</sup> between existing investments to fight HIV, TB and malaria, and new interventions to combat COVID-19. For many countries, the laboratories, community health worker networks, supply chains and disease surveillance systems put in place to fight the earlier pandemics have been the foundation of their COVID-19 responses. ●

**Our strategy is to fight pandemics and build a healthier and more equitable world.**

<sup>1</sup> [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30420-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30420-4/fulltext)

# The imperative of investing in systems for health

Twenty years of experience in fighting the deadliest infectious diseases have taught us that investing in the critical components of health systems, such as laboratory networks, trained health workers and supply chains, is an essential complement to disease-specific interventions such as insecticide-treated mosquito nets for malaria or antiretroviral therapies for HIV. Investments to strengthen formal health systems and community health networks already comprise nearly one-third of the Global Fund's grants. We invest over US\$1 billion per year to build resilient and sustainable systems for health, making the Global Fund the largest multilateral provider of grants for this purpose. Through these investments, we have supported countries to build capacities not only to fight HIV, TB, and malaria but also to combat COVID-19 and detect and

respond to future pandemics. By sustaining and strengthening access to lifesaving services, including through direct support to community-led responses, we have helped increase collaboration and trust among communities, civil society, the private sector and governments.

When describing systems for health, it is all too easy to focus on the technology and infrastructure, such as disease surveillance systems, health facilities, molecular diagnostic devices or gene sequencing tools. These are all vitally important, yet people are the heart of any health system.

Trained, equipped, appropriately paid and protected health workers, whether doctors, nurses, laboratory technicians or community health workers, are the irreplaceable components of an effective and resilient health system. Investing in health and community systems, and specifically in pandemic preparedness, is above all about making smart and sustainable investments in people.

**Strong, inclusive health systems are the foundation of pandemic preparedness.**

COVID-19 brought into sharp focus the vital role that community networks and systems, including community health workers, play as guardians of community health. As we have learned in the fight against HIV, TB and malaria, it is only through empowering the communities most at risk that we ensure that lifesaving services reach the most vulnerable, including those marginalized by poverty, stigma, discrimination

or criminalization. Moreover, putting people and communities at the center helps build the trust that is the vital (and all-too-often missing) foundation for any pandemic response.

To defeat HIV, TB and malaria, conquer COVID-19 and build stronger defenses against future health threats, we need accelerated and equitable deployment of the most effective disease-specific tools and interventions for existing diseases, *and* we need more resilient, sustainable and inclusive health and community systems to prevent and detect infectious disease threats and respond effectively whenever and wherever they occur. We need both: One without the other cannot deliver the impact we need. ●



GeneXpert machines like the ones at the icddr, Tuberculosis Diagnosis and Treatment Center in Dhaka, Bangladesh, can be used for both TB and COVID-19 diagnosis.

The Global Fund/Yousuf Tushar

# The Global Fund's new strategy

These themes and priorities are captured in the Global Fund's ambitious new Strategy, "Fighting Pandemics and Building a Healthier and More Equitable World." Through an intense, inclusive and rigorous process, the entire Global Fund partnership, including governments, communities, civil society, development partners, private sector and technical partners, have worked together to develop the new Strategy, which captures our shared resolve to end HIV, TB and malaria. Achieving the United Nations Sustainable Development Goal 3: Health and Well-being for All (SDG 3) target of ending AIDS, TB and malaria as public health threats by 2030 will require accelerated progress toward universal health coverage (UHC), which in turn will require more investment in resilient and sustainable health systems, greater engagement and leadership of affected communities, and intensified focus on tackling health inequities, human rights barriers and gender inequalities. The "U" of UHC will not be attained automatically, but by deliberate, sustained action to build people-centered and inclusive systems, and to remove barriers to access health services.

Translating this new Strategy into reality will require a significant increase in financial resources. Given the magnitude of the setbacks across HIV, TB and malaria because of COVID-19, continuing at the current level of funding will not enable us to get back on track – even with ambitious projections of domestic resource mobilization. The choice is stark: We either increase funding for the three diseases, or we abandon the SDG 3 target of finally defeating these pandemics by 2030. From a human perspective, the argument for increased investment is compelling since so many lives are at stake. From an economic perspective, the logic is equally compelling: Stretching out the fight against HIV, TB and malaria will end up being massively more expensive than stepping up investment now. Against pathogens as formidable as HIV, TB and malaria, there is no middle ground: We are either winning or we are losing. Right now, given the impact of COVID-19, we are at risk of losing.

The case for greater investment in pandemic preparedness is also compelling. Modelling by The Economist<sup>2</sup> estimates that COVID-19 has already killed more than 19 million people (far more than the officially reported figure of 5.6 million people) as of 20 January 2022 and could cost more than US\$10 trillion in cumulative economic losses.<sup>3</sup> Climate change and other global trends imply that infectious disease threats are likely to increase in frequency. The emergence of the next pathogen of pandemic potential or new variant is a question of "when" and not "if."

While the Global Fund has already been making a substantial contribution to pandemic preparedness as a consequence of our ongoing investments in resilient and sustainable systems for health, achieving a step change in low- and middle-income country (LMIC) capacities to prevent and prepare for infectious disease outbreaks of pandemic potential will require substantial additional funding to expand and strengthen critical components of their systems for health.

By combining increased investment in HIV, TB and malaria interventions and strengthening systems for health with additional investments in pandemic preparedness through the Global Fund, we would be able to exploit the significant synergies between fighting existing diseases and preparing for new ones, and thus maximize the impact of every dollar. A Georgetown University study<sup>4</sup> estimated that over one-third of our investments to fight HIV, TB and malaria already contribute to pandemic preparedness, even without this being an explicit intent. Given our scale, inclusive operating model and focus on the biggest infectious diseases, plus our relentless focus on outcomes, the Global Fund partnership is uniquely positioned to support countries in designing and implementing programs that simultaneously deliver immediate benefits in the fight against HIV, TB and malaria and provide greater protection against future pathogens. ●

2 <https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>  
 3 <https://www.economist.com/finance-and-economics/2021/01/09/what-is-the-economic-cost-of-covid-19>  
 4 <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930420-4>

## Investment Case Results for HIV, TB and Malaria

Figure 1  
Combined Incidence Rate

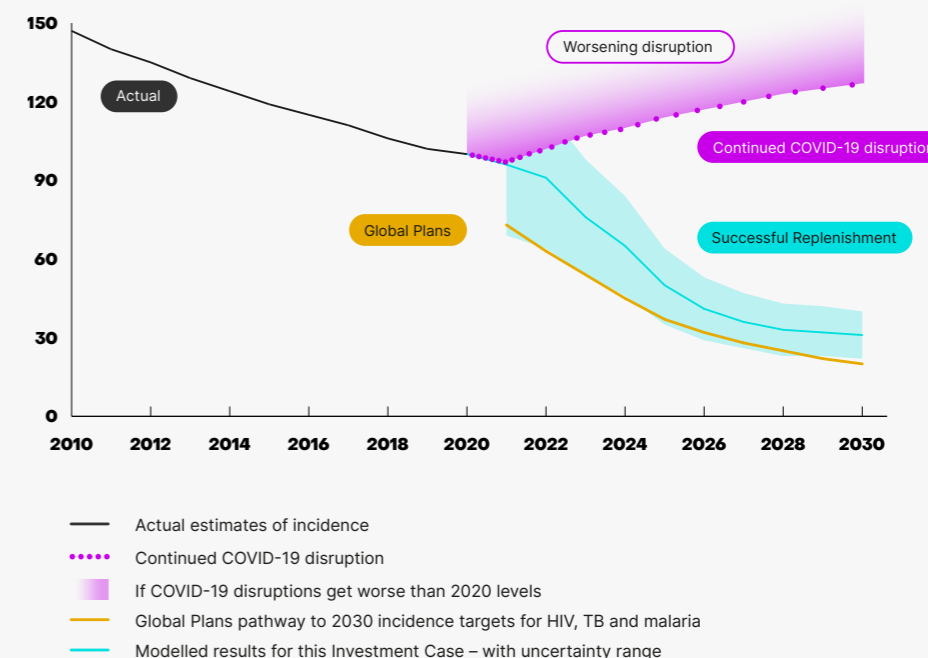
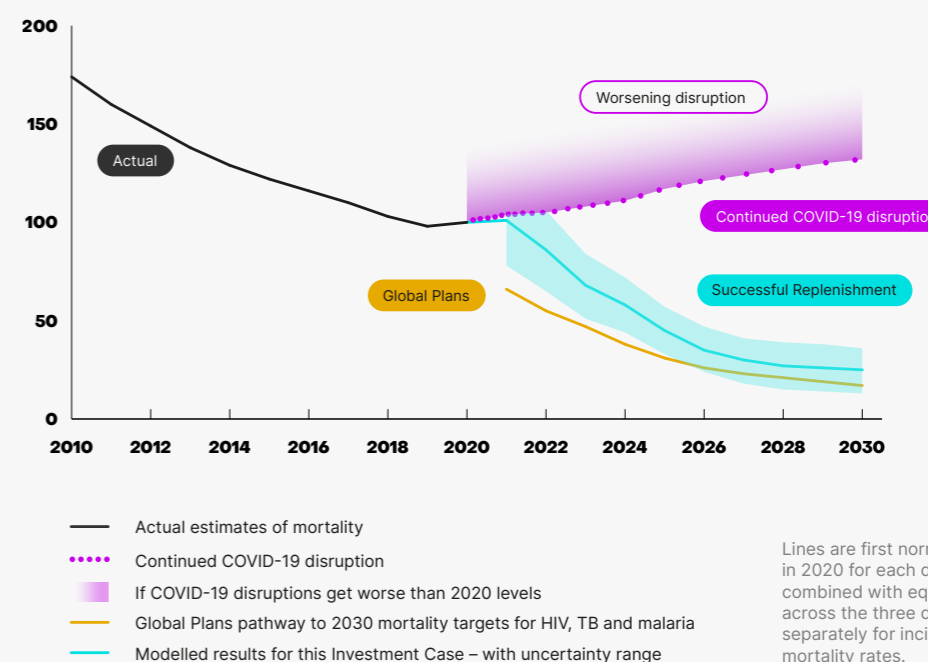


Figure 2  
Combined Mortality Rate



Lines are first normalized to 100 in 2020 for each disease, and then combined with equal weighting across the three diseases, separately for incidence and mortality rates.

# Building on 20 years of impact

We begin 2022 confronted by unprecedented health challenges. But we know from experience that when the world works together and mobilizes the necessary resources, we can force even the deadliest diseases into retreat.



During night duty, social workers like Natalia Sholokh (left) provide HIV prevention information, testing and condoms to sex workers in Kyiv. In Ukraine, which is home to the second largest HIV epidemic in the region, the Global Fund works with partners to ensure equal access to HIV prevention and treatment and address the barriers to quality health care.

The Global Fund/Evgeny Maloletka

Twenty years ago, AIDS, TB and malaria seemed unbeatable. At that time, these were the deadliest infectious diseases, claiming millions of lives with devastating consequences for families and communities, especially in poor countries and marginalized communities.

The Global Fund was created because the world refused to accept the loss of millions of lives every year to diseases that were both preventable and treatable. Over the course of the last two decades, the Global Fund partnership has cut the combined death rate from HIV and AIDS, TB and malaria by more than half.

The unique partnership model of the Global Fund has been crucial to this success. To an extent unmatched by any other global health or development agency, our governance model brings together all the stakeholders involved in fighting these pandemics, so that those who are disempowered and marginalized can engage in making decisions on how we invest. The Global Fund brings governments, civil society, the private sector, affected communities, and technical and development partners to the table at both local and global levels. This unique governance approach builds ownership and trust, ensures diverse perspectives are heard and valued and – crucially – translates into effective implementation and impact.

To beat HIV, TB and malaria, countries must tackle the inequities, human rights-related barriers and gender inequalities that drive the epidemiological dynamics of the three diseases. When HIV infection rates for key populations – gay men and other men who have sex with men, sex workers, people who use drugs, transgender people and people in prison – are up to 25 to 35 times higher than in the general population, and six in seven new HIV infections among adolescents aged 15 to 19 years in some countries in sub-Saharan Africa occur among girls, then the answer is not just more money, but the political will to make significant changes in policies, laws, behaviors and attitudes. As a trusted and committed partner, the Global Fund can catalyze such essential shifts.

The Global Fund also acts as a powerful catalyst for domestic resource mobilization through co-financing requirements as well as broader advocacy and technical assistance for increased investment in health. Nearly 90% of co-financing commitments in previous grant cycles have been fulfilled. For the current cycle, the Global Fund is working intensively with countries and partners to ensure co-financing commitments are delivered, despite the fiscal stresses and competing demands triggered by the COVID-19 pandemic.

The Global Fund's versatility has been demonstrated in the partnership's rapid and effective response to the new pandemic. Starting in March 2020, the Global Fund moved swiftly to enable countries to reprogram savings from existing grants to procure tests, treatments and medical supplies, protect front-line health workers with personal protective equipment (PPE), adapt lifesaving HIV, TB and malaria programs, and make urgent reinforcements to critical components of health systems, such as supply chains and laboratory networks. In April 2020 we launched C19RM.

Through these two initiatives and thanks to generous support from a number of donors, we have deployed more than US\$4.1 billion in additional

financing to more than 108 countries and 20 regional programs as of January 2022. C19RM has been one of the most transparent, inclusive and swiftest components of the entire global response to COVID-19 and has meant that the Global Fund has become the largest provider of grants to LMICs for everything other than vaccines, including diagnostic tests, PPE and treatments such as medical oxygen, plus urgent enhancements to critical health system components.

The Global Fund is also highly cost effective. Through disciplined cost control and economies of scale, we continue to keep our operating expenses low while improving and expanding the scope of our work. Despite significantly increasing investment in catalytic interventions including health finance; communities, rights and gender; and addressing human rights and gender-related barriers to access to health services, the Global Fund's operating expenditure as a percentage of donor contributions has steadily decreased, and is now 5.1%, significantly below most comparable organizations. For C19RM, this percentage is below 3%, reflecting the way we have leveraged the Global Fund's core infrastructure and processes for the COVID-19 response.

**The distinctive attributes of the Global Fund partnership have been critical to achieving extraordinary progress over the last two decades in the fight against HIV, TB and malaria.** They are also why we can be confident that we can use this proven model, not just to turbocharge the fight against HIV, TB and malaria, but also to defeat COVID-19 and make the world better prepared to respond to future pathogens. ●

**Together, our partnership has saved 44 million lives.**

# The Global Fund needs at least US\$18 billion

The Global Fund's target for the Seventh Replenishment is to raise at least US\$18 billion to fight HIV, TB and malaria and build stronger systems for health. It is estimated that one-third of the US\$18 billion – US\$6 billion – will be investments in health systems that both support the ongoing fight against HIV, TB and malaria and reinforce pandemic preparedness. We have seen this during COVID-19: The same laboratories, supply chains, data systems, diagnostics tools, etc. built to fight HIV, TB and malaria were used to fight the new pandemic. The same community health workers who are vital to delivering HIV, TB and malaria services can simultaneously serve as the first line of defense to prevent, detect and respond to new disease outbreaks.

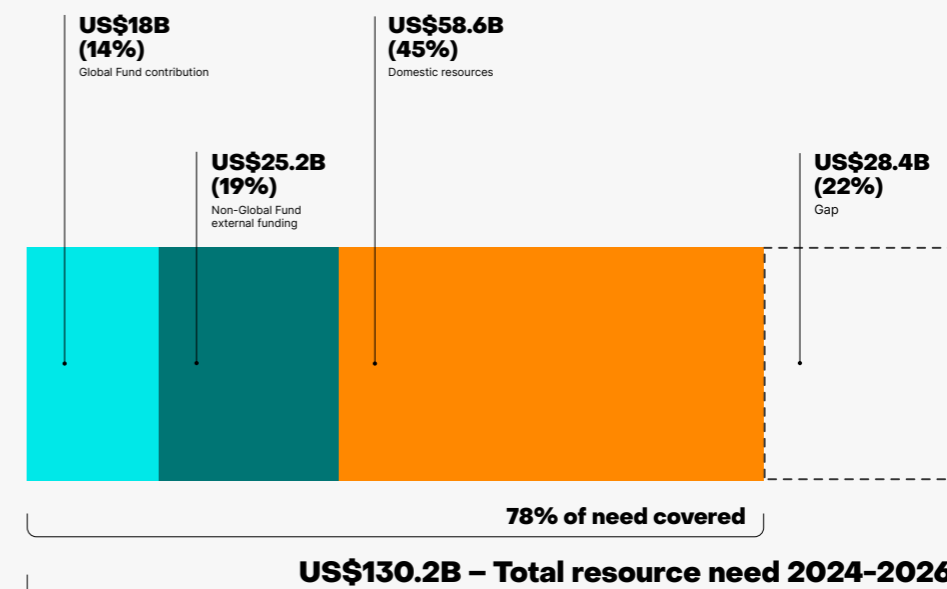
### Investing our share of the projected resource needs for HIV, TB and malaria

The starting point for determining the Seventh Replenishment target is the projected resource needs across the three diseases, which have been developed in conjunction with our technical partners, including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Stop TB Partnership and the RBM Partnership to End Malaria (RBM). The projected resource needs for HIV, TB and malaria for 2024-2026 amount to US\$130.2 billion in countries where the Global Fund invests (Figure 3). This is a 29% increase on the US\$101 billion in resource needs estimated for the current three-year period (2021-2023). This sharp increase

reflects the fact that across all three diseases, we have gone backwards or stalled during the COVID-19 pandemic. In order to hit the SDG 3 target of ending AIDS, TB and malaria as public health threats by 2030, we need to speed up progress to reduce deaths and new infections. This will inevitably require more money.

Three years ago, the Sixth Replenishment Investment Case asked for a Global Fund investment of US\$14 billion to cover approximately 14% of the US\$101 billion projected resource needs to fight HIV, TB and malaria over the 2021-2023 period. To maintain a similar share of the US\$130.2 billion projected resource needs for the next implementation cycle (2024-2026), we would require at least US\$18 billion of investments in HIV, TB and malaria. This is the bare minimum needed to recapture the losses due to COVID-19 and get back on to a trajectory consistent with achieving the SDG 3 target of ending the three pandemics by 2030 (Figures 1 and 2).

**Figure 3**  
**Overall Resource Needs and Projected Available Resources for HIV, TB and Malaria in Countries Where the Global Fund Invests**



Source: Global Fund Data

### Contributing to pandemic preparedness

The G20 High Level Independent Panel (HLIP) argued for US\$23.4 billion per year of additional financing for pandemic preparedness to help build robust surveillance and detection networks and more resilient health and community systems in LMICs, including an estimated US\$8 billion in additional international financing per year.

A Seventh Replenishment of at least US\$18 billion would enable the Global Fund to make a significant contribution to building resilient and sustainable systems for health and strengthening pandemic preparedness. With approximately US\$6 billion for investments to strengthen health systems and community networks, or US\$2 billion a year, the Global Fund could significantly enhance its role in supporting countries' efforts to build more people-centered and integrated systems for health, better able to prevent, detect and respond to infectious disease threats. However, this level of investment would not fully meet LMICs' resource needs for pandemic

preparedness. Given the extensive synergies between investments in health systems to fight the existing pandemics and those to prepare for new threats, the Global Fund is uniquely positioned to help countries further strengthen their pandemic preparedness capacities. In line with our new Strategy, we will look to secure additional resources from new sources or financing mechanisms that may result from ongoing global discussions about how to protect the world from future disease threats.

### Funding for the COVID-19 Response Mechanism (C19RM)

The Seventh Replenishment target does *not* include any further funding for the Global Fund's COVID-19 response through C19RM. This is because C19RM is designed to meet immediate COVID-19 needs in 2022 and 2023, while the objective of the Seventh Replenishment is to raise financial resources to fund programs that will be implemented in the three-year period beginning in January 2024. While funding for COVID-19 interventions

might still be required from 2024 onwards, it is impossible at this stage to assess the potential amount and nature of such needs. In the meantime, the Global Fund will continue to accept contributions to C19RM in line with the Access to COVID-19 Tools Accelerator (ACT-Accelerator)<sup>5</sup> strategy and budget.<sup>6</sup> Given that C19RM is already being used to fund system enhancements, such as laboratory strengthening, oxygen infrastructure and gene sequencing, this mechanism could also be used to kick-start urgent preparedness investments prior to the start of the next grant implementation cycle in January 2024.

**We cannot afford to fail**

The target of at least US\$18 billion for the Seventh Replenishment is US\$4 billion more than the US\$14 billion we succeeded in achieving for the Sixth Replenishment – an increase of 29%. This is the minimum required to get the world back on track toward ending HIV, TB and malaria and to make the world more equitable and safer from future threats and is in line with the projected resource needs identified by the Global Plans.

If we fail to step up investments in fighting HIV, TB and malaria, we must accept that we are effectively abandoning the 2030 goals to end these diseases as public health threats. Even worse, we risk surrendering the gains we have collectively fought so hard and invested so much to achieve, leaving people to die and entire communities behind. The economic costs of prolonging the fight against the three diseases far outweighs the additional investments needed. The cost in lives will be measured in millions.

Likewise, if we fail to step up investments in health systems to build resilience and pandemic preparedness, we risk reverting to the cycle of “panic and neglect” that has for far too long characterized the world’s approach to pandemics. If there’s one lesson to draw from COVID-19, it must be that underinvesting in preparedness for pandemics is a false economy. Investing several billion dollars to protect against threats that can kill millions and cost multiple trillions must make sense. Unless we tackle this on a truly global basis, leaving no one behind, we will fail.

To build back better we must act to make everyone safer from the deadliest infectious diseases. That means staying true to our commitment to ending the as-yet undefeated pandemics of HIV, TB and malaria, and reinforcing our defenses against the next deadly pathogens that will inevitably emerge. This will require vision, sustained political leadership, substantial resources and intense collaboration between diverse partners across the globe, including the communities most affected by such diseases. It can be done. The 20-year success story of the Global Fund is proof. And the Global Fund’s Seventh Replenishment is the moment to make it happen.

Now is the time to fight for what counts. For lives. For healthy communities. For a more equitable world free from fear of deadly infections. ●

**Communities are at the heart of everything we do.**

<sup>5</sup> Contributions to C19RM in line with the Access to COVID-19 Tools (ACT) Accelerator  
<sup>6</sup> <https://www.who.int/initiatives/act-accelerator>

# Securing at least US\$18 billion for the Global Fund would:<sup>7</sup>

## Help get the world back on track to end AIDS, tuberculosis and malaria:

- **Save 20 million lives** between 2024 and 2026, reducing the mortality rate by 64% across the three diseases by 2026, relative to 2020 levels.
- **Reduce the death toll** across the three diseases to 950,000 in 2026, down from 2.4 million in 2020, and from 4 million in 2005.
- **Avert more than 450 million infections or cases** reducing the incidence rate by 58% across the three diseases by 2026, relative to 2020 levels.

## Accelerate progress toward SDG 3 and universal health coverage and strengthen pandemic preparedness:

- **Catalyze scale-up of domestic investments of up to US\$59 billion** toward ending the three diseases and strengthening systems for health through co-financing requirements and technical assistance on health financing.
- **Reinforce systems for health and pandemic preparedness** by investing approximately US\$6 billion to support health care workers; strengthen laboratories, diagnostic tools, supply chain management, information and financial systems; tackle antimicrobial resistance, including drug-resistant TB; reinforce community systems; and accelerate the shift toward patient-centered, differentiated models of care.
- **Yield a return on investment of 1:31** with every dollar invested in fighting the three diseases resulting in US\$31 in health gains and economic returns, further contributing to the achievement of the overall SDG agenda.
- **Reduce inequities in health services** by addressing gender-related and human rights barriers to access and working with partners, including civil society and affected communities, to build more inclusive health systems that leave no one behind. For example, this investment will reduce global inequality in life expectancy (where people in low-income countries live much shorter lives than in high-income countries) by 9% in 2026.

<sup>7</sup> With a Seventh Replenishment of US\$18 billion, the Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.






**The Global Fund to Fight  
AIDS, Tuberculosis and Malaria**

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# FIGHT FOR WHAT COUNTS.



Carolyne Wasonga from Siaya, Kenya, is one of 400 peer educators who are part of a Global Fund-supported Kenya Red Cross Society program. Peer educators reach adolescent girls and young women with HIV prevention, treatment and care and help address cases of gender-based violence.

The Global Fund/Brian Otieno