

# **Indo-Pacific**



# Key results and lives saved

Since 2002, the Global Fund partnership has supported people affected by HIV, tuberculosis (TB) and malaria in the Indo-Pacific region,<sup>1</sup> investing over US\$10 billion<sup>2</sup> in programs to fight these three diseases and helping to build resilient and sustainable systems for health. Of this US\$10 billion investment, approximately US\$460 million<sup>3</sup> has been invested specifically in the Pacific region.<sup>4</sup>

In the last 20 years, our partnership has saved **17.7 million** lives in the Indo-Pacific region and **140,000** lives in the Pacific region.

The Global Fund works side by side with governments, health workers, advocates, civil society and communities affected by HIV, TB and malaria to end the three diseases as public health threats by 2030.

As the COVID-19 pandemic overwhelms health systems and disrupts prevention and treatment programs for HIV, TB and malaria, it is more important than ever for the Global Fund partnership to continue supporting the countries in the Indo-Pacific region to save lives and strengthen resilient, sustainable and inclusive health and community systems that can respond to current and future disease threats. Now is the time to protect our hard-won gains in the fight against HIV, TB and malaria.

## Impact of Global Fund-supported programs in the Indo-Pacific region



**2.4 million**

people on antiretroviral therapy (ART) in 2020



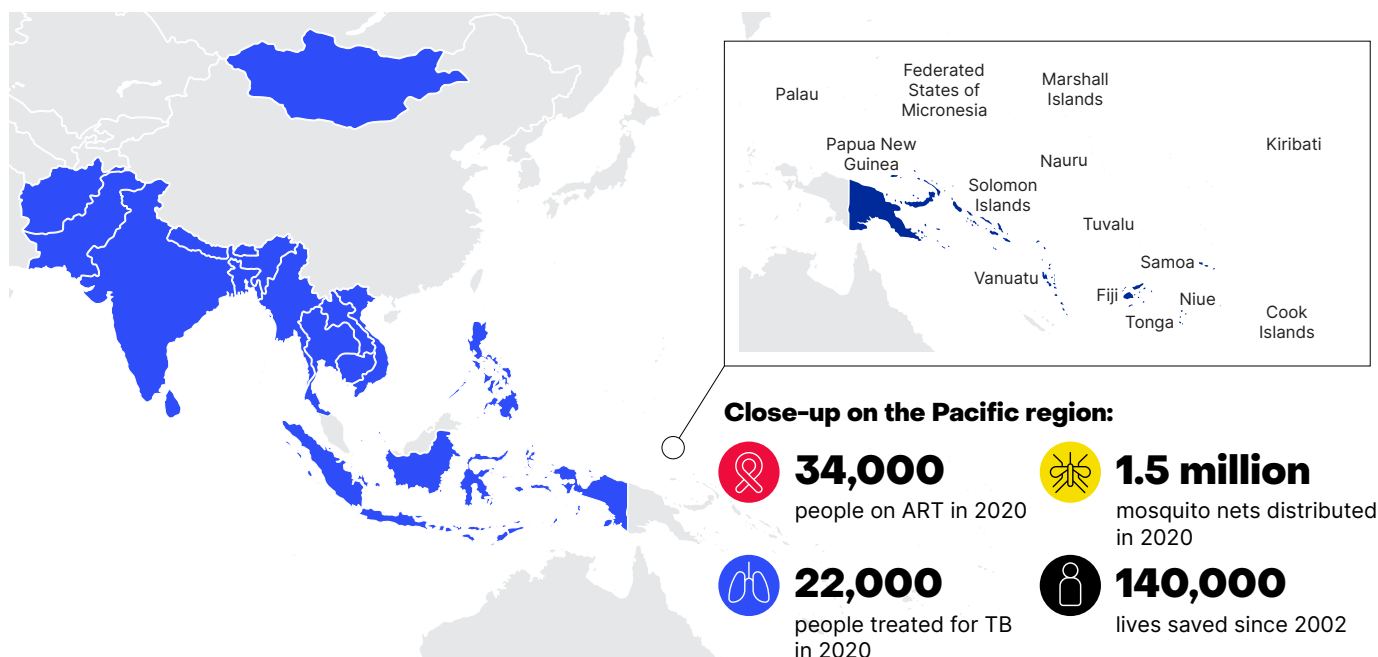
**3.1 million**

people treated for TB in 2020



**12.8 million**

mosquito nets distributed in 2020



1 For the purposes of this report, the Indo-Pacific region includes Afghanistan, Bangladesh, Bhutan, Cambodia, Cook Islands, Fiji, India, Indonesia, Kiribati, Lao PDR, Marshall Islands, Micronesia, Mongolia, Myanmar, Nauru, Nepal, Niue, Pakistan, Palau, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu and Viet Nam.

2 Disbursement as of 21 March 2022.

3 Disbursement as of 21 March 2022.

4 Fiji, Papua New Guinea, the Solomon Islands and the 11 island countries covered in the Western Pacific multicountry grant.

## Bolstering our investments in the Indo-Pacific region

The Global Fund has significantly increased its commitment to the fight against HIV, TB and malaria in the Indo-Pacific region in recent years. For the Sixth Replenishment cycle, which corresponds to the 2021-2023 grant implementation period, **the Global Fund increased its funding allocation in the Indo-Pacific region by 14%** over the last grant implementation period, for a total of US\$2.2 billion. In the Pacific region specifically, **the Global Fund increased its allocation by 62%**, for a total of US\$100 million. In Papua New Guinea and the Solomon Islands for example, this translates to an increase in allocation of 81% and 51% respectively.

## Long-term health and direct productivity gains

Each dollar invested in fighting the three diseases yields huge economic returns, in addition to saving lives and reducing the burden of the three diseases. The total investment of US\$10.2 billion in the Indo-Pacific region is estimated to have spurred **US\$241 billion in long-term health gains** and direct productivity gains of US\$21 billion. In the Pacific region, US\$458 million in investments have spurred US\$10.8 billion in long-term health gains and direct productivity gains of US\$1 billion. This estimate assesses the economic value of better health and a more productive society by quantifying productivity and consumption gains, including through household savings, and calculating that each person who goes on lifesaving treatment is a potential contributor to the economic health of a community. These extraordinary benefit-cost ratios show the powerful economic effect of smart spending to fight the three diseases.

**US\$241 billion  
in long-term  
health gains.**

## Protecting hard-won gains against HIV, TB and malaria during COVID-19

The COVID-19 pandemic continues to threaten decades of progress in the fight against HIV, TB and malaria around the world. Since 2020, the Global Fund has moved swiftly to provide additional support to countries 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 and community systems.

Through generous pledges by donors to the Global Fund's COVID-19 Response Mechanism (C19RM), the Global Fund has approved US\$4.3 billion in additional financing to more than 108 countries and 22 regional programs as of May 2022. Today, the Global Fund is the largest provider of grants to low- and middle-income countries for everything other than vaccines, including diagnostic tests, PPE and treatments such as medical oxygen, plus urgent enhancements to critical health system components.

Through C19RM, the Global Fund has awarded close to US\$700 million to the Indo-Pacific region, with US\$33 million going specifically to the Pacific region (as of March 2022).

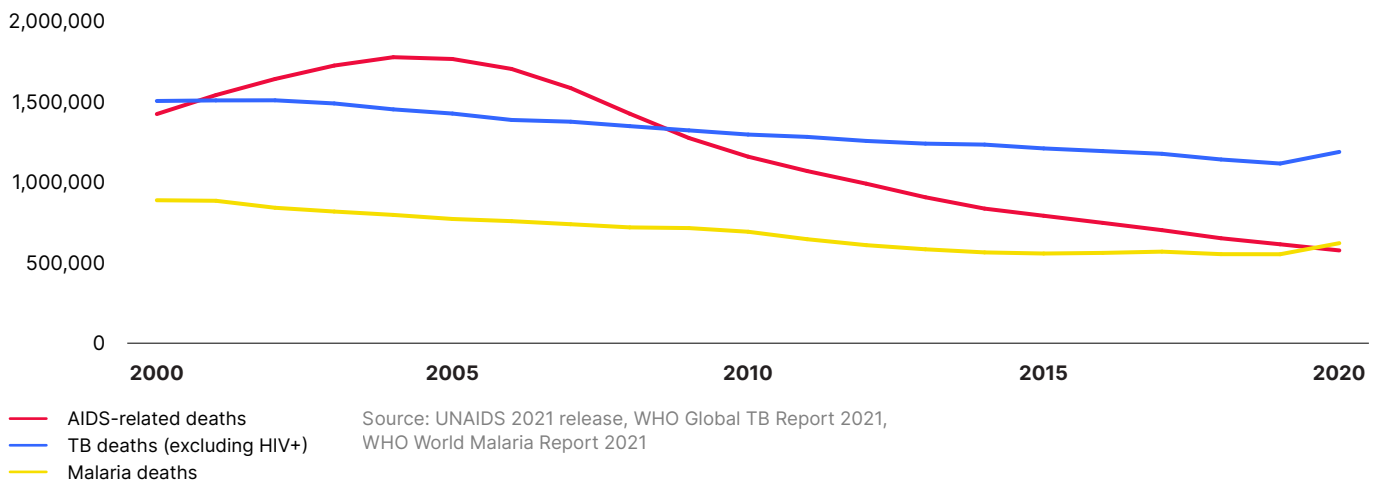
COVID-19 has catalyzed a multitude of health innovations to help regain lost ground against the three diseases, such as multimonth dispensing of medicines for HIV and TB, switching to a door-to-door delivery system for mosquito nets and preventive malaria medicines, and developing digital tools for prevention activities and monitoring. The pandemic also accelerated many countries' digital transformation – social media and videoconferencing quickly became the platform for representatives in Indonesia's Country Coordinating Mechanism to engage in and develop funding requests, for example. Advances in technology have empowered individuals in key populations, expanded outreach and engagement, and have given a voice to the marginalized in country dialogues.

## Case Study Adapting TB Programs to Face the Challenge of COVID-19



The Philippines quickly stepped up to adapt its TB program to mitigate the impact of COVID-19. In fact, the Philippines was one of the first countries to develop a strong comprehensive TB adaptive plan, which has served as a model for other countries. During the pandemic, the Department of Health's National Tuberculosis Control Program began allowing patients to bring home a one-month supply of medicines. To date, the Global Fund has awarded US\$46.6 million of COVID-19 Response Mechanism (C19RM) funding to the Philippines, including US\$10.5 million for TB mitigation interventions that helped to scale up implementation of digital adherence tools. These tools included the use of video-observed therapy and digital pill boxes that reminded patients to take their medication and notified community health workers in case they forgot. The shift to home-based treatment had a big impact – there was a significant improvement in patient adherence and patient treatment outcomes. C19RM funding also supported the expansion of testing strategies and roving mobile clinics, bringing TB services closer to patients.

## Deaths from AIDS-related illnesses, TB and malaria in the Indo-Pacific Region



Vulnerable groups are still being left behind in the fight against HIV in the Indo-Pacific region. Key populations – sex workers, people who inject drugs, prisoners, transgender people, and gay men and other men who have sex with men – have a substantially higher risk of infection than the general population. Across Asia and the Pacific region, over 94% of new HIV infections are among key populations and their sexual partners, and more than 25% of new infections are among young people (15–24 years old).

The HIV epidemic has been rapidly growing among key populations in Indonesia, the Philippines and Pakistan, with gay men and other men who have sex with men especially affected. While some progress has been made in introducing innovative prevention tools such as pre-exposure prophylaxis (PrEP), key populations are insufficiently served by prevention programs. Late diagnosis and poor adherence to treatment are missed opportunities to prevent HIV transmission and AIDS-related deaths.

The centrality of community-led services became even more evident during the pandemic. With the trust of key populations, community-led organizations ensured the continuity of HIV services and commodities including antiretrovirals and PrEP. These organizations operate in less-than-ideal conditions – hostile legal environments and policing practices, stigma and discrimination – that hinder the provision and use of HIV services for populations that need them the most.

During the pandemic, C19RM funding has supported community-led services to fight HIV. In the Philippines, this included innovative approaches such as self-testing and virtual outreach for key populations. In Papua New Guinea, which has among the highest prevalence rates of sexual and other gender-based violence globally, the Global Fund is supporting the gender-based violence response, especially for key populations.

Countries are far from achieving the “95-95-95” testing, treatment and viral suppression targets for 2030, which was recommitted by member countries at the UN High Level Meeting on HIV and AIDS, co-facilitated by Australia and the Republic of Namibia in June 2021. HIV prevention and treatment coverage gaps need to be filled through more equitable service delivery models, better tailored to people’s needs, with particular emphasis on key and other vulnerable groups. We will need to intensify our focus on primary prevention, and on addressing the structural drivers of HIV infection and AIDS-related deaths, such as human rights and gender-related barriers to services including stigma, discrimination and criminalization.





## Case Study

# The Philippines: Removing Human Rights-related Barriers to HIV Services Through the “Breaking Down Barriers” Initiative

The Global Fund’s “Breaking Down Barriers” initiative, launched in 2017, provides support to countries to remove human rights-related barriers to HIV, TB and malaria services to ensure that these services reach those most affected by the three diseases.

Through this initiative, the Global Fund is providing US\$41 million in 2020-2022 to 20 countries, which include Indonesia and the Philippines. Human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations.

Efforts to remove human rights-related barriers to health services aim to protect and enhance Global Fund investments, increase the effectiveness of Global Fund grants and strengthen health and community systems.

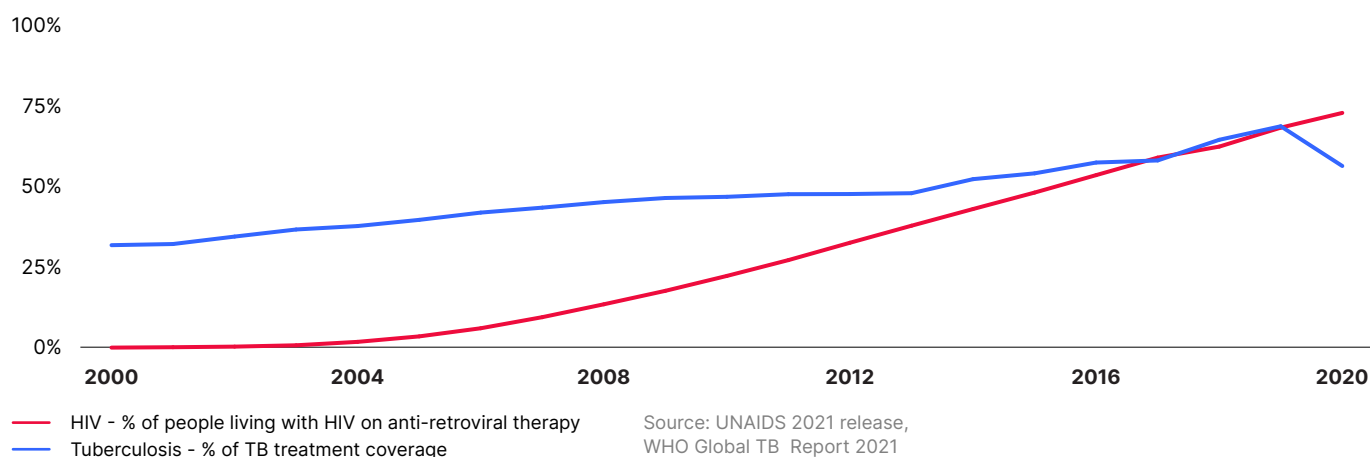
Despite a challenging environment for human rights in the Philippines, a 2020 mid-term assessment of the initiative in the country concluded that the Philippines showed progress in scaling up programs to remove human rights-related barriers to HIV services. Since 2017-2018, the number and coverage of legal literacy programs, as well as access to HIV-related legal services, have made significant strides. In 2018 and 2019, legal literacy training reached more than 1,000 key population members in diverse locations and catalyzed community engagement to remove human rights-related barriers to HIV services. Following the training, key populations developed advocacy initiatives to strengthen enforcement of local anti-discrimination protection and build capacity for legal services networks.

Another key development was the passage of a new national HIV law and its implementing rules and regulations. The law has strong language on human rights and removes some human rights-related barriers to HIV services, such as lowering the age of consent for HIV testing for adolescents. Advocacy related to the passage of the new HIV law provided a legal and accountability framework for the government’s HIV response and removed significant human rights-related barriers for key populations.

In the face of these significant wins, ensuring a strong and varied stream of funding for programs to remove human rights-related barriers remains essential. Without external investment in these activities, the Philippines may not make enough progress toward addressing human rights-related barriers that undermine the HIV and TB responses.

**The Global Fund is providing US\$41 million for the “Breaking Down Barriers” initiative in 2020-2022 to 20 countries**

## Coverage of treatment and prevention interventions in the Indo-Pacific Region



The Indo-Pacific region is home to seven of the top-10 countries with the highest TB burdens in the world: India, Indonesia, the Philippines, Bangladesh, Pakistan, Myanmar and Viet Nam. The region accounts for 53% of the global TB burden.

In 2020, an estimated 9.9 million people fell ill with TB. Of those individuals, only 5.8 million were treated, while 4.1 million with TB were “missed” by health systems as they were not diagnosed, treated or reported. Untreated people with TB illness could die or continue to be sick and transmit the infection to others. Those treated without the right drugs and/or for an inadequate period contribute to the growing menace of drug resistance. Someone with untreated TB can transmit the infection to between 15 and 20 people in one year. It is critical that all people with TB are found early and treated, as this is one of the main ways to cut the chain of transmission in the community and end the TB epidemic for good.

Technology is at the center of the initiative to find the millions of missing people with TB. The Global Fund is deploying molecular-based diagnostic tools such as GeneXpert, which is accurate and fast in identifying TB patients – including those with drug-resistant forms of the disease. The Global Fund is supporting countries to use digital technology, including mobile phones, to communicate with and support patients during treatment. These tools have been critical in ensuring continuation of treatment during restrictions and lockdowns due to COVID-19.

Increasing treatment coverage is a core theme for the Global Fund’s TB programs. Countries in High Impact Asia<sup>5</sup> showed excellent results in TB case notification over the period 2015-2019. Annually, 1 million additional patients were found and treated at the end of this period, bringing treatment coverage from 55% to 75% of incidence, bringing the 90% global target within reach.

However, the COVID-19 pandemic had a catastrophic impact in 2020. In Indonesia, TB treatment coverage dropped to 47% in 2020. TB case notification in High Impact Asia declined to 56% of incidence, due to factors such as diversion of resources including staff and TB diagnostic services, stigma and closure of services during lockdowns, which brought the rate back to 2015 levels. TB treatment coverage dropped to 47% in 2020.

<sup>5</sup> Countries in the Global Fund’s High Impact Asia are Bangladesh, Cambodia, India, Indonesia, Myanmar, Pakistan, the Philippines, Thailand, Viet Nam, multicountry Regional Artemisinin-resistance Initiative (RAI), multicountry East Asia & Pacific (APN) and multicountry TB Asia UNOPS.



# Tuberculosis

On the other hand, the pandemic has also offered an important opportunity to fight TB and COVID-19 at the same time by increasing investments in the common tools, health workers and systems for health needed to fight both diseases. Preliminary data for 2021 indicates a reverse in the trend of declining TB case notification, with treatment coverage increasing to 68%, making up for more than half of the loss of the first year of the COVID-19 pandemic. Many factors have contributed to the recovery: relaxation of preventive measures, re-allocation to TB programs of essential human resources for health that had been diverted in 2020, resilience of health facilities and health systems, private sector and community engagement, political will and strong leadership, partners' collaboration at the global and national level, and support from C19RM. Program implementation in 2022 is key to continue this positive trend and accelerate catch-up efforts, bearing in mind that new COVID-19 variants could again have a negative impact.

## Case Study

### Finding Missing People with TB in Indonesia



The Global Fund/Ed Wray

Although Indonesia is estimated to have the third-highest number of people with TB globally, the country has made significant progress in fighting the disease. Prior to Global Fund investments in 2009, there were only two hospitals in the country that initiated treatment for multidrug-resistant TB patients, which could accommodate only 50 patients each. In 2021, there were 336 treatment initiation centers that can provide such care. Between 2010 and 2019, TB treatment coverage – the number of people found, diagnosed and treated compared to incidence – nearly doubled in Indonesia from 36% to 67%. While TB deaths are still far too high, they decreased during the same period from around 112,000 annually to 92,000.

Indonesia is one of the top-10 countries that account for 80% of missing people with TB globally. Current TB intervention programs are implemented by the Ministry of Health and a community-based consortium, STPI-Penabulu. Global Fund investments support the scale-up of TB case finding activities, including the expansion of rapid molecular diagnostic tests (GeneXpert and Truenat machines), digital X-rays for screening, active case finding and contact tracing by communities and the scale-up of private sector engagement. The grants also contribute to improving access to drug-resistant TB treatment, TB prevention and care, and using shorter and all-oral treatment regimens.

These investments complement the government's efforts and contribute to improvements in TB and drug-resistant TB notification and treatment.



# Tuberculosis

## Case Study

### In Papua New Guinea, 12-year-old Francis Wages Heroic Fight Against Drug-resistant Tuberculosis



The Global Fund/Roan Paul



The Global Fund/Roan Paul

Francis, his parents and four siblings live in Inwabui, a village in Papua New Guinea's Central province.

It was back in 2014 when Francis was only 5 years old that he started feeling sick. His family took him back and forth to their local health facility where he was eventually diagnosed with TB. He was admitted for months at a time and was put on treatment, but his health condition never completely improved.

In 2020 Francis was finally diagnosed with multidrug-resistant TB and was put on an aggressive treatment plan that included painful daily injections.

While Francis was eventually able to leave the hospital after four months and continue with an all-oral medication plan at home, his fight against the deadly disease was far from over. Francis was taking up to 10 pills a day and his family struggled to cover the transportation costs for his monthly hospital visits.

Fortunately, Francis and his family were connected to TB Program Leader John Gana from HOPE Worldwide Papua New Guinea, an organization that receives Global Fund investments along with World Vision Papua New Guinea to support the national TB program to help fight the disease across the country. John provided them with support to pay for their transportation costs to and from the hospital, vouchers to purchase food as well as health care advice and counseling for the entire family.

The Global Fund, together with donors including Australia's Department of Foreign Affairs and Trade, is working to strengthen Papua New Guinea's national TB program.

This includes improving case detection and diagnosis of drug-resistant TB, through the procurement of GeneXpert diagnostic machines and cartridges; upgrading central- and provincial-level laboratory infrastructure; and ensuring adequate specimen transportation.

Global Fund investments in Papua New Guinea also help with the procurement and distribution of first- and second-line TB medications and support the development and implementation of community TB care in 12 high-burden provinces. This work includes reinforcing the skills of health workers to care for children with TB like Francis.



# Malaria

Significant progress toward malaria elimination has been made in the Indo-Pacific region. In the past decade, the region has achieved a 73% reduction in malaria cases and a 71% reduction in malaria deaths. Sri Lanka was certified malaria-free by WHO in 2015. The region's malaria burden is concentrated in five countries – India, Papua New Guinea, Indonesia, Pakistan, and Afghanistan.

In the WHO Western Pacific region,<sup>6</sup> between 2000 and 2020, total malaria cases were reduced by 37%, from approximately 3 million to 1.7 million. Total malaria deaths were reduced by 47%, from about 6,100 to 3,200. In recent years, the region-wide trend in case incidence has been heavily impacted by the burden in Papua New Guinea: In 2020, the country accounted for nearly 86% of all cases in the region.

India, which has the highest burden of malaria outside of Africa, was the only high-burden country to record progress by sustaining a reduction in malaria burden between 2019 and 2020. However, the rate of decline was slower than before the pandemic. As the malaria parasite evolves and drug resistance increases, we must develop more innovative tools and approaches in the fight against this disease.

Many of the countries that are nearing malaria elimination have stayed on track in 2020, most notably in the Greater Mekong, where drug resistance to the antimalarial drug artemisinin has been a major threat to the region and the rest of the world. Since the best available malaria treatment is based on artemisinin, the spread of drug-resistant strains from Asia to Africa is particularly alarming. To contain this threat to global health security, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) in 2014, supporting Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam. The Global Fund has operationalized US\$585 million for this regional grant to date.

RAI is the Global Fund's largest regional initiative and the very first one with the defined goal of disease elimination from a specific geography. RAI Phase 1 (2014-2017) supported the procurement and distribution of insecticide-treated mosquito nets, rapid diagnostic tests and quality-assured drugs. Together, these five countries have reduced malaria cases and deaths by over 90% since 2000.

RAI Phase 3 (2021-2023) supports the five countries to invest in community-based networks for case management through volunteer malaria workers and strengthen surveillance systems to achieve the goal in Greater Mekong countries to eliminate malaria by 2030.

## Case Study Community Health Workers Are Guardians of Community Health in the Greater Mekong



Global Fund investments support more than 9,800 community health workers in Viet Nam through the Regional Artemisinin-resistance Initiative (RAI).

Many people in La Rsum, a remote region of the country, live in poverty and travel deep into the surrounding forests to earn a living by planting, harvesting or picking cashew nuts, cassava, corn, and bamboo shoots. These forest trips can last for weeks at a time and workers sleep outside, exposed to malaria-carrying mosquitoes. Nhin Kpă, a community health worker in the region, travels by motorbike to share knowledge on malaria and teach people how to protect themselves and prevent the disease. He also refers patients to health facilities for testing and treatment when needed.

When COVID-19 hit, community health workers like Nhin took on an even larger role in the community, sharing information about preventing COVID-19, providing masks and hand sanitizer, and giving out much-needed food packages to families. They are trusted and valued by the communities they serve, forming a crucial bridge between the communities and health facilities. Community health workers are often the first ones to recognize and respond to disease outbreaks, providing protection against future health threats.

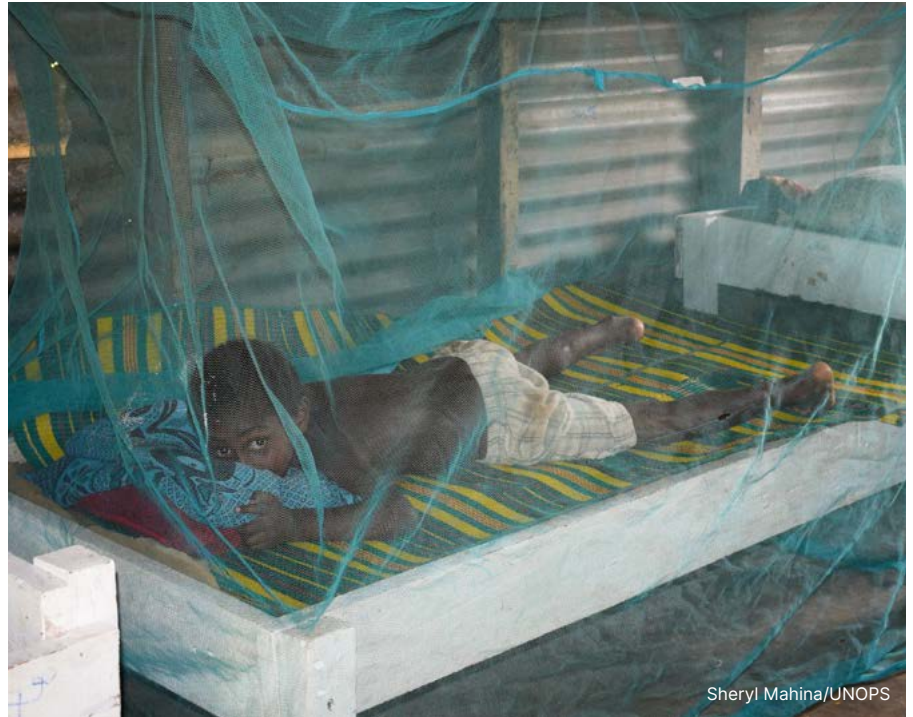
<sup>6</sup> This region includes 37 countries and areas with more than one quarter of the world's population, extending from the Mongolian steppes in Central Asia, east to the Pitcairn Islands in the Pacific Ocean and south to New Zealand.



# Malaria

In Vanuatu, significant progress has been made in the response to malaria over the last two decades. The current malaria program in Vanuatu supports the Ministry of Health's vision to reduce local transmission of malaria to zero in all provinces and achieve a "malaria-free Vanuatu" by the end of 2023. The program supports the procurement and distribution of long-lasting insecticide-treated mosquito nets, enhancement of malaria case management and the building of a resilient and sustainable health system with a focus on health information management and human resource capacity. Despite increased challenges due to COVID-19, the Global Fund and partners, including the United Nations Development Programme, which is the Principal Recipient<sup>7</sup> of the Western Pacific multicountry grant, have ensured people living in remote communities on islands in the Western Pacific have had reliable access to vital malaria, HIV and TB services. In Vanuatu, health workers distributed mosquito nets door-to-door and also provided TB testing and contact tracing. Additional funding was approved under C19RM to procure health products, strengthen surveillance, and implement robust community-focused interventions.

With the support of the Global Fund and partners, Timor-Leste has dramatically reduced its malaria cases from 223,002 in 2006 to only two cases in 2020. There have been no malaria deaths since 2015. However, it remains uncertain if these hard-won gains will hold: Timor-Leste faces significant risks of malaria resurgence along the border with Indonesia. A memorandum of understanding was recently signed between the two countries to strengthen cross-border collaboration. Joint efforts are underway to implement prevention of reintroduction of malaria and prepare for malaria-free certification by 2025.



Sheryl Mahina/UNOPS

## Looking ahead

Twenty years of experience in fighting HIV, TB and malaria have taught us that investing in the critical components of health systems, such as laboratory networks, community health workers, disease surveillance systems and supply chains, is an essential complement to disease interventions. For many countries, these health and community systems have been the foundation of their COVID-19 responses.

Today, the work of the Global Fund partnership is more important than ever. The Global Fund's new 2023-2028 Strategy, "Fighting Pandemics and Building a Healthier and More Equitable World" places people and communities front and center of the fight against HIV, TB and malaria, and accelerates the shift to more integrated, people-centered models of prevention, treatment and care. Strengthening the leadership and engagement of communities will reinforce the unique strength of the Global Fund partnership.

Increasing conflict and displacement, climate change and new pandemics like COVID-19 show that it takes a coordinated, global approach to tackle global health threats. Our unique partnership makes us well placed to get back on track toward finally ending the three diseases by 2030 and strengthening the overall resilience of systems for health to prevent, detect and respond to new health threats. Our reach, innovative partnerships and economies of scale mean we can maximize the impact of every dollar, in the Indo-Pacific region and beyond.

<sup>7</sup> Principal Recipients are fundamental to the Global Fund partnership. These are the organizations that implement the programs we support through our grants.

# Annex 1

## The Global Fund's Sixth Replenishment Allocation (2021-2023 Implementation Period)

	Sixth Replenishment (US\$)	Percentage change compared to Fifth Replenishment
Afghanistan	58,522,740	14%
Bangladesh	158,871,267	9%
Bhutan	3,534,817	-1%
Cambodia	80,570,271	-3%
India	500,000,000	0%
Indonesia	293,407,740	18%
Lao PDR	22,748,313	-1%
Mongolia	13,344,330	30%
Myanmar	265,654,418	1%
Nepal	51,639,112	22%
Pakistan	278,093,595	36%
Papua New Guinea	77,988,869	81%
Philippines	147,431,931	51%
Solomon Islands	9,224,616	51%
Sri Lanka	9,427,299	-24%
Thailand	72,626,653	42%
Timor-Leste	15,751,359	0%
Viet Nam	130,948,256	8%
Multicountry Western Pacific	13,254,842	2%
<b>Indo-Pacific region</b>	<b>2,203,040,428</b>	<b>14%</b>
<b>Pacific region</b>	<b>100,468,327</b>	<b>62%</b>

## COVID-19 Response Mechanism Funding

as of 17 March 2022

	Total C19RM (US\$)
Afghanistan	19,304,910
Bangladesh	59,938,796
Bhutan	2,650,831
Cambodia	23,892,567
India	104,904,819
Indonesia	87,809,606
Lao PDR	8,826,375
Mongolia	4,933,368
Myanmar	118,950,223
Nepal	29,018,064
Pakistan	90,401,692
Papua New Guinea	27,624,873
Philippines	39,280,726
Solomon Islands	1,844,899
Sri Lanka	2,946,159
Thailand	20,656,663
Timor-Leste	4,712,224
Viet Nam	43,394,117
Multicountry TB Asia TEAM	1,875,000
Multicountry Western Pacific	3,313,710
<b>Indo-Pacific region</b>	<b>696,279,622</b>
<b>Pacific region</b>	<b>32,783,482</b>

# Annex 2

## Key Results for HIV, TB and Malaria in 2020

	People on antiretroviral therapy for HIV	People with TB treated	Mosquito nets distributed
Afghanistan	1,094	45,667	3,140,845
Bangladesh	5,043	230,092	1,316,909
Bhutan	487	498	69,107
Cambodia	62,164	29,047	745,744
India	1,362,840	1,682,604	1,698,023
Indonesia	142,906	267,396	2,942,564
Lao PDR	8,189	8,014	98,540
Mongolia	223	3,801	-
Myanmar	199,345	100,963	482,039
Nepal	19,827	29,229	73,107
Multicountry Western Pacific	61	776	93,556
Pakistan	24,362	271,454	
Papua New Guinea	34,347	21,652	1,419,036
Philippines	-	254,250	285,100
Solomon Islands	-	-	-
Sri Lanka	2,167	7,030	
Thailand	394,598	85,837	119,221
Timor-Leste	626	3,295	176,785
Viet Nam	155,978	99,353	181,186
<b>Indo-Pacific region</b>	<b>2,414,257</b>	<b>3,140,958</b>	<b>12,841,762</b>
<b>Pacific region</b>	<b>34,408</b>	<b>22,428</b>	<b>1,512,592</b>

### About the Global Fund

The Global Fund invests more than US\$4 billion a year to defeat HIV, TB and malaria and ensure a healthier, safer, equitable future for all. Since the beginning of the COVID-19 pandemic, we have invested an additional US\$4.3 billion to fight the new pandemic and reinforce systems for health. We unite the world to find solutions that have the most impact, and we take them to scale worldwide. It's working. Together, we have saved 44 million lives. We won't stop until the job is finished.