
Global Progress, Challenges and Priorities

6TH PARTNERSHIP FORUMS



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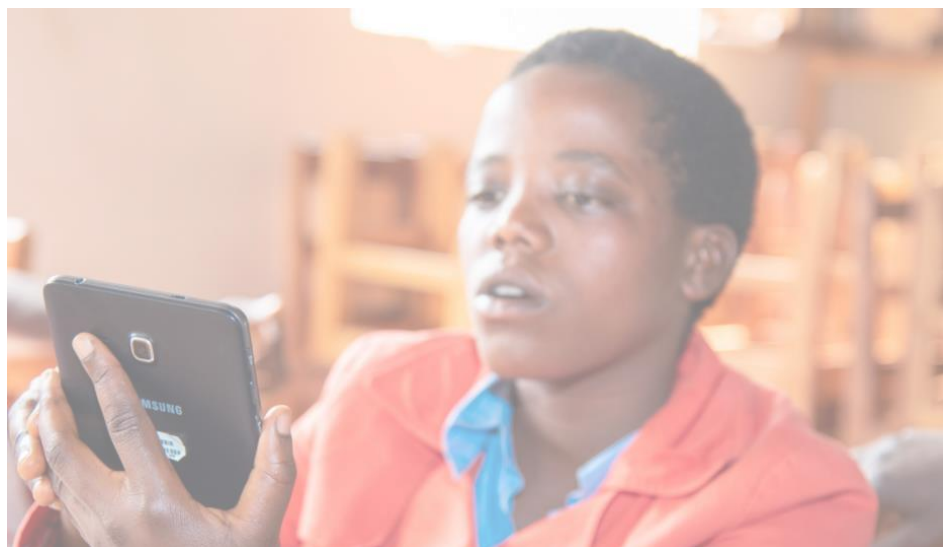
- The Partnership Forums: aims and setting the scene
- Global progress, challenges, and priorities for HIV, TB, and malaria
- Global progress, challenges, and priorities in RSSH, equity, human rights and gender
- Global context: COVID-19, global health security**, and the broader health and development landscape

**Since the time that this document was produced, the Global Fund has shifted its terminology from Global Health Security (GHS) to a focus on Pandemic Preparedness and Response (PPR), in order to reflect the ongoing input and discussions in the Strategy development process.

Aims of the Partnership Forums

The next Global Fund Strategy

The Global Fund is developing a bold, ambitious and agile post-2022 Strategy to accelerate progress against HIV, tuberculosis and malaria and improve global health.

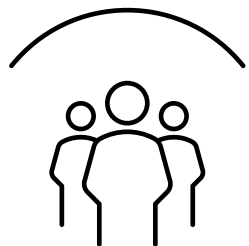


Aims of the Partnership Forums

The Partnership Forums will convene representatives from across the Global Fund partnership to actively contribute their expertise to help develop the aims and areas of future focus for the next Global Fund Strategy.

The Global Fund Partnership Achievements to Date

The Global Fund partnership is designed to accelerate the end of HIV, tuberculosis, and malaria as public health threats, investing more than US \$4 billion a year through grants in more than 120 countries. The Global Fund works in partnership with governments, civil society, communities living with and affected by the three diseases, donors, technical agencies, other funding organizations, and the private sector; the Global Fund plays a key role in progress towards the Sustainable Development Goals, especially SDG3.



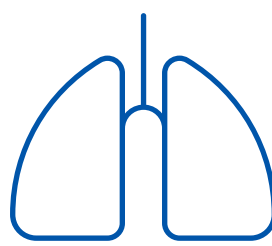
38
MILLION

**LIVES
SAVED**
through
the Global Fund
Partnership



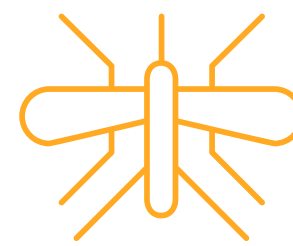
20.1
MILLION

**PEOPLE on
ANTIRETROVIRAL
THERAPY for HIV**
In 2019



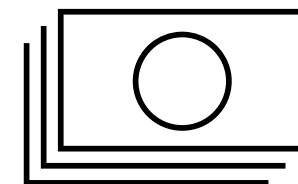
5.7
MILLION

**PEOPLE WITH
TB TREATED**
In 2019



160
MILLION

**MOSQUITO NETS
DISTRIBUTED**
In 2019



45.4
BILLION

**US\$
DISBURSED**
as of June 2020

Source: Global Fund Strategic Information Analysis

Progress towards the 2030 Sustainable Development Goals (SDGs)



SDG 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.3

By 2030, **end the epidemics of AIDS, tuberculosis, malaria** and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

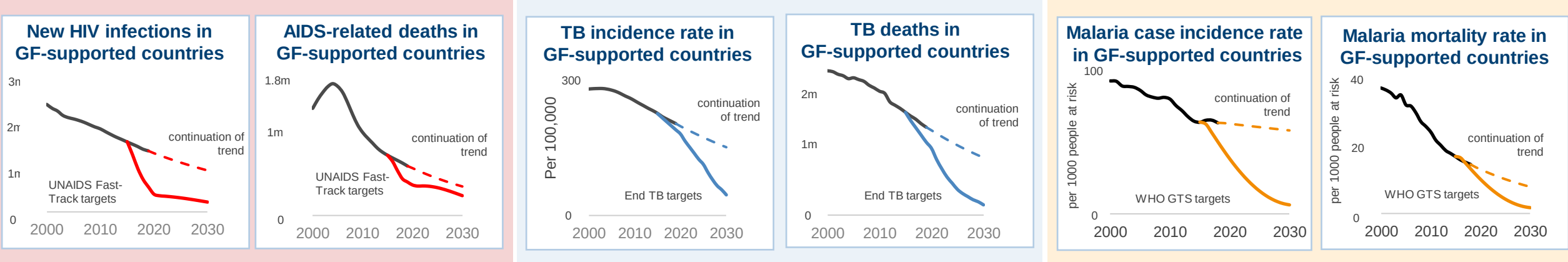
Target 3.8

Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.



Progress towards 3.3 - we are off track to meet the HIV, TB, and malaria 2030 targets

While impressive gains have been made, significant shortfalls remain, especially for reducing the number of new infections.



Source: Global Fund Strategic Information Analysis

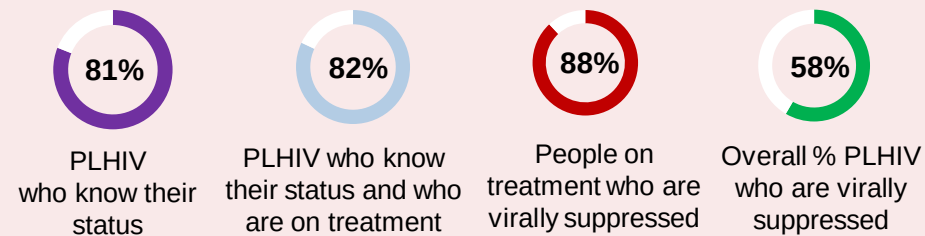


COVID-19 is threatening to reverse gains and undermine progress towards the 2030 targets

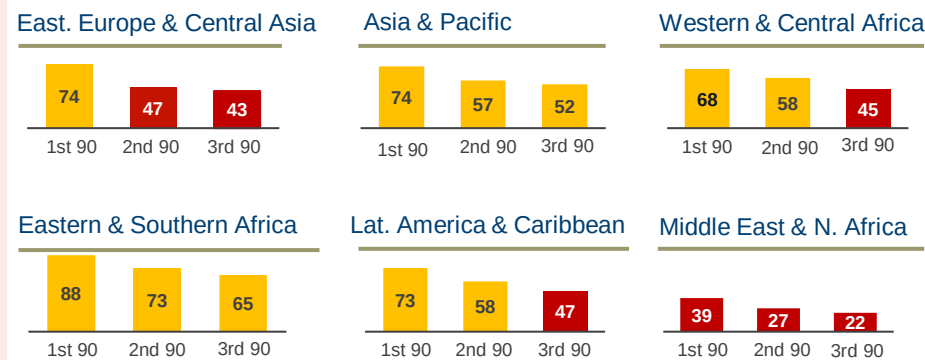
The COVID-19 pandemic threatens to reverse the extraordinary gains made by the Global Fund Partnership, as health and community systems are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted.

HIV: Global Progress, Challenges, Priorities

Progress towards 95-95-95 (2019)

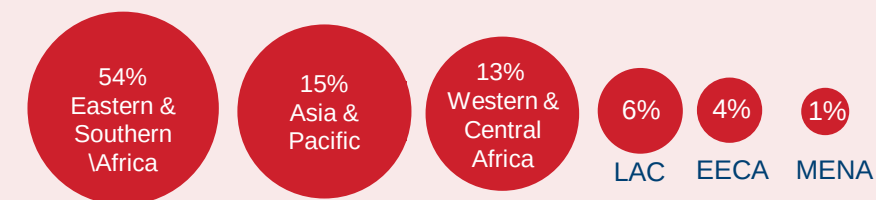


95-95-95 Treatment Cascade by Global Fund region (2019) in GF eligible countries



Source: UNAIDS, GF Analysis with regional cascade based on GF eligible countries

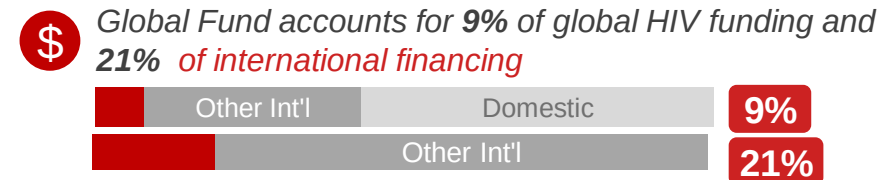
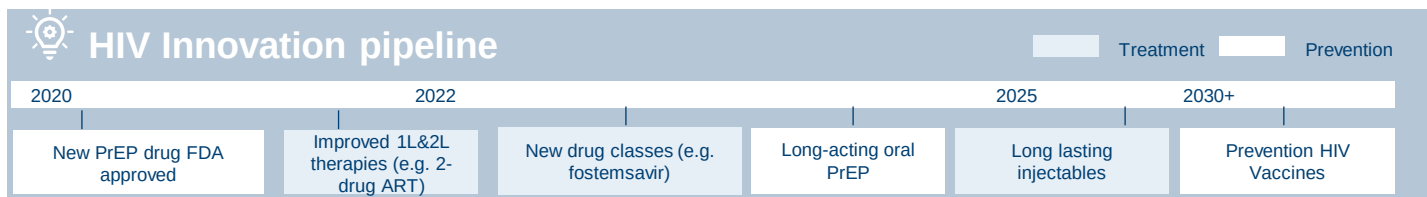
Regional share of global PLHIV (2019)



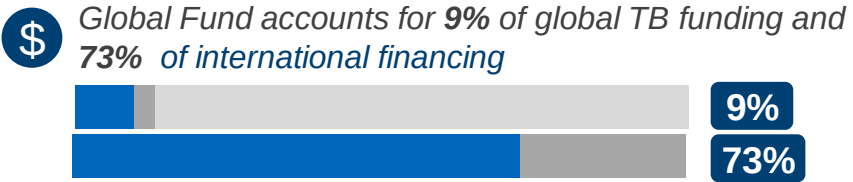
Sources for graphs and key messages: UNAIDS, Global Fund analysis, PLHIV = people living with HIV, VLS= viral load suppression in all PLHIV, PMCT = Prevention of Mother to Child Transmission

Key messages

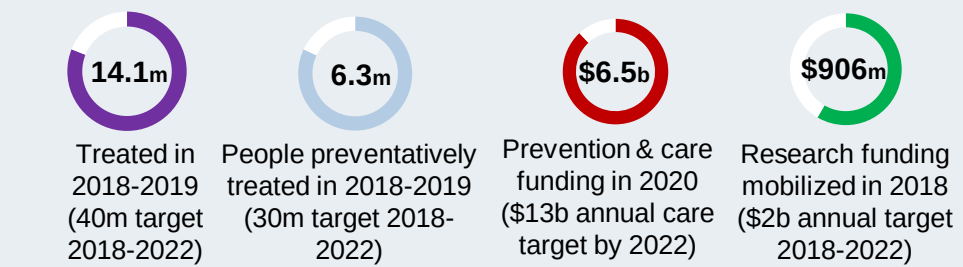
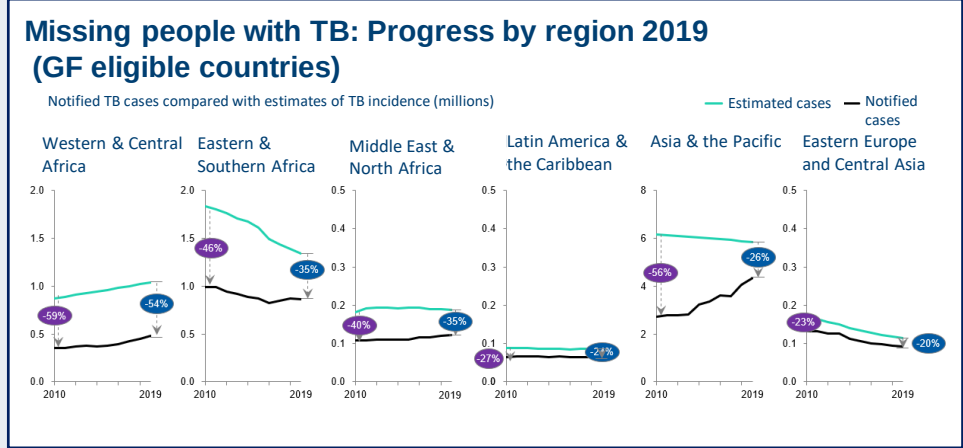
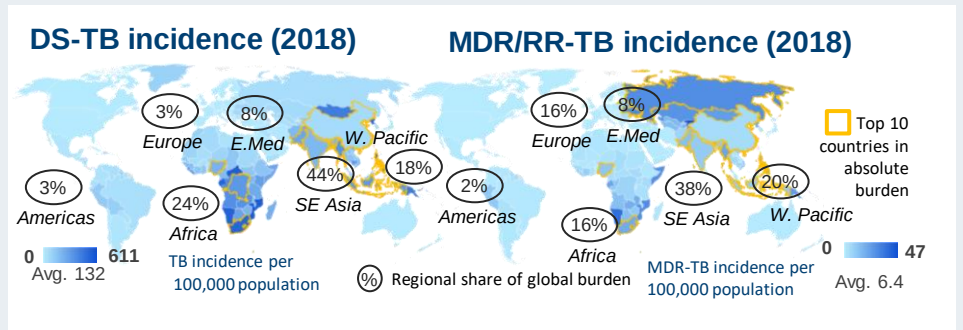
- **Off track to meet 2030 targets** - drastic (90%) reduction in new infections needed to meet incidence and mortality goals.
- **Prevention** - Large gaps in coverage of key prevention programs - need to further scale programs and address structural drivers & barriers to improve progress on incidence reduction.
- **PMTCT and pediatric treatment** - progress is varied across regions and underlying issues for new child infections need to be addressed.
- **Testing and treatment** - significant progress globally, but varied progress across regions and for specific populations. Tailored and differentiated service delivery approaches, including community approaches need to be scaled up.
- **Key populations & partners remain disproportionately affected** - ~62% of new HIV infections globally in 2020. Need to increase scale and coverage of programs.
- **Strengthen integration of human rights interventions into HIV prevention, testing and treatment services** - significant progress needed to reach target of zero discrimination, including addressing bottlenecks and barriers to key services.
- **Addressing co-infections and co-morbidities** - progress on providing TB treatment for people living with HIV, however need for more intensive focus on co-infections and co-morbidities as part of overall package of HIV treatment and care.
- **Opportunity to focus on more catalytic interventions/approaches** - in countries where domestic financing for HIV response increases.



TB: Global Progress, Challenges, Priorities



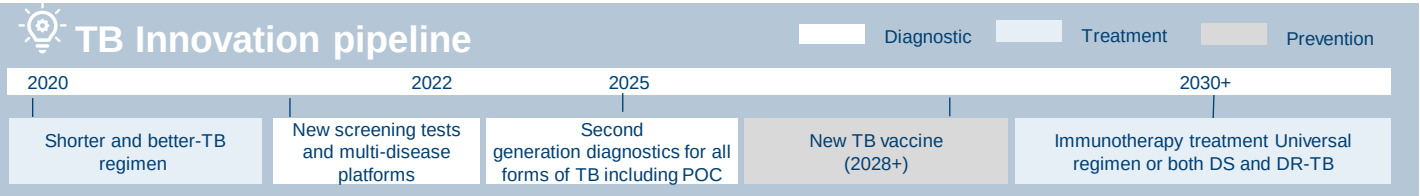
Progress towards UN High Level Meeting Targets



Sources for graphs and key messages: WHO Global TB Report 2019, Global Fund analysis
DS = drug sensitive; MDR = multi-drug resistant; RR = rifampicin resistant.

Key messages

- **Off track to meet END TB targets** on TB incidence and mortality.
- **Insufficient investment** to address human rights and gender-related barriers to accessing TB services.
- **Positive trends to achieve United Nations High Level Meeting (UNHLM) targets on people treated for TB** and Global Plan targets on treatment outcomes.
- **Gaps still exist in MDR-TB** detection and treatment outcomes; progress on shorter, oral MDR-TB regimens.
- Progress on the implementation of TB/HIV activities, but **gap in TB screening and TB preventative treatment (TPT) among People Living with HIV (PLHIV)**.
- Suboptimal scale-up of **TB prevention measures** for key and vulnerable populations in many countries.
- **Steady increase in TB funding**, yet significant gaps to achieve targets (international and domestic).
- Focus effort on **finding and treating the missing people with TB and DR-TB, especially in high risk and vulnerable groups**, through engagement with the private sector and affected communities.
- Opportunity to **address AMR**, global health security and new threats through investments in TB, including in resilient and sustainable systems for health.
- **Promising pipeline for new tools** including drugs, diagnostics and vaccines.



 Global Fund accounts for 37% of global Malaria funding and 56% of international financing



Legend:

- Eliminating countries
- No Malaria
- Countries that eliminated malaria since 2000
- High burden high impact countries (HBHI)

Regional Prevalence Data:

- Americas:** 76% *P. vivax*
- SEA:** 53% *P. falciparum* / 46% *P. vivax* / 1% other
- SSA:** 99%+ *P. falciparum*

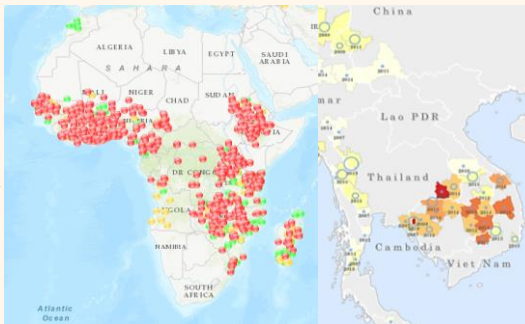
Incidence (per 1,000 pop. at risk):

Incidence Range	Color
<1	Grey
1 to 10	Light Blue
>10 to 100	Medium Blue
>100 to 250	Dark Blue
>250	Very Dark Blue

Most prevalent parasites

Map Labels: Niger, Mali, Ghana, Burkina Faso, Nigeria, Cameroon, DRC, Uganda, Tanzania, Mozambique, India.

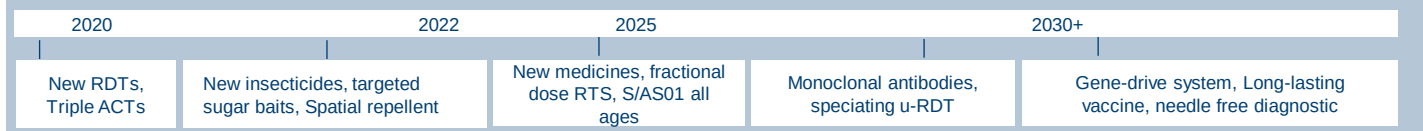
Widespread insecticide resistance: Resistance to pyrethroid-based insecticides has spread in every malaria endemic region. In 2017 nearly a quarter of the 80 reporting countries reported resistance to all 4 insecticide classes



Rising costs: Expected increases in unit costs for LLINs due to new AIs will limit effective coverage in current state

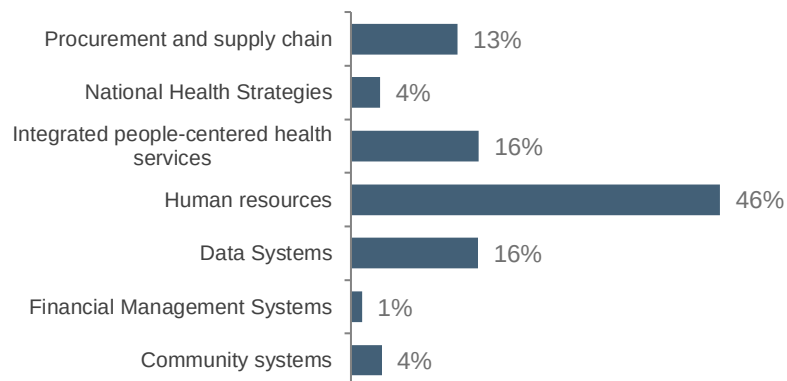
Key messages

- Globally, there has been **progress in malaria burden and mortality reduction** due to expanded coverage of effective interventions and increased resources.
- However, we are **currently off track to meet 2030 Global Technical Strategy (GTS) morbidity and mortality targets**.
- Malaria is particularly concentrated in low-income countries, where domestic resources are lower.
- The future of malaria control is critically impacted by external factors, including **population growth, migration, poverty, inequity, complex emergencies and climate change, combined with weak health systems and biological threats, such as insecticide and drug resistance**.
- Reduction in effective intervention coverage carries a high risk of rebounds and epidemics.
- Investment in core epidemiological and entomological capacity in countries - critical to identifying needs and deploying interventions.
- Acceleration of progress will require optimization of strategies and innovations both in **delivery of available interventions and in new tools and approaches, as well as increased financial investment**.

Malaria Innovation pipeline

RSSH: Global Progress, Challenges, Priorities

2017-19 GF investments:
\$3.3 bn invested in RSSH*



*Allocations, Matching Funds, Strategic Initiatives

Priority interventions for community systems strengthening (CSS)

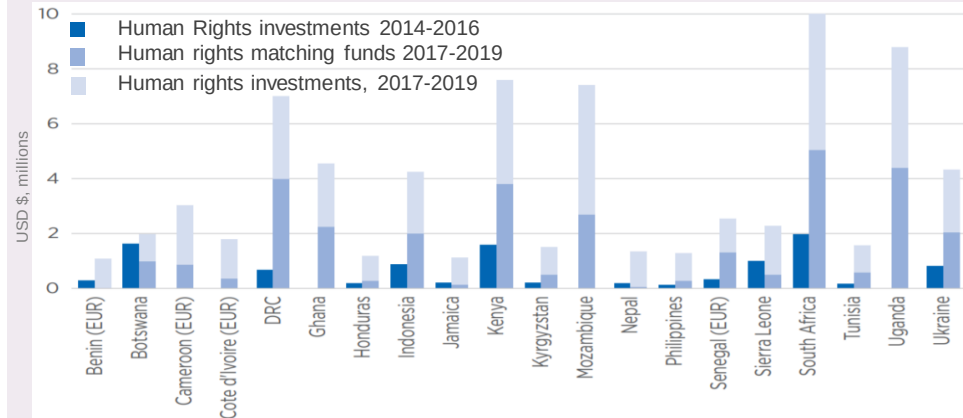


Key messages

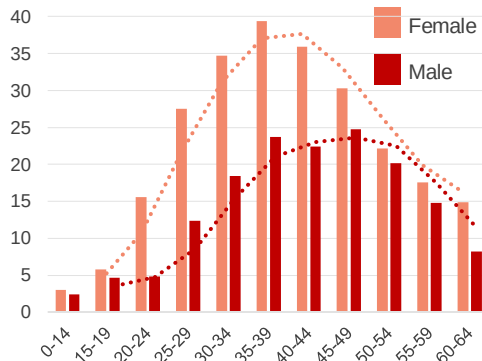
- **COVID-19 pandemic presenting significant and still unknown challenges to health systems and domestic resource mobilization.** While public spending is growing and COVID-19 is catalyzing attention to health, it is also putting further strain on available resources, both domestic and international.
- **Off-track to achieve 2030 UHC and 3 disease targets:** leveraging domestic resources critical to improve service coverage, quality of care, financial protection.
- **UHC financing gaps are vast:** Global Fund and Development Assistance for Health (DAH) are small share of overall resources needed to close the US \$176 billion UHC gap by 2030. Global Fund investments must be catalytic with demonstrable results.
- **Community systems are critical, particularly for reaching the most vulnerable and reaching the last mile:** Global Fund a key funder & uniquely positioned to strengthen community responses.
- **Engagement of private sector required:** high care-seeking from private sector in high-burden middle-income countries; strengthened engagement and implementation models required.
- **Timely and stratified data improves impact:** opportunity to continue to strengthen health outcomes through improved data collection, quality and use of data for decision making and targeting. Investing in data systems is a key area of Global Fund RSSH investments.
- **Market shaping impact:** leverage pooled procurement function to catalyze access to affordable quality assured commodities and drugs with domestic resources.
- **RSSH supports health security:** growing evidence of improved health security due to disease-based Global Fund RSSH investments.

Equity, Human Rights and Gender: Global Progress, Challenges, Priorities

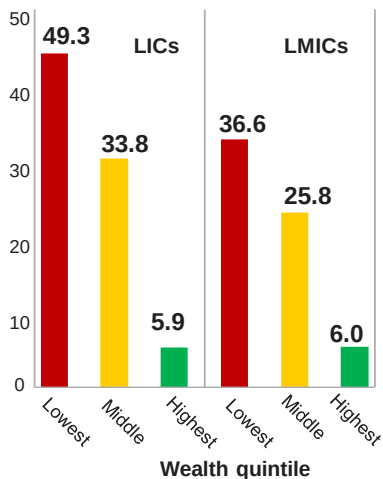
Increase in human rights investments in Global Fund grants between the 2014-16 and 2017-19 allocation periods



HIV prevalence (%) by age, sex in South Africa (2018)



% of children age 6-59 months tested using a rapid diagnostic test (RDT) who are positive for malaria, 2018



Sources for graphs and key messages: OIG Advisory on Human Rights. Countries highlighted received matching funds for human rights 2017-2019 allocation period.

DHS/MIS, UNAIDS, 2020 report Global Fund Strategic Performance Report mid-2019, SABSSM V

Acronyms: AGYW = Adolescent Girls and Young Women

21 GF high impact countries, country median, 2010 - 2018

Key messages

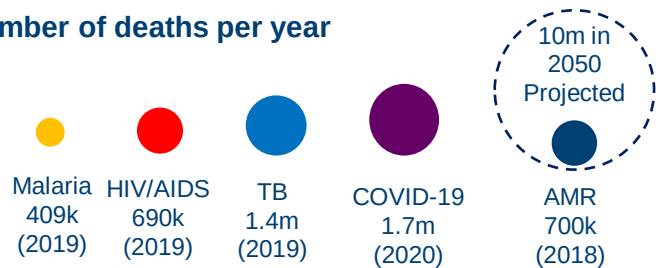
- Key **inequalities persist** across income, geography, age, sex, etc., perpetuating barriers to quality prevention, care and treatment services.
- >60% of new HIV infections globally are among key populations and their sexual partners; individual risk of HIV acquisition is substantially higher among key and vulnerable populations than the general population.
- HIV incidence **2.7 times** higher in women than men aged 15-24 years in sub-Saharan Africa.
- **Despite 25%** reduction in new HIV infections globally among AGYW between 2010-2018, every week **5,500** AGYW become newly infected with HIV.
- Transgender women are **13x** more likely to acquire HIV than general population
- **Men** are more likely to get TB but less likely to access TB services.
- Urgent need to scale-up gender responsive programming.
- **Overcoming human rights-related barriers** is critical for reducing new infections, improving treatment outcomes and achieving 2030 targets.
- Core human rights principles are embedded throughout the Global Fund's grant lifecycle – participation, equity, accountability, transparency.
- Global Fund programs address key human rights-related barriers to health, including: stigma and discrimination; gender inequality and violence; punitive practices, policies & laws; social & economic inequality.
- In the 20 countries of the Global Fund's **Breaking Down Barriers initiative**, funding and intensive support is being provided to address human rights-related barriers to services, based on nationally developed and owned plans.

COVID-19 and Global Health Security (GHS)

Health security in a globalized world

Humans are more **connected** now than ever before, facilitating the rapid spread of diseases around the world and requiring a coordinated, and inclusive Global Health Security response.

Number of deaths per year



Source: World Health Organization, The Review on Antimicrobial Resistance, Jim O'Neill. CVD = Cardiovascular disease

COVID-19 has rapidly become one of the deadliest infectious disease pandemics of the moment, with a disproportionate impact on the world's most vulnerable populations.

Sources for graphs and key messages: The Lancet Global Health, September 2020 - Volume 8 Issue 9, "A vulnerability index". AMR = antimicrobial resistance. GBV = gender-based violence

COVID-19 cases vs. vulnerability index in India

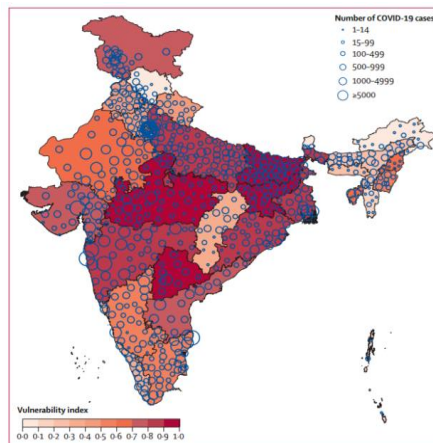


Figure 1: Overall COVID-19 vulnerability index in states and union territories of India and number of confirmed cases as of June 17, 2020
This map does not reflect changes made in Jammu and Kashmir state (now union territory) in August, 2019.

Key messages

- The COVID-19 pandemic is having a catastrophic impact on the **most vulnerable communities** and **threatens progress** against HIV, TB and malaria.
- The **global health architecture and national programs have been insufficiently resilient** to withstand the seismic shock of COVID-19.
- The pandemic underscores the **importance of human rights-based and gender-responsive programming** (heightened GBV risk and other human rights violations).
- As of January 2021, the Global Fund has **approved US\$980 million to >100 countries and 14 multi-country programs** to reinforce national COVID-19 responses, mitigate COVID-19 impact on HIV, TB and malaria programs, and support urgent improvements in health and community systems.
- Going forward the Global Fund will need to **consider how it is uniquely positioned to contribute to GHS**, incl. to build the resilience of HIV, TB and malaria programs.
- The Global Fund has the opportunity to lead as an **ambassador for an inclusive GHS vision, based on solidarity and equity for communities**.
- **Building resilience through stronger preparedness is key** for maintenance of essential health services in prioritized health system action plans
- **Areas of Global Fund strength that can be leveraged to support resilience against future GHS threats include:** community systems strengthening; a focus on equity, human rights, gender and the most vulnerable; in-country procurement, supply chain and laboratory strengthening; data systems strengthening; human resources for health; and Global Fund partnerships.



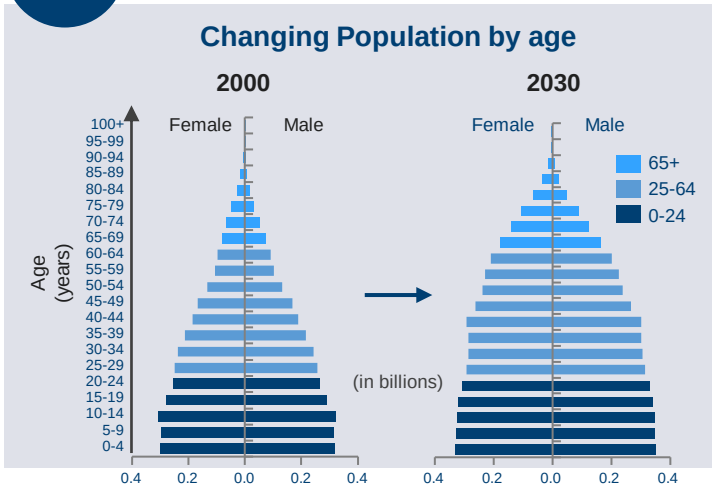
The looming threat of Antimicrobial resistance (AMR)

Without intervention, AMR is projected to cause 10m deaths per year by 2050. Drug-resistant TB accounts for 1/3 of AMR deaths, and antimalarial, antiretroviral, and insecticide resistance hamper progress in fight against HIV and malaria.

Broader Health and Development Landscape



Demographic Shifts



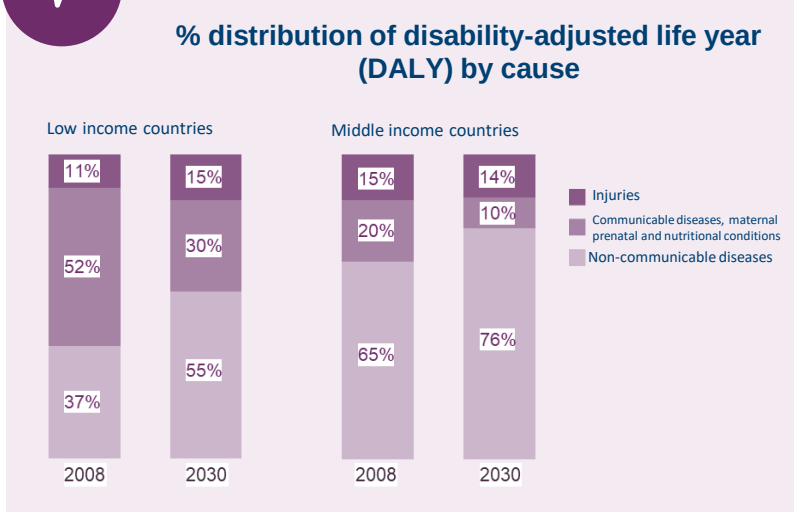
Source: UN World Population Prospects 2019

The **world's population is growing**, causing increased demand on health systems.

Sub-Saharan Africa is experiencing a youth bulge, while population **aged 65+ fastest growing** in all regions.



Shifts in Burden of Disease



Source: World Bank

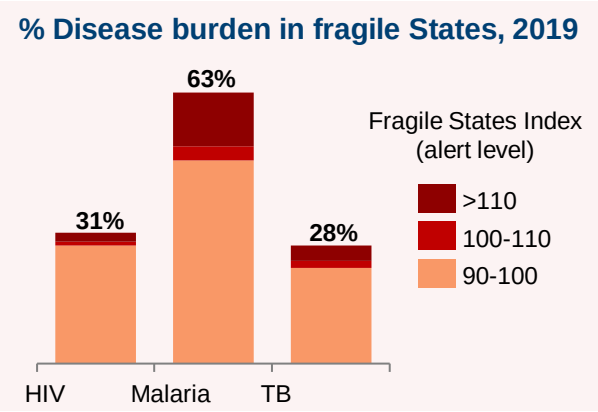
Looking towards the 2030 horizon, the world is expected to see an **epidemiological transition** from communicable diseases to non-communicable diseases (NCDs) as the major driver of disease burden.



Displacement, Fragility and Instability

>1% of world population is displaced from their home.

The most fragile States account for **2/3 of malaria** burden and less than **1/3 of HIV and TB** burden.



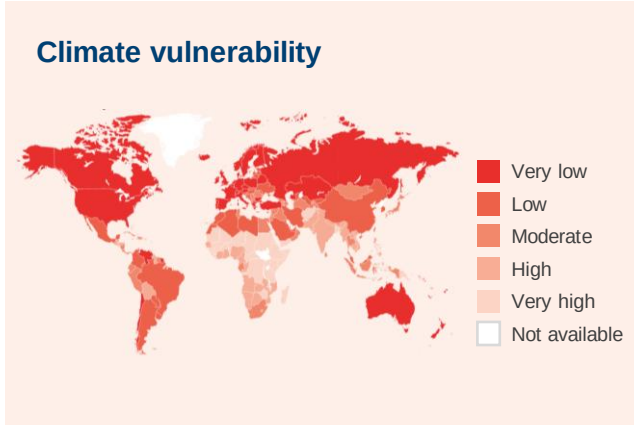
Sources: Fragile States Index (The Fund for Peace), Global Fund. Disease burden measured per 2020-2022 allocation methodology



Climate and Environment

Climate change is expected to impact the fight against the three diseases (warming, changing rainfall, extreme weather, and air pollution).

Food & water insecurity resulting from global warming, extreme weather events can lead to increased vulnerability of already at-risk populations



Source: Salas and Jha, 2019. BMJ, 366, p.l5302

THANK YOU!

An aerial photograph of a city grid, showing streets and buildings. A semi-transparent white rectangular box is centered over the image, containing the text "We look forward to your input at the 6th Partnership Forums".

We look forward to your input at the
6th Partnership Forums