

Results Report 2024





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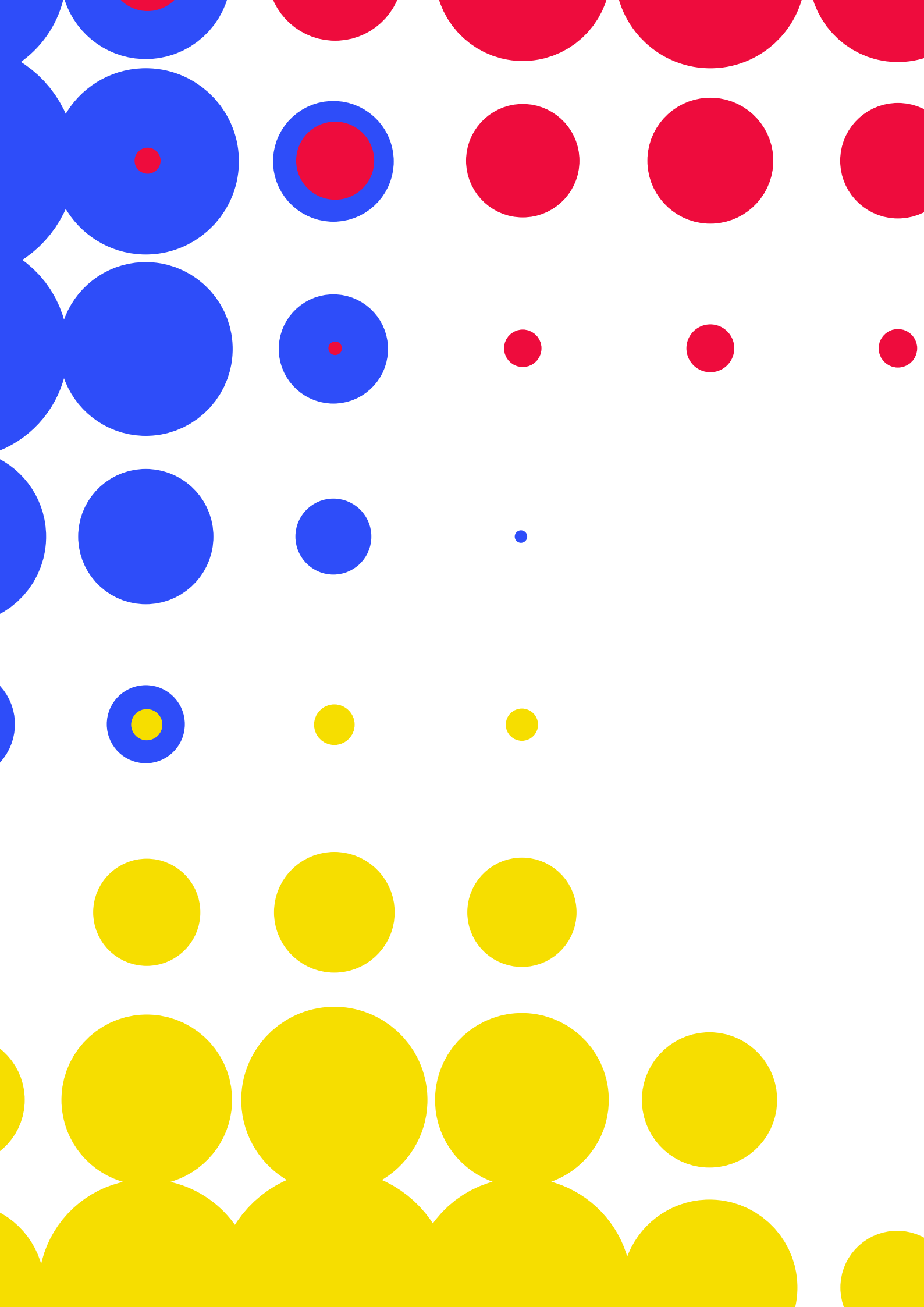
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Cover: Tomnjong Thadeus with his 3-year-old daughter Gabriella at their home in Soa, Cameroon. Gabriella's mother fell ill with malaria while pregnant. Gabriella got sick soon after and spent four days in the hospital. Eventually, Gabriella recovered – but every year, hundreds of thousands of children do not. The entire population of Cameroon – 27 million people – are at risk for malaria. According to the World Health Organization, the country recorded more than 6.4 million cases of the disease and over 12,500 deaths in 2022. Today, Tomnjong, Gabriella and the rest of the family sleep under dual active ingredient insecticide-treated mosquito nets to protect themselves from the disease.

The Global Fund/Vincent Becker

Left: Sister Agaba Jesca (in blue), a nurse, and Atim Polly, a midwife, at work at the Entebbe Regional Referral Hospital in Uganda.

The Global Fund/Brian Otieno



Letter from the Executive Director

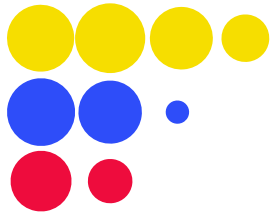


Global Fund Executive Director Peter Sands stands with 3-year-old Gabriella at her home in Soa, Cameroon.

The Global Fund/Vincent Becker

In September 2023, I visited a hospital ward in Kano State in the north of Nigeria. There I saw 24 infants fighting for their lives, stricken with severe malaria. It is a moment that has stayed with me. Across the world a child dies every minute from this disease, many of them in places like Kano.

Over the last two decades, we have cut the combined death rate from AIDS, TB and malaria by 61%.



That ward was a stark reminder that the fight against malaria, HIV and tuberculosis (TB) is not yet won. Far too many people are still dying from these preventable and treatable diseases. And AIDS, TB and malaria still account for a large proportion of the differences in life expectancy and broader indices of well-being between the poorest countries, especially in Africa, and the wealthiest and healthiest countries.

But we have made remarkable progress against the three diseases in the last two decades. In 2001 – the year before the Global Fund was founded – AIDS, TB and malaria killed a staggering 4.6 million people globally: 1.9 million from AIDS; 1.8 million from TB and 870,000 from malaria. Based on the most recent data, those deaths have now dropped by about half to 2.4 million.

Now is our moment to accelerate progress to end AIDS, TB and malaria. These diseases are formidable adversaries, constantly evolving to become more difficult to beat.

Ramping up our response is an urgent imperative in today's challenging context of interconnected crises. The impact of climate change on the epidemiology of malaria is already clear. When visiting Dhaka, Bangladesh, in June 2024, I witnessed firsthand how climate migrants are especially vulnerable to TB. Forced to flee their homes on the coast of Bangladesh due to destructive cyclones and the impact of salination on farm productivity, these migrants have found a home in the vast informal settlements in the city. Undernourished, stressed, and crowded into shared rooms, too many fall ill with TB.

And yet overall, TB in Bangladesh is a story of success. Deaths from TB in Bangladesh have fallen by 55% since 2002. But it is also an unfinished story. An estimated 42,000 people died from TB in the country in 2022

excluding HIV-positive TB patients. Bangladesh is on the list of the 30 high-burden countries for TB. The task of ending TB in the country is made more challenging by the escalating impact of climate change.

Across the three diseases, 2023 was another year of significant progress. The Global Fund partnership distributed 227 million mosquito nets to prevent malaria; treated 7.1 million people with TB and continued to expand access to HIV treatment by increasing the number of people on antiretroviral therapy to 25 million.

In the countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. Across the three diseases, service delivery metrics surpass pre-COVID-19 levels. Investments to mitigate the impact of COVID-19 on the three diseases have galvanized efforts to strengthen critical components of health systems, such as disease surveillance and oxygen, which simultaneously support the fight against existing infectious diseases and reinforce preparedness against future pandemics.

Saving 65 million lives

The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, working hand in hand with communities, governments, the private sector, civil society and our technical partners, we have cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.

Delivering transformative gains across countries

While lives saved is the most powerful indicator of the impact of our partnership, there is clear evidence that our investments in fighting HIV, TB and malaria and in building health and community systems have delivered gains that go far beyond reducing deaths from these

three diseases. Sharp reductions in morbidity from the three diseases, through reduced infections and better treatment, result in less time off work or school and overall improvement in the health and well-being of communities. Significant improvements in health system performance result in lower infant and maternal mortality and fewer deaths from acute trauma and other conditions.

Living longer, healthier lives

Over the last two decades, the impact achieved by the Global Fund partnership has led to dramatic improvements in life expectancy in many of the countries in which we invest. A study¹ showed that global inequality in life expectancy across countries declined by one-third between 2002 and 2019. Reduced mortality from HIV, TB and malaria accounted for one-half of this decline. The number of lives saved thanks to efforts fighting HIV, TB and malaria is a remarkable achievement, but the impact of the global fight extends far beyond preventing deaths. The broader burden of disease on individuals and countries can be quantified by disability-adjusted life years (DALYs), a metric that accounts for years of life lost due to premature death, illness or disability.²

Analysis of recently published data³ shows that in countries supported by the Global Fund the rate of DALYs for HIV, TB and malaria decreased by 56% between 2000 and 2021. This means that people are living longer, healthier lives. This remarkable reduction in DALYs for the three diseases is greater than from any other communicable or noncommunicable disease or injury of all kinds. However, we still have a long way to go. In 2021, the burden of disease from HIV and AIDS and malaria in Global Fund-supported countries was still equivalent to 135 million DALYs. We must finish the fight against the three diseases to eliminate these health inequities once and for all.

Making record investments

In 2023 we continued to invest at record pace. Disbursements in 2023 amounted to US\$5 billion⁴ – this is the third year in a row of record investments for the Global Fund.

Malawi: Measuring the impact of Global Fund investments in human resources for health

Over the 2021 to 2024 period, the Global Fund invested US\$15 million in human resources for health in Malawi. A study⁵ has estimated the potential impact of this support to strengthen health systems in the country. The study found that:

- Between 2021 and 2024, the number of health care workers in Malawi increased from 28,000 to around 34,000 (by the end of the year), substantially enhancing the country's health care capacity.
- This increase in the number of health care workers could have averted 1.7 million disability-adjusted life years (DALYs) and approximately 26,000 deaths between 2021 and 2024.
- Looking ahead, it is estimated that maintaining similar levels of investments in human resources for health between 2024 and 2030 could potentially avert 7.4 million DALYs and 105,000 deaths, offering a promising outlook for the future of health care in Malawi.
- These Global Fund investments in health care workers have a specific benefit to people living with HIV, TB or malaria. Around 755,000 (45%) of the 1.7 million DALYs averted between 2021 and 2024 are due to the three diseases. Of those 755,000 DALYs, HIV accounts for 60%, TB for 10%, and malaria for 30%.
- The other 55% of all DALYs averted over the 2021–2024 period are primarily attributed to lower respiratory infections, neonatal disorders and childhood diarrhea, which are the main causes of childhood mortality in Malawi.

1. Contributions of declining mortality, overall and from HIV, TB and malaria, to reduced health inequality and inequity across countries. Haacker, M. et al., 2023. Health Policy and Planning, 38(8), 939–948. <https://doi.org/10.1093/heapol/czad046>.

2. DALYs combine both the years of life lost (YLL) due to early death and the years lived with disability (YLD), providing a comprehensive measure of the burden of disease. The “rate of DALYs” refers to the number of DALYs per capita, allowing for a standardized comparison across different populations and regions. This rate effectively represents the average loss of healthy years of life per person within a given population due to a specific disease or a group of diseases.

3. Global Burden of Disease Study Results. Institute for Health Metrics and Evaluation (IHME), 2024.

4. When including Strategic Initiative disbursements, this figure would amount to US\$5.1 billion.

5. The Global Fund commissioned Imperial College London working with the Ministry of Health of Malawi using the Thanzi La Onse (TLO) Model to perform this study. The model estimated both the potential backward-looking impact of investments as well as the potential future impacts of maintaining similar levels of investment in human resources for health up to 2030.

In 2023, we began Grant Cycle 7 (GC7), which extends over the period 2024-2026, and also continued to invest through the COVID-19 Response Mechanism (C19RM), which extends through the end of 2025. During GC7, the Global Fund's total investments, including through C19RM, will amount to over US\$17.3 billion.⁶ These investments are driving continued progress toward the Sustainable Development Goal 3 (SDG 3) target of ending HIV, TB and malaria by 2030. We have also invested more than ever before in building stronger health and community systems to support interventions to combat the three diseases, accelerate the path toward universal health coverage (UHC) and reinforce preparedness against future threats, including pandemics, antimicrobial resistance (AMR) and climate

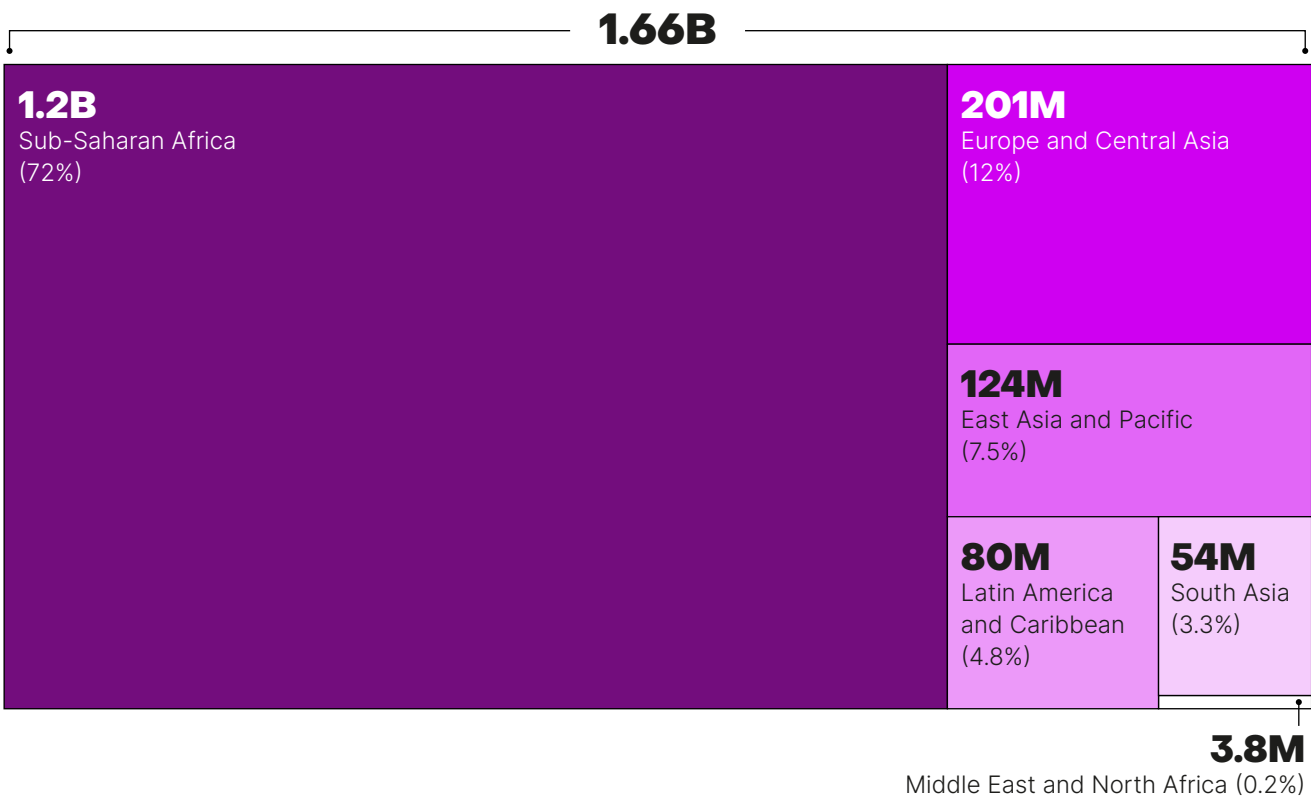
change. Our investments are supporting primary health care facilities, laboratories, supply chains, oxygen provision and community health workers.

Strengthening health and community systems and expanding universal health coverage

The Global Fund partnership contributes to reinforcing health systems and accelerating progress toward UHC in multiple ways. As the largest multilateral grants provider for health systems strengthening, we are supporting countries to build more effective and resilient health delivery systems, including community systems that reach the poorest and most marginalized. By reducing the burden of HIV, TB and malaria, we are freeing up capacity in primary care clinics and hospitals that can be used to

Number of HIV-related hospitalization days avoided

In countries where the Global Fund invests, 2002-2023



World Bank regions. This chart includes countries that received an allocation from the Global Fund since our inception up until December 2023.

If people with symptomatic HIV, TB and malaria do not receive appropriate care, their health needs increase and health systems face additional strain in meeting their needs. Investments in HIV, TB and malaria can lessen the number of people who become infected with the diseases and can reduce the health care needs of those who are living with HIV, TB and/or malaria. This frees up the capacity of health systems and enables resources to be diverted to other conditions. Our investments in HIV up to the end of 2023 have freed up 1.66 billion hospitalization days that would have otherwise been used for HIV-related activities and averted 1.36 billion outpatient visits, generating US\$85 billion in cost savings. These gains are calculated by comparing the scale-up of key HIV services over the past two decades in Global Fund-supported countries⁷ with a counterfactual scenario assuming there was no scale up in HIV services in the same countries and years.⁸

6. Includes all sources of funds, including operating expenses and catalytic investments.

7. Includes countries that received an allocation from the Global Fund since our inception up until 2023.

8. The analysis does not account for deferred cost due to greater survival from reducing burden of three diseases leading to greater primary care utilization in the future. The costs are based on nominal \$US.

provide care for other conditions. Where the three diseases absorb over 50% of health system resources – which malaria alone does in a place like Kano – the impact of reducing the burden of the three diseases on overall health system performance can be dramatic. By directly tackling the human rights and gender-related barriers to access to health services, the Global Fund is helping ensure that the “U” of UHC becomes a reality, not just rhetoric.

A recent report⁹ by the World Bank and the World Health Organization (WHO) found that investments in HIV, TB and malaria programs made “the most substantial improvements” to UHC, boosting the effort to ensure every person across the world can receive quality health services, when and where they need them, without incurring financial hardship.

Achieving exceptional return on investment

Investments through the Global Fund partnership since 2002 have consistently yielded exceptional returns, demonstrating the value of investing in health to advance broader socioeconomic development. Global Fund disbursements of US\$63 billion, made between 2002 and the end of 2023, are estimated to have generated health gains with a monetized intrinsic value of US\$1.2 trillion and direct productivity gains of US\$400 billion.¹⁰ The consistency with which we have delivered extraordinarily high return on investment demonstrates the value of investments in health to broader socioeconomic development and proves the power of the Global Fund’s partnership model.

We have also been highly effective in our efforts to contain operating expenses, while improving and expanding our scope, through disciplined cost control and adherence to the budgeting framework. In GC7, our operating expenses¹¹ represent 6.2% of our total announced pledges from donors. This is one of the lowest percentages of operating expenses in the global health development space.

Leveraging game-changing innovations

The Global Fund partnership is innovative in design and operation. One of the ways in which we add value is by providing accelerated, equitable and affordable access to medical innovation.

To bring biomedical innovations to those who need them as quickly as possible, we execute market-shaping strategies to ensure equitable and affordable access at scale. In 2023, the Global Fund partnership invested in accelerating access to game-changing innovations across all three diseases.

For HIV, we worked with partners, including private sector manufacturers, to secure a further 20% reduction in the cost of antiretroviral medicines, bringing the annual cost to treat one person to about US\$45 (in contrast to about US\$10,000 when the Global Fund was created). We continued to work with partners to accelerate access to innovative prevention tools, such as the dapivirine vaginal ring and injectable, long-acting pre-exposure prophylaxis (PrEP). For TB, our partnership worked with manufacturers to significantly reduce the price of essential tools, including the GeneXpert cartridge used for molecular diagnostics; bedaquiline, the main treatment for drug-resistant TB; and preventive medicines. We also worked on improving diagnostic tool options and expanding access to them. For malaria, we used our novel Revolving Facility to secure such an attractive price for the innovative dual active ingredient (dual AI) insecticide-treated mosquito nets that most countries have already switched to using them. Looking forward, there is an exciting pipeline of innovations across all three diseases. Ensuring there is rapid, affordable and equitable access to these new and powerful tools must remain a key priority in our efforts to accelerate progress toward the SDG target to end AIDS, TB and malaria by 2030.

Tackling crises

We have repeatedly demonstrated our value in supporting countries in the face of crises and challenging circumstances. We work with countries to adapt to shocks, maintain sustainable progress against the three diseases and improve overall health outcomes. The Global Fund partnership’s response to COVID-19 is perhaps the most obvious example. We started making money available to countries to respond to the virus as early as February 2020, and by April 2020 we launched C19RM. Since then, with the support of generous donors, led by the United States and Germany, we have been able to provide over US\$5 billion in support to countries to respond directly to COVID-19, mitigate its impact on HIV, TB and malaria programs, and strengthen health system capacities. C19RM played a critical role in enabling a swift response to the new virus and in countering the impact on the three diseases in the countries in which we invest. In 2023, C19RM investments represented the largest source of external grant funding to low- and middle-income countries for reinforcing pandemic preparedness, with over US\$360 million invested in key components of health systems, including disease surveillance, laboratory networks, oxygen systems and community health workers.

9. Tracking Universal Health Coverage: 2023 Global monitoring report. World Health Organization and the International Bank for Reconstruction and Development/The World Bank, 2023. <https://www.who.int/publications/i/item/9789240080379>.

10. Estimates of the “intrinsic” value of health are based on what individuals are willing to pay for improvements in their own health, whereas the “productivity gain” considers the extent to which reductions in sickness and premature deaths increase productive work.

11. Includes C19RM.

In 2023, we faced crises including climate change, conflicts and political turmoil, the erosion of human rights and attacks on gender equality, antimicrobial resistance, and growing debt and economic problems. These challenges threaten the sustainability of our efforts to deliver on the SDG 3 ambitions for health, and risk deepening global health inequities. We must protect the gains we have worked so hard to achieve over the last two decades, and we must also accelerate our progress, so that we get back on the trajectory required to achieve the SDG 3 target of ending AIDS, TB and malaria by 2030.

Climate change

Climate change represents a profound and rapidly escalating threat to the Global Fund's mission to defeat AIDS, TB and malaria, save lives and build a healthier, safer and more equitable world for all. Climate change is increasing existing social and economic vulnerability, including amongst key, vulnerable and underserved populations affected

by HIV, TB and malaria. The health impacts of climate change are also a large driver of extreme poverty.

In 2023, we saw countries respond quickly by incorporating climate-related considerations into their disease interventions, but the scale of this rapidly escalating challenge should not be underestimated. Already, some 70% of our country allocations are invested in the 50 most climate-vulnerable countries, and 37% of our emergency funding has been deployed in response to natural disasters and extreme weather and climate events.

Conflicts and political turmoil

In 2023, we saw widespread and intense conflict and political turmoil in many of the countries where we invest. From Sudan to Ukraine, the Middle East to the Sahel, conflict and political crises disrupted our programs and diminished health system performance, with devastating consequences for the poorest and most vulnerable communities.



Noelia Sosa, Anastacio Dermott and their children María Jose and Isaías at their home in San Pedro, Paraguay. Anastacio, María Jose and Isaías were tested and treated for TB.

The Global Fund/Johis Alarcón/
Panos

The breadth and flexibility of the Global Fund partnership gives us a unique ability to adapt to such challenging circumstances. In Ukraine, more than 1,500 health facilities have been attacked over the past two years, leaving health care workers and patients displaced, injured, or dead. Ensuring continuity of HIV and TB services has required flexibility and intense collaboration between the Ministry of Health and civil society and community partners, including 100% Life and the Alliance for Public Health, and over 100 community-based and community-led organizations. In addition to the US\$166 million country allocation for GC7 to Ukraine, the Global Fund has provided US\$28 million to the country from the Emergency Fund.

Human rights and gender equality

In many parts of the world, we are witnessing stalled progress on gender equality and an alarming erosion of human rights. Stigma and discrimination, criminalization and other punitive laws and policies prevent those most at risk from getting the services they need. The fight against diseases is as much a fight for justice and equity as it is a biomedical fight. Even the most innovative biomedical tools will fail if those who most need them can't get them. To end infectious diseases for good, we must dismantle the human rights-related barriers that prevent certain populations from accessing the services they need and tackle the deep gender inequalities and underlying inequities that drive starkly different health outcomes. We have stepped up our efforts to support countries and communities to respond to these challenges. In 2023, our Breaking Down Barriers initiative was expanded to reach 24 countries and bring together stakeholders across government, civil society and communities to confront injustices in disease programs. This initiative has resulted in much greater investments in programs to reduce human rights-related barriers to health care and reinvigorated support to organizations led by key populations and their allies.

Antimicrobial resistance

With AMR we face an increasing risk of being confronted with pathogens impervious to lifesaving medical tools, particularly current antibiotics. Tackling the threat of AMR requires a broad range of actions, from improved stewardship to the development of new antibiotics. Combatting AMR requires the active engagement of many different actors, and the Global Fund already plays a significant role in this space. We provide by far the largest external source of funding to treat drug-resistant TB, one of the largest causes of AMR-related mortality, and we make significant investments in infection prevention and control, waste management, surveillance systems, and laboratory diagnostics, including health products available through our Pooled Procurement Mechanism.

Ensuring sustainable progress

Winning the battle against HIV, TB and malaria is essential to reducing the stark global health inequities that persist and to delivering on the overarching SDG 3 goal of health and well-being for all. Our increased investments in health systems are delivering immediate gains in health outcomes, while enabling countries to make faster progress toward UHC. Yet the ultimate driver of sustainable progress against the three diseases and on the journey toward UHC remains countries' own domestic resource mobilization. Through our co-financing requirements, technical assistance and overall efforts on health financing, and collaboration with countries on strengthening public financial management, we are supporting countries to increase the quantum, quality and effectiveness of their domestic spending on health.

Continuing to reduce the burden of HIV, TB and malaria is a prerequisite for ensuring the sustainability of the health gains we have worked so hard to achieve. Cutting infections and deaths from the three diseases not only saves lives but also frees up health system capacities that can be directed to meet other health needs. Underinvesting in the fight against HIV, TB and malaria risks perpetuating the threat from the three diseases, costing lives and overburdening fragile health systems.

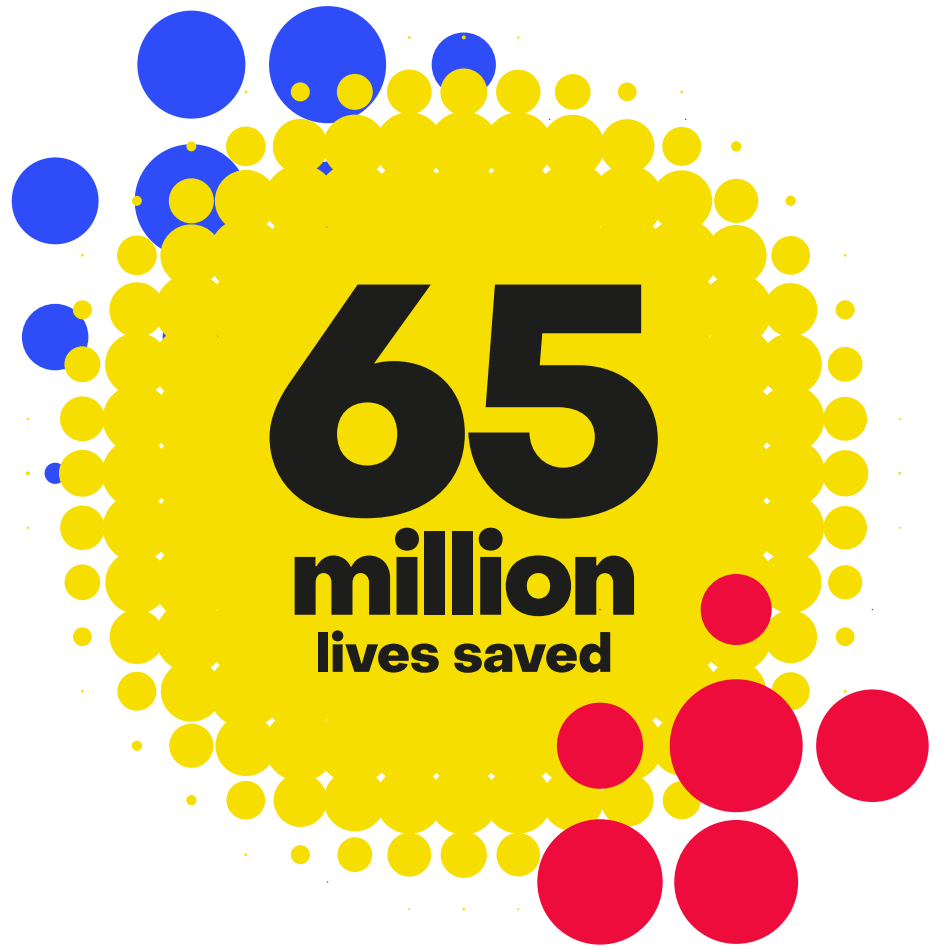
In 2023, the Global Fund partnership continued to deliver on our promise: to save lives from HIV, TB and malaria, and work with countries to build stronger and more inclusive systems for health. Once again, this unique partnership – led by country partners, communities affected by the diseases and frontline health workers – demonstrated resilience and versatility, adapting rapidly to support countries in responding to the diverse challenges that affect them, and ensuring continued progress in the fight against the world's leading infectious diseases. These results provide further evidence of the efficiency and effectiveness of this unique partnership model. Working hand in hand with communities, governments, the private sector, civil society and our technical partners, and putting people affected by the diseases at the center of the response, I am confident that we can end AIDS, TB and malaria as public health threats, accelerate progress toward UHC and deliver on the SDG 3 ambition of health and well-being for all. ●



Eight-year-old Rehana Bosan tested positive for HIV at 4 years old. Every other month, Rehana and her grandmother walk to the HIV treatment center in Ratodero, Pakistan, to collect her medicine. Rehana was diagnosed during Ratodero's 2019 HIV outbreak, likely caused by unsafe medical practices and contaminated medical supplies. Hundreds of children, including Rehana's sister and brother, also tested positive for HIV during that period.

The Global Fund/Vincent Becker

Key Results and Lives Saved



In response to HIV, TB and malaria, we measure our progress against the global targets set for the three diseases¹² and in the Sustainable Development Goal 3 of health and well-being for all.

12. Targets for each disease are included in the UNAIDS 2025 programmatic targets and the 2021-2030 impact and resource needs estimates, 2022; WHO Global Technical Strategy for Malaria, 2016-2030, 2021 update; WHO End TB Strategy, 2015; and the Stop TB Partnership Global Plan to End TB 2023 to 2030, 2022.

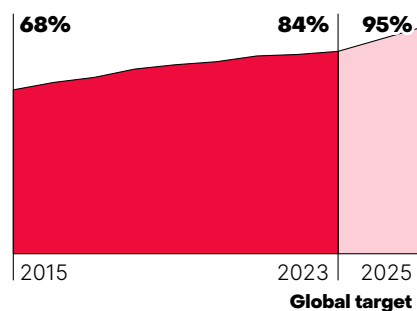
Key results in the countries where the Global Fund invests include:



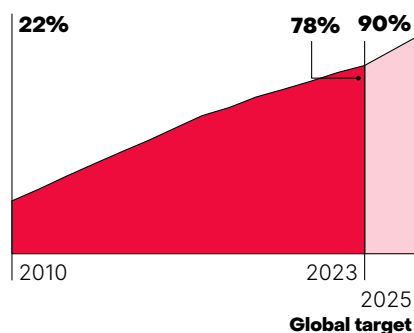
25 million

People on antiretroviral therapy for HIV*

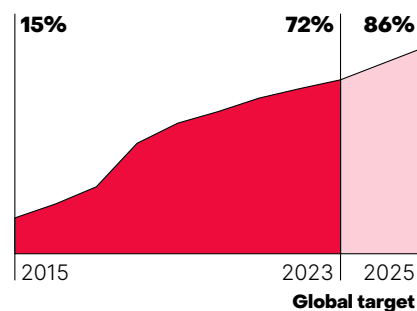
People living with HIV who know their status



People living with HIV receiving ARVs



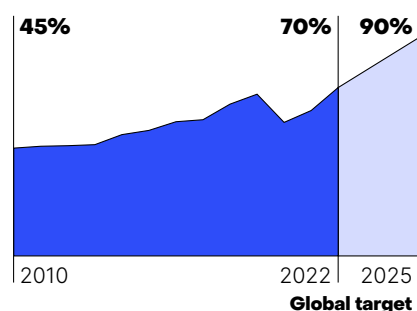
People living with HIV with suppressed viral load



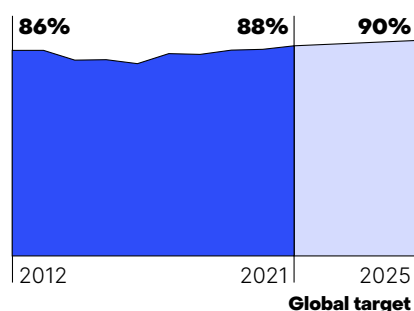
7.1 million

People treated for TB*

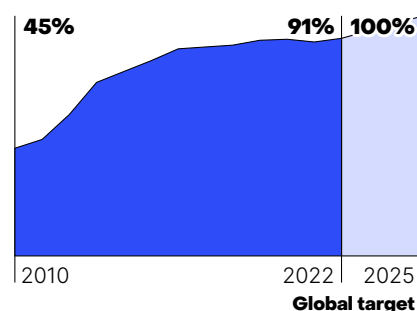
TB treatment coverage



TB treatment success rate (all forms)



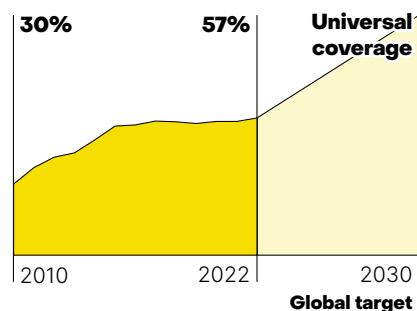
HIV+ TB patients on ARVs



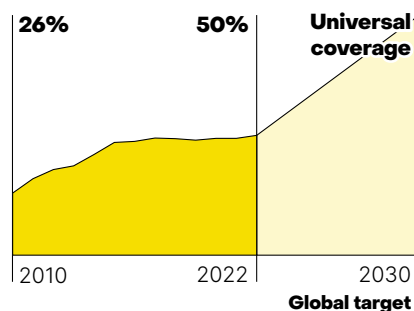
227 million

Mosquito nets distributed*

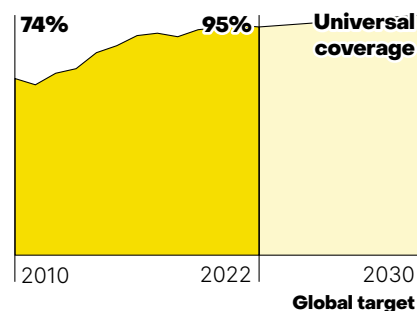
Mosquito nets population coverage



Mosquito nets population use



Suspected malaria cases tested

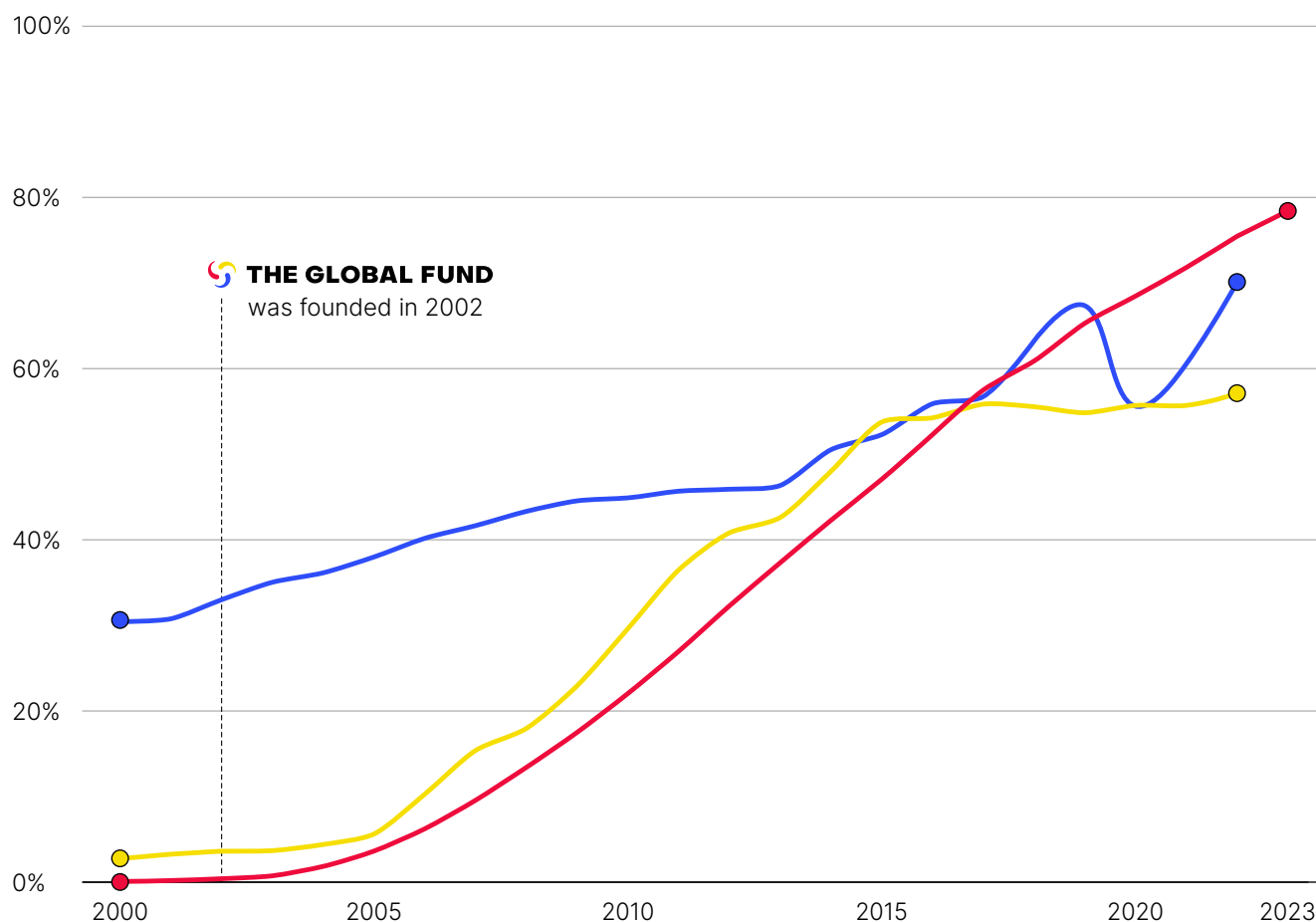


*Programmatic results achieved during 2023 by countries and regions where the Global Fund invests. Progress graphs are based on latest published data from WHO (2023 release for TB and malaria) and UNAIDS (2024 release). Malaria mosquito net coverage calculated based on 38 African countries for which data is available from WHO/Malaria Atlas Project estimates.

Coverage of key treatment and prevention interventions

In countries where the Global Fund invests

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



Malaria coverage is calculated based on 38 African countries where the Global Fund invests, for which data is available from WHO/Malaria Atlas Project estimates. HIV and TB estimates are based on all countries where the Global Fund invests. Based on published data from WHO (2023 release for TB and malaria) and UNAIDS (2024 release).

Health programs supported by the Global Fund partnership have saved 65 million lives as of the end of 2023. Overall, the combined death rate from the three diseases has reduced by 61% since 2002 in the countries where the Global Fund invests. That achievement is the result of efforts made by a wide array of actors who are part of the Global Fund partnership, including significant investments and initiatives implemented independently of the Global Fund. Key partners contributing to the progress against the three diseases include partner and donor governments; civil society groups; people affected by the diseases; bilateral partners such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. President's Malaria Initiative (PMI), the U.S. Agency for International Development (USAID),

Agence Française de Développement, the UK Foreign, Commonwealth & Development Office, the governments of Germany and Japan; key multilateral and technical partners such as WHO, the United Nations Joint Programme on HIV/AIDS (UNAIDS), the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaid, and Gavi, the Vaccine Alliance (Gavi); private sector partners such as (RED); and foundations such as the Bill & Melinda Gates Foundation.

Investments by the Global Fund partnership have played a pivotal role in helping to increase life expectancy in low- and middle-income countries. Millions of people in sub-Saharan Africa are living longer largely because of the gains made in the fight against HIV, TB and malaria. ●



Lucy Mukasia, a clinician at Kibera Health Centre in Nairobi, Kenya, sorts antiretroviral medicines.

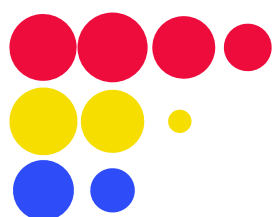
The Global Fund/Brian Otieno



State of the Fight

The world has made remarkable progress in the response to HIV. New HIV infections have declined in most regions since 2010, and access to lifesaving HIV treatment has reduced the annual number of AIDS-related deaths globally by 51% since 2010. Innovations in medicines are boosting treatment outcomes.

Global Fund investments not only drive progress in tackling HIV, but also contribute to building strong, equitable and resilient health and community systems.



In 2023, the Global Fund continued to support countries to scale up innovative HIV testing, while investments in HIV treatment focused on enrolling and maintaining more people on lifesaving care. We are investing significantly in antiretroviral therapy, and in 2023 the number of people living with HIV who were receiving HIV treatment continued to grow in countries where we invest. The Global Fund partnership secured a price reduction of 25% for the preferred first-line HIV treatment, allowing many governments to expand existing interventions and to invest in other critical areas of their HIV programs. Our investments in HIV prevention focused on the urgent need to close gaps in access to the interventions that have the greatest impact on reducing new HIV infections. In 2023, in addition to other effective prevention options, we supported the procurement and delivery of increased volumes of oral PrEP and the dapivirine vaginal ring. Both have enormous potential for preventing new HIV infections, with the ring providing an additional effective prevention option for women.

Global Fund investments not only drive progress in tackling HIV, but also contribute to building strong, equitable and resilient health and community systems. In 2023, investments in training health care workers,

improving laboratory infrastructure and integrating HIV services into broader health systems accelerated our response to HIV while supporting progress in the fight against other diseases and strengthening pandemic preparedness.

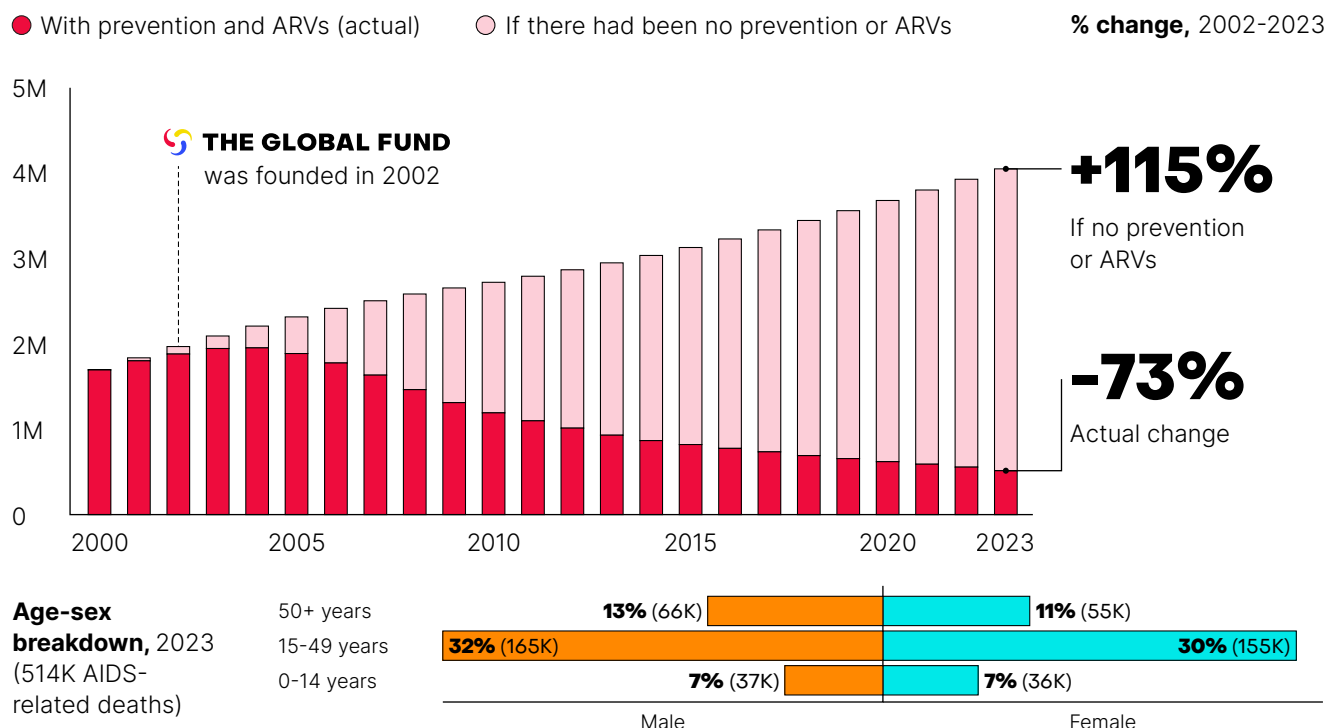
In 2023, we continued to support countries to address societal and structural factors that fuel HIV, promoting and protecting human rights and addressing other inequalities that predispose people to the virus.

As more countries achieve or approach the UNAIDS 95-95-95 targets, sustaining gains in the fight against HIV is a considerable challenge. We must build on this hard-won progress and significantly scale up efforts and resources if the world is to meet the SDG 3 target of ending AIDS as a public health threat by 2030.

In countries where the Global Fund invests, AIDS-related deaths have been reduced by 73% since 2002, and new infections have been reduced by 61%. At the end of 2023, 84% of people living with HIV knew their HIV status, 78% of people living with HIV were on lifesaving HIV treatment and 72% of people living with HIV had a suppressed viral load. ●

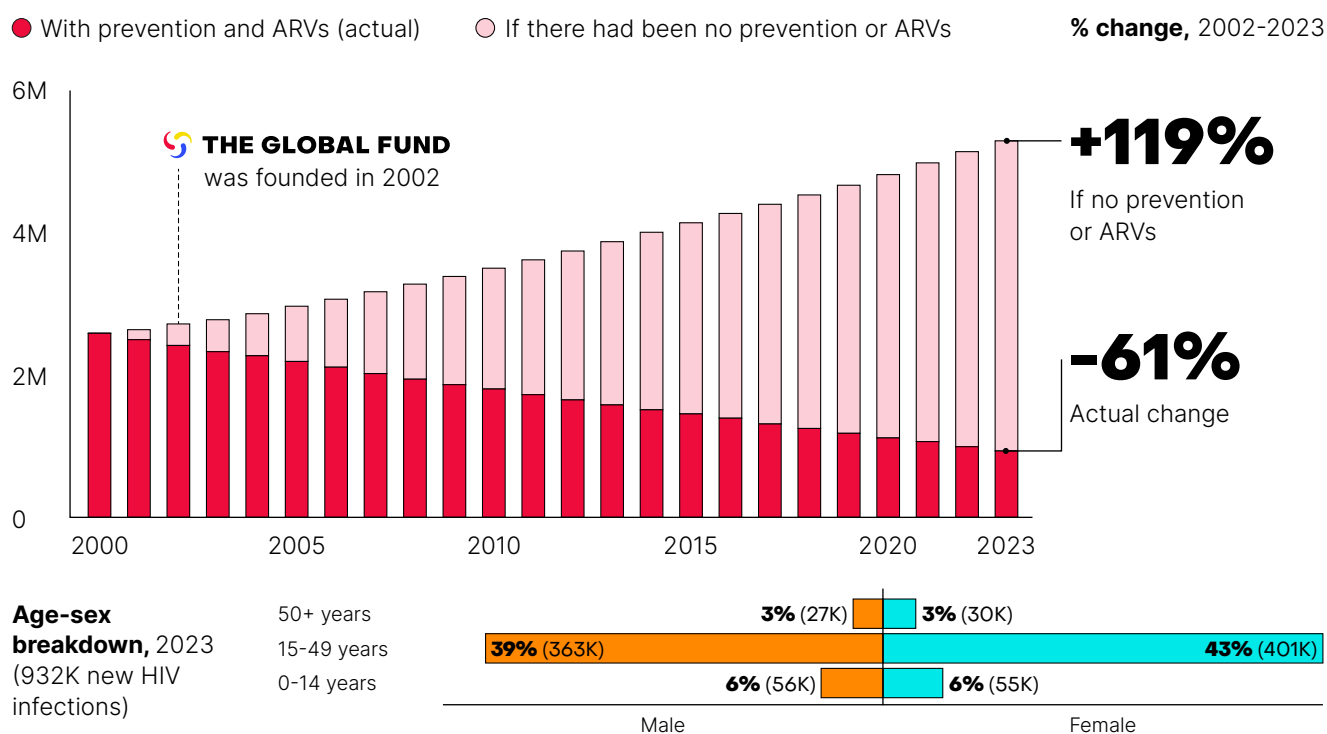
Trends in AIDS-related deaths

In countries where the Global Fund invests



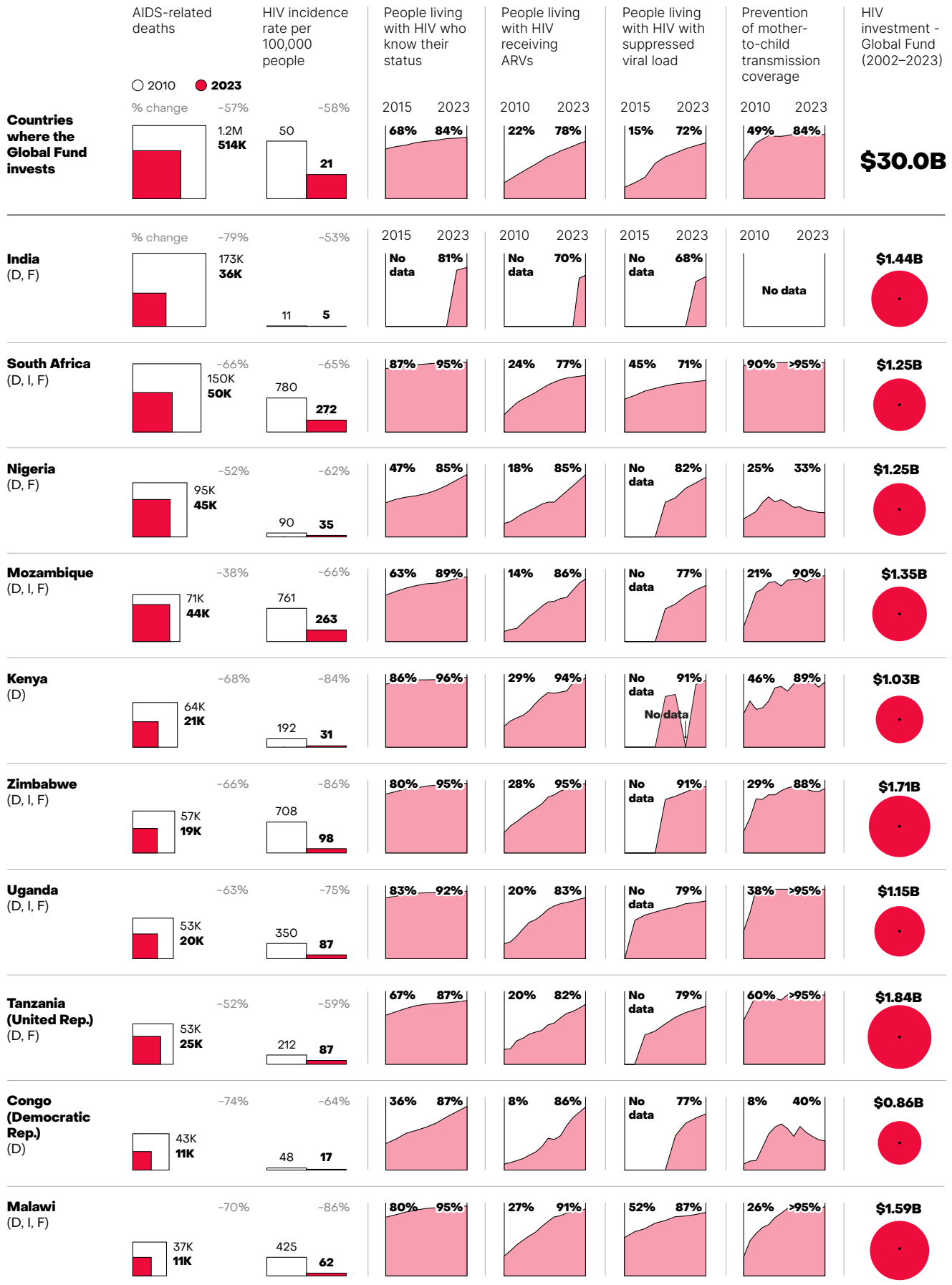
Trends in new HIV infections

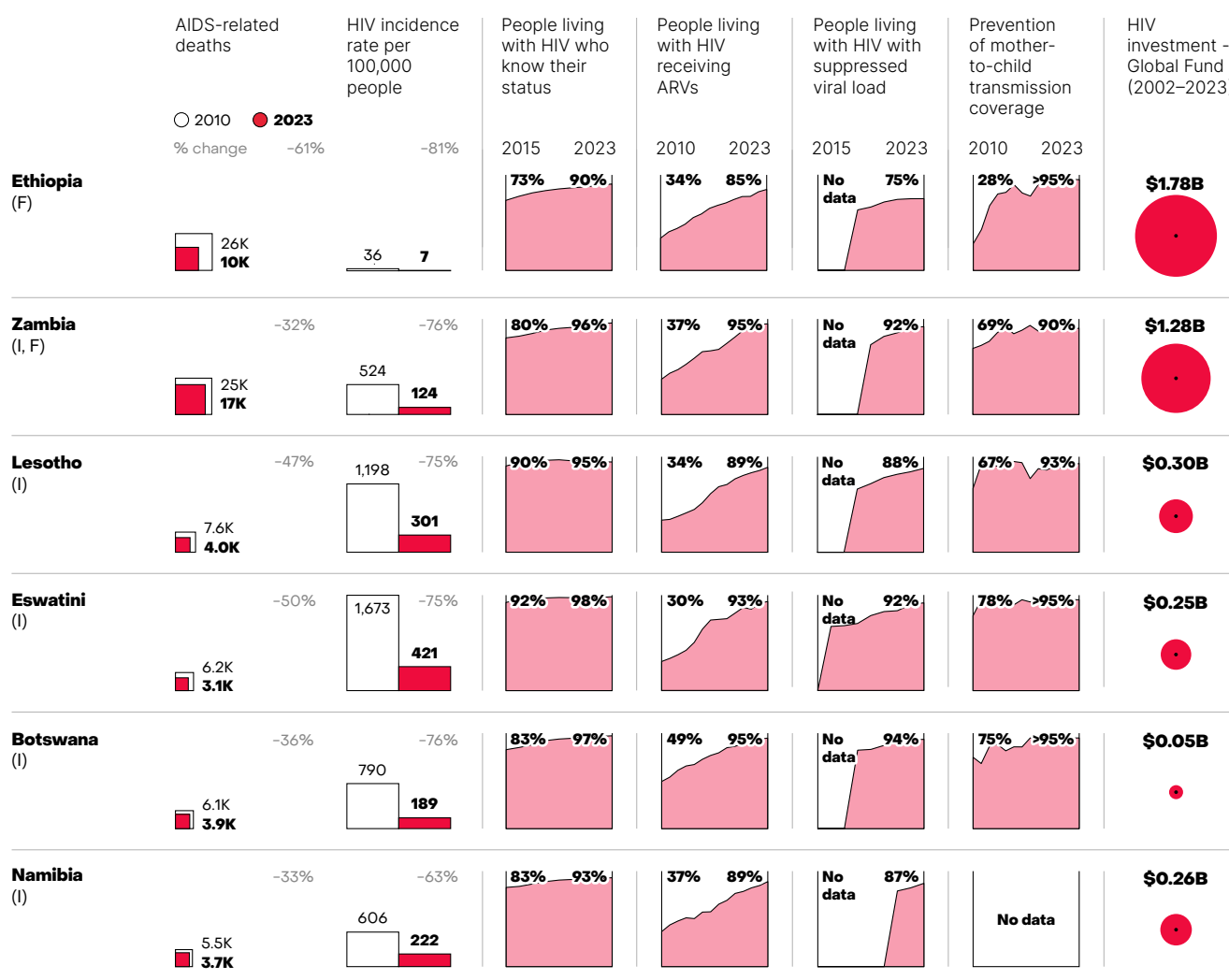
In countries where the Global Fund invests



HIV burden estimates from UNAIDS, 2024 release. Estimation of "no prevention or ARVs" trends from Goals Model, Asian Epidemic Model (AEM) and AIDS Impact Model (AIM).

Investment and impact: HIV





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

All data is based on estimates published in the UNAIDS 2024 release <http://aidsinfo.unaids.org/>, other than Global Fund disbursements, which are available on the [Global Fund Data Explorer](#). The denominator for the three 95s is People living with HIV.

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

- Being among the top-10 countries with the highest number of AIDS deaths in 2010 (D).
- Being among the top-10 countries with the highest HIV incidence rate in 2010 (I).
- Being among the top-10 countries that received the largest amount of funding from the Global Fund from 2002 to end December 2023 to support HIV programs (F).

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

2. The aggregate numbers presented as “Global Fund-supported” include countries that have recently received Global Fund funding for HIV programs and have reported programmatic results over the past two cycles, excluding countries only receiving funds through the nongovernmental organization (NGO) rule. Global Fund-supported countries received US\$30 billion from 2002 to end-December 2023 to support HIV and AIDS and a portion of HIV/TB programs. Additionally, they received US\$1.9 billion in cross-cutting support across the three diseases, resulting in a total of US\$31.9 billion. Countries/programs previously supported by the Global Fund had received US\$1.3 billion since 2002, resulting in a total disease-specific investment of US\$31.2 billion.

3. In line with the Global Fund [results reporting methodology](#), these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.



Marketing professional Nguyen Ngoc Huyen at the National Lung Hospital in Hanoi, Viet Nam, where she received treatment for TB, lupus and COVID-19.
The Global Fund/Quinn Ryan Mattingly

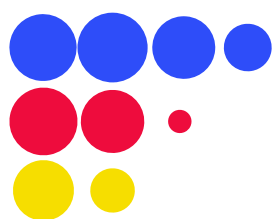
Tuberculosis



State of the Fight

Tuberculosis (TB) is a preventable and curable disease, and yet in 2022 it still took 1.3 million lives (including deaths of people living with HIV). A disease fueled by inequity, TB takes the greatest toll on vulnerable communities – with 80% of TB cases and deaths affecting the most marginalized people in low- and middle-income countries. Acceleration of the TB response is essential to getting the world on track to reach the SDG 3 target of ending TB as a public health threat by 2030.

In 2023, Global Fund-supported TB programs recorded a complete recovery from COVID-19-related disruption. More people with TB were found and treated than ever before.



The Global Fund partnership is investing vigorously in the fight against TB. In 2023, we continued to support countries to deliver equitable, people-centered, cost-effective TB interventions; prioritize finding and treating “missing” people with TB and drug-resistant TB; roll out better treatment regimens; increase the availability of people-centered, accessible, and quality screening and diagnostics; and address the structural drivers of TB and barriers to TB services, including gender and human rights issues.

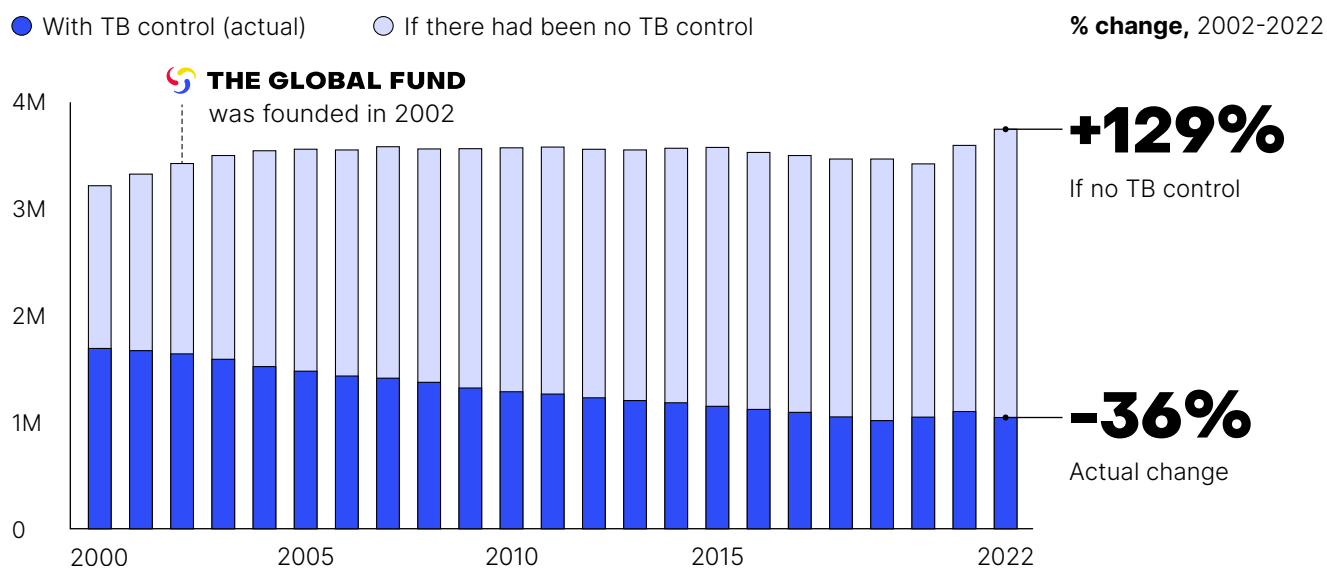
In 2023, TB programs supported by the Global Fund recorded a complete recovery from COVID-19-related disruption. More people with TB were found and treated than ever before. In Africa, TB deaths fell by 38% and the TB incidence rate fell by 23% between 2015 and 2022. The continent is estimated to have passed the 2020 incidence rate and death reduction milestones of the WHO End TB Strategy. Our TB response continued

to be strengthened by the growing range of available prevention and treatment options. These include the cost-effective short course TB preventive treatment, 3HP, and the latest shorter treatment regimens, including BPaLM for drug-resistant TB.

Working with governments, the private sector, health workers, civil society and communities, the Global Fund partnership has reduced TB deaths by 36% between 2002 and 2022. Without these efforts, TB deaths would have increased by 129% and new TB cases by 38% over the same period. Taken together with strengthened commitments from member states agreed upon during the second high-level meeting of the UN General Assembly on the fight against tuberculosis in 2023 and the significant progress we are witnessing in diagnostics, drugs and vaccine development, there is real hope that we can end TB. ●

Trends in TB deaths (excluding HIV-positive)*

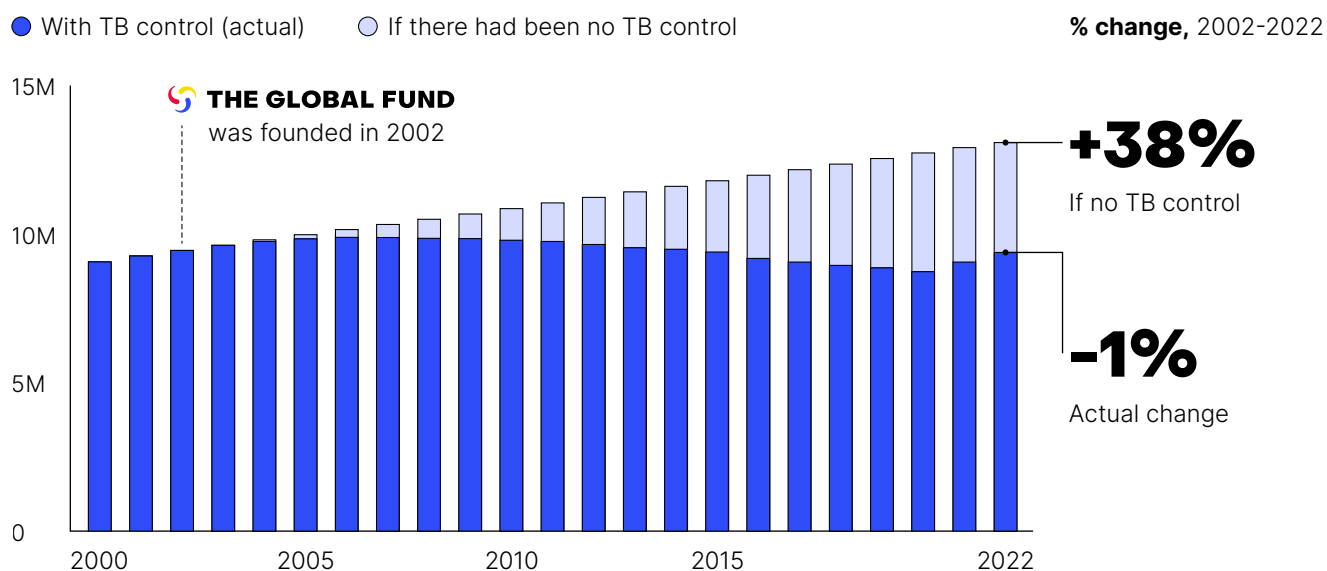
In countries where the Global Fund invests



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

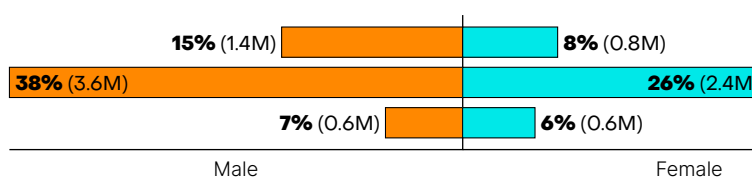
Trends in new TB cases (all forms)

In countries where the Global Fund invests



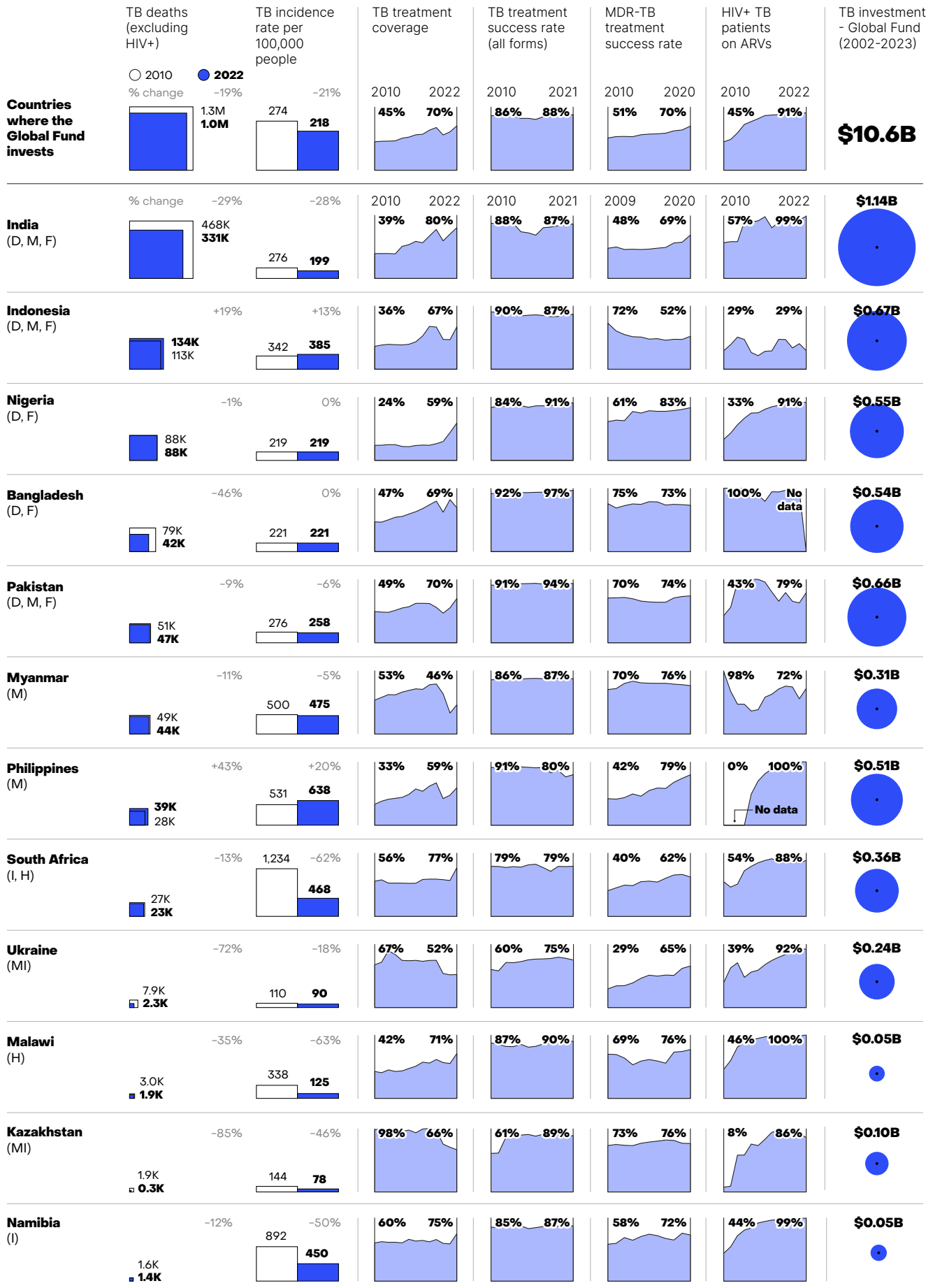
**Age-sex
breakdown, 2022**
(9.4M new TB
cases)

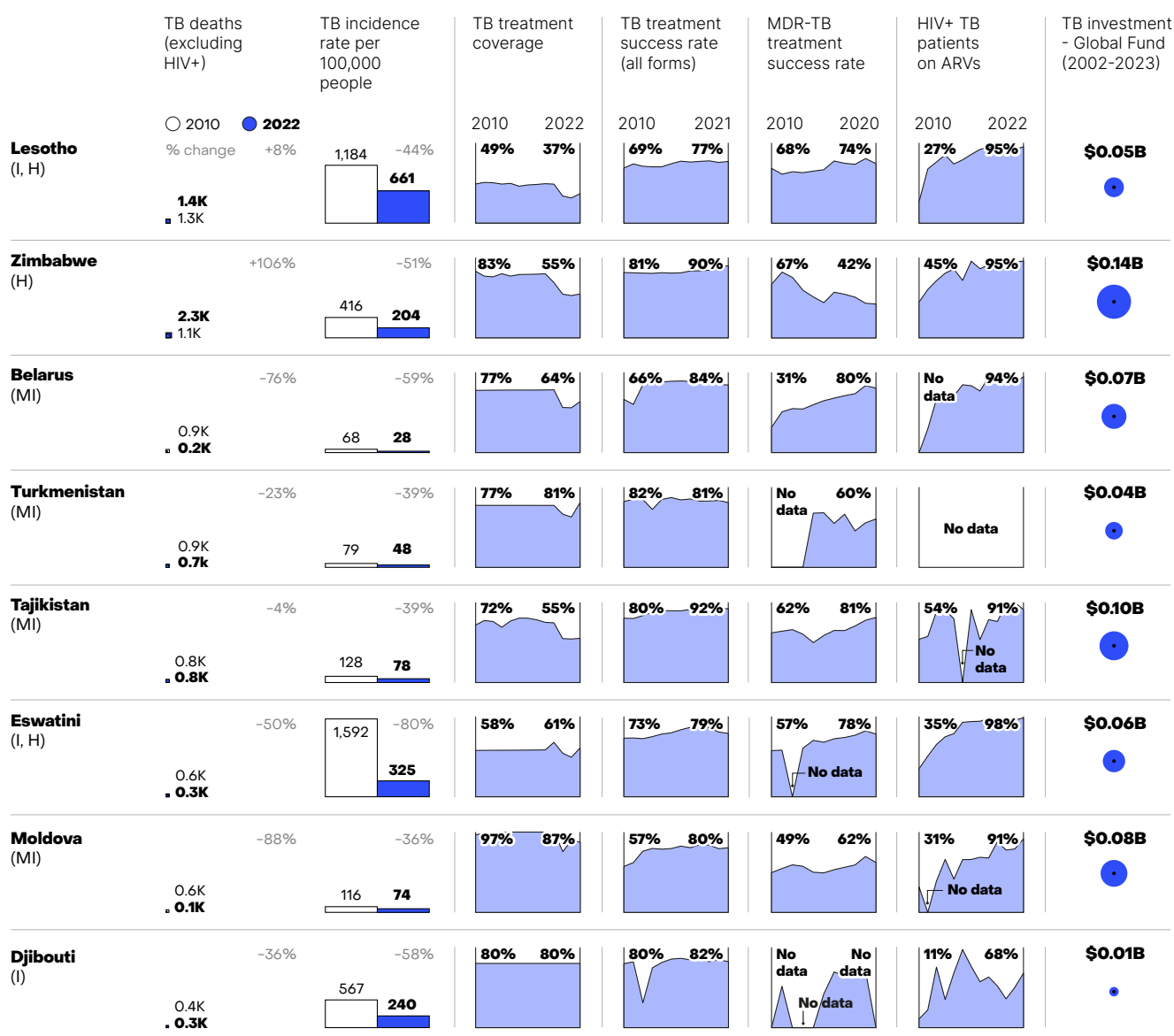
55+ years
15-54 years
0-14 years



The TB burden estimates are from the WHO Global Tuberculosis Report 2023. The estimation of "no TB control" trends for TB deaths from WHO and for new TB cases is based on the assumption of a constant trend in new TB cases since 2000.

Investment and impact: TB





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

All data is based on estimates published in the Global Tuberculosis Report 2023 <https://www.who.int/tb/data/en/>, other than Global Fund disbursements, which are available on the [Global Fund Data Explorer](#).

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

- Being among the top-5 countries with the highest number of TB deaths (excluding HIV+) in 2010 (D).
- Being among the top-5 countries with the highest TB incidence rate in 2010 (I).
- Being among the top-5 countries with the highest number of MDR-TB cases in 2022 (M).
- Being among the top-5 countries with the highest ratio of estimated number of MDR-TB to estimated number of new TB cases in 2022 (MI).
- Being among the top-5 countries receiving the highest amount of funding from the Global Fund from 2002 to end December 2023 to support TB programs (F).
- Being among the top-5 countries with the highest estimated HIV prevalence among incident TB cases in 2010 (H).

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

2. The aggregate numbers presented as “Global Fund-supported” include countries that have recently received Global Fund funding for TB programs and have reported programmatic results over the past two cycles. These countries received US\$10.6 billion from 2002 to end December 2023 to support TB programs and a portion of joint HIV/TB programs. Additionally, they received US\$2.0 billion in cross-cutting support across the three diseases, resulting in a total of US\$12.5 billion. Countries/programs previously supported by the Global Fund had received US\$808 million since 2002, resulting in a total disease-specific investment of US\$11.4 billion.

3. In line with the Global Fund [results reporting methodology](#), the charts reflect the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.



Members of the logistics staff at the Gabasawa mosquito net hub in Kano State, Nigeria, unload bales of mosquito nets that will be given to families across the state.

The Global Fund/Andrew Esiebo/Panos

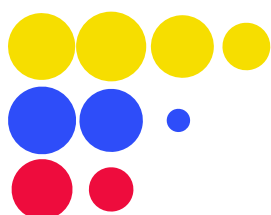
Malaria



State of the Fight

Malaria remains a daunting global health challenge. Conflict, climate change and increasing resistance to insecticides are jeopardizing the significant gains that the Global Fund partnership has made against malaria over the last two decades. But with investments to strengthen health systems and accelerate the targeted deployment of innovative tools and trusted prevention, testing and treatment methods, the Global Fund partnership is fighting back.

The Global Fund's investments in the fight against malaria are making health and community systems more resilient, sustainable and inclusive.



In 2023 the Global Fund expanded access to powerful tools to prevent and treat malaria, including insecticide-treated mosquito nets, seasonal malaria chemoprevention for children at high risk of malaria, intermittent preventive treatment of malaria for pregnant women, indoor residual spraying, and antimalarial medicines.

Years-long market-shaping efforts and investments by the Global Fund have had an enormously positive impact on ensuring equitable access to game-changing dual active ingredient (dual AI) insecticide-treated nets in 2023. As a result of our collaboration and proactive engagement with in-country implementers, the rollout of these lifesaving new nets has already been much faster than anticipated. Dual AI nets are expected to comprise 59% of insecticide-treated mosquito nets in the current grant cycle.

Timely testing and early treatment for people affected by malaria is fundamental to preventing deaths and decreasing transmission. With the support of our suppliers the Global Fund was able to achieve some price decreases or maintain pricing for the majority

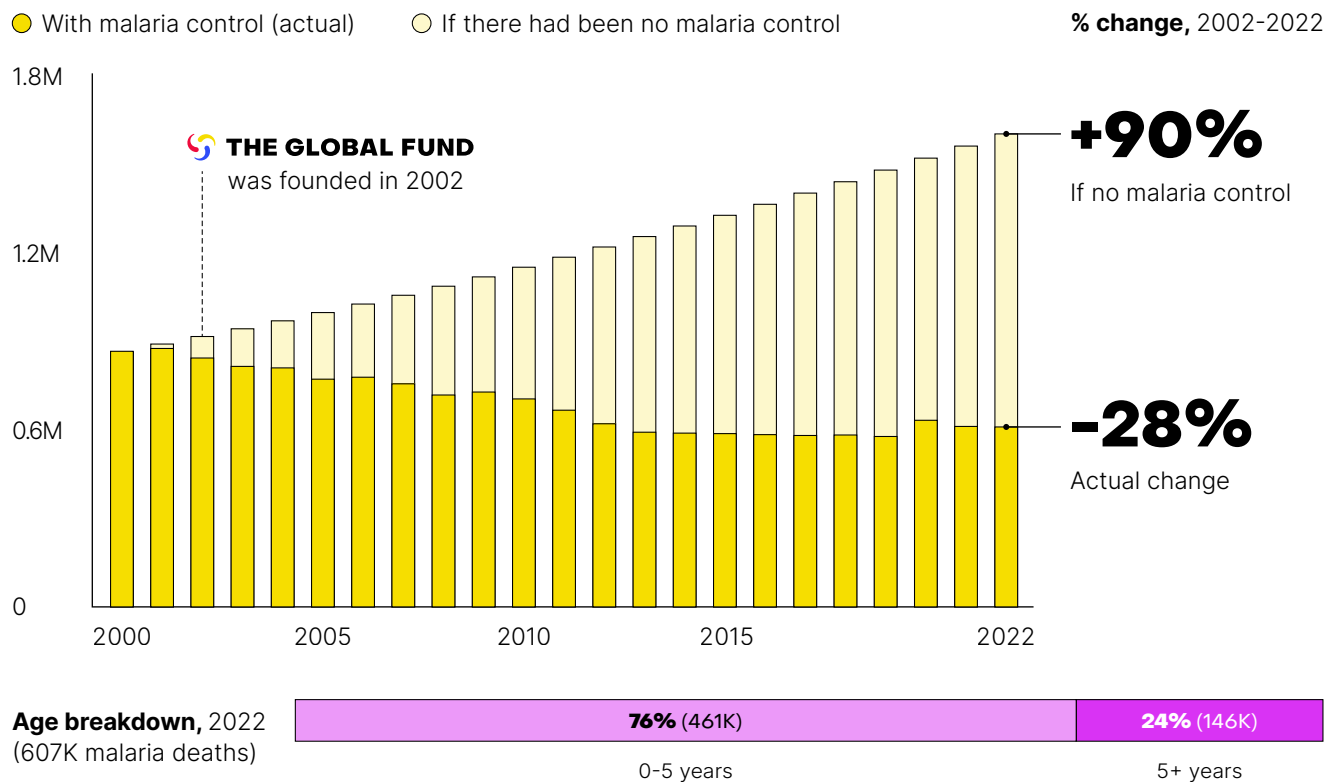
of our antimalarial treatments despite increases in raw materials costs, securing a stable supply for patients across countries. We are also working across the partnership to ensure equitable access to new diagnostics and treatments.

The Global Fund's investments in the fight against malaria are making far-reaching contributions to strengthening health and community systems, making them more resilient, sustainable and inclusive. In 2023, the Global Fund continued to invest in community health workers – who are the ones bringing malaria prevention and care services to the people who need them most.

Countries most affected by the disease are committing to robust and sustainable progress against malaria. In March 2024 in Yaoundé, Cameroon, ministers of health from African countries with the highest burden of malaria committed to accelerated action to end deaths from the disease. The Global Fund partnership celebrates this renewed commitment and is working tirelessly to defeat malaria and ensure a healthier, safer and more equitable future for all. ●

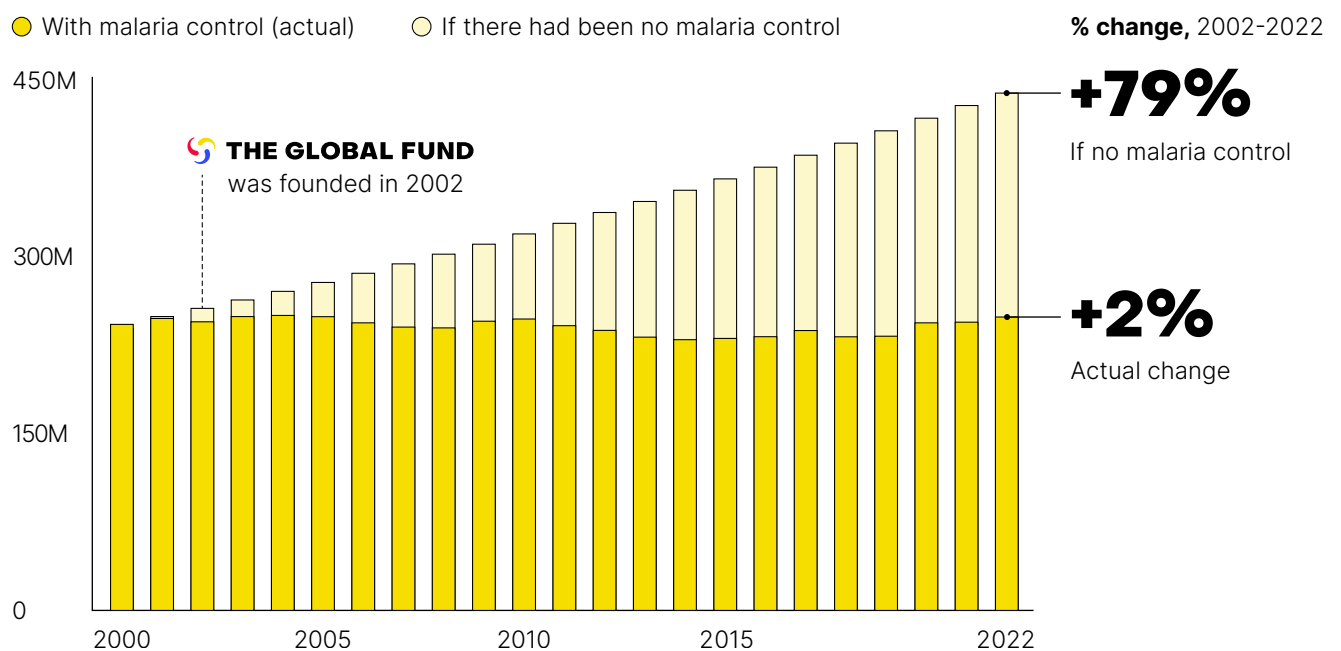
Trends in malaria deaths

In countries where the Global Fund invests



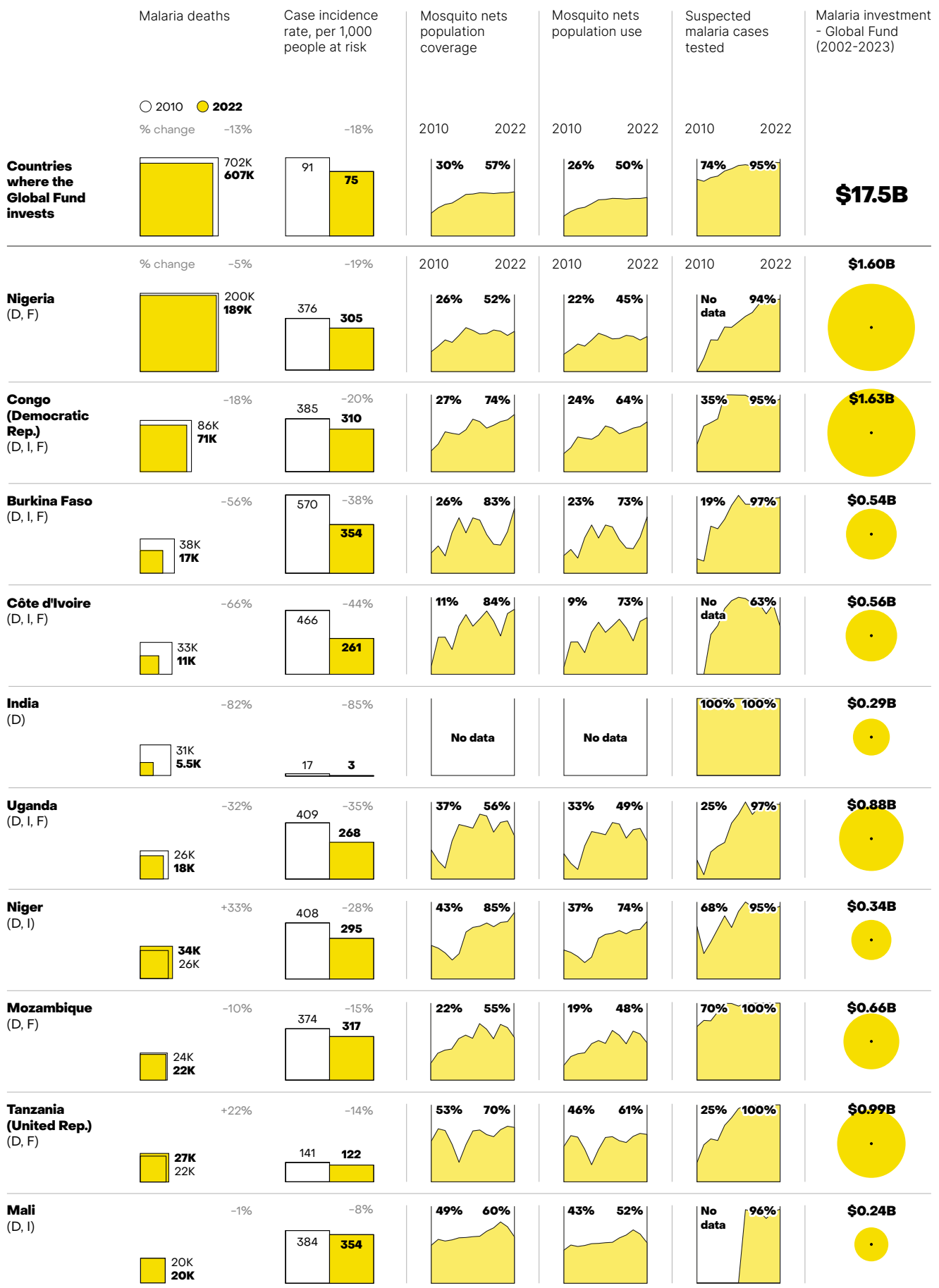
Trends in malaria cases

In countries where the Global Fund invests



Malaria burden estimates and estimation of "no malaria control" from WHO World Malaria Report 2023.

Investment and impact: Malaria





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

Data are based on estimates published in the World Malaria Report 2023 <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2023>; World Malaria Atlas Project data for mosquito net access and use in countries for which estimates are available <https://malariaatlas.org/>; and Global Fund disbursements, which are available on the Global Fund Data Explorer.

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

- Being among the top-10 countries with the highest number of malaria deaths in 2010 (D).
- Being among the top-10 countries with the highest malaria incidence rate in 2010 (I).
- Being among the top-10 countries that received the highest amount of funding from the Global Fund from 2002 to end December 2023 to support malaria programs (F).

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

2. The aggregate numbers presented as "Global Fund-supported" include countries that have recently received Global Fund funding for malaria programs and have reported programmatic results over the past two cycles. These countries received US\$17.5 billion from 2002 to end December 2023 to support malaria programs. Additionally, they received US\$1.9 billion in cross-cutting support across the three diseases, resulting in a total of US\$19.4 billion. Countries/programs previously supported by the Global Fund received US\$1.1 billion since 2002, resulting in a total disease-specific investment of US\$18.5 billion.

3. In line with the Global Fund [results reporting methodology](#), the charts reflect the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.





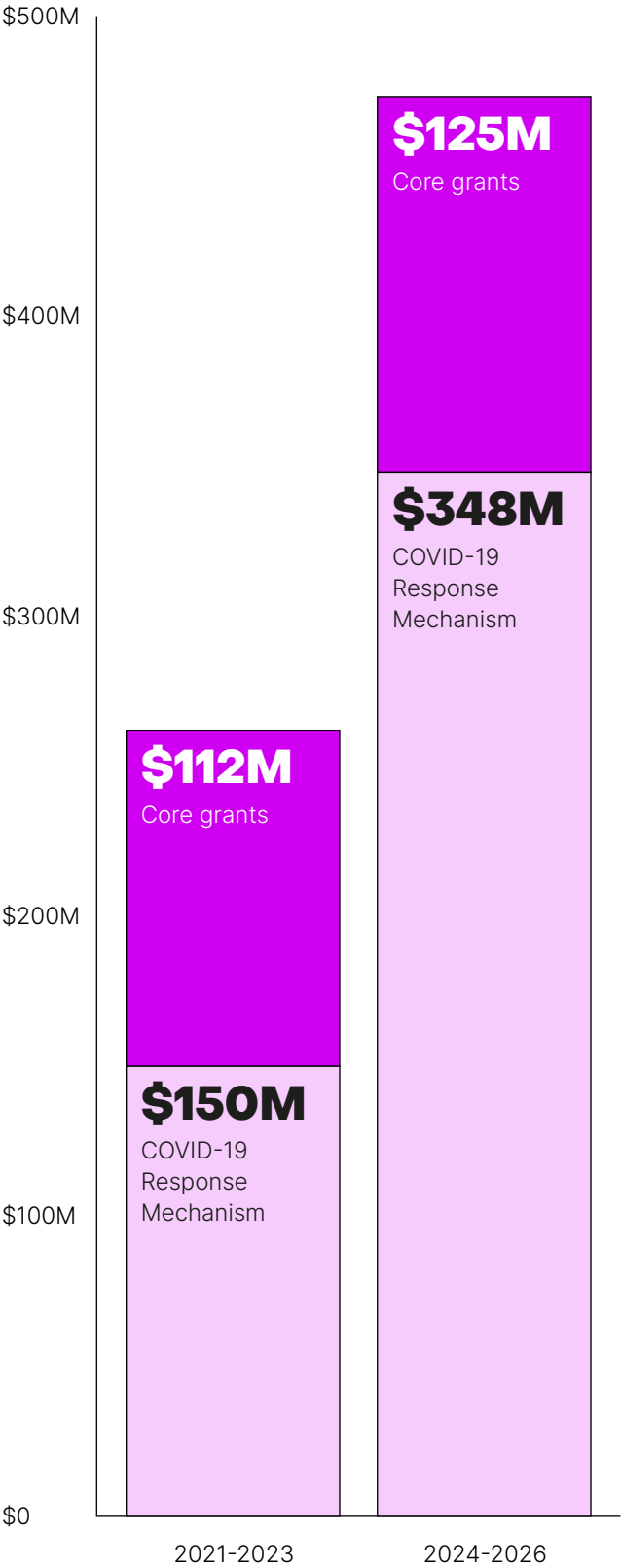
Health and Community Systems

Left: Community health worker Lazare Kafando uses the mobile application Mhealth_Burkina to record and track patient data in Pousghin, Burkina Faso.

The Global Fund/Olympia de Maismont

In countries where the Global Fund invests, many health and community systems remain underfunded. This impacts the fight against HIV, TB and malaria and leaves the world underprepared to tackle current and future health threats.

Investments in laboratory systems



The Global Fund is the world’s largest multilateral grants provider for strengthening health and community systems in low- and middle-income countries. We support countries in their efforts to deliver better health outcomes across all diseases, build pandemic preparedness and response, and work toward achieving UHC. The incredible progress that has been made against HIV, TB and malaria in the last two decades, with 65 million lives saved, has been underpinned by our investments in health and community systems.

In 2023 alone we invested US\$1.8 billion¹³ in health and community systems. Our investments support countries as they work to build stronger health workforces, improve conditions for community health workers, strengthen community systems, prioritize the leadership of communities affected by the three diseases and expand access to screening, diagnosis and treatment, including by improving digital health and health information systems and tackling human rights and gender barriers to adequate care. We invest in strengthening health product value chains and securing increased supply capacity and lower health product prices through market shaping. In 2023, we invested US\$142.4 million in expanding and strengthening laboratory and diagnostics capacities; US\$98.6 million in surveillance systems to strengthen early detection and reporting capabilities for all hazards; and from 2021 to 2025, we are investing around US\$564 million to expand access to lifesaving medical oxygen.

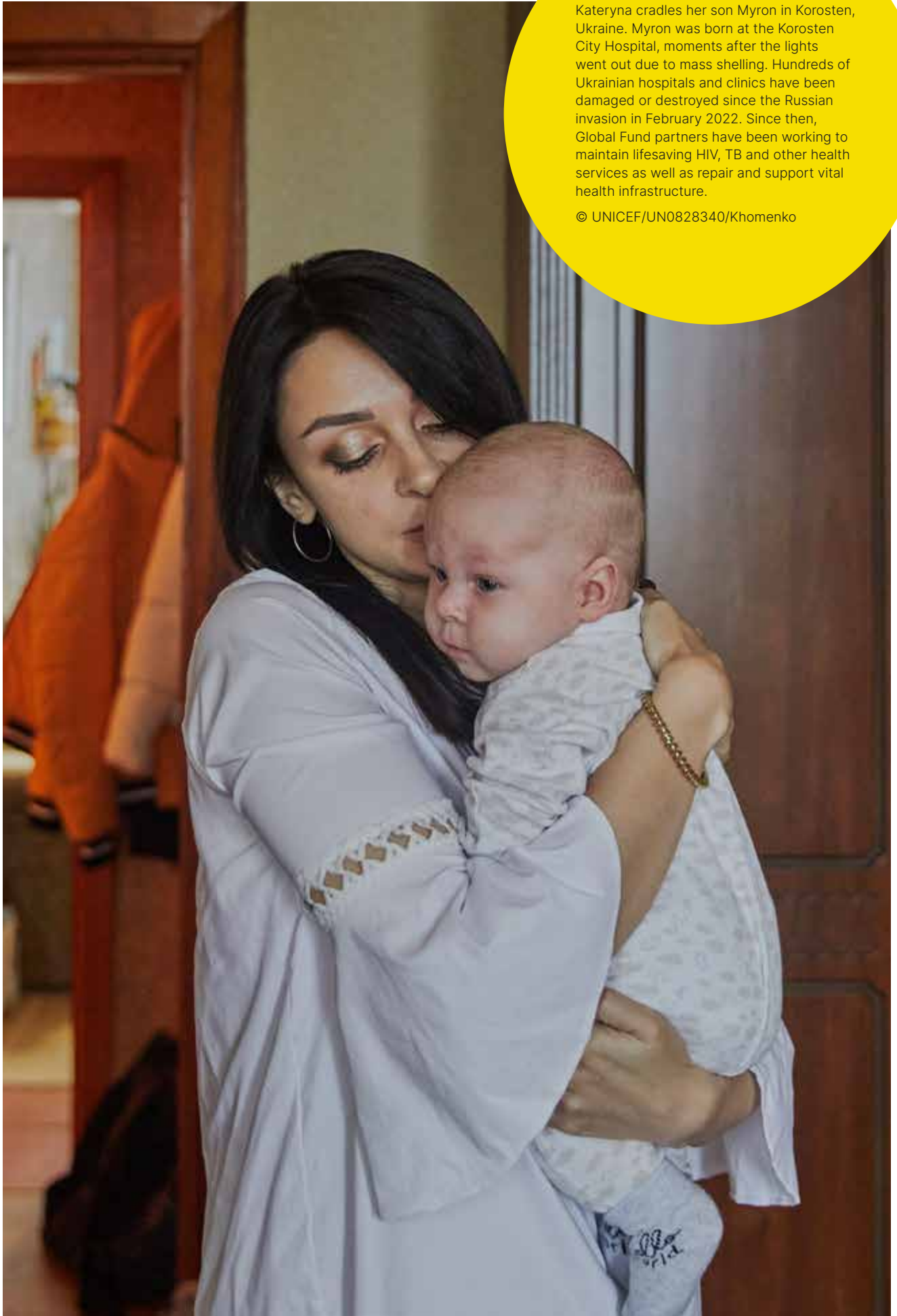
Beyond the great impact in the fight against HIV, TB and malaria, our investments have had significant effects on health systems. Our HIV investments have averted 1.66 billion HIV-related hospitalization days and 1.36 billion outpatient visits, generating US\$85 billion in cost savings and enabling health facilities to tackle other health priorities. In the last two decades, investments in HIV, TB and malaria programs have been the main driver of accelerated progress toward achieving the SDG target of UHC.

We are committing approximately US\$6 billion¹⁴ between 2024-2026 to support countries to strengthen their health and community systems – the most significant increase in investments in this area in our history. This includes reinvestments of approximately US\$2.1 billion¹⁵ made through C19RM. C19RM reinvestments are accelerating progress across five priority areas: human resources for health and community systems strengthening; laboratory systems; health product and waste management systems; surveillance systems; and medical oxygen. ●

13. This includes direct investments in resilient and sustainable systems for health (RSSH), C19RM, and contributions to RSSH through investments in the fight against HIV, TB and malaria.

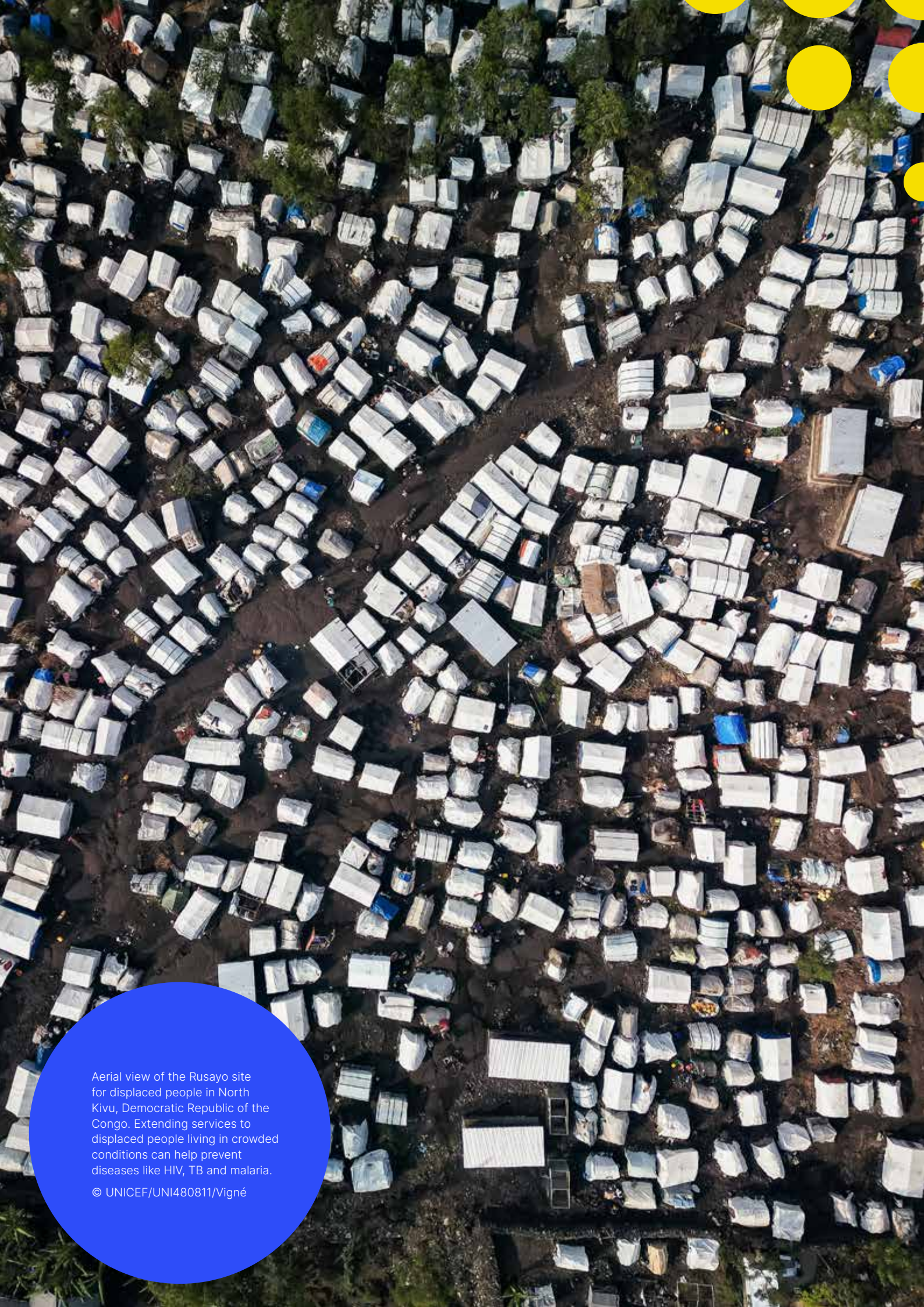
14. This figure is based on the recently endorsed Global Fund Strategy Committee methodology that integrates direct investments in resilient and sustainable systems for health (RSSH) and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed grant budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses.

15. Based on signed budgets for 2024-2025 for C19RM, includes centrally managed limited investments (CMLIs) for the same period.



Kateryna cradles her son Myron in Korosten, Ukraine. Myron was born at the Korosten City Hospital, moments after the lights went out due to mass shelling. Hundreds of Ukrainian hospitals and clinics have been damaged or destroyed since the Russian invasion in February 2022. Since then, Global Fund partners have been working to maintain lifesaving HIV, TB and other health services as well as repair and support vital health infrastructure.

© UNICEF/UN0828340/Khomenko



Aerial view of the Rusayo site for displaced people in North Kivu, Democratic Republic of the Congo. Extending services to displaced people living in crowded conditions can help prevent diseases like HIV, TB and malaria.

© UNICEF/UNI480811/Vigné



Colliding Crises

In 2023, the world was again hit by multiple crises. Even with the waning of the COVID-19 pandemic, we faced other interconnected crises, including climate change, conflict, and attacks on human rights, gender equality and civil society, causing enormous human suffering and deepening inequities within and between countries.

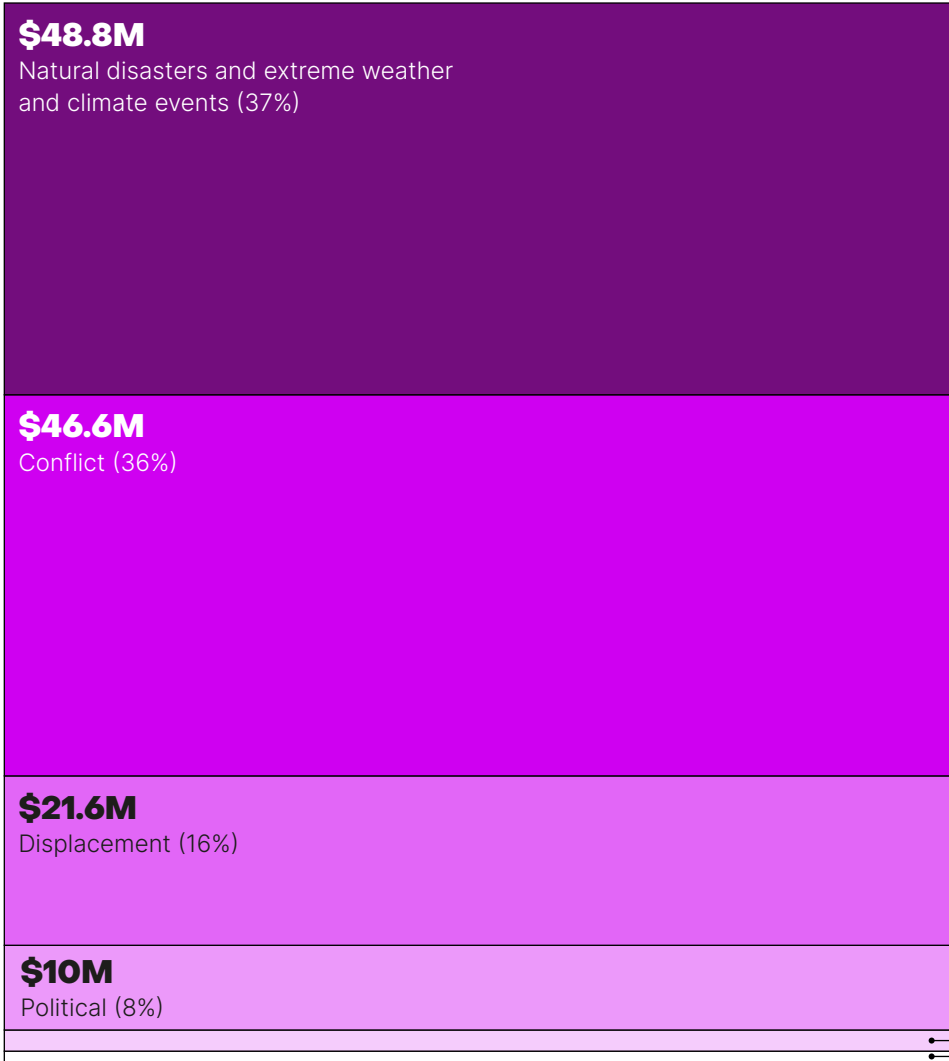
While the impact and dynamics of these crises differ by region and country, the challenges invariably put the poorest and the most marginalized people at greater risk of deadly infectious diseases.

These crises have a direct impact on the progress we make in the fight against HIV, TB and malaria. In Sudan for example, conflict killed thousands and displaced more than 10 million people.¹⁶ Sexual and gender-based violence surged.¹⁷ Across Africa, extreme weather events claimed the lives of more than 15,000 people in 2023. In Uganda, the Anti-Homosexuality Act threatens to undermine the progress we have made in the fight against HIV.

Our partnership acted with agility to support countries to confront these challenges and continue their lifesaving work. We expanded our Breaking Down Barriers initiative to tackle human rights and gender equality challenges. In 2023, the Global Fund announced new strategic partnerships with the World Bank and the Green Climate Fund to accelerate investments in the nexus between climate and health. To support countries during these crises, we adapted our interventions to provide agile support through grant flexibilities, reprogramming and provision of emergency funding. Across several countries affected by crises, we deployed our Emergency Fund to provide quick and flexible financing in emergencies, ensuring the continuity of HIV, TB and malaria programs and services. ●

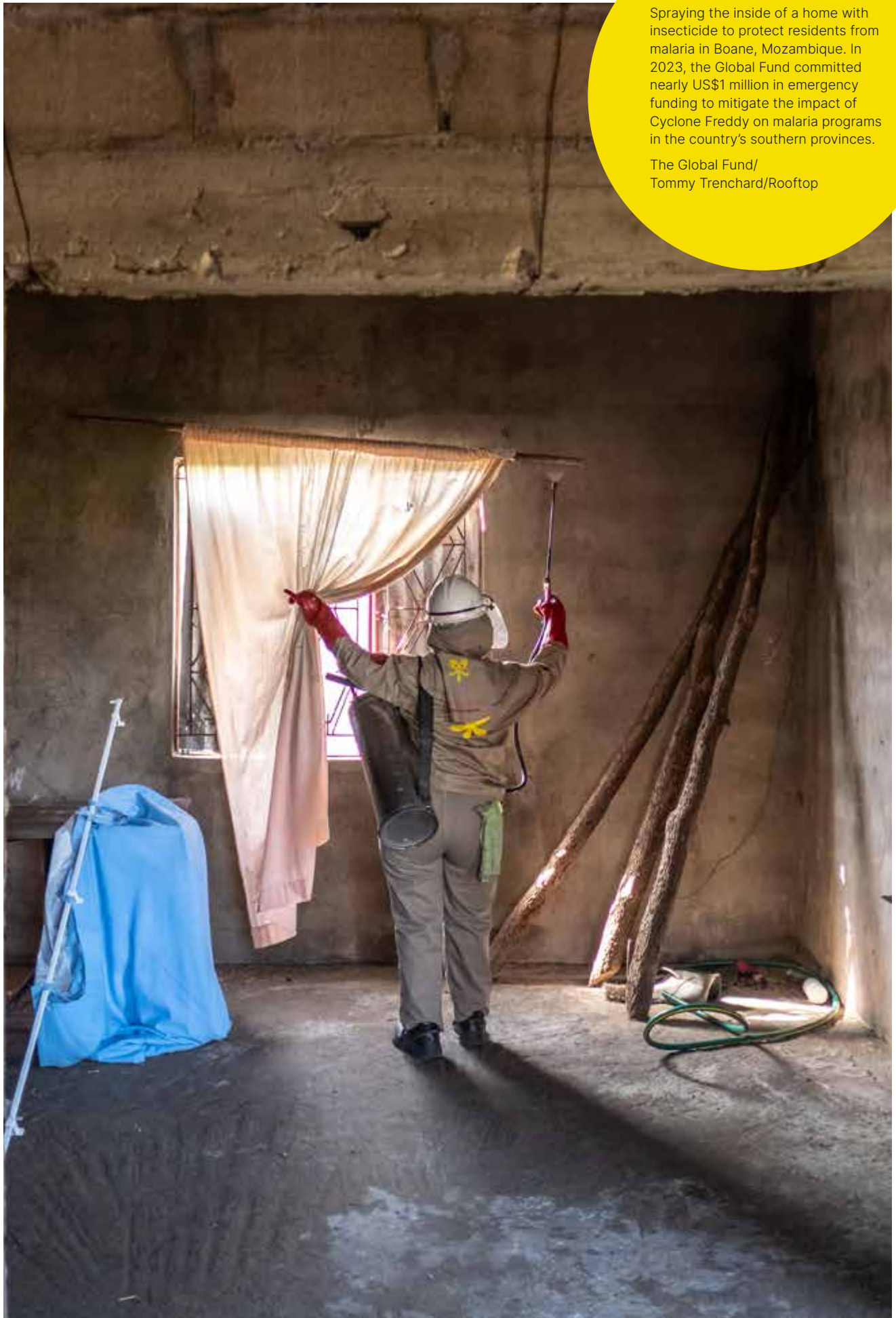
Emergency funds awarded

\$131.2M



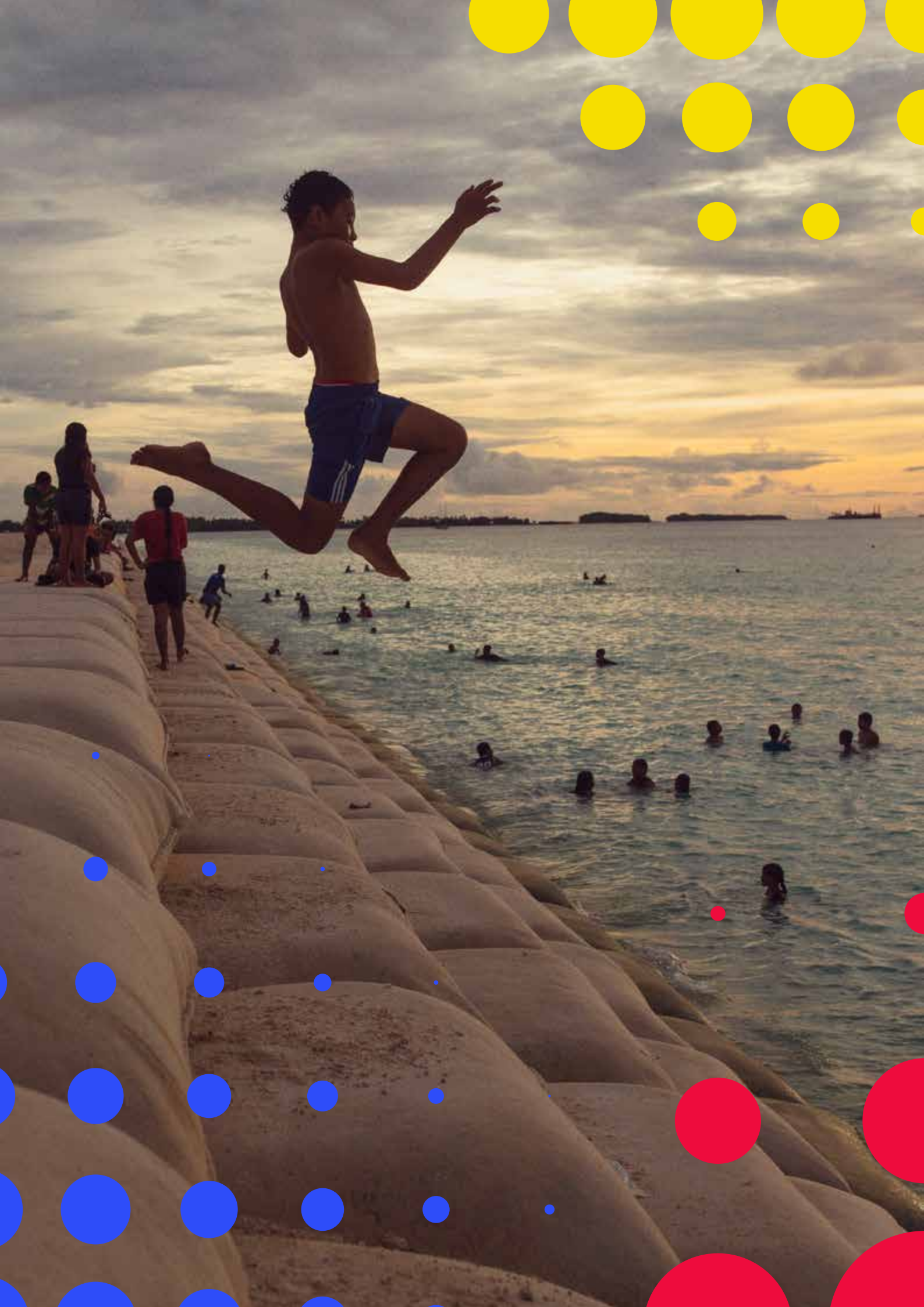
16. Sudan: Situation Report. OCHA, 2024. <https://reports.unocha.org/en/country/sudan/>.

17. Women and girls mired in Sudan crisis suffer surge in sexual violence. UNHCR, 2024. <https://www.unhcr.org/news/stories/women-and-girls-mired-sudan-crisis-suffer-surge-sexual-violence>; <https://data.unhcr.org/en/documents/details/105508>.



Spraying the inside of a home with insecticide to protect residents from malaria in Boane, Mozambique. In 2023, the Global Fund committed nearly US\$1 million in emergency funding to mitigate the impact of Cyclone Freddy on malaria programs in the country's southern provinces.

The Global Fund/
Tommy Trenchard/Rooftop





Investing for Impact

Left: Climate action is critical to fight disease. In climate-sensitive countries such as Tuvalu – an archipelago about halfway between Hawaii and Australia – resilient health and community systems that can respond to extreme weather events are also better equipped to prepare for and fight future health threats.

© UNICEF/UNI560974/Bak Mejlvang

In 2023, we invested US\$5 billion¹⁸ to fight deadly infectious diseases, challenge the inequity that fuels them and strengthen health and community systems. This is the third year in a row of record investments for the Global Fund.

18. When including Strategic Initiative disbursements, this figure would amount to US\$5.1 billion.

A doctor processes sputum samples to test for TB using GeneXpert machines at the Instituto Nacional de Enfermedades Respiratorias y del Ambiente Prof. Dr. Juan Max Boettner (INERAM) laboratory in Asunción, Paraguay.

The Global Fund/Johis Alarcón/
Panos



We receive most of our funding (94%) from governments, with the rest of the funding coming from the private sector, foundations and innovative financing initiatives.

Private sector catalytic investments and strategic initiatives spur innovation and encourage focused, evidence-based programming approaches to increase our impact in specific priority areas.

We pursue innovative financing approaches to accelerate the fight against the three diseases while strengthening the resilience and sustainability of systems for health.

The investments made by countries themselves in their health systems are the most fundamental contribution to the fight against the three diseases and to building stronger health systems. The Global Fund plays a key role in advocating for and catalyzing domestic investments in health, as well as in supporting countries to maximize the impact of existing resources. The Global Fund also works with countries to develop long-term and realistic paths for transitioning from Global Fund support.

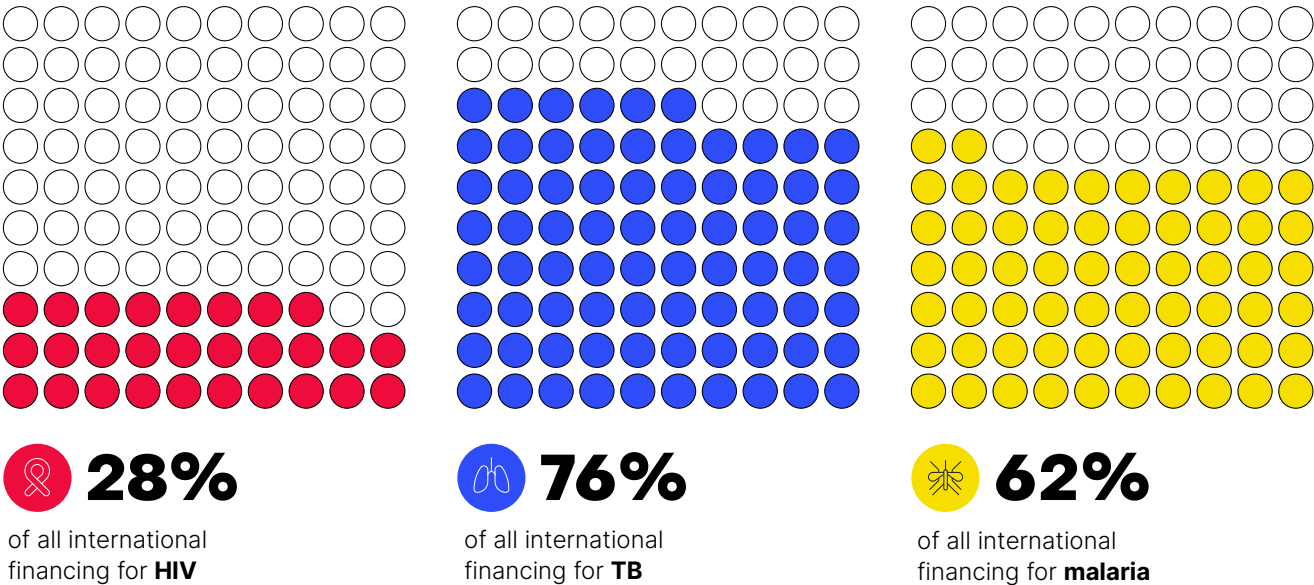
The Global Fund's Sustainability, Transition and Co-financing Policy incentivizes countries to progressively

increase domestic financing for health and the three diseases as well as absorb specific program costs by making a proportion of grants contingent on domestic financing performance. This strengthens health systems, maintains and scales up service coverage, and accelerates the fight against the three diseases.

Equally important to achieving our vision of a world free of the burden of HIV, TB and malaria is how we conduct our business. The Global Fund operates with a high degree of transparency and accountability in all our work and has zero tolerance for corruption or misuse of funds. In 2024, we were ranked at the top of the "Good" category of a leading international aid transparency index – Publish What You Fund's 2024 Aid Transparency Index. The Global Fund's 2023 financial statements reflect an effective and efficient use of resources to support programs in more than 100 countries. Operating expenses illustrate optimal budget utilization of 99% for the year 2023, reaching US\$337 million. This is the highest level achieved in the history of the Global Fund. In GC7, our operating expenses¹⁹ represent 6.2% of our total announced pledges from donors. This is one of the lowest percentages of operating expenses in the global health development space. ●

19. Includes C19RM.

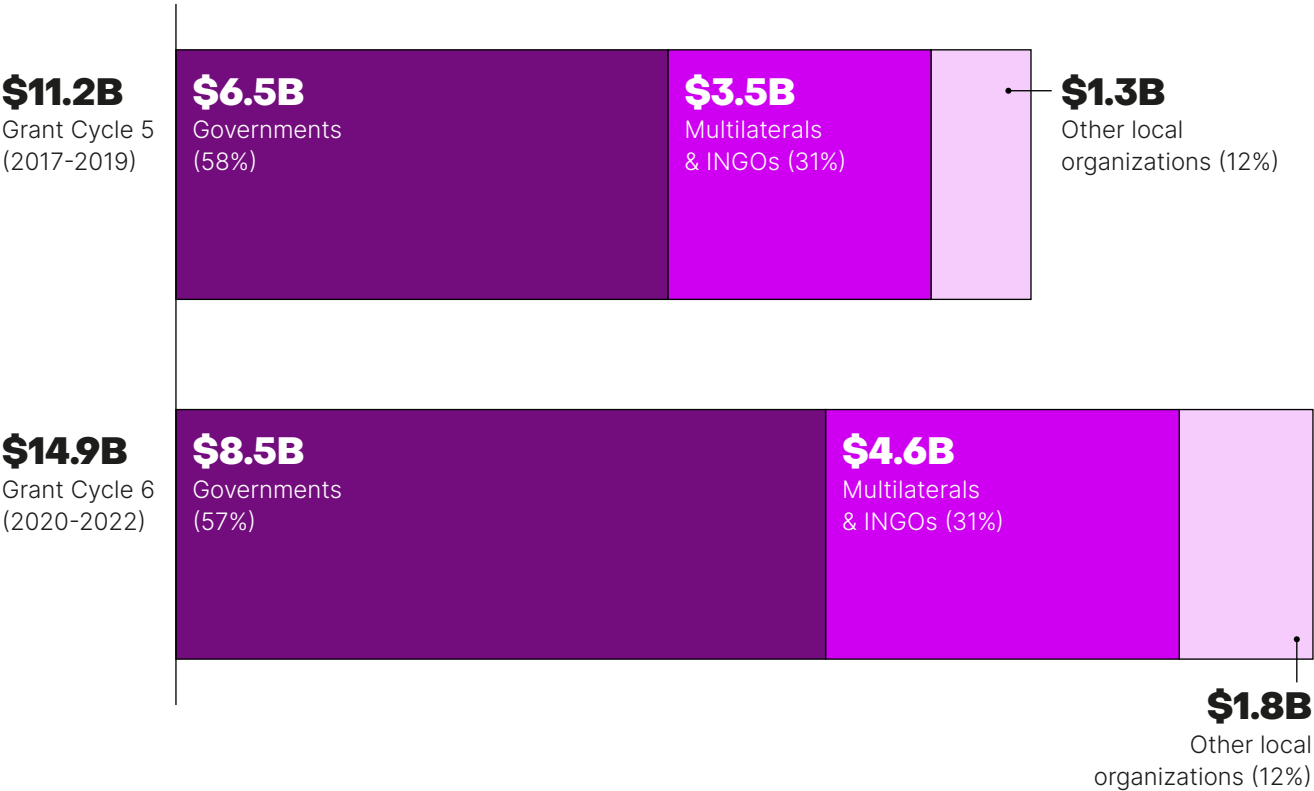
International grants provided by the Global Fund in 2023



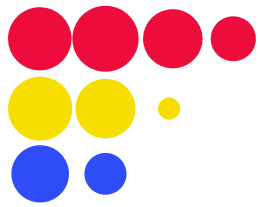
This data is provided by UNAIDS (for HIV) and the World Health Organization (for TB and malaria).

Where does our funding go?

Disbursements for HIV, TB and malaria grants and COVID-19 Response Mechanism funding



The sum of the values does not add up to 100% due to rounding. Data for Grant Cycle 6 is as of 30 June 2024.



Note on Methodology



The Sunday clinic at the National STD/AIDS Control Programme in the Maradana suburb of Colombo, Sri Lanka, provides screening for HIV and other sexually transmitted infections, contraceptives and counseling to marginalized communities free of charge. A digital system allows different departments to access medical histories on demand.

The Global Fund/David Blacker/Panos

The Global Fund is committed to accurate and transparent reporting of programmatic results and impact, and we make data available on the Global Fund website, in reports, information papers and numerous other publications. Everyone in the Global Fund partnership contributes to our collective efforts against HIV, TB and malaria, and it is critically important that we measure and report our joint progress as effectively and transparently as possible.

The Global Fund reports the full national results and impact of the countries where we invest, rather than reporting solely on the specific projects we fund. This reflects a core principle of the Global Fund partnership's approach: We support national health programs and strategies to achieve national goals. By reporting full national results, we avoid attempting to extricate the Global Fund's impact when it is so closely tied to the impact of other partners. In this way, we monitor and track the collective impact of the Global Fund partnership and the programs that we support toward achieving the 2030 target to end AIDS, TB and malaria. The Global Fund Results Report 2024 presents selected programmatic results (e.g., people on antiretroviral therapy, people treated for TB, mosquito nets distributed) achieved by supported programs in 2023. The programmatic results are also available for 2023 and previous years in a web annex on the Global Fund Data Explorer and for 2023 in an interactive report. The programmatic results are reported routinely to the Global Fund by the supported programs. The data collected by our technical partners²⁰ are also used for cross-checking and triangulation and for furnishing national data for selected services²¹ to align with the Global Fund partnership's approach in results reporting.²² For the remaining services, the results in some countries may include only subnational data, as comparable results are not available from the technical partners.

The Results Report 2024 also presents time-trend data for selected key programmatic coverage, outcome and impact measures. The data on the burden of the three diseases include new HIV infections, new TB cases, malaria cases, and deaths from the three diseases as well as the counterfactual trends representing hypothetical scenarios of absence of key health services. The data on service coverage and outcomes include antiretroviral therapy coverage, viral load suppression, TB treatment coverage and success rate, and mosquito net coverage and use. Reaching the 2030 global targets for these services is critical to achieve the SDG 3 target of ending AIDS, TB and malaria by 2030. As we do not estimate disease burden and impact ourselves, the main data sources for these measures are the latest published reports or databases²³ of our technical partners, including WHO and UNAIDS.²⁴ The technical partners generate these data in close collaboration with countries, using country-reported data from various sources such as routine surveillance systems, population-based surveys and vital registration systems. In this report, estimates of the burden of HIV are up to 2023; in the case of TB and malaria, the 2023 TB and malaria burden estimates from WHO are not yet available at the time of publication, so we used the 2022 data. TB and malaria data will become available in the online interactive version of this report once WHO publishes them.

The “lives saved” figure from HIV, TB and malaria programs published in this report is generated by our technical partners, including WHO and UNAIDS, using state-of-the-art mathematical models and widely accepted data sources. The number of lives saved in a given country in a particular year is estimated by subtracting the number of deaths that occurred from the number of deaths that would have occurred in a counterfactual hypothetical scenario where key disease interventions did not take place. For example, consider a country in which there is a TB program that provides treatment to people with TB: In one year, 1,000 people diagnosed with TB were treated and 100 people died of TB. If, in that same country, studies showed that the probability of a person dying from TB after being diagnosed but without receiving treatment was 70%, it would be reasonable to assume that 700 people would have died had TB treatment not been available. Therefore, the estimate of the impact of the treatment intervention over that period, in this case, would be 600 lives saved. The same principle is used in all countries and for HIV and malaria. Further information on the oxygen study, the modeling of the impact of Global Fund investments in human resources for health in Malawi, reductions in primary care utilization and associated cost-savings generated by investments in HIV, and the potential economic returns on our investments in HIV, TB and malaria can be found in the web annex. ●

Additional notes on the Global Fund's approach in reporting on programmatic results and impact can be found on our [website](#).

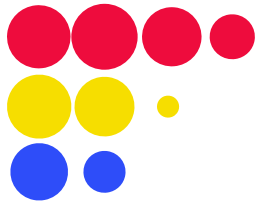
20. UNAIDS (<https://aidsinfo.unaids.org>); WHO Global Tuberculosis Programme (www.who.int/tb/data); WHO Global Malaria Programme (<https://iris.who.int/bitstream/handle/10665/374472/9789240086173-eng.pdf?sequence=1>).

21. People on antiretroviral therapy for HIV, mothers who received medicine to prevent transmitting HIV to their babies, people treated for TB, people treated for drug-resistant TB and HIV-positive TB patients on antiretroviral therapy during TB treatment.

22. The Global Fund's current approach to results reporting was implemented in 2017.

23. UNAIDS (<https://aidsinfo.unaids.org>); WHO Global Tuberculosis Programme (www.who.int/tb/data); WHO Global Malaria Programme (<https://iris.who.int/bitstream/handle/10665/374472/9789240086173-eng.pdf?sequence=1>).

24. The Urgency of Now: AIDS at a Crossroads — 2024 global AIDS update (https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf); Global Tuberculosis Report 2023; World malaria report 2023 (<https://iris.who.int/bitstream/handle/10665/374472/9789240086173-eng.pdf?sequence=1>).



Glossary

AMR

Antimicrobial resistance: AMR occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. Drug-resistant TB is the seventh leading cause of AMR-related mortality globally.

ARVs

Antiretroviral drugs: Medication that allows people living with HIV to live healthy lives, and that prevents them from passing the virus on to others.

BPaLM

The WHO-recommended 6-month all-oral, injection-free treatment regimen for drug-resistant TB, composed of four medicines – bedaquiline, pretomanid, linezolid and moxifloxacin.

C19RM

COVID-19 Response Mechanism: Through C19RM, the Global Fund supports countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and to initiate improvements in health and community systems.

COEs

Challenging operating environments: Countries or regions characterized by poor governance, disasters or conflict and requiring flexible approaches to deliver needed services and medicines.

Co-financing

Additional domestic financing of health and HIV, TB and malaria programs. See the Global Fund Sustainability, Transition and Co-financing Policy.

DALYs

One disability-adjusted life year (DALY) represents the loss of the equivalent of one year of full health. DALYs for a disease – like HIV, TB or malaria – are the sum of the years of life lost to due to premature mortality and the years lived with a disability due to prevalent cases of the disease in a population.

Dual AI nets

Dual active ingredient insecticide-treated mosquito nets: Dual AI nets are coated with two insecticides – pyrethroid and chlorfenapyr – making them more effective against insecticide-resistant mosquitoes than conventional nets.

Gavi

Gavi, the Vaccine Alliance.

IPCC

Intergovernmental Panel on Climate Change.

IPTp

Intermittent preventive treatment of malaria in pregnancy: A preventive regimen in which an antimalarial drug is given at specific intervals to at-risk pregnant women with the goal of reducing illness and death.

Key populations

People who experience a greater epidemiological vulnerability to HIV, TB and malaria, and may have reduced access to services due to a combination of biological and socioeconomic factors.

PEPFAR

U.S. President's Emergency Plan for AIDS Relief.

Plasmodium falciparum

The deadliest species of Plasmodium that causes malaria in humans.

PMI

U.S. President's Malaria Initiative.

PPM

Pooled Procurement Mechanism: A key initiative that the Global Fund uses to aggregate order volumes on behalf of participating grant implementers to negotiate prices and delivery conditions with manufacturers.

PrEP

Pre-exposure prophylaxis: The use of antiretroviral medicines to prevent HIV among people who are HIV-negative.

RAI

Regional Artemisinin-resistance Initiative. RAI was launched in 2013 in response to the emergence of drug-resistant malaria in the Greater Mekong Subregion.

Revolving Facility

A Global Fund financial mechanism that uses advanced market commitments, including volume guarantees, to drive more affordable access to quality-assured health products and accelerate health product introductions and innovations at greater scale.

SDG 3: Sustainable Development Goal 3

SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. Target 3.3 of SDG 3 aims, by 2030, to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.

SMC

Seasonal malaria chemoprevention: The intermittent preventive administration of a curative dose of antimalarial medicine to children at high risk of severe malaria living in areas with seasonal transmission.

Triple elimination

An initiative supporting the elimination of mother-to-child transmission of three diseases – HIV, syphilis and hepatitis B.

UNAIDS

United Nations Joint Programme on HIV/AIDS.

USAID

U.S. Agency for International Development.

WHO

World Health Organization.



**The Summary & Key Results is
part of the Results Report 2024.
Scan to access the full report:**



The full suite of the Results Report 2024 includes:



HIV:
State of the Fight

Health and
Community Systems



Tuberculosis:
State of the Fight

Colliding Crises



Malaria:
State of the Fight

Investing for Impact

Left: The Cyaruzinge community youth group sing and dance at their community hall in Gasogi Sector in Kigali, Rwanda, during an educational session on child marriage, HIV prevention among adolescent girls, and sexual and reproductive health.
The Global Fund/Brian Otieno

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