

Results Report **2025**





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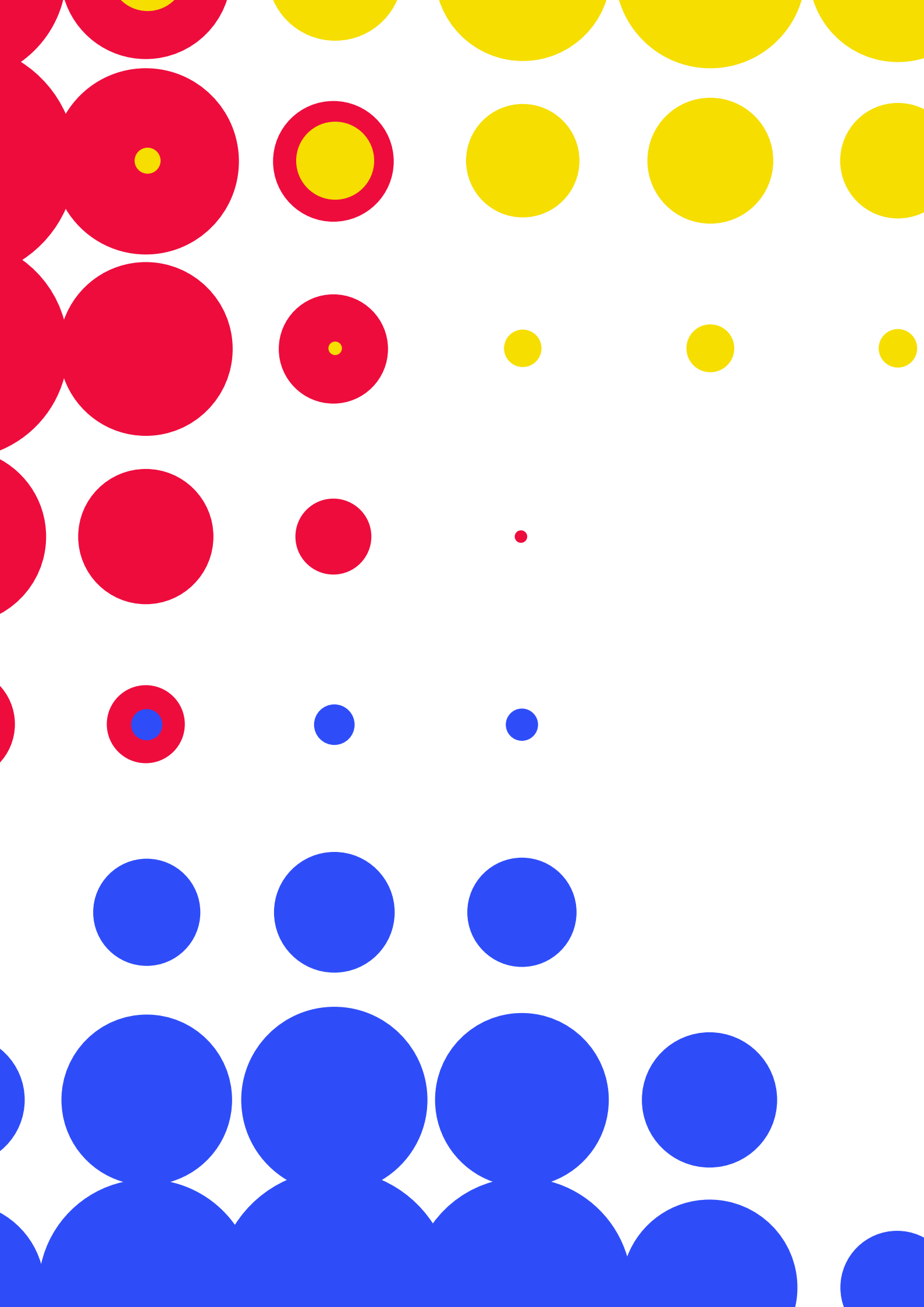
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Cover: Shifawu Abdulkarim is 1 of an estimated 11,900 community mobilizers and distributors who recently implemented an integrated mass insecticide-treated mosquito net and seasonal malaria chemoprevention (SMC) campaign to protect children and families from malaria in Kaduna State, Nigeria. In approximately one month, this Global Fund-supported campaign aimed to reach 8.1 million people with insecticide-treated nets and 2.2 million children under 5 with their first dose of SMC. Shifawu has over 14 years' experience doing this work. She says being a mother motivates her to do everything she can to protect children from malaria.

The Global Fund/Andrew Esiebo

Left: Contents of a field kit used by community health promoters at Meteitei Sub-District Hospital in Tinderet, Kenya.

The Global Fund/Brian Otieno



Letter from the Executive Director



Community health worker Amélie Tachifo speaks to Global Fund Executive Director Peter Sands in Soa, Cameroon, where she provides health services to families.

The Global Fund/Vincent Becker

After over two decades of remarkable progress, global health is once again in crisis. Sharp reductions in international funding are having a huge impact, including on the fight against the world's deadliest infectious diseases – HIV, tuberculosis (TB) and malaria.

Investing in the Global Fund partnership is one of the most effective ways to save lives, improve the health of many and reinforce global health security.

Recent reports warn that cuts to global health funding could put millions of lives at risk – many of them children's. A significant number of lives at risk would be due to HIV, TB and malaria.

The cuts in funding coincide with epidemiological challenges, such as increasing resistance to first-line antimalarial drugs, and broader global pressures, such as debt distress, conflict, the erosion of human rights and the impacts of a changing climate. Decades of progress in reducing mortality and infection rates are at risk. So too is global health security.

Yet there are also opportunities. Innovations, such as long-acting injectable prevention tools for HIV, new diagnostics for TB, and more effective mosquito nets for malaria, will enable us to squeeze greater impact from every dollar. A renewed sense of urgency creates space for more radical thinking on how the global health ecosystem works. This crisis throws a bright light on what has been achieved – in terms of lives saved, increases in life expectancy, and the consequent impact on societies and economies – and, by extension, reveals what is now at stake.

The Global Fund partnership's response builds on the strengths of a model that has delivered so much, while making the changes required to meet the demands of an evolving global context. We must stay true to our values and principles, maintaining the key components of a proven and effective model. Yet we must also be ready to embrace the bold – and potentially radical – transformations required to sustain and accelerate our progress.

Our partnership's progress

The 2025 Results Report is a snapshot of our partnership's progress in the fight to end AIDS, TB and malaria during 2024. The results achieved last year once again

demonstrate the strength of the Global Fund model, and underscore why investing in this unique partnership is one of the most effective ways to save lives, improve the health of those living in the poorest communities and reinforce global health security.

Saving 70 million lives

Over the past two decades, working hand in hand with communities most affected by the three diseases, governments, the private sector, civil society and technical partners, we have reduced the combined death rate from AIDS, TB and malaria by 63%, and we have saved 70 million lives. We extend our sincere appreciation to our donors, whose generous support has been fundamental to this progress.

Building healthier communities

While lives saved is perhaps the most powerful measure of our partnership's impact, our investments in fighting AIDS, TB and malaria – and in strengthening health and community systems – have delivered far-reaching benefits. Investments in laboratories, oxygen provision and supply chains save lives and reinforce health security. Reducing the burden of the three diseases creates further capacity to address other health conditions. Sharp reductions in illness through fewer infections and better treatment mean less time lost at work or school, and thus better economic productivity and social stability.

Ending AIDS, TB and malaria

The results we have achieved are proof that when we work together, we can drive transformative change and make progress toward the goal of ending AIDS, TB and malaria as public health threats.

By the end of 2024, it was possible to assert that ending AIDS by 2030 was within reach. As more countries reached or neared the UNAIDS 95-95-95 targets, and with the emergence of powerful, new long-acting

prevention tools, we have the opportunity – should we choose to grasp it – to finally end a global pandemic that has claimed over 44 million lives.

In 2024, we saw record momentum in the fight against TB, with a full recovery from the setbacks caused by COVID-19 and more people with TB found and treated than ever before. While ending TB by 2030 looks challenging, it seems clear that we could – again, should we choose to – bring the TB pandemic to an end by 2035.

For malaria, 2024 saw a mix of challenges and opportunities. Rising conflict, disruptions from extreme weather events and increasing drug and insecticide resistance have complicated efforts to combat malaria. Yet there was also progress, including the deployment of new tools such as dual active ingredient (dual AI) insecticide-treated mosquito nets, new first-line treatments and vaccines. While the goal of ending the disease by 2030 looks daunting, and the immediate priority is to restart stalled progress, partners engaged in the fight against malaria have a shared commitment to regaining momentum.

Our unique model

In this volatile and challenging context, the strengths of the Global Fund partnership's demonstrably successful model are even more evident. Among the most important attributes of this proven model are that it is:

Country-driven. Decision-making and program implementation is led by national governments, local civil society and communities. No other global health organization can match the Global Fund's well-established Country Coordinating Mechanism (CCM) as an approach to country-led, inclusive decision-making and oversight. Over 95% of the Global Fund's grant funding is overseen by CCMs, meaning that countries and communities determine the priorities and budgets for almost all of the Global Fund's resources. Wherever possible, national ministries of health and local civil society and community-based organizations lead implementation, so that programs reflect local needs and contexts and build capacities for longer-term sustainability.

People-centered and community-led. Civil society and community actors are given a voice and real decision-making power at country-level through the CCM, and at the Global Fund through the Board. No other global health organization supports communities to the same extent. None provides higher levels of funding for community-based interventions, including community-led monitoring. This emphasis on enabling communities

and civil society to shape strategies and program design, and engage directly in program implementation, has a direct result on health outcomes. By ensuring resources are directed to where they are most needed, and by funding programs tailored to the specific needs of the communities most at risk, the Global Fund delivers greater impact for every dollar.

Results-oriented. The Global Fund maintains a relentless focus on maximizing return on investment, based on evidence, technical guidance and robust value-for-money assessments. The Global Fund partnership draws on technical partners – such as the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the RBM Partnership to End Malaria, the Stop TB Partnership – bilateral partners, external reviews (e.g., Lancet Commissions, MOPAN assessments), in-country experts and others to inform decision-making around priorities and trade-offs. With an unrelenting focus on national outcomes measured in terms of human impact (e.g., lives saved, infections reduced) rather than project-specific or input metrics, the Global Fund is the most consistently effective mechanism for translating donor dollars into impact at scale.

Focused on the people most at risk. We concentrate our efforts on the people most at risk for HIV, TB and malaria, who often live in the poorest and most marginalized communities. Women and girls, key populations and other marginalized groups often face a range of barriers, including stigma, discrimination and other structural impediments, to accessing lifesaving health services. Tackling human rights and gender-related barriers that prevent people from accessing health services remains critical to delivering effective interventions. Even the most powerful biomedical innovations are of little use if those who need them the most cannot access them.

Sustainability-focused. The Global Fund has highly demanding co-financing requirements, among the most rigorous of all global health entities. We also make the most significant investments in strengthening country capacities, such as national planning and coordination capabilities, supply chain infrastructure and capacities, human resources for health, and data systems – including health management information systems and financial management systems. In the current grant cycle, we have seen co-financing commitments from countries increase by approximately 20% compared to the last cycle baseline. Health system investments in the same period amount to US\$6.1 billion.¹

1. Based on approved and signed budgets for Grant Cycle 7 and including C19RM. This figure integrates direct investments in resilient and sustainable systems for health (direct RSSH) and contributions to RSSH through investments in the fight against AIDS, TB and malaria (contributory RSSH). It excludes catalytic investments and Secretariat operating expenses.

Efficient and effective. The Global Fund consistently maintains one of the lowest – if not the lowest – operating cost ratio in the global health sector, with tight control of implementing partner management cost, highly efficient procurement systems and proven market-shaping capabilities. The Global Fund Secretariat's operating expenses have been reducing progressively over time, averaging 6% of our total announced pledges from donors. We leverage our purchasing power to shape markets and drive down prices, ensuring that game-changing innovations reach people most in need. For example, when the Global Fund partnership was created, the cost of antiretroviral therapy for one person for one year was around US\$10,000. By 2018 this cost had been cut to US\$75, and today it is as low as US\$35.

Flexible and responsive. We have a proven ability to respond swiftly in times of crises. In response to COVID-19, the Global Fund moved rapidly to establish the COVID-19 Response Mechanism (C19RM) through which over US\$5 billion was provided to countries to respond to the virus, mitigate its impact on the fight against AIDS, TB and malaria, and reinforce pandemic preparedness. In addition, the Global Fund's Emergency Fund has deployed more than US\$149 million to support countries to respond to a range of crises, including extreme weather events, disasters, conflicts and disease outbreaks. In 2025, the Global Fund partnership is once again demonstrating adaptability, working with countries in a rapid mid-cycle review of some US\$11 billion in grants to reflect the dramatic changes in the funding landscape.

Evolving and adapting the model to the changing context

From the start, the Global Fund has embraced the idea that this partnership must be a change-maker. Despite the proven strengths of the partnership's model, we recognize that we need to continue to evolve and adapt to the rapidly changing context. We are committed to making bold and transformative changes, including:

Sharpening the Global Fund's focus on the poorest and most vulnerable. In November 2024 the Global Fund Board decided to change the allocation model for the next grant cycle (Grant Cycle 8, or GC8) to direct even more resources toward the poorest countries. In a highly resource-constrained context, this change in policy will ensure Global Fund support is concentrated where there is greatest need and where the capacity to pay is lowest. It will also serve to catalyze increased focus on ensuring sustainability and achieving transition wherever feasible.

Accelerating pathways to self-reliance. The reductions in donor financing for health, which gathered pace in 2024 and sharply accelerated in 2025, underscore the need for

countries to accelerate the transition to nationally led and nationally financed systems for health that are no longer reliant on external support. Yet this is a pathway, not a switch. Too abrupt a transition will derail progress, leave the vulnerable behind and cost millions of lives. Moreover, countries are in very different states of readiness to make such a transition. The Global Fund acts as an enabler on this pathway, encouraging, supporting and incentivizing countries to take leadership, but ultimately stepping back as countries take full ownership. Since 2002, 52 HIV, TB and malaria disease programs across 38 countries have transitioned from the Global Fund.

In November 2024, the Global Fund Board, as part of a set of coordinated decisions, adopted a revised Sustainability, Transition & Co-financing (STC) policy, which introduced tighter co-financing requirements, with reinforced accountability mechanisms, significantly enhanced transition planning for countries at this stage, and much greater emphasis on pre-transition sustainability planning for all countries. In the current grant cycle (GC7), we will see the largest transition from Global Fund support to date – 12 programs from eight countries. In GC8, even more transitions are expected due to changes in eligibility and the newly approved STC policy. The policy enables accelerated transition timelines to be set for a sub-set of middle-income countries, even if they remain technically eligible. In support of such policy changes, the Global Fund, in coordination with partners like the World Bank, the African Union and Gavi, the Vaccine Alliance (Gavi), has also been stepping up support to countries on capacity building in key areas like supply chain, planning, data management, and reinforcement of public financial management systems and capabilities. We are also supporting the provision of technical assistance and support on domestic resource mobilization, such as health insurance, domestic resource mobilization advocacy and resource tracking, among others. To further facilitate the progressive transition to domestic resourcing, the Global Fund will continue to engage with development bank partners to execute blended finance, Debt2Health swaps, and other innovative finance mechanisms. So far, the Global Fund has executed 14 blended finance transactions and 14 Debt2Health swaps.

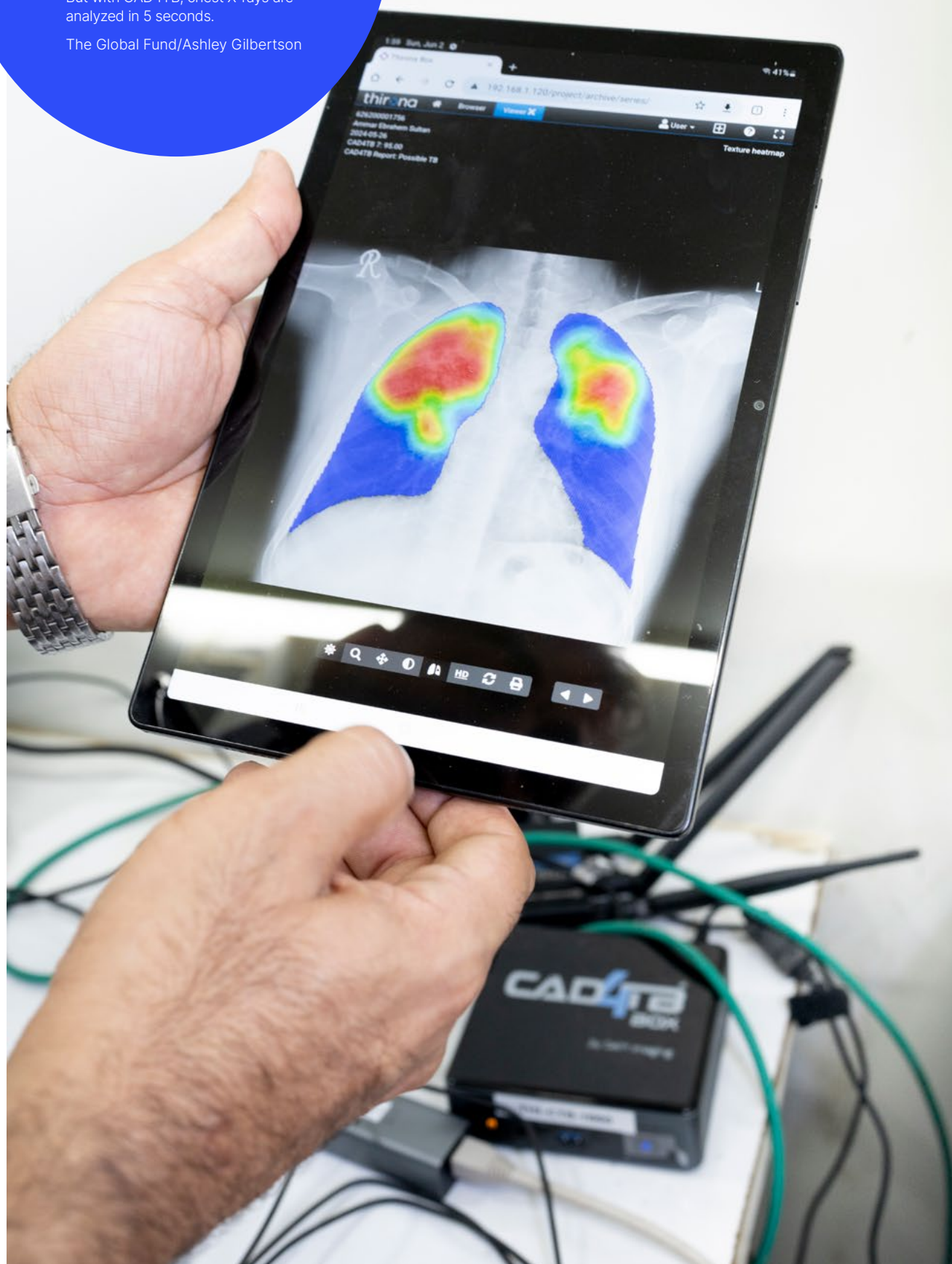
By opening access to our online procurement platform, wambo.org, and to our Pooled Procurement Mechanism for non-grant-funded procurement, the Global Fund is providing countries with more options to use domestic and other resources for cost-effective procurement of quality-assured health commodities. This is particularly advantageous for smaller countries with limited purchasing power, and for those transitioning from Global Fund support.



Warehouse Officer Resty Nakate at the National Medical Stores in Entebbe, Uganda. The Global Fund leverages its purchasing power to shape markets and drive down prices of lifesaving health commodities. The Global Fund/Brian Otieno

Delft Imaging's CAD4TB system uses artificial intelligence to analyze digital X-rays for TB diagnostics. The system is being used here at a mobile lab outside an elderly person's home in Mosul, Iraq. Prior to the implementation of this new system, patients would wait up to three months for a diagnosis. But with CAD4TB, chest X-rays are analyzed in 5 seconds.

The Global Fund/Ashley Gilbertson



Intensifying the focus on sustainability and transition will mean an evolution in how the Global Fund engages with countries. This will entail progressive integration of CCMs into national decision-making processes, without compromising their inclusivity, as well as frank dialogue on domestic financing priorities, accountability systems and policies that impact access.

Accelerating access to innovations. In a severely resource-constrained environment, ensuring rapid, affordable and equitable access to biomedical and other technological innovations is imperative – and we are determined to work with partners to make this happen. To achieve this, we are increasing our engagement with innovators and technical partners to ensure early identification of key pipeline opportunities. As exemplified by the introduction of dual AI mosquito nets for malaria, we are leveraging our Revolving Facility introduced in 2023 to make advance market commitments, enabling us to work with manufacturing partners to achieve cost-effective production. We are also using the Access Fund introduced in 2024 to reduce barriers to initial take-up, with lenacapavir, the new long-acting injectable HIV prevention option, being the most prominent example. In general, we are taking an end-to-end approach in collaboration with partners – including Unitaaid, WHO, the African Union, the Africa Centres for Disease Control and Prevention (Africa CDC), the Gates Foundation and the Children's Investment Fund Foundation (CIFF) – to ensure countries get the products, regulatory approval, technical guidance and implementation support they need for the effective deployment of new tools.

As an integral part of our market-shaping approach, we are also supporting the sustainable development of regionalized manufacturing to improve security of supply of key commodities. In 2025, this effort saw a major milestone: the first procurement of African-manufactured antiretroviral drugs for use in another country.

The imperative to accelerate access to new tools extends beyond biomedical innovations. For example, we have already deployed artificial intelligence (AI)-driven interpretation of digital X-ray results to over 20 countries. We are using AI for TB case-finding in more than 20 countries, and we have deployed AI-supported diagnostic tools for outbreak detection. Yet there are huge untapped opportunities to use AI to increase efficiency and effectiveness in service delivery.

Accelerating progress toward universal health coverage and stronger pandemic preparedness through greater integration. By working with countries to progressively integrate HIV, TB and malaria services within the broader primary health care system, the Global Fund can support

them to accelerate progress toward universal health coverage (UHC) and strengthen their ability to identify and respond to disease outbreaks. Over the last two decades, focused funding and delivery models for HIV, TB and malaria have proved very effective in combating the three diseases. But in many countries, we now have an opportunity to make the health impact of these investments go even further through thoughtful, people-centered and results-oriented integration. This approach not only accelerates progress against AIDS, TB and malaria, but also strengthens broader health outcomes and builds more resilient health and community systems. Given the Global Fund's distinctive focus on the "U" of UHC, deepening the integration of HIV, TB and malaria interventions helps ensure an inclusive approach to overall health system development. As the largest provider of external funding for key components of health systems, such as laboratory networks, disease surveillance, oxygen provision and supply chains, the Global Fund is already the biggest external investor in pandemic preparedness. By putting even greater emphasis on building multipathogen capabilities beyond HIV, TB and malaria, we can support countries to maximize the overall resilience of the system to new threats.

Continuously improving efficiency and effectiveness.

We have already reduced our Secretariat operating expenses, and we anticipate a further reduction of 20% compared to the 2025 budget. By restructuring teams, embracing automation, redesigning processes and shifting transactional activities to offshore service centers, we are reinforcing our already best-in-class cost-efficiency. Acknowledging that Secretariat costs represent only part of the administrative expenses of our programming, with much of the burden falling on countries, we are also committed to cutting the level of resources invested in funding requests and grantmaking by 30% for the next grant cycle, while striving to maintain both quality and inclusiveness.

While continuously improving efficiency is essential, so too is optimizing the cost effectiveness of our interventions. Working with partners, we will inject even more rigor in our assessments of value-for-money so as to support countries in maximizing return on investment. In a severely resource-constrained context, tough trade-offs will be necessary, and it is vital that these decisions be informed by robust and objective analysis.

Deepening collaboration with partners. We are committed to deepening our collaboration with partners across the global health ecosystem to improve efficiency and effectiveness and reduce the burden on countries. With Gavi, we have been working on four collaboration work streams.

First and most importantly, we are supporting countries to integrate the deployment of the malaria vaccines by Gavi with national malaria plans, seeking to optimize the complementarity with the other malaria interventions already supported by the Global Fund. This is critical given the challenges facing malaria control today, and an essential pathfinder for the introduction of TB vaccines later this decade.

Second, we are working with Gavi to align our mechanisms of country engagement as far as possible, including through the creation of more joint program implementation units, so as to reduce transaction costs for countries and ensure alignment behind country plans and processes.

Third, we are working together to deepen existing collaboration on health systems investments, including supply chain, data management, community health workers and public financial management.

Finally, we will identify and realize opportunities for synergies in enabling functions through combining or sharing services. This builds on existing initiatives across the Global Health Campus with Gavi, Unitaïd and others.

In addition to our commitment to deepening collaboration with Gavi, we will continue to work ever more closely with all the other multilateral health agencies – including WHO and our disease-specific partners like the Stop TB Partnership, UNAIDS and the RBM Partnership to End Malaria – in order to ensure we maximize the health impact from every dollar. Achieving our end-to-end objectives for market shaping will also require even closer collaboration with Unitaïd and WHO.

Beyond multilateral health agencies, we are also strengthening our collaboration with multilateral development banks – particularly the World Bank – as well as with regional partners, private sector and philanthropic partners and key bilateral entities. With the World Bank we are intensifying our collaboration in a number of key areas including health financing, climate and health, regional manufacturing, and health and community systems. We are also deepening our collaboration with key regional partners such as the African Union, the Africa CDC, and the Regional Economic Communities on multiple areas, including domestic resource mobilization.

Playing our part in the broader reshaping of the global health ecosystem

Intensifying collaboration with other global health actors is essential. But there is also a need for more radical structural change in the global health ecosystem, which has become too fragmented and complex. We are committed to playing our part in such a restructuring of the global health architecture. Together with Gavi, we have established a joint task force to explore more radical options for collaboration and change. We are also engaging proactively in broader efforts to reform and reshape the global health ecosystem.

Such changes should be informed by a clear articulation of where the case for external funding is most compelling (for example, global public goods, interventions with positive externalities, areas where global scale provides advantage, supporting the very poorest, and responding to humanitarian crises), where countries themselves should step up more, and how best to leverage the comparative advantages and complementarity of different organizations at global, regional and country level. Reshaping the global health ecosystem must be pursued in full partnership with those most affected by the change, focusing on the areas of greatest impact while remaining responsive to local and regional contexts.

Delivering the promise

From the start, the Global Fund partnership has been powered by the belief that no one should die of preventable disease, that whether you live or die should not be determined by who you are or where you live, and that by coming together in a unique, multistakeholder partnership, we can make extraordinary things happen, and defeat these formidable diseases. Our 2024 results prove, once again, that with sustained commitment from donors and partners, we can make this vision happen. Now we face new challenges, and while much of what makes the Global Fund partnership so resilient and successful remains valid, we also recognize the need for change. Following the unprecedented set of coordinated decisions the Global Fund Board made in November 2024, we are already making significant shifts. We are embracing the opportunity to make further bold transformations as we evolve and adapt our model for a new era. ●



Dr. Aliou Barry and colleagues at the *Institut Pasteur de Dakar* in Senegal. The institute and Senegal's Ministry of Health launched the Sentinel Syndromic Surveillance System, known as the 4S Network, more than a decade ago. The system detects emerging health threats rapidly through real-time, case-based data collection and laboratory confirmation. Through the West African Regional Laboratory Initiative, the Global Fund is working to build upon the 4S Network by establishing similar surveillance activities in other West African countries.

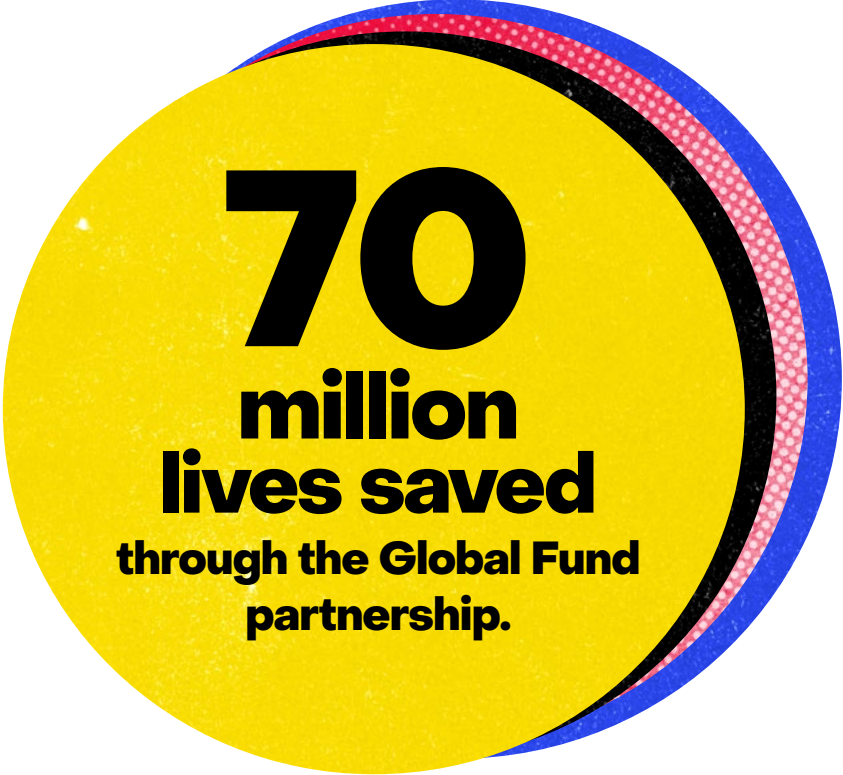
The Global Fund/Ricci Shryock



Children play in Tetelan, a rural village in East Java, Indonesia. The Global Fund supports pediatric TB testing and treatment in the village.

The Global Fund/Vincent Becker

Key Results and Lives Saved



70
million
lives saved
through the Global Fund
partnership.

In response to HIV, TB and malaria, we measure our progress against the Sustainable Development Goal 3 of health and well-being for all through the global targets set for the three diseases² by our technical partners.

2. 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.

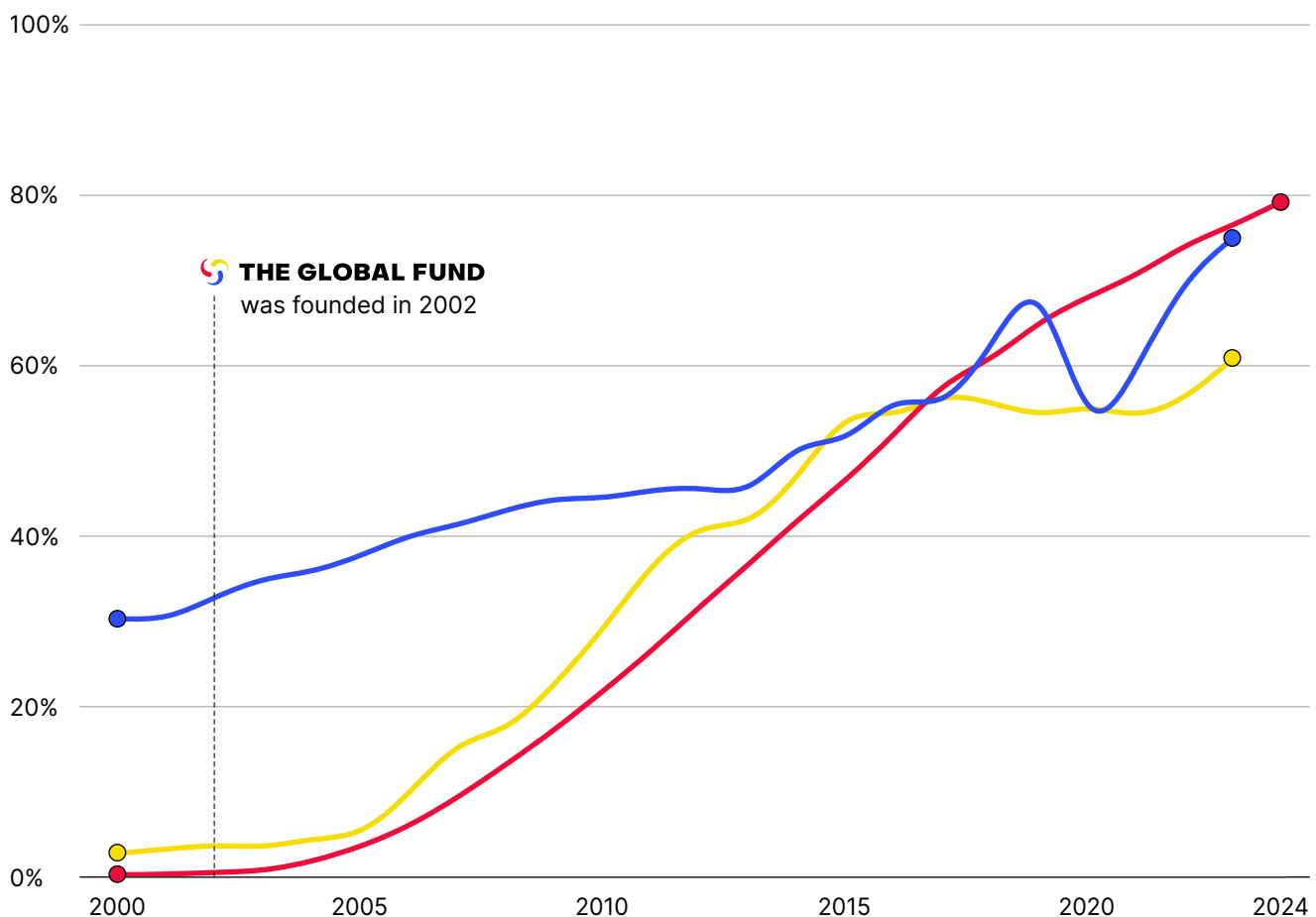
Investments in health not only save lives – they also drive economic productivity and broader socioeconomic development.



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 an insecticide-treated mosquito 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 (2024 release for TB and malaria) and UNAIDS (2025 release).

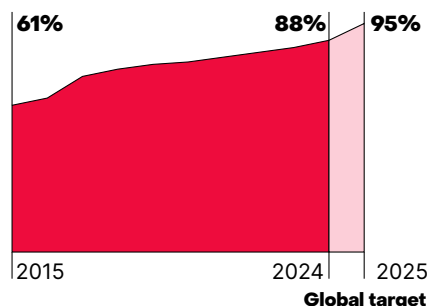
Key results in the countries where the Global Fund invests include:



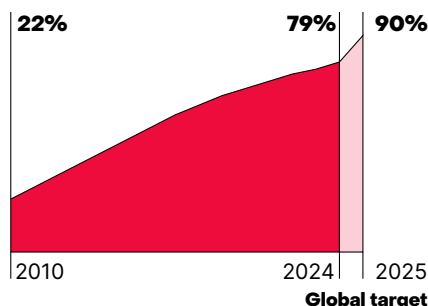
25.6 million

People on antiretroviral therapy for HIV*

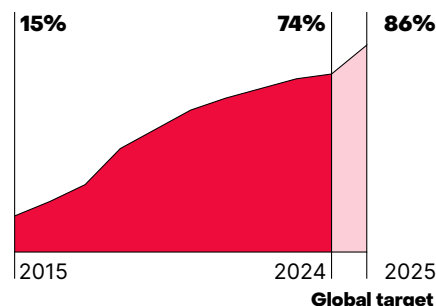
People living with HIV who know their status



People living with HIV receiving ARVs



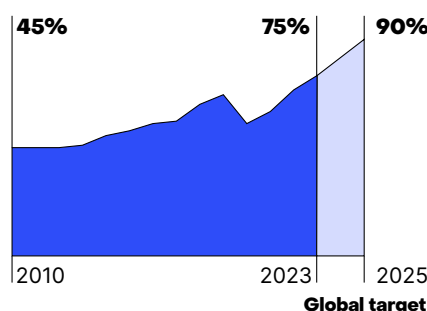
People living with HIV with suppressed viral load



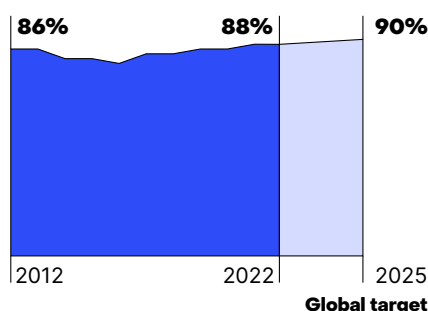
7.4 million

People treated for TB*

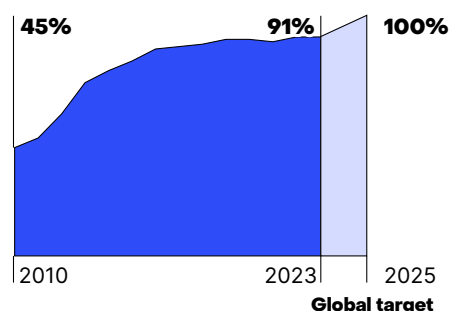
TB treatment coverage



TB treatment success rate (all forms)



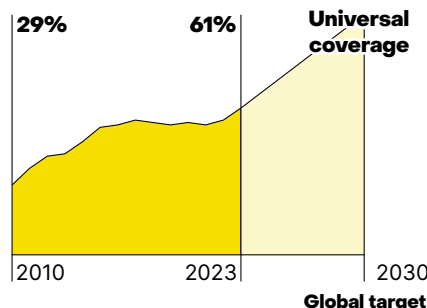
HIV+ TB patients on ARVs



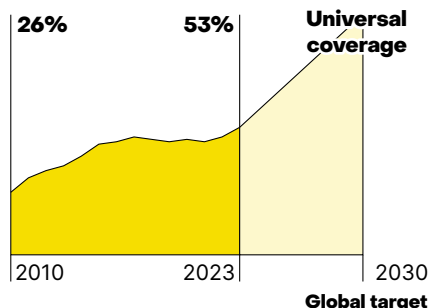
162 million

Insecticide-treated mosquito nets distributed*

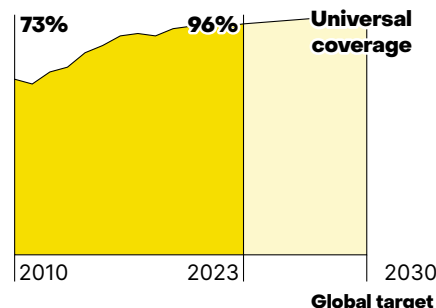
Mosquito nets population coverage



Mosquito nets population use



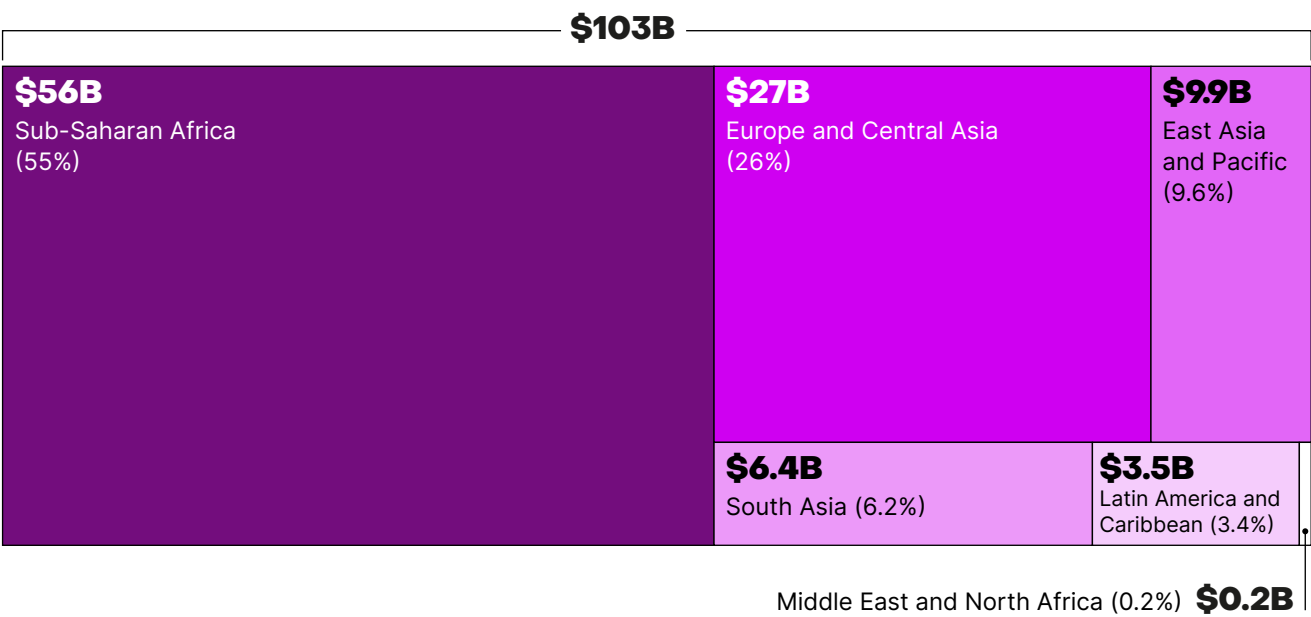
Suspected malaria cases tested



*Programmatic results achieved during 2024 by countries and regions where the Global Fund invests. Progress graphs are based on latest published data from WHO (2024 release for TB and malaria) and UNAIDS (2025 release). Malaria mosquito net coverage calculated based on 38 African countries for which data is available from WHO/Malaria Atlas Project estimates.

Cost savings from reduced inpatient and outpatient utilization due to decreased burden of HIV, TB and malaria

In countries where the Global Fund invests, 2002-2023 (US dollars, billions)



Includes countries that received an allocation from the Global Fund since our inception up until 2023. The analysis does not account for deferred cost due to greater survival from reducing the burden of the three diseases, leading to greater primary care utilization in the future. The costs are based on nominal US\$.

Programs supported by the Global Fund partnership have saved 70 million lives as of the end of 2024. Overall in the countries where the Global Fund invests, the combined death rate from the three diseases has reduced by 63% since 2002 and the combined incidence rate has reduced by 42% over the same period. That achievement is the result of efforts made by a wide array of actors, 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), the Agence Française de Développement, the UK Foreign, Commonwealth & Development Office, the governments of Germany and Japan; key multilateral and technical partners such as WHO, UNAIDS, the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaid, and Gavi; private sector partners such as (RED); and foundations such as the Gates Foundation and CIFF.

The Global Fund partnership is a proven model for turning donor dollars into impact at scale. Combining local leadership with global expertise, the knowledge and passion of communities with the agility of the private sector, and the power of governments with the reach of civil society, we are unequalled in our efficiency, effectiveness and adaptability.

Global Fund investments have played a critical role in increasing life expectancy across low- and middle-income countries. A recent update to an earlier study³ found that global inequality in life expectancy fell by around one-third between 2002 and 2021, with about half of the decrease in inequality due to progress in fighting the three diseases. In 15 sub-Saharan African countries, life expectancy rose from 49 to 61 years, with more than half of that gain attributed to progress against AIDS, TB and malaria.

By extending life expectancy, reducing illness, and easing the burden on health systems and communities, investments in health not only save lives – they also drive economic productivity and

3. 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://academic.oup.com/heapol/article/38/8/939/7220370>.

broader socioeconomic development. Strengthening health and community systems, along with improving countries' ability to respond to future pandemics, is also making the world safer. Health investments contribute to healthier populations, greater prosperity and stronger global health security.

To sustain and accelerate progress, we need decisive action and renewed investment. This includes scaling up innovative tools and approaches, catalyzing more

efficient use of domestic resources and supporting strong national sustainability and transition plans. These steps are essential to ending AIDS, TB and malaria as public health threats and enabling countries to gradually transition to full ownership of their national responses.

Without continued commitment, there is a risk that hard-won gains could be undone, endangering millions of lives and incurring far greater costs in the future – leaving a tragic legacy for generations to come. ●



A midwife-in-training at the Vihiga County Referral Hospital. This hospital is 1 of 61 facilities in Kenya training health professionals to integrate HIV, TB and malaria services into maternal and newborn care. The program is supported by local health authorities, the Global Fund, and the Liverpool School of Tropical Medicine, with funding from Takeda Pharmaceutical Company Limited's Global Corporate Social Responsibility Program.

The Global Fund/Brian Otieno





State of the Fight

This chapter captures the latest information available on the fight to end AIDS. In 2024, the Global Fund worked closely with partners to deliver results at scale and prioritize communities at highest risk for HIV infection and with the least access to services. After more than two decades of progress, a future free of AIDS is within reach. However, those gains are now in jeopardy, threatened by decreasing international funding and interconnected crises including debt distress, conflict and the erosion of human rights. Only through sustained investment and renewed commitment can the world protect hard-won gains and end this disease.

Deborah and her 10-month-old daughter Catherine at the Baylor College of Medicine Children's Foundation in Lilongwe, Malawi. Deborah is living with HIV and Catherine is on preventive treatment.

The Global Fund/Tommy Trenchard

The Global Fund works closely with partners to align efforts, scale proven solutions and deliver impact in the fight against AIDS.



The challenge

Ending AIDS by 2030 means reducing AIDS-related deaths and new HIV infections to such low levels that AIDS is no longer a public health threat. Achieving this global goal requires a combination of approaches: HIV prevention tools like condoms and pre-exposure prophylaxis (PrEP); testing to identify people living with HIV; and treatment to save lives and suppress the virus so it cannot be passed on. Success depends on strong, sustained efforts across all three areas.

Despite the tremendous progress of the past two decades, HIV remains a major infectious disease and a significant threat to global health security. In 2024, 630,000 people died of AIDS-related causes, and there were 1.3 million new infections globally – around 3.5 times more than the global target of fewer than 370,000 new infections by 2025. By the end of 2024, 40.8 million people were living with HIV globally, yet only 31.6 million were receiving lifesaving treatment.

Key populations – including gay men and other men who have sex with men; sex workers; trans and gender-diverse people; people who use or inject drugs; and people in prison – are disproportionately affected by HIV, but service coverage for these groups remains inadequate. Structural barriers – including stigma, discrimination, criminalization and violence – persistently hinder access to health services. In many places, girls and young women are at higher risk of

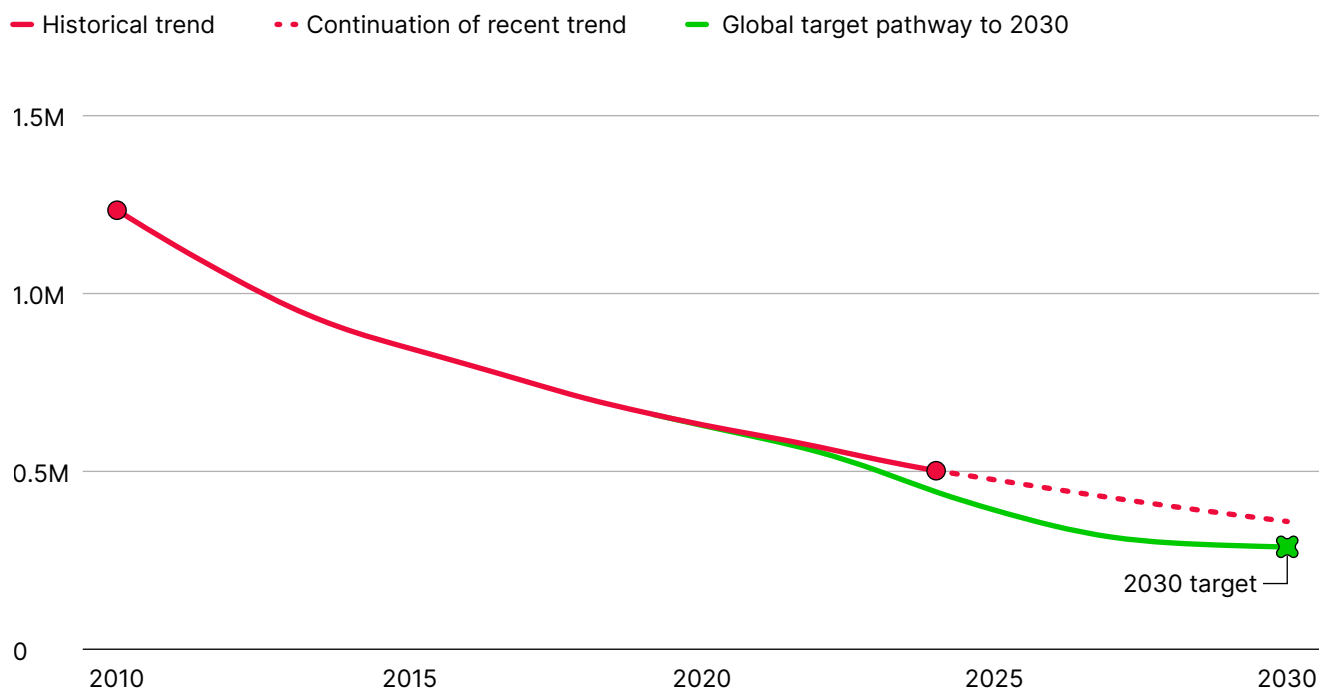
HIV infection than boys and young men but often lack access, knowledge or autonomy to use prevention options. Children are still being born with HIV due to gaps in maternal and child health services and stigma that deter mothers from seeking care. This is entirely preventable.

Yet the significant progress made in the fight against AIDS has been a powerful source of hope. The number of people living with HIV globally who are receiving treatment more than quadrupled between 2010 and 2024. Globally new infections fell by 40% and AIDS-related deaths by 54% over the same period, although regional and national trends reveal stark disparities.

By the end of 2024, strong gains and a growing range of effective HIV prevention and treatment tools provided renewed optimism that ending AIDS by 2030 was within reach. However, decreasing international funding poses a serious threat to hard-won progress. This challenge strikes at a pivotal moment in the fight against AIDS. Disruptions in prevention, testing and treatment programs risk allowing HIV to spread rapidly once more, reversing gains and driving up infections and deaths. A resurgence of the virus would not only undermine communities, economies and health security – it would also jeopardize countries' ability to transition from Global Fund and other donor support. Global progress hinges on bold investment, the leadership of governments and civil society, and a shared commitment to lasting impact.

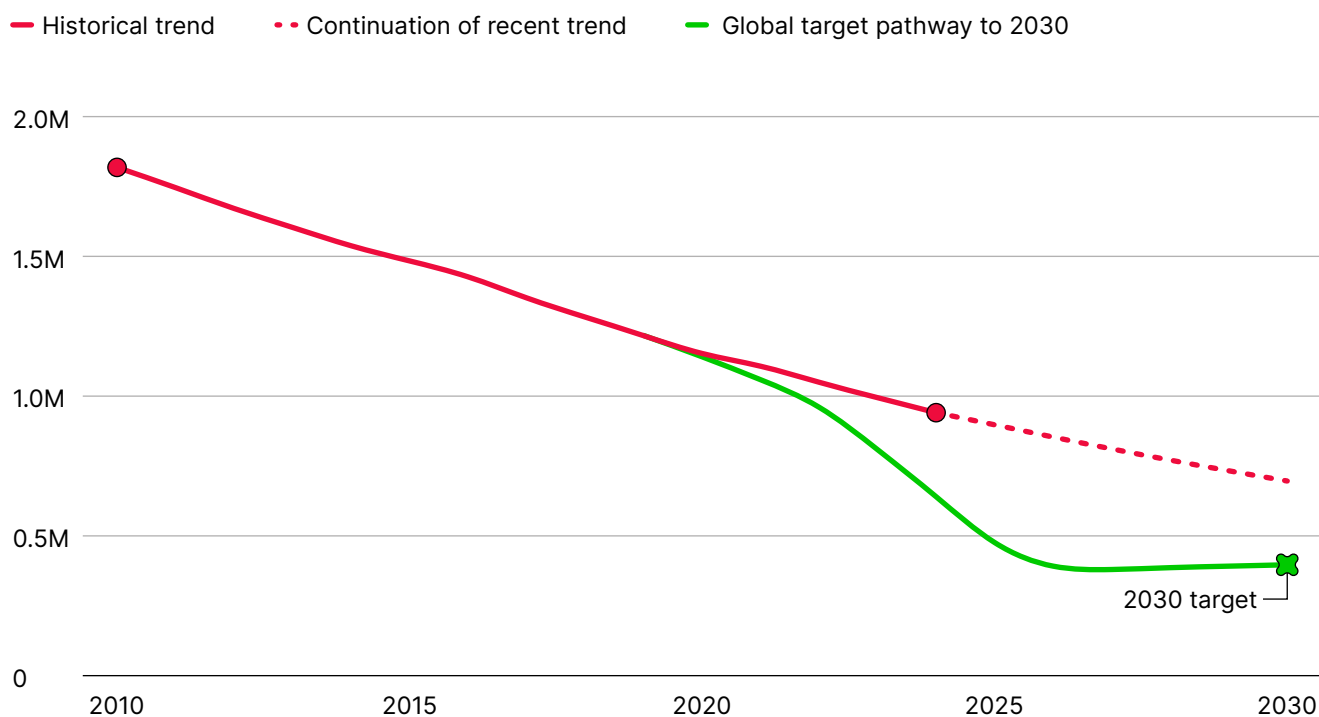
AIDS-related deaths: progress toward the UNAIDS target

In countries where the Global Fund invests



New HIV infections: progress toward the UNAIDS target

In countries where the Global Fund invests



"Continuation of recent trend" projection is based on the continuation of 2019–2024 trends. "Global target pathway to 2030" is based on the target from UNAIDS 2025 targets to end AIDS, 2021 update. Countries that have recently received Global Fund HIV and AIDS funding and have reported programmatic results over the past two cycles.

The Global Fund's response

The Global Fund provides 26% of all international financing for HIV programs. Since the Global Fund was founded in 2002, we have invested US\$27.6 billion in HIV programs and US\$8.6 billion in HIV/TB programs as of 30 June 2025.

We work closely with governments, communities, civil society and the private sector, as well as technical and financing partners – including PEPFAR, UNAIDS, WHO and others – to align efforts, scale proven solutions and deliver impact.

In 2024, we focused on reaching people living with HIV and people most at risk for HIV infection with effective, inclusive, rights-based services. We supported countries to prioritize tailored HIV prevention, testing and treatment interventions through innovations and approaches that increase access and strengthen systems.

HIV prevention

HIV prevention is central to the Global Fund Strategy and to ending HIV as a public health threat. Preventing new infections – by reducing onward transmission from people living with HIV and expanding the use of prevention options among those at risk of HIV – offers an exceptional return on investment.

By July 2025, in the current grant cycle (2024-2026), the Global Fund had invested nearly US\$900 million in HIV prevention – a 26% increase compared to the same group of countries in the previous cycle. This funding prioritizes interventions with the greatest impact. It focuses on people most at risk of HIV infection, including key populations and adolescent girls and young women in countries with high numbers of new infections in Eastern and Southern Africa. Tailored to local needs and contexts, these efforts aim to close persistent access gaps and improve the relevance, accessibility and use of HIV prevention options.

PrEP is transforming HIV prevention by allowing people at high risk for HIV to protect themselves before exposure. The Global Fund is the only major funder supporting all PrEP options recommended by WHO: oral PrEP pills; the dapivirine vaginal ring – a discreet, self-directed PrEP option for adolescent girls and women; and cabotegravir and lenacapavir – long-acting injectable forms of PrEP. Long-acting products, such as the ring and injectables, are valuable options for people who prefer not to take pills due to stigma, privacy concerns, adherence issues or limited access to health services.

Access to the dapivirine vaginal ring has expanded, especially among adolescent girls and women in high-burden countries. In 2024, the Global Fund and CIFF launched an initiative to fund the purchase of 150,000 rings. This market-shaping approach aims to catalyze demand, expand access and drive down prices. In partnership with Unitaid, we are also accelerating access to cabotegravir, with six Global Fund-supported countries procuring the drug in 2024.

Lenacapavir is a breakthrough in HIV prevention. A twice-yearly, long-acting injectable PrEP option, lenacapavir showed up to 100% success in preventing new HIV infections in clinical trials⁴ and offers unprecedented potential to improve adherence, increase uptake of PrEP and maximize return on investment.

In 2024, the Global Fund joined partners in a commitment to reach 2 million people with lenacapavir – a significant step forward in our journey to reduce new infections. In mid-2025, we signed an access agreement with Gilead Sciences to procure lenacapavir for low- and middle-income countries – the first time an HIV prevention product will launch simultaneously in low-income countries and in high-income countries, a major milestone for global health equity. But a decrease in international funding could put this opportunity at risk, making a robust Eighth Replenishment critical for accelerating access to this lifesaving innovation.

Demand for PrEP is rising, but access remains a challenge. Usage has surged – from 200,000 people in 2017 to 3.9 million globally in 2024 – yet this is still far from the 2025 global target of 21.2 million. In 2024, the majority of those using PrEP – 64% – were in just five countries: Kenya, Nigeria, South Africa, Uganda and Zambia.

Global Fund investments in PrEP have risen significantly from US\$25 million over the 2021-2023 period to US\$130 million over the 2024-2026 period. This acceleration has been underpinned by our Matching Funds initiative, which incentivizes countries to invest in high-impact priorities. A US\$33 million pledge from CIFF to expand access to PrEP and post-exposure prophylaxis (PEP) has been a critical enabler of this initiative. Over the 2023-2025 allocation period, five countries – Kenya, Mozambique, Nigeria, Uganda and Zambia – accounted for nearly half of total PrEP investment, which will enable over 770,000 people to access PrEP.

4. Gilead has published results from [phase 3 PURPOSE 1](#) and [phase 3 PURPOSE 2](#) trials and is conducting phase 2 PURPOSE 3 and phase 3 PURPOSE 4 trials in the United States.

Key Results for 2025



In countries where the Global Fund invests:

25.6M

People were on **antiretroviral therapy for HIV** in 2024, up from 17.5 million in 2017. Coverage increased from 22% in 2010 to 79% in 2024. Global target: 90% by 2025.

648k

Mothers living with HIV received medicine to keep them alive and prevent transmitting HIV to their babies in 2024. Coverage increased from 49% in 2010 to 85% in 2024. Global target: 100% by 2025.

74%

Of people **living with HIV** had a **suppressed viral load** in 2024, up from 15% in 2015. Global target: 86% by 2025.

46.6M

HIV tests were taken (including 11.7 million by priority and key populations). People living with HIV with knowledge of their status increased from 61% in 2015 to 88% in 2024. Global target: 95% by 2025.

1.4M

People **received antiretroviral pre-exposure prophylaxis (PrEP)** in 2024.

12.3M

People were **reached with HIV prevention services** in 2024, including 7.7 million people from key populations and 3 million young people.

772k

Voluntary medical male circumcisions were conducted for HIV prevention in 2024.

Please note: Programmatic results reported for 2024 are, for some services, lower than those reported for 2023. This is due, in part, to the transition from Grant Cycle 6 (GC6) to Grant Cycle 7 (GC7), which results in changes such as the discontinuation or introduction of indicators, strategic shifts in programmatic focus (e.g., targeting high-risk populations), changes in geographic scope, updated population estimates and improvements in data quality. The [web annex](#) on the Global Fund website provides further details.

The Global Fund also invests in other prevention options. Condoms and lubricants remain a highly effective, low-cost approach for preventing HIV and other sexually transmitted infections. In 2024, the Global Fund invested US\$47.5 million in condom programs, with a focus on reaching more young people, men and key populations through stronger last mile supply chains and with demand creation campaigns that increasingly use social media to tailor messages and reach much larger audiences.

We collaborated with Unitaid in market shaping for new harm reduction products that reduce the risk of HIV infection and other infectious diseases among people who inject drugs, whose risk of acquiring HIV is about 14 times higher than that of the general population. These products include low dead space syringes that can reduce transmission risk, and long-acting

injectable buprenorphine, a promising product that can improve options for people who need drug dependency treatment and reduce the prevalence of injecting. We aim to build on Unitaid’s investments and support countries to introduce and scale up these innovative harm reduction products in our next grant cycle.

Prevention isn’t just the first step to ending AIDS – it’s our most powerful lever. Without strong prevention programs, HIV will remain a global threat. But decreasing international funding threatens essential programs and decades of progress. The Global Fund partnership remains committed to sustaining and scaling HIV prevention. With smart investments and strong partnerships, we can ensure that more people at high risk for HIV have HIV prevention options in their hands, and the knowledge and power to use them.

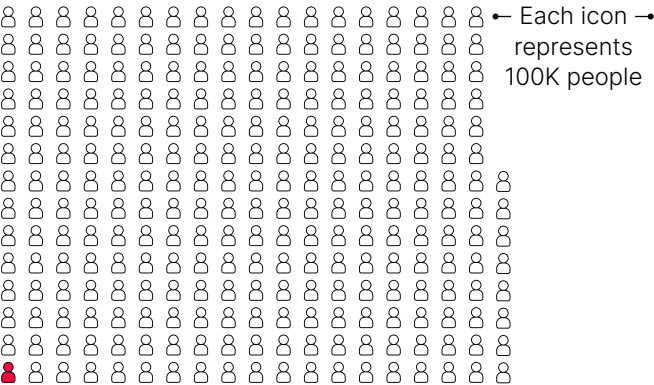
People living with HIV on antiretroviral therapy

In countries where the Global Fund invests

-  People living with HIV on antiretroviral therapy
-  People living with HIV not on antiretroviral therapy

2002

<1% of people on ARVs



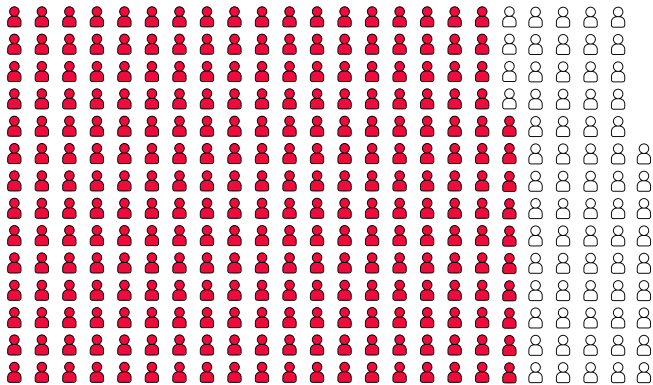
26M people living with HIV

139K

people on ARVs

2024

79% of people on ARVs



33M people living with HIV

26.2M

people on ARVs

Source: UNAIDS 2025 release data. People on antiretroviral therapy reported to UNAIDS in countries supported by the Global Fund over the past two funding cycles. Programmatic results published in other parts of this report are based primarily on data reported to the Global Fund in 2024, according to the grant reporting cycle.



Participants register to be tested for HIV at a “mobile session” at a coffee shop in Vinh City, Vietnam. Organized by the Glink Clinic, these mobile sessions inform people about the clinic and its services, as well as offer HIV testing and access to PrEP. The Global Fund/Quinn Ryan Mattingly

HIV testing

Equally important for ending AIDS is testing. If people do not know they have HIV, they cannot take steps to protect their sexual partners or begin treatment. Successful prevention and treatment require easy access to testing for everyone.

Global Fund investments have played a critical role in closing the gap between people living with HIV who know their status and those who don't. As of the end of 2024, in countries where the Global Fund invests, 88% of people living with HIV knew their status – up from 61% in 2015.

In 2024, we supported countries to expand testing strategies tailored to reach those at highest risk and to speed up linkage to care. These included partner notification, family-based testing, and social network outreach, which were carried out with careful attention to confidentiality, informed consent and safety. HIV self-testing remained a key focus, offering a discreet, convenient option for people who might not otherwise be tested. In 2024, 16.4 million self-test kits were procured through the Global Fund's Pooled Procurement Mechanism – an eight-fold increase from 2020, when 2 million kits

were procured.

CIFF has been a transformative partner in expanding HIV self-testing, investing US\$25 million to support HIV self-testing in Cameroon, Malawi, Mozambique, Nigeria, Tanzania, Uganda and Zambia – reaching over 14.1 million people between 2021 and 2024.

The Global Fund also continued to support countries in scaling up dual HIV/syphilis rapid diagnostic testing, with 13.6 million kits procured through the Pooled Procurement Mechanism in 2024, up from 7 million in 2022. These integrated tests, along with hepatitis B testing, support progress toward the elimination of mother-to-child transmission of HIV, syphilis and hepatitis B, helping to prevent infant deaths and improve the health of mothers and babies.

HIV testing is a critical gateway to HIV prevention and treatment. Without sustained investment in testing and early diagnosis, we risk allowing HIV to surge back, with severe consequences for communities worldwide.

HIV treatment, care and support

Expanding access to HIV treatment – known as antiretroviral therapy – has transformed the fight against AIDS. Antiretroviral therapy enables people living with HIV to stay healthy by suppressing the virus to undetectable levels – preventing disease progression, premature death, and onward HIV transmission. In 2024, 79% of people living with HIV in Global Fund-supported countries were on lifesaving HIV treatment – up from 22% in 2010. These are the highest levels ever recorded for each of these indicators. 74% of people living with HIV had achieved viral suppression, a significant increase from 15% in 2015. 91% of people living with HIV and TB were receiving antiretroviral therapy.

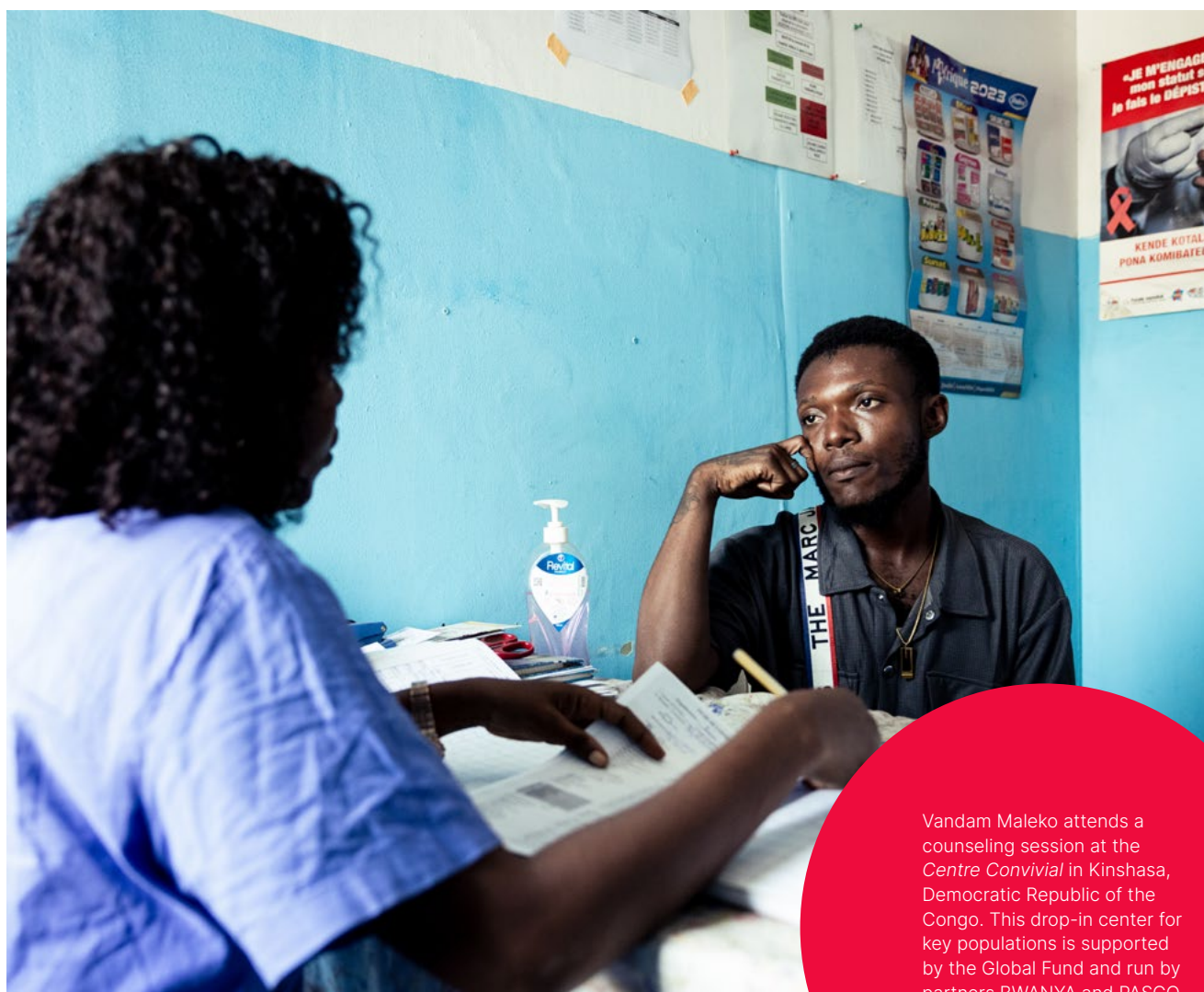
The Global Fund continues to play a central role in scaling up access to WHO-recommended dolutegravir (DTG)-based regimens, known for their high efficacy, tolerability and high barrier to drug resistance. By the end of 2024, 88% of antiretroviral therapy procured through the Global Fund's Pooled Procurement Mechanism was DTG-based, including pediatric

abacavir/lamivudine/dolutegravir (pALD), a newer, child-friendly option that is helping to improve uptake and viral load suppression among children living with HIV.

Affordability remains crucial. Working with manufacturers, the Global Fund partnership has reduced the cost of the preferred initial DTG-based regimen, tenofovir disoproxil fumarate/lamivudine/dolutegravir (TLD), from US\$75 per patient per year in 2018 to about US\$35 by mid-2025. This significant price reduction creates the opportunity for countries to widen access to the best treatments with the same amount of financing.

The Global Fund supports countries to optimize HIV treatment by transitioning people living with HIV to more effective, better-tolerated and lower-cost options, both for initial and subsequent regimens, in line with WHO guidelines.

We also support care approaches that respond to the needs and preferences of people living with HIV. For those already established on treatment, multi-month dispensing – providing at least a three-month supply of medication at once – can help people stay on treatment



Vandam Maleko attends a counseling session at the *Centre Convivial* in Kinshasa, Democratic Republic of the Congo. This drop-in center for key populations is supported by the Global Fund and run by partners BWANYA and PASCO.

The Global Fund/Vincent Becker

and eases pressure on health systems by reducing the number of visits to health facilities. We also support programs at both community and clinic levels to help people stay in care or return to treatment if they have stopped, which is essential to staying healthy, stopping transmission and preventing drug resistance.

In parallel, we are addressing advanced HIV disease, including life-threatening opportunistic infections. In 2024, the Global Fund supported countries to roll out previously unavailable treatments for cryptococcal meningitis – contributing to greater success in reducing mortality from this major cause of AIDS-related death. We also support TB screening and diagnosis for people living with HIV, as they are more likely to become sick with active TB.

Together, these efforts are making HIV treatment and care more accessible, affordable and effective. The millions of people who were receiving treatment for HIV or who achieved viral suppression in 2024 are proof of what is possible. But vast numbers of individuals still lack access, and any decrease in funding threatens current programs and future progress. Only with sustained investment can we close long-standing treatment gaps and end AIDS.

Access for everyone

Key populations continue to be disproportionately affected by HIV. Stigma, discrimination, criminalization and violence continue to hinder access to prevention, testing and treatment. If these communities cannot access the services and information they need, the world will not end AIDS.

The Global Fund is one of the largest funders of programs to connect key populations with HIV services. We prioritize community-led, rights-based approaches that meet people where they are. In 2024, the Global Fund continued to invest in peer-led outreach, community drop-in centers and efforts to provide access to HIV prevention and testing options through pharmacies and online platforms. We also partnered with the private sector to pilot direct-to-consumer delivery models.

In Zambia, with Global Fund support, the Ministry of Health scaled up HIV services for key populations (as well as adolescent girls and young women) through a model linking clinic-based “excellence hubs” with decentralized community sites – improving access, continuity of care and integration with broader health services. In Ukraine, HIV prevention is being delivered increasingly through digital platforms, pharmacies and AI-driven tools.

Laws that criminalize homosexuality and other forms of identity, expression or behavior are amplifying stigma, discrimination and violence and driving key populations further from HIV services. At the same time, civil society organizations are facing growing challenges in registering, securing funding and operating freely. These legal and social barriers make it harder to prevent new infections and ensure access to testing and treatment. Decreasing international funding, particularly for HIV prevention, is disrupting services for key populations, threatening to reverse hard-won gains and leaving millions at greater risk of infection.

Through initiatives like Breaking Down Barriers, the Global Fund supports countries in addressing human rights-related barriers that prevent people from accessing the HIV services they need. Between 2017 and 2023, all 20 participating countries made progress in reducing these barriers. In 2024, four more countries joined the initiative. Annual self-assessments in most of the 24 countries indicated continued progress – despite growing human rights challenges worldwide.

Supporting adolescent girls and young women

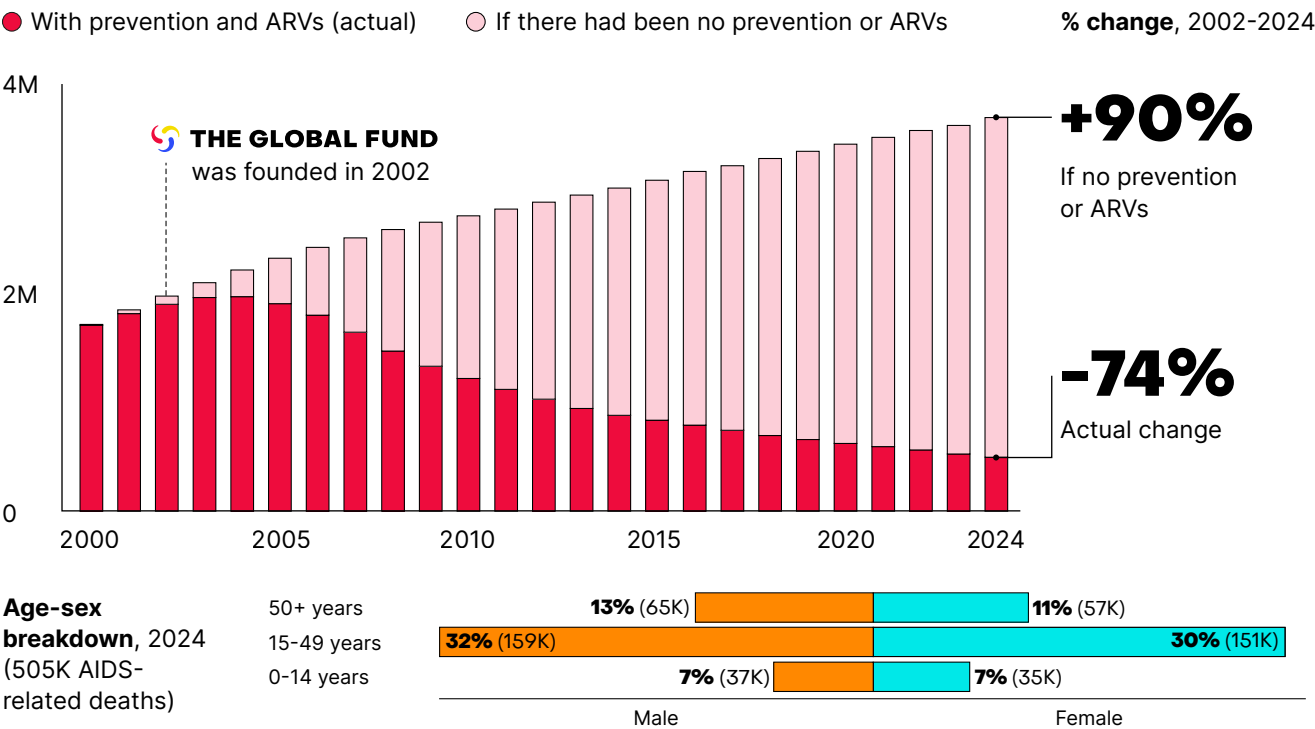
In 2024, an estimated 210,000 adolescent girls and young women (aged 15–24) acquired HIV globally, compared to 160,000 boys and men of the same age. This disparity underscores how gender inequality, limited access to education and health care, discrimination and gender-based violence continue to drive new infections and create barriers to prevention, treatment and support. The gap is especially stark in Eastern and Southern Africa, and in parts of Western and Central Africa, where young women accounted for 77% and 75% of new HIV infections among young people, respectively.

Yet there are signs of real progress: New infections among adolescent girls and young women have declined significantly in recent years, due to the scale-up of HIV testing and treatment and expanded access to prevention tools, education and community-led initiatives. For example, in Malawi, there has been an 86% decline in the HIV incidence rate among young women nationally since 2010, with significant declines across high-burden districts. This progress has been supported by efforts across the Global Fund partnership, including the government, PEPFAR and other actors. These gains show what is possible – but the challenge is far from over, and continued investment is essential to build on this momentum.

To maximize the impact of our resources, we focus our investments on adolescent girls and young women with the greatest HIV prevention needs, particularly in high-incidence countries in Eastern and Southern Africa.

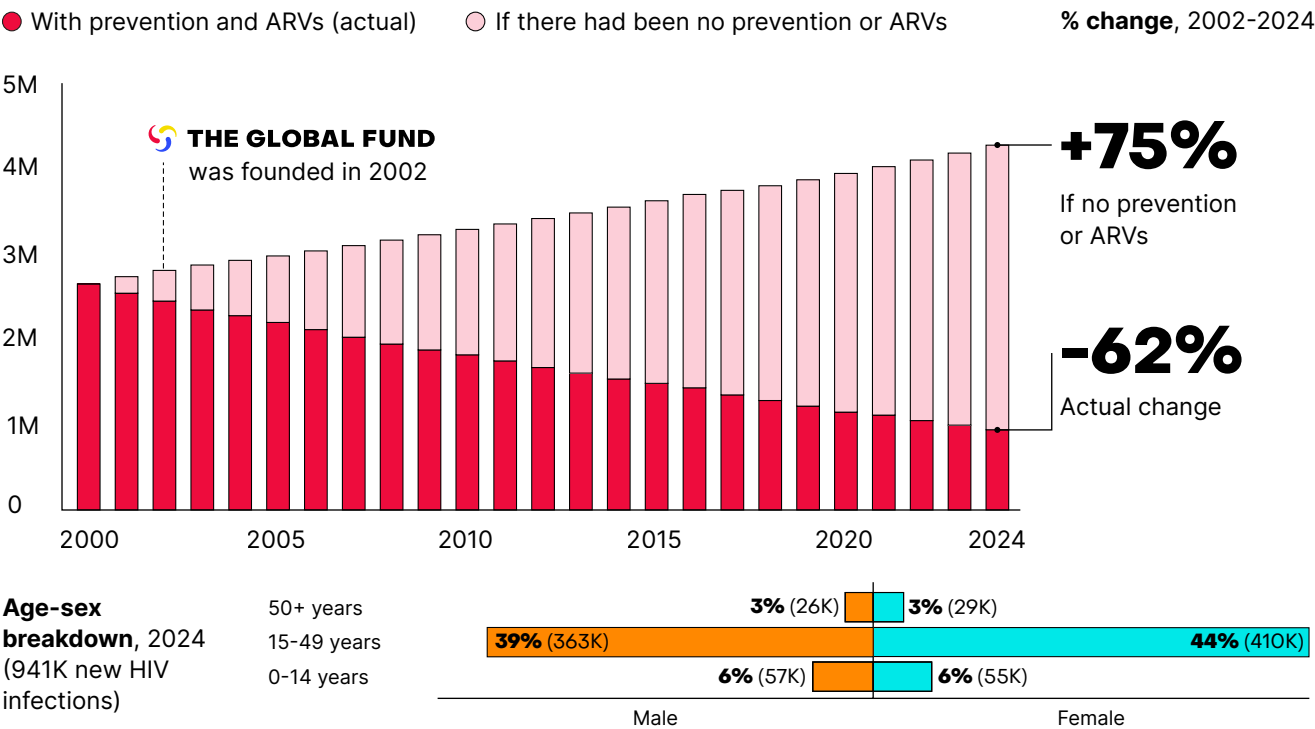
Trends in AIDS-related deaths

In countries where the Global Fund invests



Trends in new HIV infections

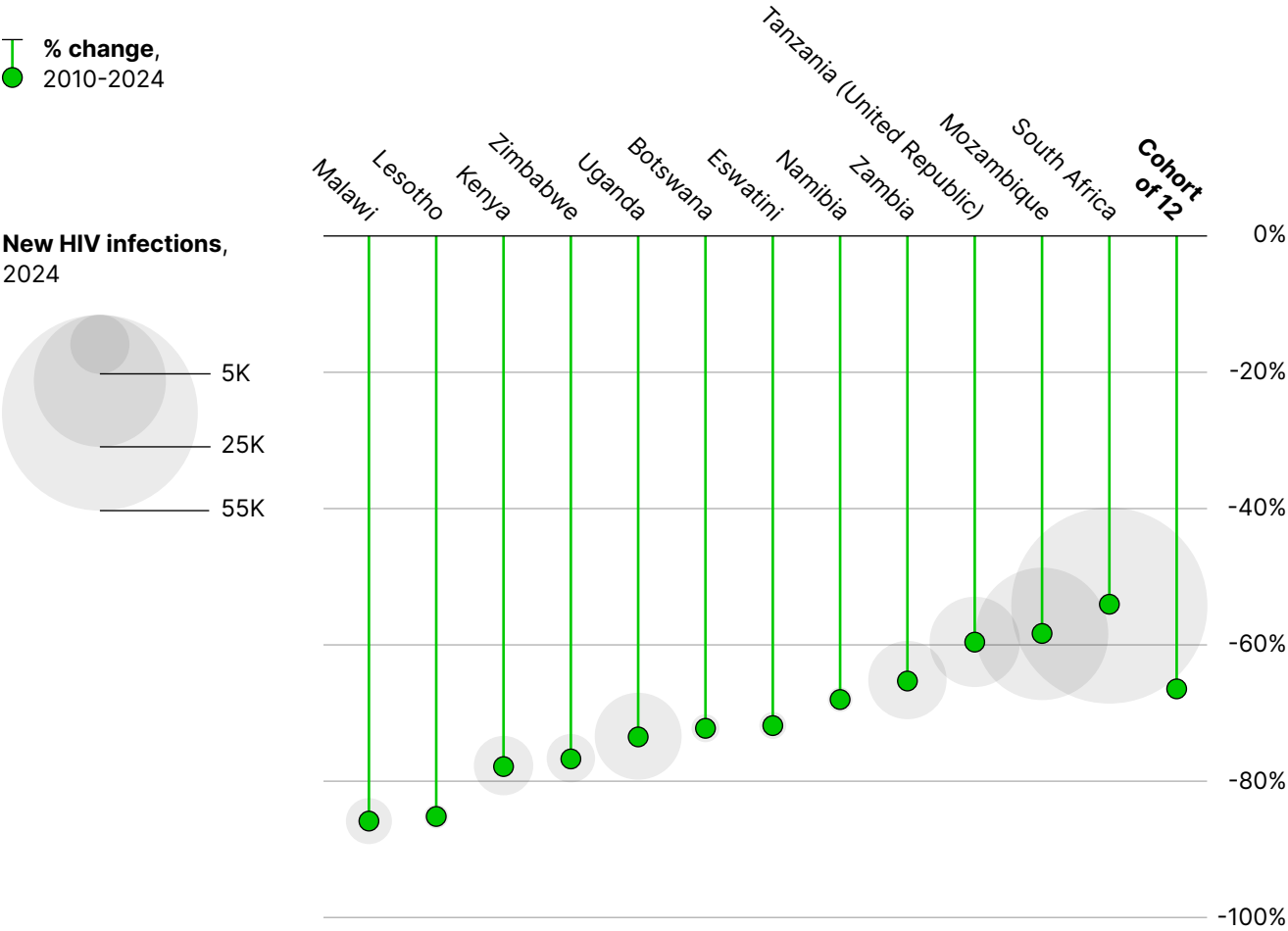
In countries where the Global Fund invests



HIV burden estimates from UNAIDS, 2025 release. Estimation of “no prevention or ARVs” trends from Goals Model and AIDS Impact Model (AIM).

Reduction in HIV incidence rate among women aged 15-24

% change 2010-2024 in 12 priority countries



Source: HIV burden estimates from UNAIDS, 2025 release.

These efforts aim to make HIV prevention and testing options more accessible, increase knowledge and service access and amplify the voices of young women who need HIV services. In 2024, 2 million adolescent girls and young women in Global Fund-supported countries accessed HIV prevention services. Among these, a total of 1.28 million adolescent girls and young women were reached with HIV prevention services across 12 priority countries (see figure above).

Supporting young women's voices is essential to ending AIDS. In 2024, through the HER Voice Fund – a partnership between the Global Fund, ViiV Healthcare and Y+ Global operating in priority sub-Saharan African countries where new HIV infections among adolescent girls and young women are among the highest globally – more than 3,000 adolescent girls and young women participated in decision-making platforms, helping shape the laws, policies and services that affect their lives.

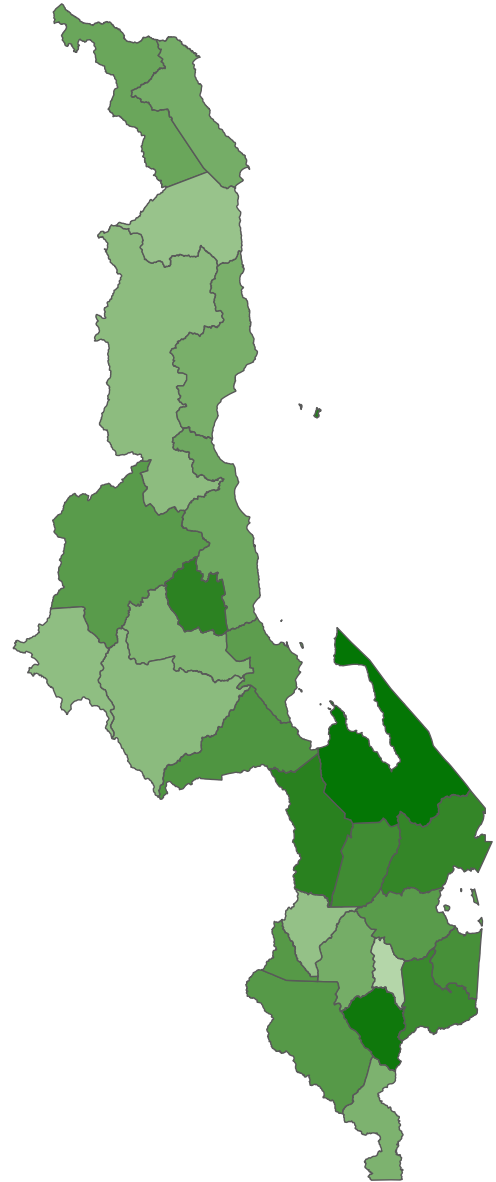
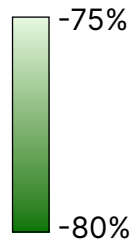
Protecting mothers and children from HIV

Without adequate HIV treatment, pregnant women living with HIV can pass on the virus to their babies during pregnancy, childbirth or breastfeeding. Global efforts to prevent mother-to-child transmission of HIV have achieved major gains, yet in 2024 there were still 120,000 babies born with HIV. These infections are preventable with access to antiretroviral therapy and care. In countries where the Global Fund invests, 85% of pregnant women living with HIV received antiretroviral therapy in 2024, up from 49% in 2010 – protecting their health and preventing transmission of HIV to their infants.

Our investments support care for HIV, syphilis and hepatitis B for mothers, infants and children during pregnancy, delivery and breastfeeding. This includes testing and treatment for pregnant women, prevention of HIV among pregnant and breastfeeding women, early infant diagnosis of HIV and timely treatment for children

Reduction in HIV incidence rate among women aged 15–24 in Malawi

% change, 2016–2024



Source: UNAIDS NAOMI district-level estimates: <https://naomi-spectrum.unaids.org/>.

who test positive for HIV – all with a focus on integration with broader maternal and child health services. These efforts are essential to achieving the global goal of triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B. Global Fund investments in triple elimination efforts have increased by more than 75% in the current grant cycle, including expanded procurement of hepatitis B and syphilis test kits. Since 2015, 17 countries globally have reached at least one of the triple elimination targets.

But too many children are still being left behind. Globally in 2024, only 55% of the 1.4 million children living with HIV were on treatment – far below adult coverage rates. Children accounted for just 3% of people living with HIV in 2024 yet made up 12% of AIDS-related deaths. This disparity underscores the urgent need to close the treatment gap.

In response, the Global Fund continued to support countries in scaling up child-friendly HIV treatment in

2024. With partners like Unitaid, we accelerated the rollout of pediatric DTG – a formulation designed to be easier for children to take and adhere to. By the end of 2024, 47 countries had used the Global Fund’s Pooled Procurement Mechanism to obtain pediatric DTG, and 14 had sourced pALD, a preferred initial treatment for children living with HIV.

Delivering results in the fight against AIDS

Between 2002 and 2024, AIDS-related deaths dropped by 74% and new HIV infections by 62% in countries where the Global Fund invests. The AIDS-related mortality rate was down by 82% and the HIV incidence rate declined by 73% over the same period. With no prevention or treatment, infections would have risen by 75% and deaths by 90%. Since 2010, the number of children orphaned by AIDS in these countries has dropped by 30% – a powerful testament to the impact of saving lives. Every life preserved helps keep families together and communities strong.



François Mafuku

HIV Nurse, Democratic Republic of the Congo

For 15 years, François Mafuku has been an HIV nurse at the Pediatric Foundation of Kimbondo Hospital on the outskirts of Kinshasa.

He says that despite the undeniable progress made in the fight against HIV and AIDS, the disease continues to take a heavy toll on families and communities.

"For people who may think that HIV is a thing of the past, that's a big mistake," he says. "HIV is all around us and in our families."

François and his colleagues provide testing, treatment, medications and follow-up care for people living with HIV and AIDS. Some patients have been in his team's care for well over a decade – first arriving as children and still receiving support and treatment many years later.

Although an estimated 91% of people living with HIV in DRC are now receiving treatment, too many children are being left behind. Only 44% of children living with HIV have access to the care they need – less than half the coverage seen in adults.

To tackle this inequality, the country recently launched the Presidential Initiative for the Elimination of HIV/AIDS among Children in DRC – a five-year initiative backed by at least US\$18 million in domestic funding. Led by the government and supported by partners, including the Global Fund, the initiative aims to strengthen early HIV screening and treatment for children, adolescents, and mothers; prevent new infections; ensure timely treatment for those diagnosed; and remove barriers limiting adolescents' access to care.

François and his colleagues are on the frontline of the HIV response. They are the ones who will turn this vision into lifesaving care for children.



The Global Fund/Vincent Becker



Patients wait for registration at Muhoza Health Center in Ruhengeri, Rwanda. The country has reached the UNAIDS 95-95-95 targets – where 95% of people living with HIV know their status, 95% of those who know their status are on treatment, and 95% of those on treatment achieve viral suppression.

The Global Fund/Vincent Becker

Working with partners, the Global Fund has supported many countries to reach the UNAIDS 95-95-95 targets – where 95% of people living with HIV know their status, 95% of those who know their status are on treatment and 95% of those on treatment achieve viral suppression. Seven countries where the Global Fund invests have already achieved the targets: Botswana, Eswatini, Lesotho, Namibia, Rwanda, Zambia and Zimbabwe. Eight sub-Saharan African countries have reached 90% on each of the three targets. This level of progress is clear evidence that controlling the HIV epidemic is within reach when the right tools and resources are in place.

In 2024, our HIV investments also contributed to stronger, more equitable and resilient health and community systems. They advanced the integration of HIV services into broader health systems, allowing other essential health services to benefit from the infrastructure developed for the HIV response. This supports countries to build people-centered platforms that can extend reach, improve outcomes and deliver wider health benefits.

Opportunities to accelerate the fight

We have reached a decisive juncture in the global effort to end AIDS. We have the tools, but we must act now to get them to the people who need them most. Breakthroughs like lenacapavir are more than scientific advances; they signal a shift in how we can prevent HIV transmission. To seize the opportunity such innovations present, we must scale up access to the full range of effective, user-centered HIV prevention, testing and treatment options.

Innovations, including AI, are opening powerful possibilities – from optimizing resource use to expanding access to services in hard-to-reach communities. With the right investments, AI could help accelerate the end of AIDS and build stronger, more equitable health systems.

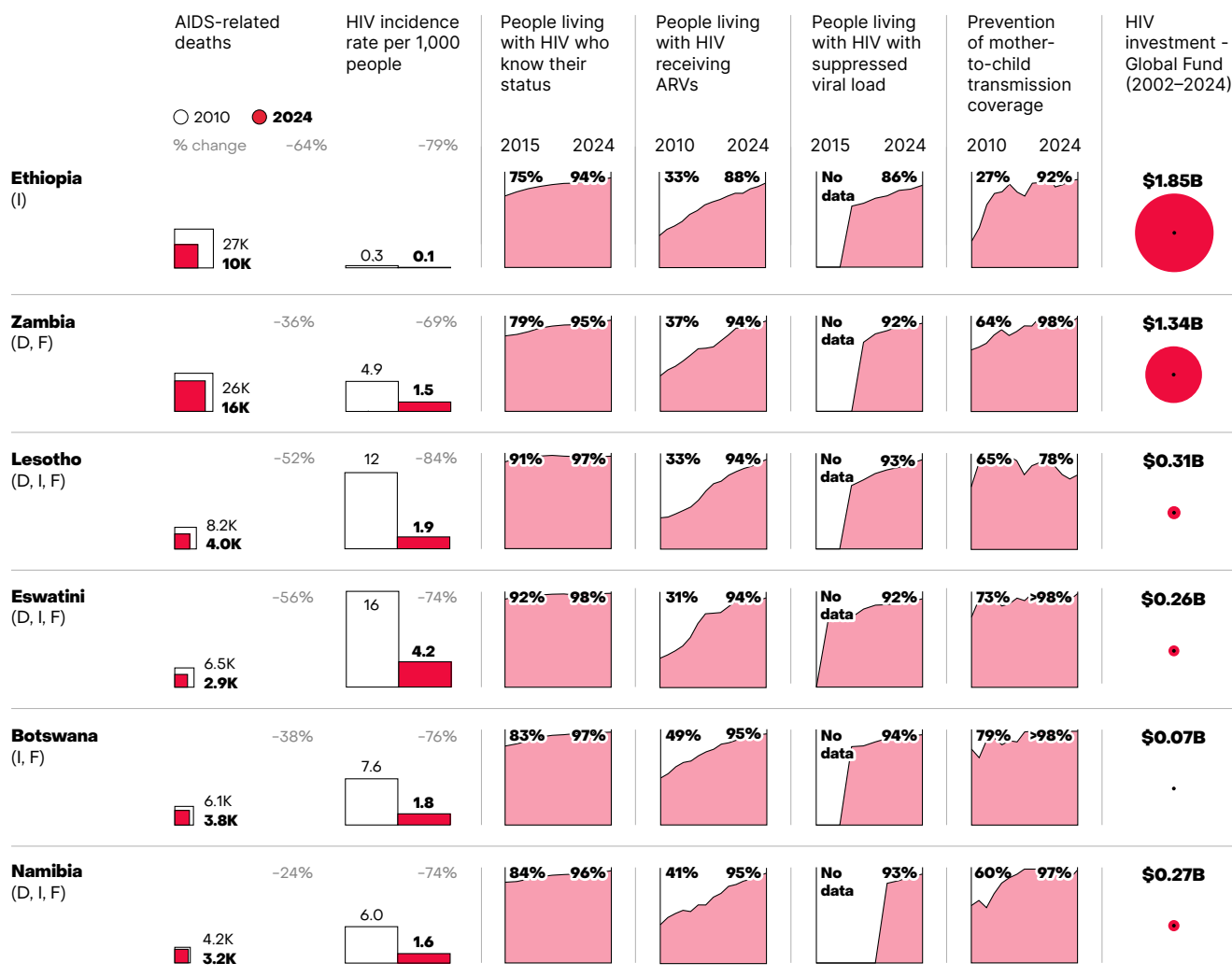
Smart, sustained investment to fight AIDS will continue to deliver exceptional returns – reducing new HIV infections and AIDS-related deaths, easing pressure on health systems and strengthening global health security. As more countries integrate HIV services into primary care, they are laying the foundation for resilient, people-centered systems that will outlast support from external sources.

The Global Fund’s Eighth Replenishment in 2025 is critical. The gains we have made so far prove what is possible when the world acts with urgency and resolve. But they are not guaranteed. Without renewed commitment and sustained funding, the HIV response will lose ground. With bold leadership, smart investment and full use of the tools now at hand, we can take the next decisive step to end AIDS – and build a healthier future for all. ●



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 2025 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 2024 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. These countries received US\$31.9 billion from 2002 to end December 2024 to support HIV programs and a portion of joint TB/HIV programs. Additionally, they received US\$2.4 billion in cross-cutting support across the three diseases, resulting in a total of US\$34.3 billion. Countries/programs previously supported by the Global Fund received US\$1.3 billion since 2002, resulting in a total disease-specific investment of US\$33.2 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.



Namibia

Case Study

Transforming the HIV response for young people

In Namibia, young women remain disproportionately affected by HIV, facing higher risks due to social and economic vulnerabilities, limited access to services and gender-based violence. The Global Fund and partners support a comprehensive, youth-focused response that is helping close critical gaps in HIV prevention and care.

Through collaboration with national and community organizations, including One Economy Foundation, Walvis Bay Corridor Group and government ministries, a wide range of youth-friendly services are now available and accessible where young people live, learn and socialize.

This includes HIV testing, access to PrEP and condoms, treatment for sexually transmitted infections, mental health support and referrals for those who experience gender-based violence. Targeted outreach activities ensure these services reach young women and their male partners and help address underlying issues and attitudes that can perpetuate gender-based violence.

Schools, community hubs and clinics have become places of support where young people receive information and services without judgment or stigma.

Mobile teams and youth ambassadors visit schools, community hubs and homes to give educational talks on preventing HIV, practicing safe, consensual sex and accessing mental health and other support services. They also provide one-on-one counseling and refer young people to youth-friendly clinics.

Namibia has made major strides in fighting HIV: Over 90% of people living with HIV know their status, the vast majority are on treatment, and most are virally suppressed. Since 2013, new HIV infections have nearly been cut in half.

With community-driven, youth-friendly services, the Global Fund and partners are strengthening these efforts by targeting those who remain most vulnerable to the disease – adolescent girls and young women – helping to ensure a healthier future for the next generation.

Youth ambassador Pauline speaks to students at Ounyenye Combined School in Ohangwena Region, Namibia. The One Economy's i-BreakFree program recruits youth ambassadors from local communities to visit schools, health facilities, community centers and homes to lead educational talks and activities, as well as counsel young people on HIV prevention and other health needs relevant to them.

The Global Fund/Karin Schermbrucker





Tuberculosis



State of the Fight

This chapter captures the latest information available on the fight against TB. In 2024, the Global Fund partnership maintained strong momentum against the world's deadliest infectious disease, harnessing innovations to provide equitable access to prevention, testing and treatment services. But the progress achieved to date is in jeopardy, threatened by decreasing international funding and interconnected crises including debt distress, conflict and displacement. Sustained investment and renewed commitment are crucial if we are to protect more than two decades of hard-won gains in the fight against TB.

A TB patient is comforted by a family member in the TB ward of Civil Hospital Sukkur in Sindh Province, Pakistan.

The Global Fund/Vincent Becker

The Global Fund works hand-in-hand with governments, civil society, the private sector and community-based organizations to make TB services efficient, equitable and effective.



The challenge

TB is the world's deadliest infectious disease. In 2023, 1.3 million people died from TB, including people living with HIV. And many more – 10.8 million people, including 1.3 million children – fell ill with the disease. Of those, 8.2 million were newly diagnosed, leaving a staggering 2.7 million undiagnosed, untreated or unreported. These people not only face devastating health consequences themselves – they also unknowingly continue the chain of transmission, putting others at risk.

The threat of drug-resistant TB is also immense. In 2023, 176,000 people received treatment for this dangerous form of the disease – but this represents only 44% of the estimated 400,000 who developed it. This is a stark indicator of how far we still have to go in the global fight against one of the most formidable health threats of our time. Drug-resistant TB is caused by bacteria that are resistant to at least one of the most effective TB medicines. Left unchecked, TB and drug-resistant TB could kill millions more, spread beyond country borders and compromise global health security.

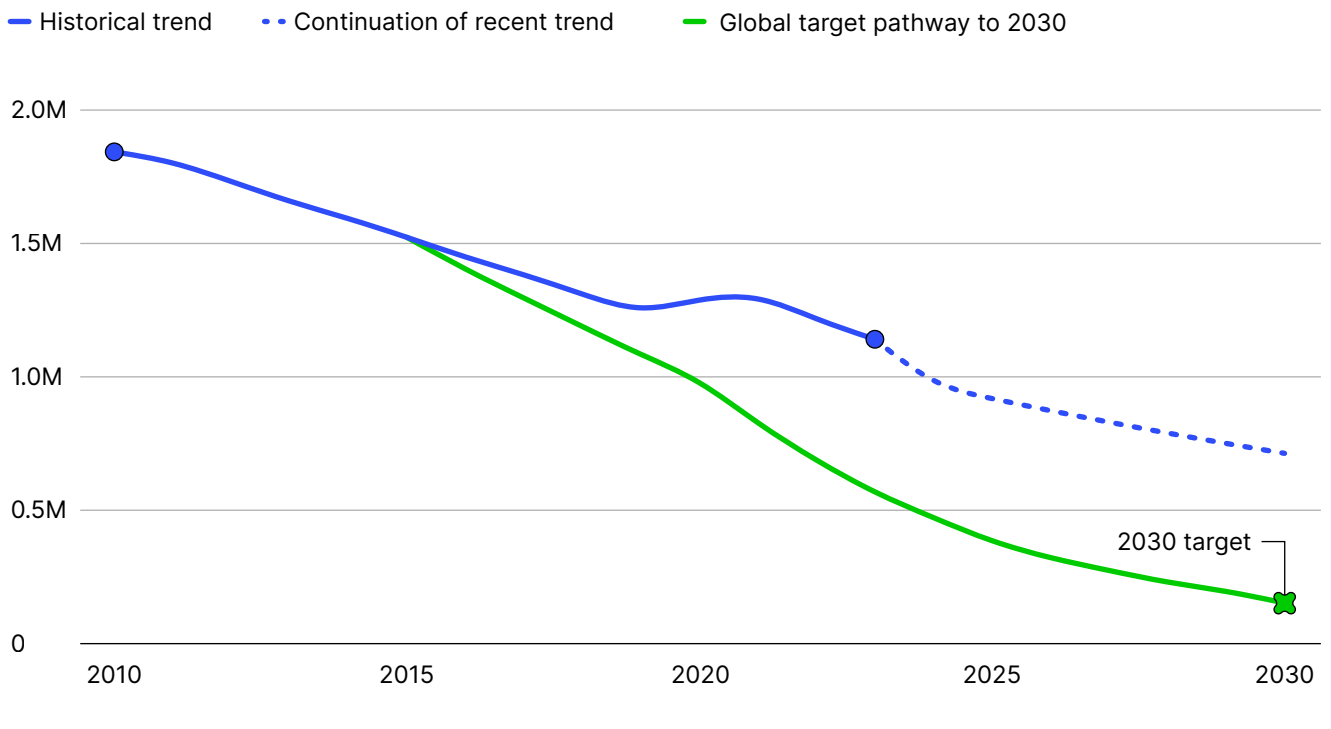
Limited financial resources and years of global inattention to this serious global health threat mean that we are currently off track to reach the Sustainable Development Goal 3 (SDG 3) target of ending TB by 2030. But our partnership is responding with resolve. In 2024, the fight against TB registered remarkable momentum, driven by strong political leadership and the ongoing rollout and scale-up of innovations that are delivering significant impact.

Working hand in hand with communities most affected by the three diseases, in 2024 Global Fund-supported TB programs treated 7.4 million people with TB. Screening and testing continued, and efforts to find undiagnosed people with TB – a key element of a successful fight against the disease – expanded. A game-changing scale-up of innovative tools and approaches in the countries most affected by TB has led to people being successfully diagnosed, treated and cured of the disease.

But that momentum is now under threat. Reductions in global health funding could undermine the progress and global commitment that have been carefully built over the last two decades – with life-threatening consequences for the people at the heart of the Global Fund's response. Disruptions in essential TB services could lead to critical shortages in screening, diagnostics and preventive therapy, while also triggering layoffs of thousands of frontline health workers. Gaps in TB case finding and notifications would mean that more people with TB would go without lifesaving treatment. Drug supply chains and integrated sample transportation systems could break down, and national TB programs would struggle to maintain surveillance and data collection activities, thereby compromising their routine reporting capacities, risking many lives and threatening many more millions of people across the globe.

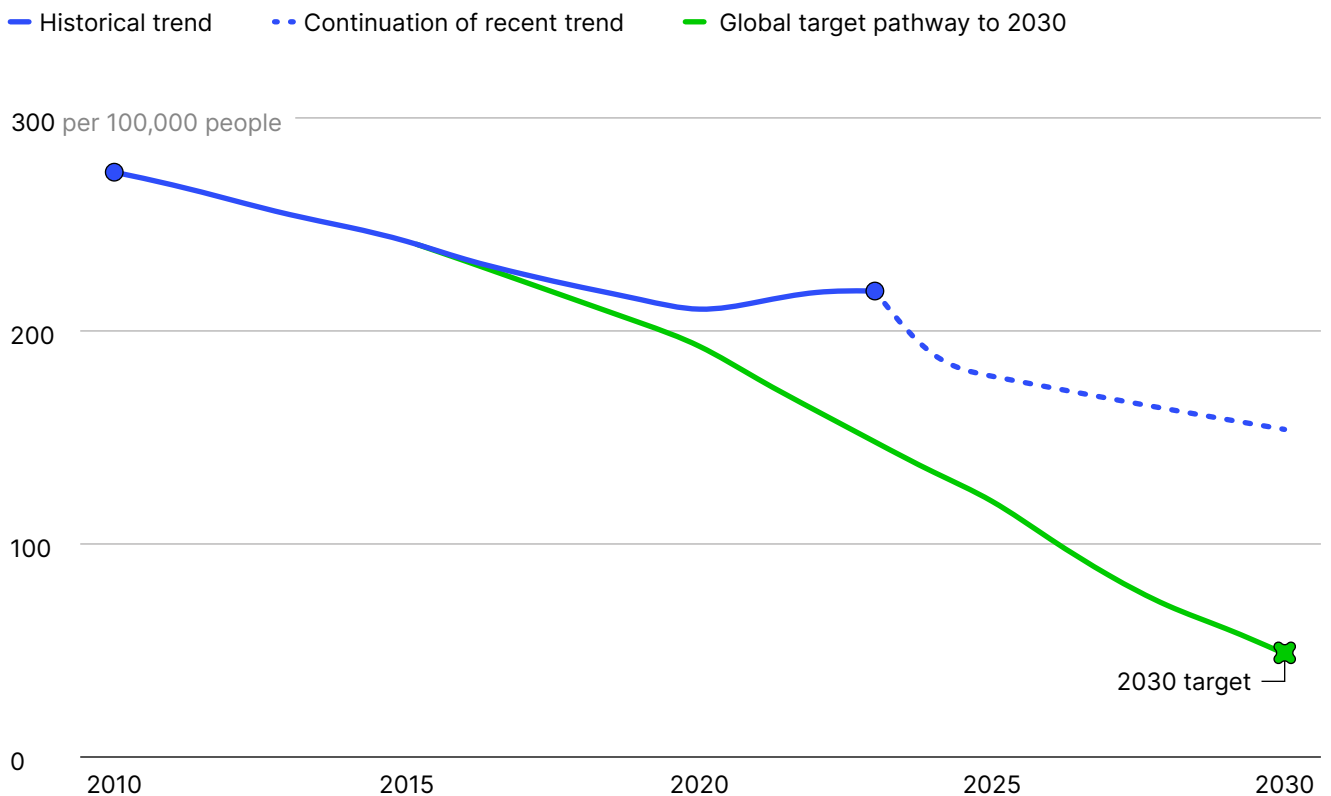
TB deaths: progress toward the WHO target*

In countries where the Global Fund invests



TB incidence rate: progress toward the WHO target

In countries where the Global Fund invests



*TB deaths include HIV-positive. "Continuation of recent trend" projection is based on reverting to pre-COVID-19 (2014-2019) trends. "Global target pathway to 2030" is based on targets from the WHO End TB Strategy. Countries that have recently received Global Fund TB funding and have reported programmatic results over the past two cycles.

The Global Fund's response

The Global Fund provides 73% of all international financing for TB. Since 2002, we have invested US\$10.5 billion in programs to prevent and treat TB and an additional US\$8.6 billion in TB/HIV programs as of 30 June 2025.

Since 2002, the Global Fund has played a transformative role in expanding access to lifesaving tools to fight TB. These encompass the entire TB care cascade, which includes TB screening equipment; rapid molecular diagnostics; preventive treatment for high-risk groups, including household contacts and people living with HIV; shorter and more effective treatment regimens for children with TB and for people with drug-resistant TB; and decentralized, community-based care models. These investments are designed to deliver high-quality, people-centered care that is tailored to local contexts and maximizes the impact of every dollar spent.

We are also supporting the introduction of cutting-edge tools such as AI-powered computer-aided detection software and digital portable chest X-rays, which are revolutionizing TB screening. The Global Fund has invested over US\$193 million over the 2021-2025 period to roll out AI-enabled TB screening in more than 20 countries. AI is not only a tool that can help us beat TB, but also a platform that can power a much more efficient use of resources, support integrated service delivery, and strengthen pandemic preparedness.

The Global Fund's approach is rooted in partnership – from the community level to the global level. We work hand-in-hand with governments, civil society, the private sector and community-based organizations to make TB services efficient, equitable and effective. In 2024, the Global Fund joined forces with key global health partners – such as WHO, USAID, the Stop TB Partnership, Unitaid and the Gates Foundation – to accelerate innovation and amplify impact across countries.

In 2024, the Global Fund continued to support countries to deliver the most impactful and cost-effective TB interventions that focus on the key and vulnerable populations who face a higher burden of TB compared to the general population. For instance, the Global Fund invested in mobile clinics that bring TB services to communities with limited access to health care, including people in prison, displaced people, Indigenous communities and people living in informal settlements. In Ukraine and Sudan, the Global Fund has worked to ensure the continuity of lifesaving TB services for people displaced by war. Our partnership addressed barriers to accessing lifesaving care, including stigma

and discrimination, harmful laws and policies, gender inequality and economic hardship, by scaling up new tools, increasing private sector engagement, and expanding community-based services. We continue to tackle social determinants of health like poverty and malnutrition, and we are integrating TB services with other health initiatives for greater efficiency and long-term sustainability.

Preventing new TB infections

Prevention is crucial in the fight against TB because it stops the progression of TB infection into disease, protecting both individuals and communities.

It is vital that we scale up efforts to find people eligible for TB preventive treatment – such as household contacts of people with bacteriologically confirmed pulmonary TB or people at high risk, including children under 5 and people living with HIV. The Global Fund is investing to expand access to shorter (1-3 month) rifapentine-based preventive regimens, like 1HP and 3HP, or 3RH (a 3-month rifampicin and isoniazid regimen) for these groups.

In 2023, a major milestone was achieved when the price of 3HP – a short-course, cost-effective TB preventive treatment regimen – was reduced by 30%, significantly improving affordability and access in low- and middle-income countries. Countries were able to considerably expand access to these shorter-course preventive treatments, reaching 1 million household contacts of people with TB in 86 countries in 2023. This is an increase from 600,000 people in 74 countries in 2022 and a fivefold increase from 190,000 people in 52 countries in 2021. In 2024, 2.2 million people living with HIV were reached with TB preventive treatment in countries supported by the Global Fund.

Finding and treating people with TB

Global Fund investments in TB diagnostics and treatment are saving lives, accelerating innovation and building stronger, more resilient health systems.

A fundamental step toward ending TB is finding and treating all people with TB – including those individuals who fall ill with TB and go undiagnosed, untreated or unreported. Not only are these people at risk of dying from the disease, but also of transmitting the infection to as many as 15-20 other people annually. Stigma, discrimination and other human rights-related barriers to health care, coupled with gender inequalities and underlying poverty, fuel the ongoing challenge of finding and treating “missing” people with TB.

Key Results for 2025



**In countries where the
Global Fund invests:**

7.4m

People were **treated for TB** in 2024.

317k

People with **HIV and TB were on antiretroviral therapy** during TB treatment in 2024; coverage of antiretroviral drugs in people with HIV and TB increased from 45% in 2010 to 91% in 2023. Global target: 100% among detected cases.

3.4M

People **in contact with TB patients received preventive therapy** in 2024.

120k

People were on **treatment for drug-resistant TB** in 2024; treatment coverage reached 44% in 2023 and the multidrug-resistant TB treatment success rate increased from 51% in 2010 to 73% in 2021. Global targets: 90% multidrug-resistant TB treatment coverage and success by 2025.

2.2M

People **living with HIV on antiretroviral therapy initiated TB preventive therapy** in 2024.

75%

TB treatment coverage increased from 45% in 2010 to 75% in 2023, and the TB treatment success rate reached 88% in 2022. Global targets for coverage and treatment success rates: 90% by 2025.

Across the countries where the Global Fund invests, innovative tools and novel approaches are being applied to find and treat millions of people with TB each year. These include engaging the private sector – especially in countries where the majority of people with TB symptoms first consult a private provider – decentralizing screening to the community level, and leveraging the latest digital tools and AI capabilities in screening, such as AI-powered computer-aided detection software and digital chest X-rays. For example, in 2024 health facilities across 12 districts in Uganda were able to conduct rapid, large-scale chest X-ray screenings thanks to an AI-powered tool that interprets the results. The tool improved early detection in both adults and children, streamlined follow-up testing, and required minimal training for frontline health workers. This led to faster diagnosis, broader community reach and laid the groundwork for expanding pediatric TB screening.

And these efforts are paying off: In countries where the Global Fund invests, a total of 7.4 million people were treated for TB in 2024, up from 7.1 million in

2023 and above the pre-COVID-19 pandemic level of 5.8 million in 2019. The sharp increases in 2023 and 2024 likely reflect a substantial backlog of TB cases that went undetected during the COVID-19 pandemic, when diagnosis and treatment services were severely disrupted. This uptick in diagnoses also underscores the Global Fund partnership's resilience and capacity to deliver strong results under challenging circumstances.

The Global Fund is also a key driver in the rollout of shorter, more effective, patient-friendly TB treatment regimens, including for drug-resistant TB. Notable achievements include supporting the BPaL/M regimen – a 6-month, all-oral treatment for drug-resistant recommended by WHO. This regimen combines bedaquiline, pretomanid, linezolid and moxifloxacin, and represents a major breakthrough in TB care. In 2024, 58 countries implemented the BPaL/M regimen. Indonesia was quick to scale up BPaL/M: In January 2024, the country treated 17% of eligible patients with drug-resistant TB with the new regimen. By December 2024, the country had enrolled over 80% of eligible patients

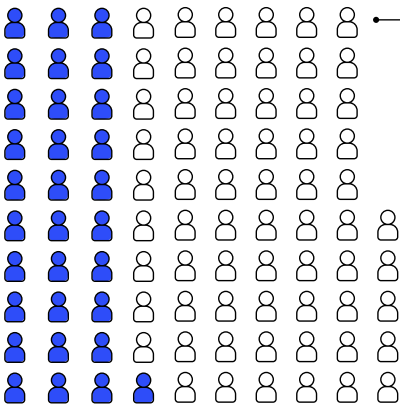
TB treatment coverage

In countries where the Global Fund invests

-  People with TB with treatment coverage
-  People with TB without treatment coverage

2002

33% of people with treatment coverage



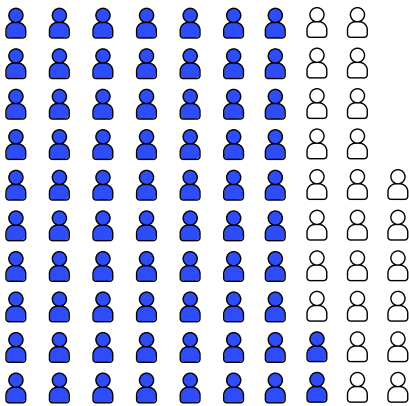
9.5M people with TB

3.1M

people treated

2023

75% of people with treatment coverage



9.6M people with TB

7.2M

people treated

TB treatment coverage can be approximated as the annual number of people newly diagnosed with TB and officially reported as a TB case divided by the estimated number of people who developed TB (incident cases) in the same year, expressed as a percentage. The data is from the WHO Global Tuberculosis Report 2024, in countries supported by the Global Fund over the past two funding cycles. Programmatic results published in other parts of this report are based primarily on data reported to the Global Fund in 2024.



In Naranjito, San Pedro, Paraguay, children from Indigenous communities learn about TB from a health worker from ALVIDA, a civil society organization implementing the national program for TB prevention.

The Global Fund/Johis Alarcón/Panos

on this new treatment regimen. There are similar trends of this successful rollout and scale-up in Pakistan and the Philippines, where we observed significant improvements in treatment outcomes.

Shorter, more effective and patient-friendly TB treatment regimens are better than traditional ones for several important reasons. An easier-to-complete treatment means fewer missed doses and better outcomes. Newer regimens use all-oral medications, avoiding painful injections and their toxic side effects, improving quality of life and treatment tolerability. Importantly, these new treatment regimens are more cost-effective for health systems: Shorter regimens mean fewer clinic visits, less monitoring and lower overall costs. This reduces the economic burden on both patients and health systems, including lower costs for transport, nutrition and psycho-social support – which are key in accompanying patients to successfully complete their treatment.

Existing and emerging drug-resistant strains of TB are also a growing global health threat. Without implementing effective diagnostics and expanding the reach of treatment programs, we risk a worldwide upsurge in this form of antimicrobial resistance (AMR). Drug-resistant TB is a leading cause of AMR-related mortality globally. The Global Fund is addressing this pressing challenge in several ways. We are supporting the sample transportation systems that link people with TB to drug-sensitivity testing to ensure they receive the correct treatment. We are also investing to widen access to rapid molecular diagnostics for both drug-sensitive and drug-resistant TB. For example, in Eastern Europe and Central Asia, we focus our investments on fighting drug-resistant TB, as the region is disproportionately affected by the disease. We invest in molecular tests and in shorter, more tolerable drug-resistant TB treatment regimens. In 2023, 75% of people diagnosed with TB in the WHO European region were tested with a rapid diagnostic test at the time of diagnosis. In 2024, 3.3 million TB patients were tested using WHO-recommended rapid diagnostics in Global Fund-supported countries.

But there is still a long road ahead to widen access globally to rapid molecular testing – which allows rapid diagnosis of drug-sensitive and drug-resistant TB. Today, too many people with presumptive TB are not able to access this important diagnostic tool: In 2023 globally, just 48% of people were tested with a WHO-recommended rapid diagnostic test at the time of diagnosis. By expanding access to the current screening and diagnostic tools, and planning and preparing for new cutting-edge diagnostic tools in the pipeline, the Global Fund is supporting countries on their path to achieve the goal set by the UN high-level meeting on TB of ensuring

that, by 2027, everyone with TB is initially tested with a WHO-recommended molecular rapid diagnostic test.

Treating children

Children and adolescents represent a significant share of the global TB burden – accounting for 12% of estimated cases in 2023 – but they remain underdiagnosed and underserved, with only 9% of global TB notifications coming from this age group. Tragically, TB continues to claim the lives of over 190,000 children and adolescents each year – many of whom never receive treatment.

Despite these challenges, the Global Fund is driving progress in the fight against pediatric TB by supporting countries to close critical gaps in prevention, diagnosis and care. In 2023, these efforts contributed to a record 667,000 children under 5 starting TB preventive treatment – a 12% increase from 2022.

Through our investments, the Global Fund has:

- Expanded access to child-friendly TB treatments, including pediatric formulations for both drug-susceptible and drug-resistant TB.
- Strengthened diagnostic capacity by supporting the use of rapid molecular tests, digital radiology, and alternative sample types like stool and urine – especially for children living with HIV.
- Promoted the introduction of shorter (4-month) TB treatment regimens for children with non-severe TB and shorter and more effective TB prevention regimens, aligned with WHO's latest guidelines.
- Supported the rollout of simplified treatment decision algorithms for TB diagnosis in children.

The Global Fund also plays a leadership role in shaping the global pediatric TB agenda. As a co-partner of the 2023 Roadmap towards Ending TB in Children and Adolescents, a core member of the Child and Adolescent TB Working Group, and through our involvement in the Vatican Rome Action Plan, the Global Fund is helping to ensure that children are no longer left behind in the global TB response.

With treatment outcomes of 90% success in children when diagnosed and treated early – the case for investing in pediatric TB is clear.



Anthony Estomata

STRider, the Philippines

Anthony Estomata plays an important role in the fight against TB in the Philippines.

As a Specimen Transport Rider (STRider), Anthony uses his motorcycle to transport sputum specimens from clinics to laboratories equipped with GeneXpert diagnostic machines – helping speed up testing and treatment in areas burdened by traffic congestion.

STRiders, who work alongside government health facility teams, are part of a nationwide initiative supported by the Global Fund and the Philippine Business for Social Progress. The program aims to curb the spread of TB through faster diagnosis, as well as transport samples for HIV testing in areas lacking adequate diagnostic facilities.

For nearly two years, Anthony has made daily rounds to 10 health facilities, including clinics, hospitals and prisons. Using his motorcycle and specialized storage bags, he safely transports specimens and results.

For four hours every day, he collects and delivers lab results to reduce delays in diagnosis, enabling faster initiation of TB treatment – which helps reduce the spread of the disease. His reliability also eases the burden on overstretched health staff, allowing them to focus on care rather than logistics. In hard-to-reach or high-volume areas, this seemingly simple service is a crucial link in breaking the chain of TB transmission.

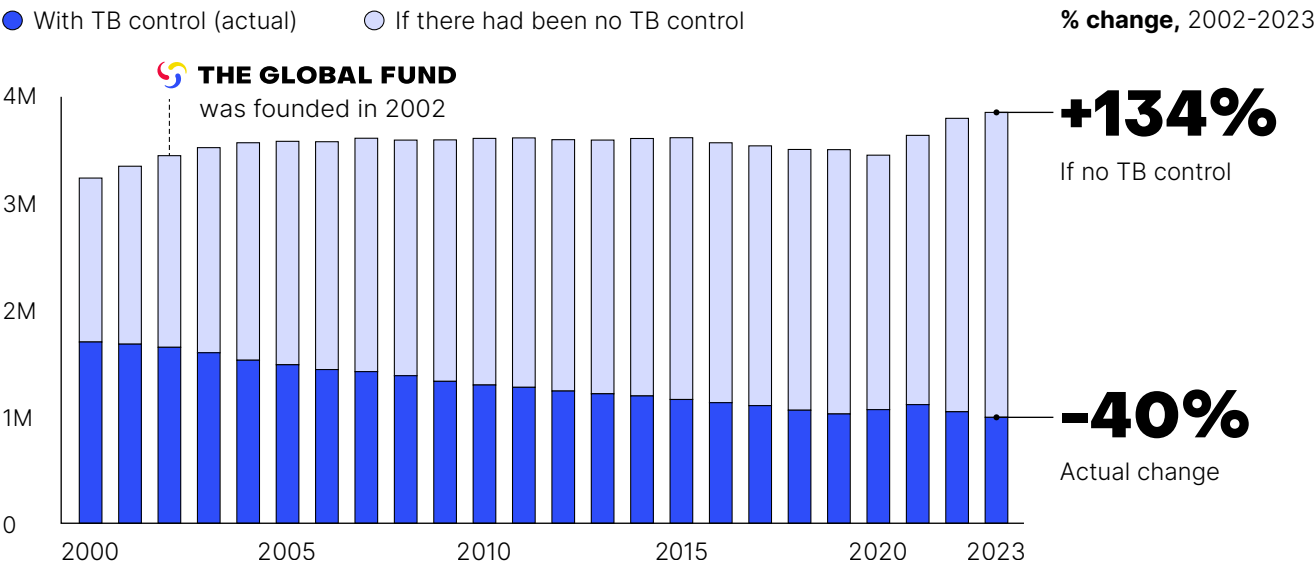
When COVID-19 struck, the STRider program expanded beyond sample transportation and began to deliver medicines, for both TB and HIV, to patients' homes. After completing his medical deliveries, Anthony continues working as a food delivery driver to support his family. He is one of 400 STRiders nationwide.



The Global Fund/Vincent Becker

Trends in TB deaths (excluding HIV-positive)*

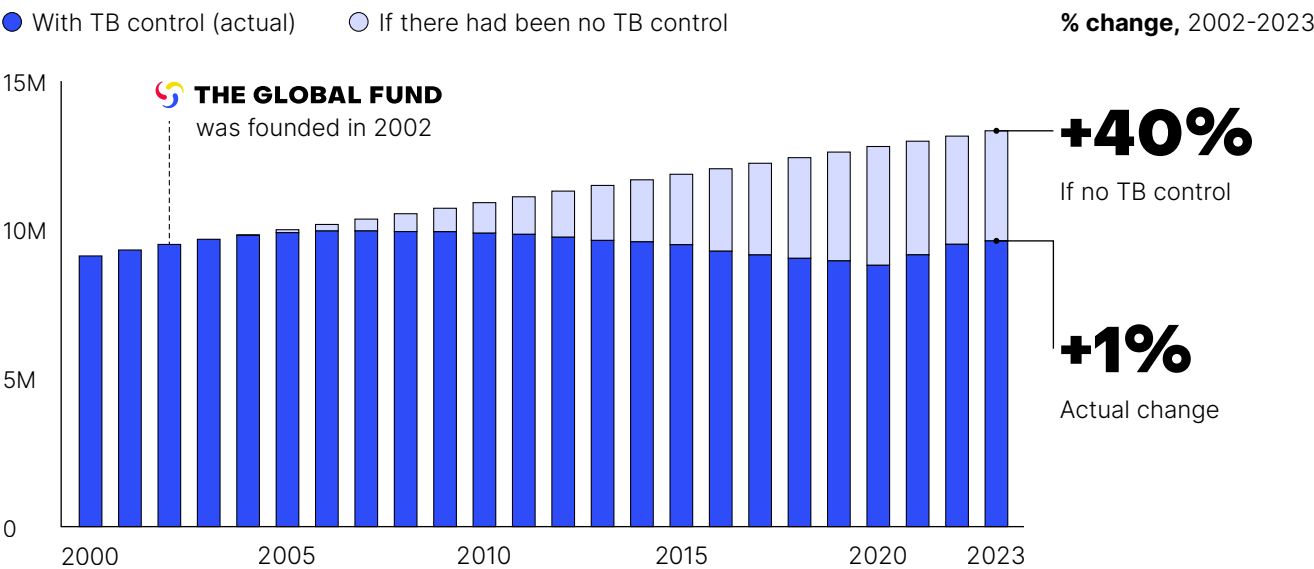
In countries where the Global Fund invests



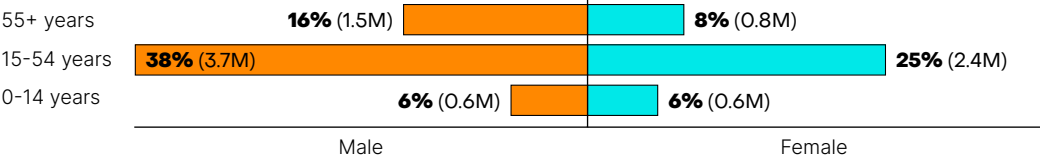
*While major control efforts for malaria and HIV began with the launch of the Millennium Development Goals in 2000, TB control efforts began much earlier. The counterfactual and actual results therefore diverged from each other much earlier, making this graph look considerably different than its HIV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

Trends in new TB cases (all forms)

In countries where the Global Fund invests



Age-sex breakdown, 2023
(9.6M new TB cases)



The TB burden estimates are from the WHO Global Tuberculosis Report 2024. 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.

Delivering long-term impact is saving lives and making communities healthier and stronger

Working with governments, the private sector, health workers, civil society and communities, the Global Fund partnership has reduced TB deaths by 40% between 2002 and 2023. Without these efforts, TB deaths would have increased by 134% and TB cases by 40% over the same period. The tuberculosis mortality rate has reduced by 57% and the incidence rate has declined by 28% since 2002.

Investing in TB is not just a moral imperative – it's also a strategic one. The Global Fund is working with countries to maximize the impact of existing grants through smarter integration of services – for example, including screening for TB, HIV and diabetes with maternal and child health services; promoting multi-disease diagnostic platforms; strengthening the community health worker workforce; integrating sample transport networks; and leveraging the private sector. This approach is accelerating the path toward self-reliant country responses.

Global Fund investments in TB programs are strengthening health and community systems, making them more resilient and inclusive. Improvements in laboratory and diagnostic capabilities as a result of TB investments played a critical role in the COVID-19 response, and are helping detect other pandemic threats today, including mpox. Enhanced surveillance and data systems track both TB and other disease outbreaks, enabling routine and periodic data analyses at all levels for data-driven decision-making and action. In addition, better infection control and waste management benefits all health services. Streamlined procurement of TB medical products enhances supply chains, bringing quality-assured products to more people faster. Additionally, TB programs are training health care workers to identify and report unusual symptoms, acting as an early warning system for infectious disease outbreaks. This integrated approach is more efficient and delivers a more sustainable impact. Maintaining these investments is essential – not only to protect hard-won gains in TB control, but also to bolster global health security.

Political commitment is equally important to deliver long-term impact. Over 2023-2024, countries supported by the Global Fund reached 94% of the target for TB treatment that was set during the 2023 UN High-Level Meeting on TB. The power of this multilateral action is being matched by national engagement in many countries where the Global Fund invests. The unprecedented momentum across TB programs is being driven by countries committed to building a healthier future for their people.

Opportunities to accelerate the fight

The fight against TB stands at a critical crossroads: Fragile health systems, conflict and economic pressures threaten to reverse the gains we have made since 2002. Reductions in global health funding could compound these pressures and derail TB programs that rely on donor support. But together, we can choose to change the trajectory of this fight. Investing in TB now is not just about saving lives – it's also an opportunity to protect decades of progress, strengthen health systems, and build a more resilient, equitable future for all. With the right mix of domestic commitment, smart financing and global solidarity, we can choose to end TB as a public health threat and unlock broader advancements in health and development.

To protect the success the Global Fund partnership has achieved, we are optimizing existing resources and tools to maximize the impact of every dollar. To accelerate progress, we are working on an exciting pipeline of innovative tools, including near-point-of-care tests, which can increase access to timely TB diagnosis, better treatments and a broader range of preventive tools. There are at least five TB vaccines in phase III efficacy trials, and work is underway to develop next-generation vaccines based on mRNA and other promising platforms. With sustained effort and financing of TB vaccine research and development, it is possible that a new vaccine will be available this decade, with some ready to be licensed as early as 2028. The Global Fund is part of the Tuberculosis Vaccine Accelerator Council and aims to play a key role in supporting countries to integrate the new TB vaccine into their TB prevention strategies.

The Global Fund's Eighth Replenishment is a pivotal moment in the fight against TB. Robust funding commitments in 2025 are absolutely critical to maintaining our momentum against TB and preventing a resurgence that could undo decades of hard-won progress. ●



Nzombi Ngoma was forced to stop working as a general laborer after experiencing TB symptoms. He has been on TB treatment for the last four months, but he had to be admitted to the Pediatric Foundation of Kimbondo Hospital in Kinshasa, Democratic Republic of the Congo, due to complications. With continued treatment he is expected to make a full recovery.

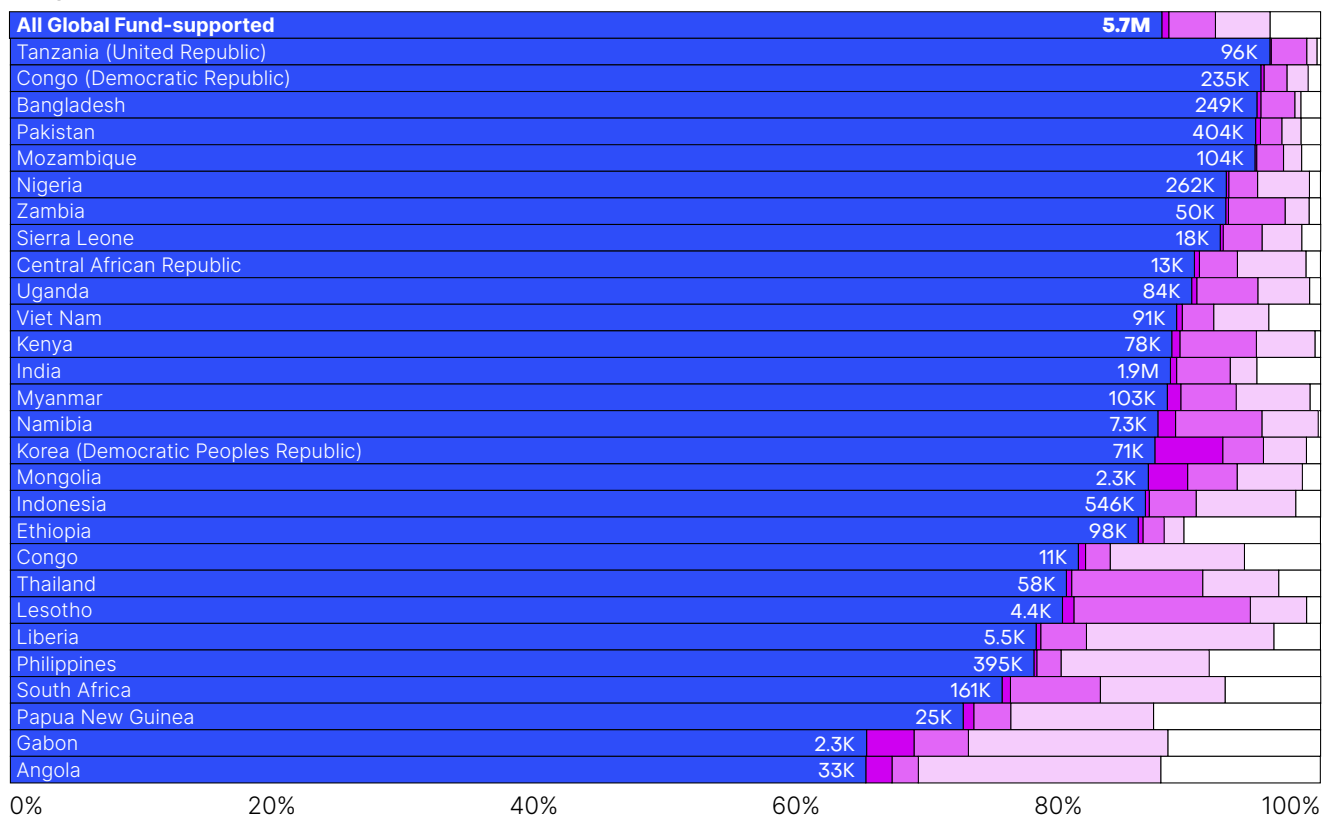
The Global Fund/Vincent Becker

TB treatment outcomes

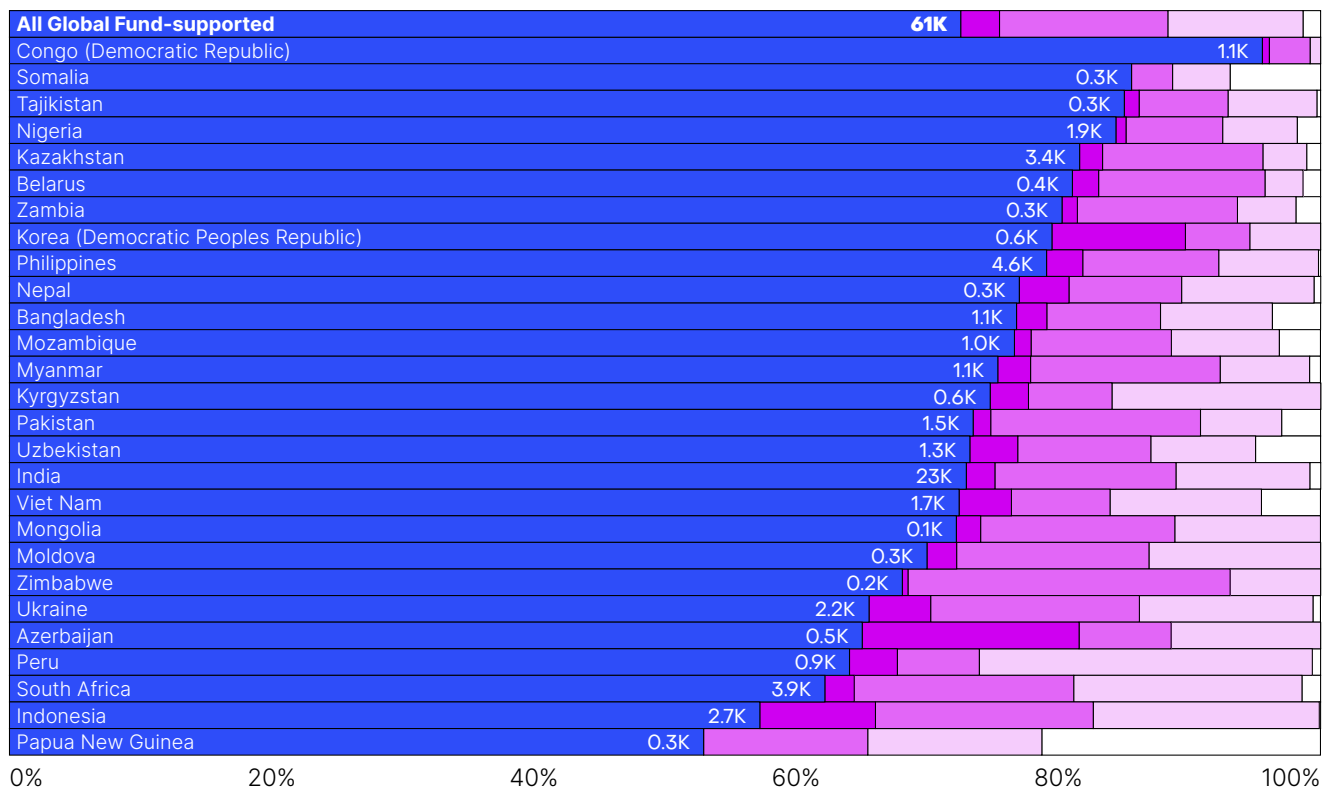
In WHO high-burden countries supported by the Global Fund

● Treatment successful ● Failed ● Died ● Lost to follow-up ○ Not evaluated

Drug-sensitive TB cases, 2022

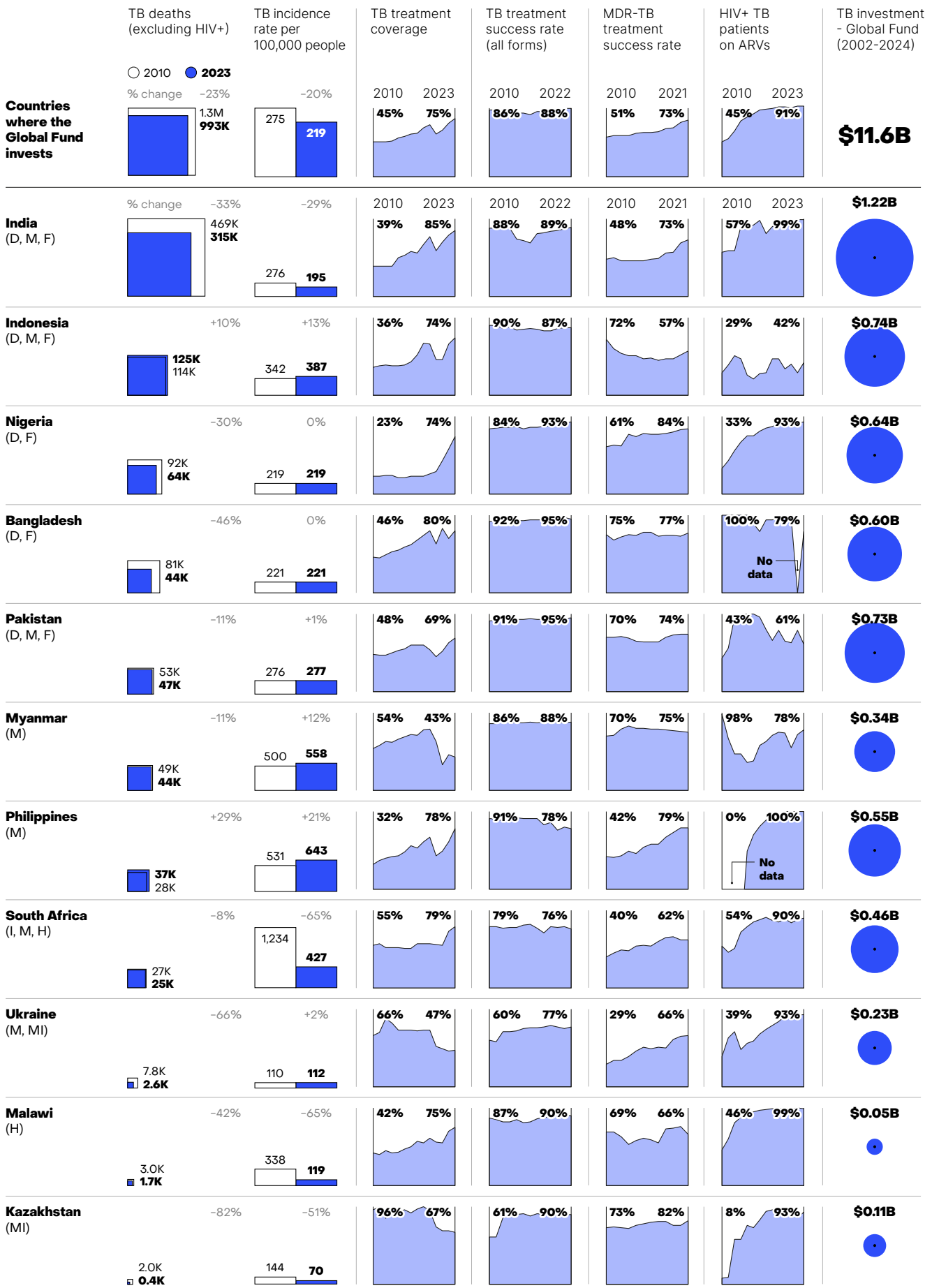


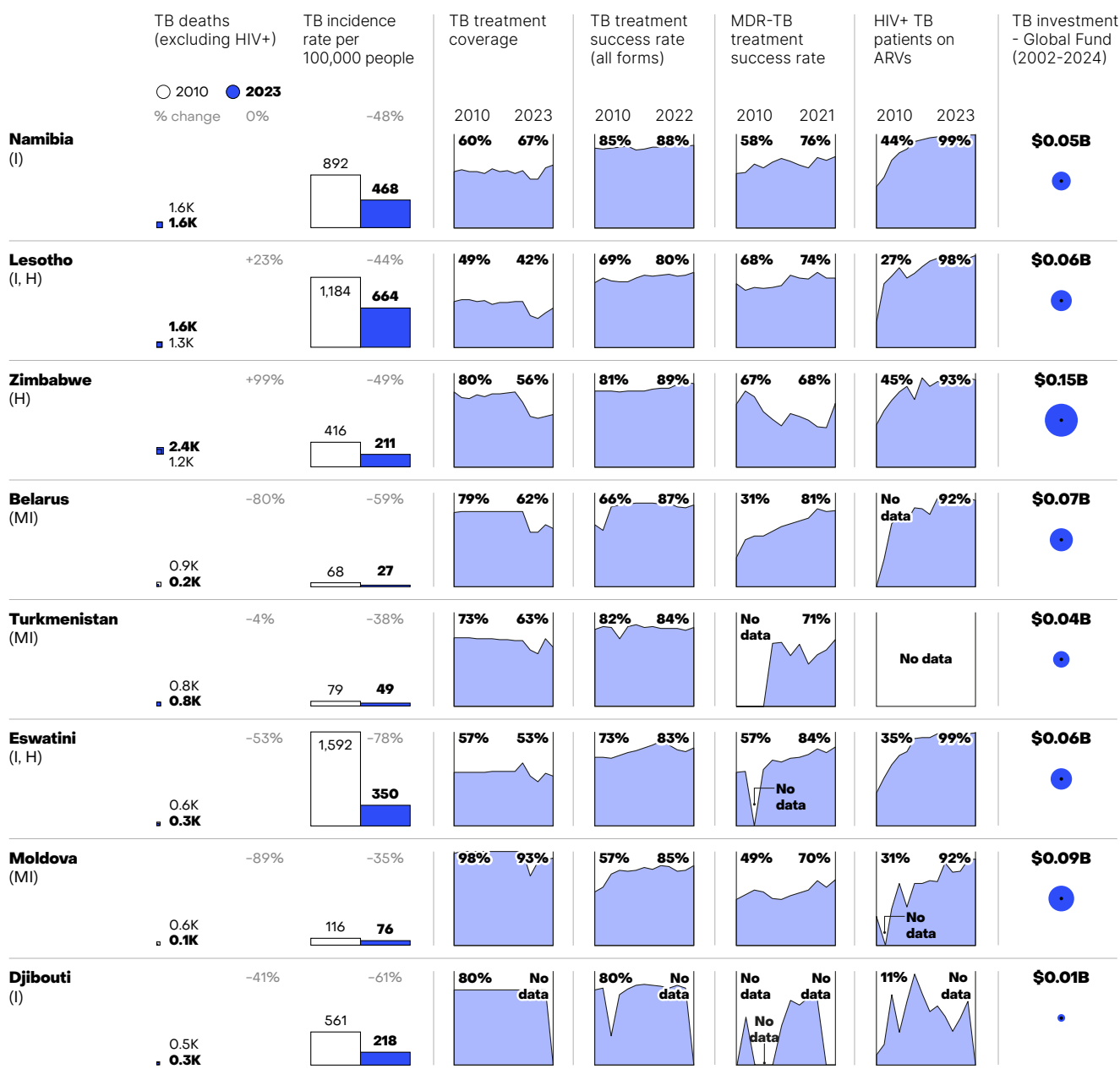
Multidrug-resistant (MDR) TB cases, 2021



TB treatment outcomes for new and relapse TB cases, WHO list of high-burden countries. Source: WHO Global Tuberculosis Report 2024. No MDR-TB treatment outcome data is available for Angola.

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 2024 <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 2023 (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 2023 (MI).
- Being among the top-5 countries receiving the highest amount of funding from the Global Fund from 2002 to end December 2024 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\$11.6 billion from 2002 to end December 2024 to support TB programs and a portion of joint HIV/TB programs. Additionally, they received US\$2.5 billion in cross-cutting support across the three diseases, resulting in a total of US\$14.1 billion. Countries/programs previously supported by the Global Fund had received US\$825 million since 2002, resulting in a total disease-specific investment of US\$12.4 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.

Laboratory analyst Dhira Dwi uses a GeneXpert machine to detect a presumptive case of drug-resistant TB at Ibnu Sina Hospital in Gresik, East Java, Indonesia.

The Global Fund/Vincent Becker



Indonesia

Case Study

Transforming the fight against drug-resistant tuberculosis

Indonesia has the second-highest TB burden in the world – about 1 million people in the country fall ill with the disease every year. Drug-resistant TB, a deadly strain of the disease that is difficult to diagnose and does not respond to first-line treatment, is a persistent threat. Left unchecked, drug-resistant TB can quickly spread within and beyond borders – posing a serious danger to millions of people across the globe.

Indonesia – once exclusively a recipient of Global Fund financing, and now also a donor country itself – is tackling this challenge head on. Together with the Global Fund partnership, Indonesia is transforming the response to this age-old disease.

The effort to fight drug-resistant TB in Indonesia is four-fold. First, the expansion of timely and accurate diagnosis of drug-resistant TB is ensuring that patients receive the right treatment quickly and is reducing the spread of resistant strains.

Second, by decentralizing drug-resistant TB care from hospitals to local primary health care clinics, the treatment journey is more cost-effective and much more convenient and accessible for patients.

Third, a specialized health workforce – called TB cadres and case managers – have been hired to provide drug-resistant TB care. They offer essential support to people as they complete a difficult course of treatment.

Fourth, Indonesia has rolled out a revolutionary drug-resistant TB treatment regimen called BPaL/M. Because the treatment lasts just 6 months – rather than 18-24 months like other treatments – and has fewer debilitating side effects, and fewer pills to take, patients are more likely to successfully complete their treatment and become well again.

Indonesia was quick to scale up BPaL/M: In January 2024, just 17% of eligible patients with drug-resistant TB were treated with the new regimen. By December 2024, over 80% of eligible patients received this new treatment. And that number continues to rise.

This comprehensive approach to diagnosis, treatment and care – bringing lifesaving services closer to patients, and quickly widening access to a game-changing treatment regimen – is a cornerstone of Indonesia's health transformation strategy and promises to have a real and tangible impact in the fight against TB.



Malaria



State of the Fight

This chapter captures the latest information available on the fight against malaria. In 2024, the Global Fund partnership continued to strengthen access to prevention, testing and treatment services and invested in health and community systems to make them more resilient to crises. However, progress achieved to date is now in jeopardy, threatened by decreasing international funding and interconnected crises, including debt distress, conflict, and the impact of the changing climate. Only through sustained investment and renewed commitment can the world protect the hard-won gains of the last two decades in the fight against this disease.

A child poses with an insecticide-treated mosquito net in Sudan. In May 2025 the Federal Ministry of Health, in collaboration with UNICEF and the Global Fund, launched a large-scale campaign aimed at distributing nearly 15.6 million insecticide-treated nets across the country.

© UNICEF Sudan

Our malaria programs prioritize local solutions that build long-term resilience to better withstand future threats.



The challenge

Malaria remains a severe health problem and a serious threat to global health security. There were an estimated 263 million cases and 597,000 malaria deaths worldwide in 2023. Sub-Saharan Africa continues to bear the highest burden of malaria (94% of cases and 95% of deaths in 2023) and many people at risk do not have access to the services they need to prevent, diagnose and treat the disease. In Africa, 76% of deaths were among children under 5.

Over the past few decades, countries – especially in sub-Saharan Africa – have made major progress in the fight against malaria. However, over the past 10 years this progress has stalled, putting the lives of millions at risk. Global challenges are plunging the fight against malaria into jeopardy. The most significant challenges include insecurity and conflict, climate change, population displacement in malaria-endemic regions, biological threats including drug and insecticide resistance, the invasive spread of a particularly dangerous malaria-carrying mosquito species (*Anopheles stephensi*) across countries in sub-Saharan Africa, fragile health systems and funding gaps.

Humanitarian emergencies are exacerbating the risk of malaria in several endemic regions. Women and children are often the most impacted in these contexts, and the most vulnerable to disease. In 2023, 51.3 million internally displaced people were affected by conflict and violence in malaria-endemic countries.⁵

Malaria is a climate-sensitive disease because its transmission is strongly influenced by environmental conditions. Rising temperatures, altered rainfall patterns and increased humidity are creating more favorable conditions for mosquitoes that transmit malaria and the parasite that causes the disease. Changing transmission dynamics and extreme weather events, such as floods and cyclones, can trigger malaria outbreaks. Extreme weather events and the other impacts of climate change are expected to lead to 550,000 more malaria deaths between 2030 and 2049.⁶ Locally acquired malaria cases could become more common in places where malaria was not previously a threat – including Europe and southern areas of the United States – as temperatures rise, and the environment becomes more favorable for the malaria mosquito.

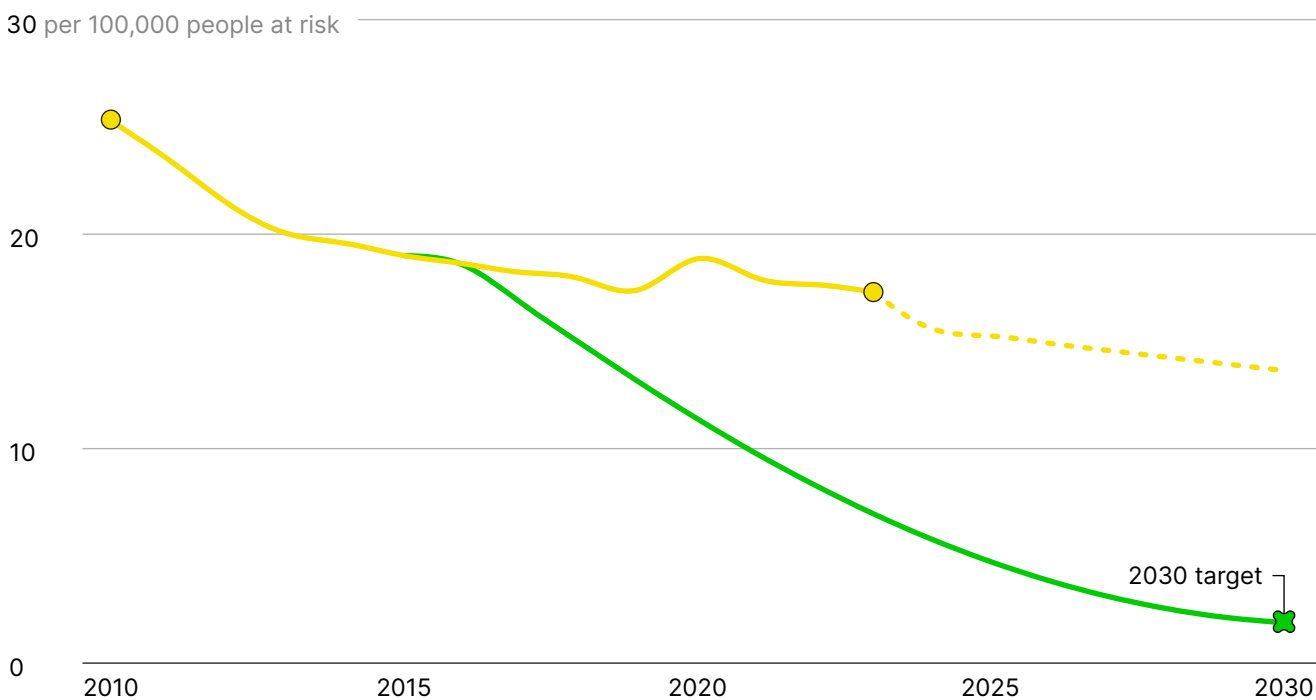
5. World Malaria Report 2024. WHO, 2024. <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2024>.

6. Climate Impacts on Malaria in Africa. Gething, P., Symons, T., Woods, W., Sukitsch, N., Potere, D., Desai, N., Balzorolo, A., & Moran, A. The Kids Research Institute Australia, Curtin University and Boston Consulting Group, 2024. <https://web-assets.bcg.com/46/5d/c3becbff4346b866a250893d05e0/climate-impacts-on-malaria-in-africa-november-2024.pdf>.

Malaria mortality rate: progress toward the WHO target

In countries where the Global Fund invests

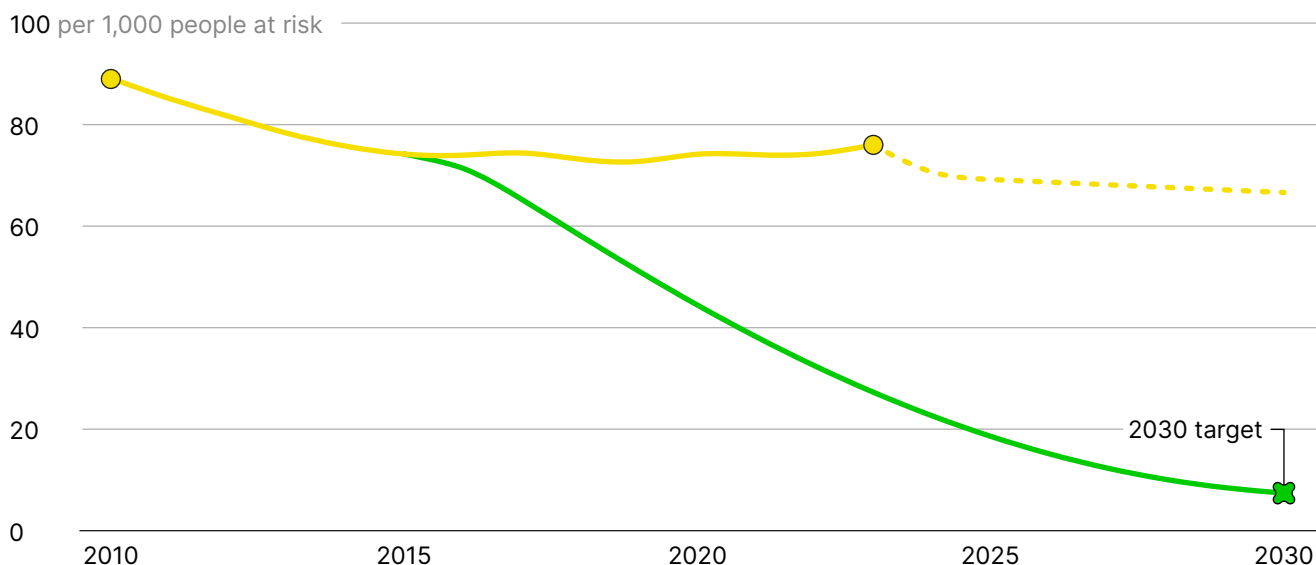
— Historical trend — Continuation of recent trend — Global target pathway to 2030



Malaria incidence rate: progress toward the WHO target

In countries where the Global Fund invests

— Historical trend — Continuation of recent trend — Global target pathway to 2030



"Continuation of recent trend" projection is based on reverting to pre-COVID-19 (2014-2019) trends. "Global target pathway to 2030" is based on targets from the WHO Global Technical Strategy for Malaria. Countries that have recently received Global Fund malaria funding and have reported programmatic results over the past two cycles.

Biological threats are undermining the effectiveness of our most reliable malaria control tools. These include rising resistance of the *Plasmodium falciparum* malaria parasite to the artemisinin-based combination therapies used to treat the disease, mosquito resistance to insecticides, and genetic changes in the *Plasmodium falciparum* malaria parasite that compromise the reliability of rapid diagnostic tests. At the same time, new environmental and entomological threats are reshaping transmission patterns. Invasive mosquito species such as *Anopheles stephensi* are gaining a foothold in rapidly growing cities where malaria was once rare, increasing the risk of urban outbreaks.

Malaria is on a troubling trajectory, and the world is significantly off track to meet the SDG 3 target of ending the disease by 2030 – specifically, reducing global malaria case incidence and deaths by at least 90% from 2015 levels. An urgent response – including scaling up effective tools and investing in critical health system capabilities – is imperative to swiftly alter this trajectory and prevent the reversal of hard-earned gains.

Reductions in global health funding could undermine progress against malaria. A widening funding gap, combined with existing crises and an expected population growth in areas at high-risk of malaria, could threaten the lives of millions. Because malaria is a climate-sensitive and season-dependent disease, prevention campaigns and interventions must be carefully planned and carried out at specific times. Funding shortfalls could create dangerous gaps in vector control and impact the coverage of populations at risk with critical interventions, including the distribution of insecticide-treated nets, indoor residual spraying, and seasonal malaria chemoprevention (SMC) campaigns to protect children under 5. This would leave communities vulnerable to malaria outbreaks. A lack of resources could also affect the provision of lifesaving commodities for malaria case management, disrupt service delivery with community health workers, and impact data collection, planning and decision-making for the implementation of critical malaria programs.

Any reduction in commitment allows diseases like malaria to resurge with devastating force, endangering the most vulnerable and threatening the entire global population and global stability.

The Global Fund's response

The Global Fund partnership provides 59% of all international financing for malaria programs and has invested US\$20.3 billion in malaria programs as of 30 June 2025.

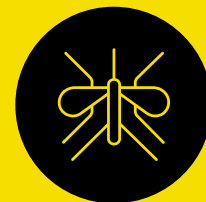
Equitable access to lifesaving tools is key to protecting hard-won progress against the disease. For more than two decades, the Global Fund has expanded access to powerful tools to prevent and treat malaria, including long-lasting insecticide-treated mosquito nets, SMC for children at high risk of malaria, intermittent preventive treatment for malaria during pregnancy, indoor residual spraying and antimalarial medicines. Our investments support high-quality, people-centered care that maximizes the use of resources for the greatest impact and tailors responses to local contexts.

Country and regional leadership is vital to lowering the burden of malaria. In March 2024, ministers of health from the highest malaria-burdened countries in Africa – along with country representatives, global health leaders, scientists, civil society and other partners – gathered in Yaoundé, Cameroon, to reaffirm a shared commitment to the principle that “no one should die from malaria given the tools and systems available.”⁷ Ministers committed to concerted action to end malaria deaths and to sustainably and equitably address the disease by building on political will, strategic use of information for action, better technical guidance, coordination, strengthening health systems and adopting a multisectoral approach.

Cooperation at the regional level is driving efforts to end malaria in Asia-Pacific. In June 2024, health ministers from Indonesia, Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu launched the Eliminating Malaria and Other Vector-Borne Diseases through Enhanced Regional Partnerships (EDEN) Initiative. This regional initiative focuses on improving collaboration and efficiency in tackling malaria and other vector-borne diseases across the five island nations, strengthening malaria programs, building capacity, securing resources and exploring innovative financing options to support national efforts.

7. Yaoundé Declaration for accelerated malaria mortality reduction in Africa. WHO, 2024.
<https://www.who.int/publications/m/item/yaounde-declaration-for-accelerated-malaria-mortality-reduction-in-africa>.

Key Results for 2025



In countries where the Global Fund invests:

162M

Insecticide-treated mosquito nets were distributed to protect families from malaria in 2024.

50.9M

Children received seasonal malaria chemoprevention in 2024.

61%

Coverage of the **population with access to an insecticide-treated mosquito net** increased from 29% in 2010 to 61% in 2023, and coverage of the population using a net increased from 26% in 2010 to 53% in 2023. Global target: Universal access to vector control for populations at risk.

360M

Suspected cases of malaria were tested in 2024.

17.8M

Pregnant women received preventive therapy in 2024.

173M

Cases of malaria were treated in 2024.

27.2M

People were protected by indoor residual spraying (IRS) in 2024.⁸

8. The Global Fund has transitioned from reporting “structures covered by IRS” to “people protected by IRS,” aligning with the WHO World Malaria Report IRS indicator. This shift helps us better assess what proportion of the population at risk is protected by malaria prevention tools, enabling more strategic and equitable resource allocation. Further information is available in the Results Report [web annex](#).

In 2023 in sub-Saharan Africa,
76% of all malaria deaths were
among children under 5.
© UNICEF/UNI842436/Dejongh



Multilateral collaboration is crucial. We work closely with partners including WHO, Medicines for Malaria Venture (MMV), Unitaid, PMI, the RBM Partnership to End Malaria, Gavi and others to accelerate the response to malaria. By pooling our efforts and leveraging our diverse strengths, we collaborate to advance strategies to tackle drug resistance, enhance disease surveillance, provide technical support for implementing malaria control programs, and lead initiatives to shape and strengthen market-shaping efforts.

Prevention

Preventing the transmission of malaria is key to reducing the burden of cases and protecting the lives of people in malaria-endemic regions. The Global Fund supports the deployment of proven, effective tools to protect people from infection and illness.

Over the past two decades, insecticide-treated mosquito nets have played a vital role in malaria prevention. However, these nets have traditionally depended on a single group of insecticides known as pyrethroids. Over the last 20 years, mosquitoes have gradually developed resistance to pyrethroids, diminishing the effectiveness of the nets.

In response to this challenge, the Global Fund and Unitaid piloted the use of innovative dual AI insecticide-treated mosquito nets. These next-generation nets incorporate two different classes of insecticides, ensuring that mosquitoes resistant to one are still targeted by the other. Funded by the Global Fund and Unitaid, and led by the Innovative Vector Control Consortium, the New Nets Project deployed 56 million dual AI nets from 2019-2022, preventing an estimated 13 million malaria cases and 24,600 deaths across 17 sub-Saharan African countries. Clinical studies demonstrated that these nets could reduce malaria cases by an estimated 45% relative to other net types.

Through our market-shaping efforts, including our Revolving Facility established in 2023 with support from the Gates Foundation, the Global Fund leveraged volume guarantees to negotiate favorable prices and terms with suppliers, significantly accelerating the scale-up of dual AI nets in record time. With strong country leadership, there has been a rapid shift to these new nets: The latest forecast projects that chlorfenapyr dual AI nets will comprise 63% of all insecticide-treated mosquito nets procured in the current grant cycle (GC7). Thirty-four countries (64% of the 53 countries with pyrethroid resistance where the Global Fund supports the procurement of insecticide-treated nets) have transitioned in part or in full to a strategy of chlorfenapyr dual AI nets. In 2023, access to an insecticide-treated net in countries where we invest reached 61%, with

53% of people at risk using a mosquito net – the highest levels to date.

Preventing mosquito bites is key to malaria control. Methods of vector control include indoor residual spraying, where long-lasting insecticide is applied to interior walls of structures, killing the mosquitoes that land on these surfaces. In 14 countries (along with a multicountry grant) in 2024, 27.2 million individuals in at-risk populations were protected by IRS.

Preventing malaria in women and children

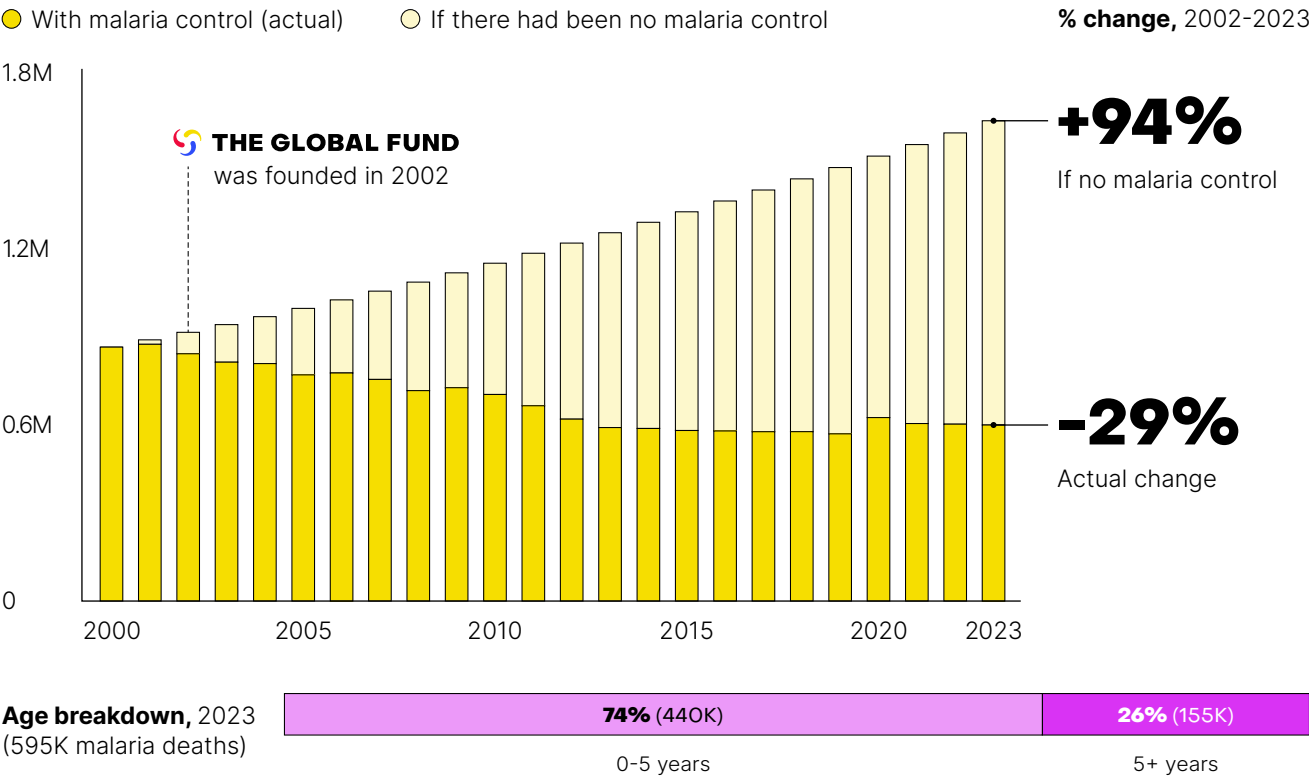
Young children and pregnant women are at increased risk of dying from malaria, making focused interventions essential in malaria control strategies. Malaria in pregnancy is a serious concern, due to its potential to cause severe complications for the unborn child. It can lead to miscarriage, stillbirth, premature birth and low birth weight in infants. Pregnant women are also more susceptible to severe malaria and its complications, and the consequences can be life-threatening. This is why the Global Fund invests in preventive malaria medicines for pregnant women as part of antenatal care. We support community health workers to deliver locally driven solutions. In 2024, 17.8 million pregnant women received preventive malaria medicines in Global Fund-supported countries.

Children under 5 are particularly at risk as their immune system is not yet mature. The Global Fund supports SMC campaigns in high-burden regions during malaria transmission seasons. This is a highly effective method of reducing the risk of malaria infection for those most vulnerable to the disease. In 2024, SMC coverage was expanded in countries in the Sahel region, which carries a high burden of malaria and is affected by food insecurity, drought and instability. Additionally, the Global Fund supported smaller-scale implementation in countries outside of this region. In 2024, the Global Fund invested US\$75 million in SMC and 50.9 million children received this preventive treatment.

The Global Fund collaborates with partners to support countries in rolling out RTS,S and R21 – the first two malaria vaccines recommended by WHO to prevent malaria in children. The Global Fund, Gavi and Unitaid jointly funded pilots in Ghana, Kenya and Malawi to introduce the RTS,S malaria vaccine. By December 2024, 17 countries in Africa had introduced the malaria vaccine into their childhood immunization programs with Gavi support, and as part of their national malaria control strategies. While the Global Fund does not fund the vaccine directly, we support planning and data management activities through national malaria programs included in grants. Malaria vaccines produce the highest impact when deployed within a

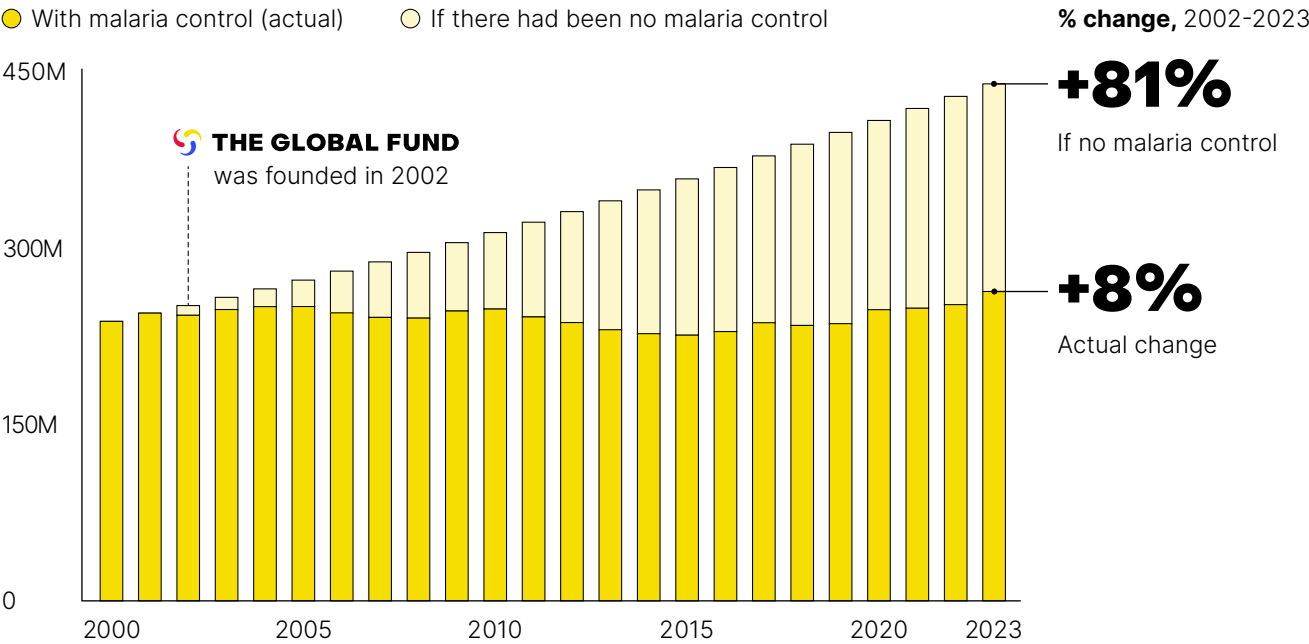
Trends in malaria deaths

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 2024.

comprehensive suite of WHO-recommended, lifesaving malaria prevention efforts, including SMC and insecticide-treated mosquito nets.

Testing and treatment

In addition to prevention efforts, the Global Fund invests in expanding access to testing and treatment services across health facilities and in communities – essential for reducing mortality and limiting the spread of the disease. In 2023 in the countries where we invest, more than 95% of people suspected to have malaria were tested. In 2024, efforts to expand access to testing continued.

Malaria rapid diagnostic tests (RDTs) play a critical role in improving malaria diagnosis and treatment, particularly in areas where reliable microscopy services are unavailable. They are easy to use and make it possible to rapidly diagnose malaria at the community level. The Global Fund invests in the procurement of RDTs, and supports the quality of malaria case management (including diagnosis) through supervision, on-the-job mentoring and targeted training.

Genetic changes in the malaria parasite *Plasmodium falciparum* – known as gene deletions – are making some of the most commonly used malaria RDTs less accurate. This challenge, now confirmed in several countries in the Horn of Africa including Djibouti, Eritrea and Ethiopia, means that some tests may fail to detect malaria even when a person is infected. In response, the Global Fund is supporting these countries to detect these changes in the malaria parasite early, switch to better tests that still work, and collaborate with partners to expand the availability of next-generation RDTs through market-shaping initiatives.

The Global Fund also invests in lifesaving malaria treatments. Artemisinin is a powerful antimalarial drug – a key ingredient in medicines that cure malaria rapidly and save millions of lives. But rising drug resistance threatens the efficacy of existing treatments.

In Southeast Asia's Mekong region – Cambodia, the Lao People's Democratic Republic (Lao PDR), Myanmar, Thailand and Viet Nam – malaria parasites have evolved to resist artemisinin. In response, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) in 2014. Over the last decade, RAI has had a profound impact on drug-resistant malaria across the Mekong region and provides valuable lessons for the global fight against drug resistance. The Global Fund has invested over US\$700 million through RAI, reducing drug-resistant *Plasmodium falciparum* cases by 98.6% – from over 55,600 cases to just 735 in 2023 across Cambodia, Lao PDR, Thailand and Viet Nam. This success rests on cross-border collaboration and 35,000 local health workers providing

critical services in hard-to-reach communities. RAI has also strengthened health systems by ensuring quality antimalarial drugs, rapid diagnosis and treatment and surveillance to detect and counter drug resistance.

Myanmar was also experiencing significant success fighting back malaria, but recent conflict has contributed to a sharp increase in cases, which in some places have spread into neighboring Thailand. This shows how conflict can fuel the spread of deadly disease and underscores the importance of a regional approach in combatting resistance in the Mekong. Drug-resistant malaria is now emerging in Africa and elsewhere. RAI offers a vital blueprint for containing this threat globally through early action, integrated responses and sustained investment.

Four East African countries – Eritrea, Rwanda, Uganda and the United Republic of Tanzania – have also confirmed the presence of partial resistance to artemisinin. Additionally, resistance is suspected in other countries, such as Ethiopia, Namibia, Sudan and Zambia. The Global Fund is leading a coordinated, forward-looking strategic response. Through our NextGen Market Shaping approach, we are expanding countries' access to a diversified portfolio of artemisinin-based combination therapies and supporting their deployment through the WHO-recommended multiple first-line therapies approach. By leveraging our procurement power and co-investing with partners like Unitaids, PMI, the Gates Foundation, MMV and WHO, we are supporting countries to reduce their reliance on artemether-lumefantrine (to make them less vulnerable to any decrease in the therapeutic efficacy of this drug), adopt alternative artemisinin-based combination therapies, and prepare for the introduction of next-generation medicines. These catalytic market-shaping investments are lowering market entry and access barriers, accelerating uptake and country readiness, and building a more resilient and responsive market for artemisinin-based combination therapies.

Delivering long-term impact

In countries where we invest, malaria deaths have been reduced by 29% between 2002 and 2023, even though the population in these countries has increased by 46%. Without malaria control measures, deaths would have increased by 94% over the same period. Between 2002 and 2023, malaria cases in countries supported by the Global Fund increased by 8%. Without malaria control measures, cases would have increased by 81% over the same period.

The population in sub-Saharan Africa has grown significantly over the past two decades, resulting in a larger number of people living in areas at high risk of malaria infection. Despite this, malaria programs supported by the Global Fund have drastically increased the percentage of population coverage with insecticide-treated nets, from 4% in 2002 to 61% in 2023. As a result, the absolute number of people protected from malaria has increased substantially – from 23 million in 2002 to 692 million in 2023 in sub-Saharan Africa (see figure below). This expanded protection has contributed

to a 51% reduction in the malaria mortality rate since 2002, along with a 26% decline in the incidence rate in countries supported by the Global Fund.

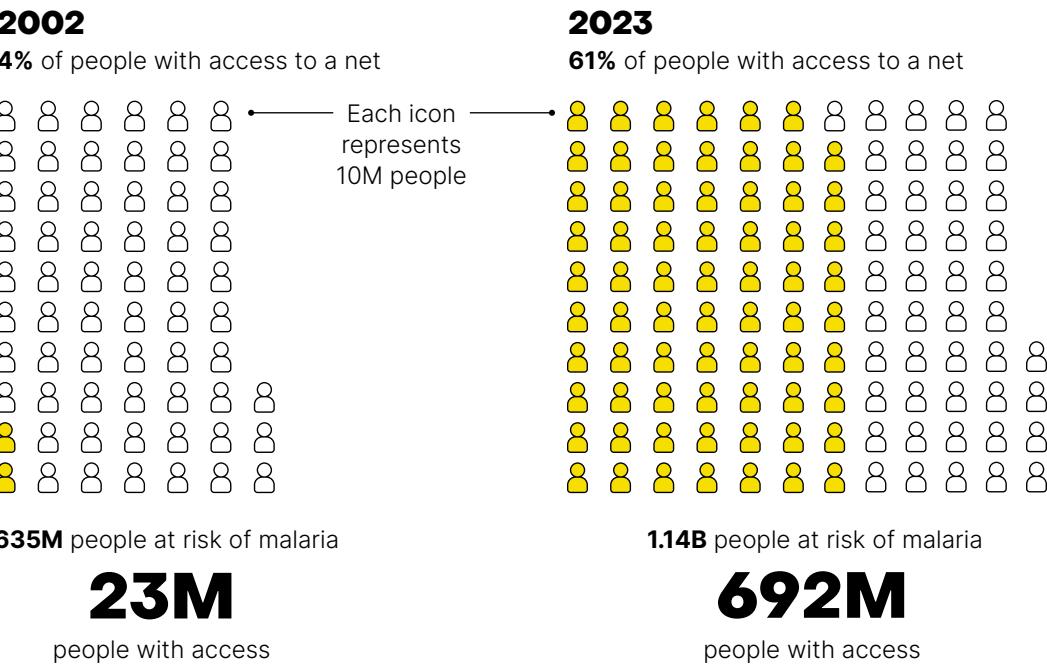
Investing in malaria programs not only reduces the burden of this deadly disease, but also helps make the world better prepared for other health threats, strengthening global health security. Enhancing real-time surveillance systems and tools for malaria improves essential health system infrastructure, enabling communities and countries to detect outbreaks early and respond to emerging pandemics. These surveillance systems help identify drivers of malaria transmission in real-time and enable health authorities to implement targeted and impactful interventions.

Eliminating malaria offers a strong return on investment, with major economic and social benefits. The disease disproportionately affects people living in poverty and drives communities deeper into poverty by taking a staggering toll on health, productivity and economic growth. Sick workers cannot contribute to the economy,

People with access to an insecticide-treated mosquito net

In sub-Saharan African countries where the Global Fund invests

-  People with access to an insecticide-treated mosquito net
-  People without access to an insecticide-treated mosquito net



Source: WHO/Malaria Atlas Project estimates 2024 (38 African countries for which data is available).



Lucy Muzia

Volunteer Entomologist, Zambia

Lucy Muzia began her career as a science teacher until a professor introduced her to entomological surveillance in 2008 – then an undeveloped field in Zambia.

Undeterred by the lack of infrastructure and pay, Lucy volunteered to help establish the country's first mosquito colony. Her perseverance laid the foundation for Zambia's first insectary at the National Malaria Elimination Centre (NMEC). Today, she plays a key role at the center, training health workers to collect mosquito samples and conducting insecticide-resistance tests using WHO protocols – work that is vital to Zambia's malaria control efforts – all while she continues to work as a teacher. "Malaria is the enemy, and surveillance is our 'spy' – critical for understanding the enemy's behavior," she says. "Without it, we might strike, but not effectively."

Extreme droughts followed by erratic rains are severely undermining Zambia's malaria response. Extended dry seasons are lengthening transmission periods, while drought-driven food insecurity and malnutrition, especially among children and pregnant women, are weakening immunity and heightening disease vulnerability.

In response to a surge in malaria cases, Zambia implemented the country's first ever digitalized mass insecticide-treated net campaign in 2023. The campaign was implemented by community health volunteers and contributed to an increase in the use of nets and a 17% decline in malaria cases in 2024, compared to the previous year.

The Global Fund supports key interventions to fight malaria in Zambia, including surveillance efforts run by Lucy and her colleagues at NMEC and insecticide-treated net mass campaigns – essential efforts in adapting malaria control strategies as the disease changes.



The Global Fund/Jason Mulikita

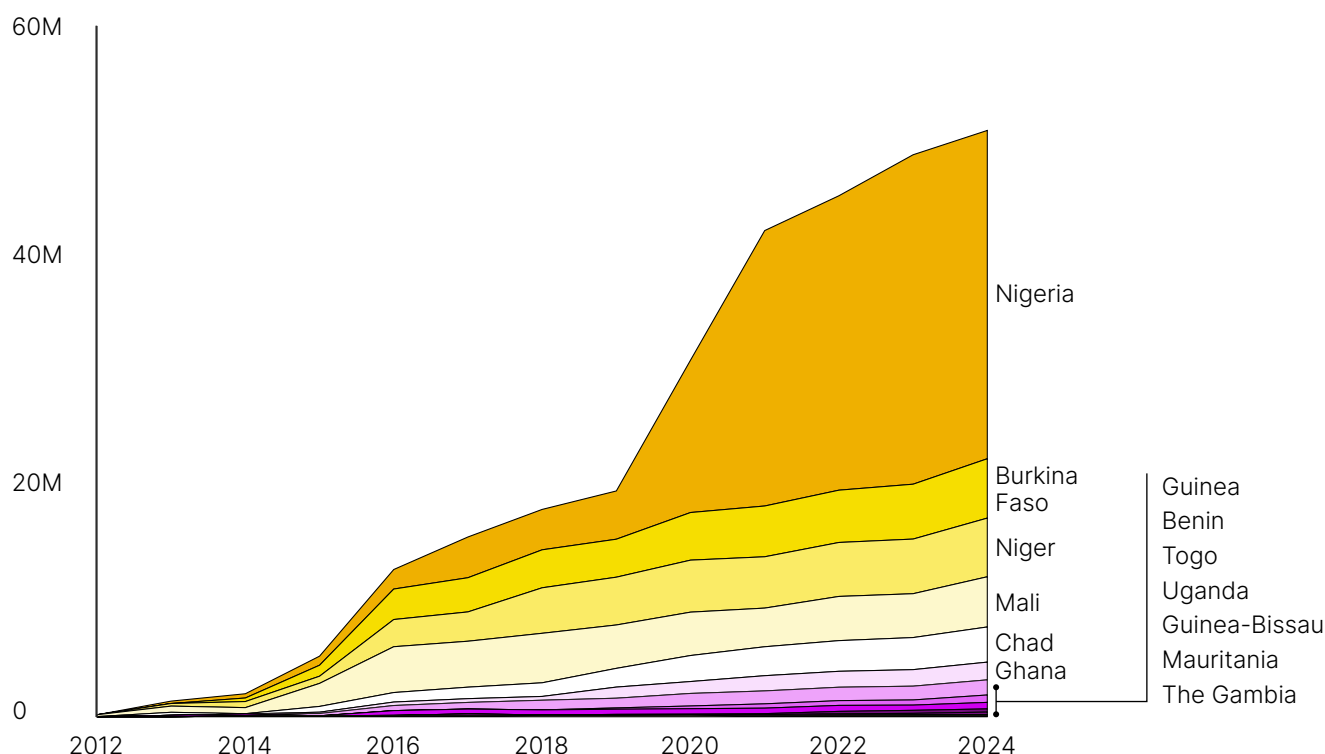
Umami Inuwa and her daughter Ammi sit under a dual insecticide-treated mosquito net at home in Kaduna State, Nigeria. Global Fund-supported programs help keep millions of mothers and children like Umami and Ammi safe from malaria.

The Global Fund/Andrew Esiebo



Children covered by seasonal malaria chemoprevention

In countries where the Global Fund invests



Source: WHO World Malaria Report 2024, Medicines for Malaria Venture.

families are trapped in cycles of illness and debt, and businesses shy away from investing in malaria-endemic regions. Breaking this cycle through malaria control is both a humanitarian and economic imperative. A recent report⁹ makes it clear: If case incidence is reduced by 90% by 2030, the gross domestic product of malaria-endemic countries could see incremental growth of US\$142.7 billion over the 2023-2030 period. These benefits would not be confined to those countries alone. Global trade would grow by US\$80.7 billion during the same period, with G7 countries seeing direct gains of US\$3.9 billion in additional exports.

In the most heavily affected areas, malaria can take up a significant portion of already overstretched health facility resources. Reducing the malaria burden is a powerful way to free up health system capacity to meet other needs, particularly at a primary health care level.

Our malaria investments are integrated into broader health and community systems to achieve a more efficient and sustainable response. For instance, we support community health workers to deliver

essential malaria care while also training them to diagnose and treat other diseases including pneumonia and diarrhea, thus maximizing resources.

We support community health workers to deliver locally driven solutions, addressing equity, human rights and gender barriers to health care and ensuring access to services for those most vulnerable. In Burkina Faso, the Global Fund is supporting women's rights organizations like the Bittou Association of Widows and Orphans to teach women about malaria prevention, symptoms and treatment, and change gender norms that prevent women from making their own decisions about when to seek health care for themselves and their children.

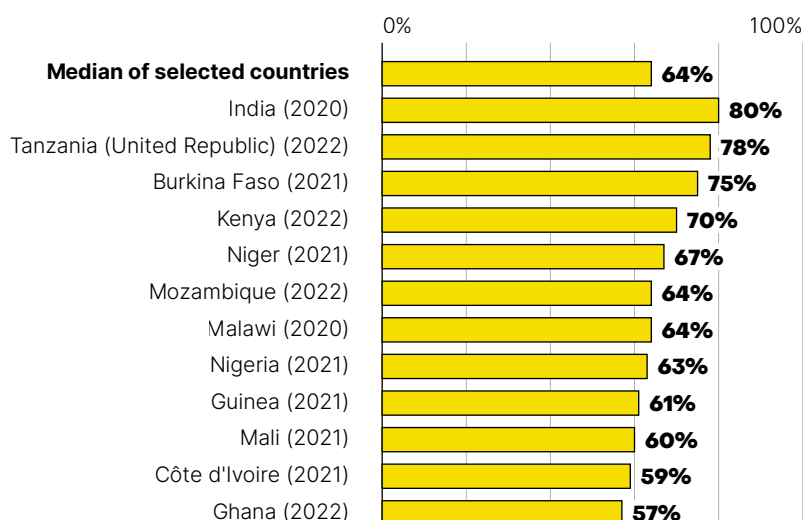
Driven by the leadership of affected communities and partner countries, our malaria programs prioritize sustainability and empower local solutions that build long-term resilience. This approach not only accelerates progress in the fight against malaria, but also strengthens health and community systems to better withstand future threats.

9. The Malaria 'Dividend': Why Investing in Malaria Elimination Creates Returns For All. Malaria No More UK, 2024. <https://endmalaria.org/related-material/malaria-dividend-report>.

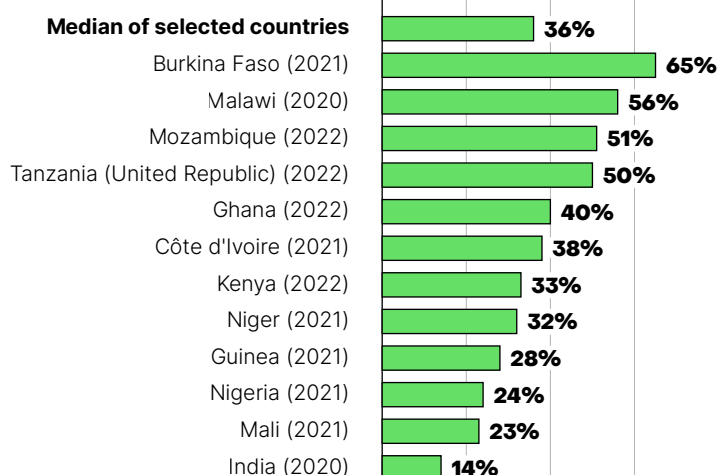
Coverage of malaria treatment (%)

Children aged under 5 years with fever in last 2 weeks:

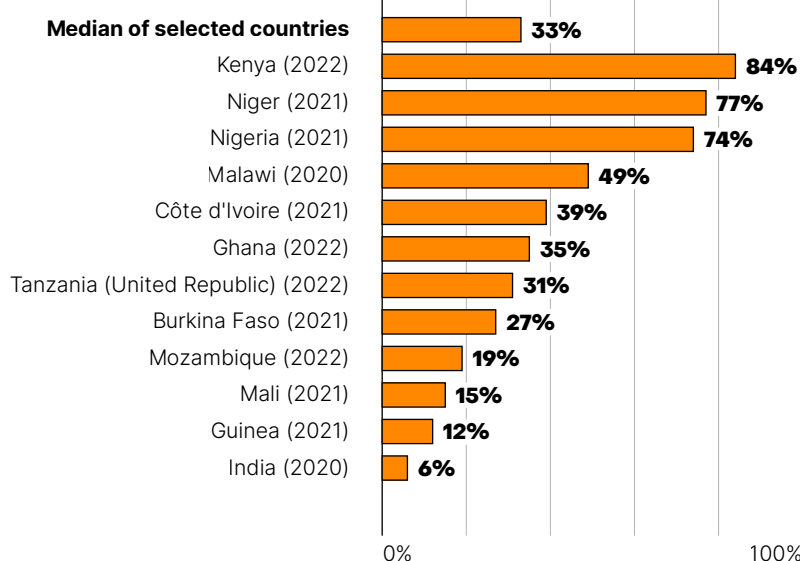
Children for whom advice or treatment was sought



Children who received a finger or heel stick



Children who received an artemisinin-based combination therapy (ACT) among those who received any antimalarial



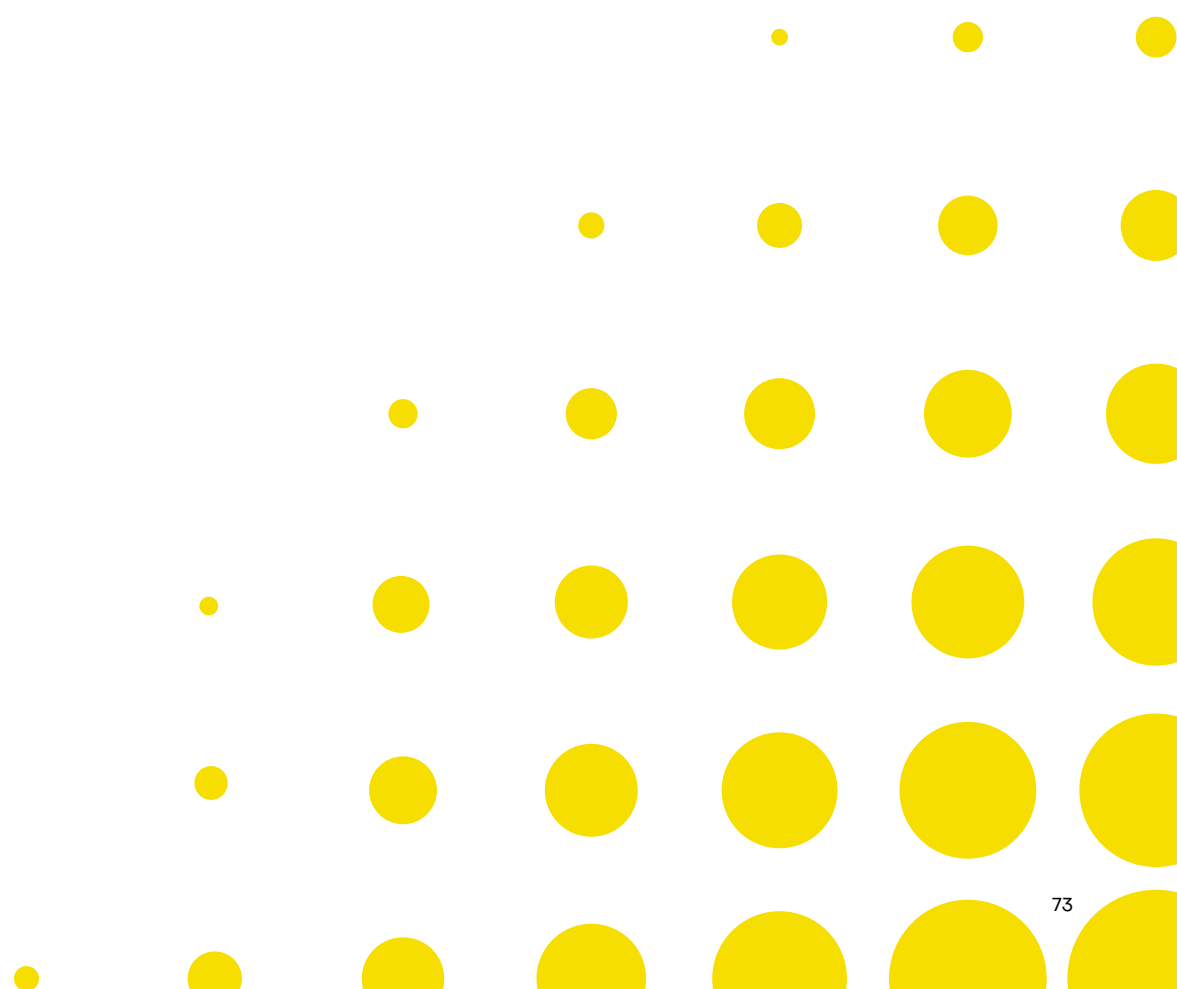
Countries selected based on criteria used for the Investment and impact: Malaria chart and available data. "Selected countries" refers to median of countries included here. Source: Household surveys <https://mics.unicef.org/> and <https://www.statcompiler.com/en/>.

Opportunities to accelerate the fight

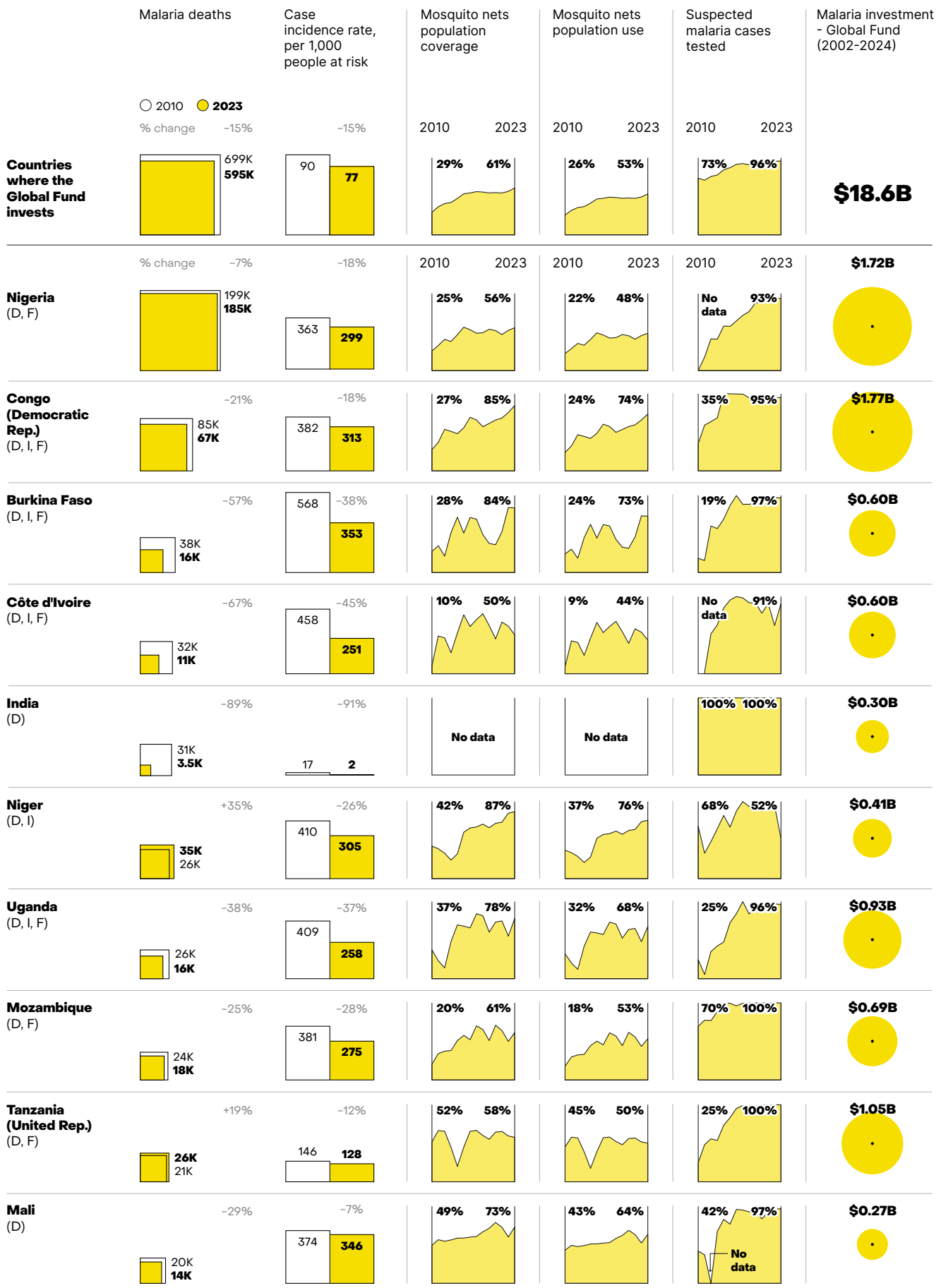
The remarkable results achieved through investing in malaria, including the health systems and infrastructure built, staff and health workers trained, and deployment of lifesaving tools to those who need them the most, is the solid foundation upon which to accelerate the end of malaria as a public health threat. But this progress is now in jeopardy. The destabilizing impact of ongoing crises including conflict, the changing climate, and drug and insecticide resistance are now exacerbated by decreases in available financing. This context poses an immediate and comprehensive risk to successfully ending malaria. We cannot afford to go backwards. Millions of lives in malaria-endemic areas and the progress countries and communities have made to date are at stake.

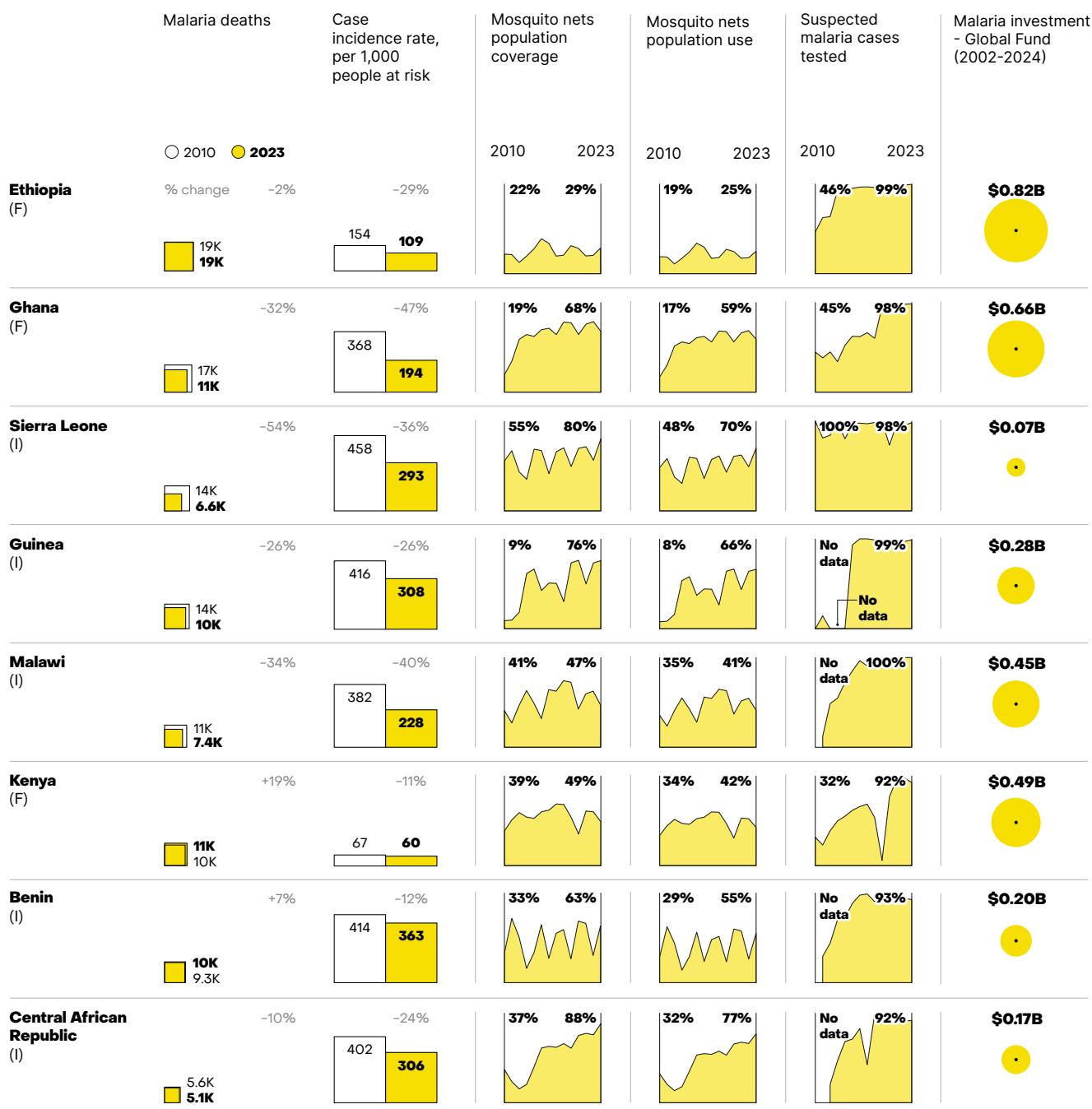
In the short term, disruptions to malaria prevention and treatment efforts could cause more people to die from the disease. In the longer term, decreases in funding could dismantle years of global efforts to drive down the prevalence and severity of the disease.

The Global Fund’s Eighth Replenishment in 2025 is critical to maintaining the momentum against malaria and preventing a resurgence that could undo decades of progress. Without urgent and focused investment, the human, social, and economic toll could be devastating. We must protect the gains we have made, save millions more lives, and move closer to a world where malaria is no longer a public health threat. ●



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 2024 <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2024>; 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 2024 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\$18.6 billion from 2002 to end December 2024 to support malaria programs. Additionally, they received US\$2.4 billion in cross-cutting support across the three diseases, resulting in a total of US\$21.1 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\$19.7 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.

**Case
Study**

Nigeria

Deploying the latest tools to prevent child deaths from malaria

Every year, tens of thousands of young children in Nigeria die from malaria – the country is home to a staggering 39 % of all global malaria deaths among children under 5 years old.

To combat this tragic loss of life, the Global Fund works with the government, nongovernmental organizations, partners and local communities to roll out integrated mass insecticide-treated net and SMC campaigns.

Both insecticide-treated nets and SMC are proven tools that protect people from malaria – particularly children under 5. SMC provides young children with safe preventive medicines, sulfadoxine-pyrimethamine and amodiaquine, commonly referred to as SPAQ, once a month for four months during the peak malaria transmission season. Insecticide-treated nets provide protection not only for children but for their families as well.

In Nigeria's Kaduna State, the Global Fund recently supported an integrated campaign that aimed to reach 8.1 million people with dual AI insecticide-treated nets and 2.2 million children under 5 with their first dose of SMC.

The campaign was a massive logistical effort. Following the prepositioning of millions of mosquito nets and SMC supplies, an estimated 11,900 community mobilizers and distributors were deployed door-to-door – bringing lifesaving medicine directly to young children and informing families of nearby net distribution points.

All aspects of the campaign were digitalized, using an integrated application developed by RedRose. The app supported transportation of the nets and medication, tracked which children and families had been reached with which services, and supported staff training and supervision.

The nets distributed in Kaduna are the newest next-generation mosquito nets made by BASF and Vestergaard, which are treated with two insecticides, offering stronger protection, particularly in areas where mosquitoes have become resistant to standard nets with a single insecticide. The campaign also included the collection of old nets for safe and environmentally responsible disposal.

The integrated campaign in Kaduna demonstrates the lifesaving and wide-scale impact of combining innovative tools, strong partnerships and community-driven efforts. Sustained support for these campaigns will help ensure efficient service delivery, drive down costs and, most importantly, move the world closer to ending malaria and preventing the deaths of hundreds of thousands of young children every year.



Workers carry bales of dual AI insecticide-treated nets for loading into trucks at the Kaduna State Warehouse in Nigeria.

The Global Fund/Andrew Esiebo





Health and Community Systems

Young people take part in a “Teen Club” session run by the Baylor College of Medicine Children's Foundation in Lilongwe, Malawi. This program supports children and adolescents aged 10 to 19 who are living with HIV with health services, career guidance, life skills, counseling and education on preventing and identifying gender-based violence.

The Global Fund/Tommy Trenchard

This chapter captures the latest information available on the Global Fund's work to build resilient and sustainable health and community systems. In 2024, we accelerated investments in this area, using a targeted approach to support the strategic aims of HIV, TB and malaria epidemic control. We focused on integrating HIV, TB and malaria interventions into broader systems, strengthening core capacities, prioritizing investments in countries where we can deliver the highest impact, and building pandemic preparedness. However, decreasing international funding for global health is threatening the progress achieved to date and jeopardizing global health security.

The best global defense against infectious diseases is to contain outbreaks at their source through strong, resilient health systems.



Strong systems – the key to fighting HIV, TB and malaria

Across the world, health and community systems form the backbone of epidemic control for HIV, TB and malaria, as well as broader health security. Core systems like supply chains, data infrastructure, laboratories, surveillance, oxygen and respiratory care, health workers, and community systems are the engine driving disease prevention and treatment forward. But these systems are under immense pressure – a situation now exacerbated by the current global health funding context.

Over 4.5 billion people are not fully covered by essential health services, and over 2 billion people face catastrophic health care costs. In many countries where the Global Fund invests, health and community systems are experiencing the pressures of conflict, instability and the worsening impact of extreme weather events.

In addition, many countries are struggling to invest adequately in these systems due to the challenge of debt distress. This convergence of crises raises the probability of another deadly pandemic to alarming levels. According to a recent study,¹⁰ there is an estimated 23% chance that we will experience a COVID-19-scale pandemic in the next decade.

Despite these warnings, reductions in funding for global health are destabilizing health systems and disrupting the delivery of essential services, especially in the most vulnerable countries with the highest disease burdens. Without urgent, sustained and predictable financing – both domestic and international – we risk undoing more than two decades of progress against HIV, TB and malaria. We also risk weakening the world's ability to prevent and respond to the next major health threat.

Accelerating progress through targeted systems investments

The Global Fund partnership is the largest multilateral grants provider for health and community systems. Drawing on more than two decades of expertise, we deliver efficient, targeted and high-impact support at scale. Over the past grant cycles, we have significantly increased investments in health and community systems to accelerate progress against HIV, TB and malaria and boost global health security. Between 2024-2026, our partnership is investing approximately US\$6.1 billion¹¹ in these systems – a 49% increase over the previous grant cycle and the largest health systems investment in our history. An estimated US\$2.1 billion of this total comes from the reprioritization of funds from C19RM following the end of the pandemic emergency phase in 2023. In 2024, the Global Fund invested US\$2.7 billion in health and community systems.

10. Global health 2050: the path to halving premature death by mid-century. Jamison, Dean T et al. The Lancet, Volume 404, Issue 10462, 1561 - 1614, 2024. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01439-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01439-9/abstract).

11. Based on approved and signed budgets for Grant Cycle 7 and including C19RM. It integrates direct investments in resilient and sustainable systems for health (direct RSSH) and contributions to RSSH through investments in the fight against AIDS, TB and malaria (contributory RSSH). It excludes catalytic investments and Secretariat Operating expenses.

By investing in HIV, TB and malaria programs – and the health and community systems that underpin them – for over two decades, the Global Fund partnership contributes significantly to advancing SDG 3: ensuring healthy lives and promoting well-being for all. Our investments support progress toward UHC and help free up system capacity by reducing the burden of the three diseases. Globally, the UHC service coverage index score increased from 45% in 2000 to 68% in 2021. Seventy percent of this improvement is due to progress made in the fight against the three diseases – primarily the scale-up of HIV treatment, as well as expanded TB treatment and malaria prevention through coverage of insecticide-treated nets. By the end of 2023, global investments in HIV, TB and malaria programs had freed up an estimated 2.9 billion hospitalization days, averting 5.5 billion outpatient visits and generating US\$103 billion in cost savings.

In 2024, the Global Fund’s approach to investing in health and community systems was shaped by two main priorities: directing resources to high-priority countries and to high-impact thematic areas such as the health workforce, community systems, surveillance and data systems, laboratories, waste management, supply

chains, and medical oxygen; and building maturity and sustainability of these core health systems functions.

To make funding more efficient, intentional and impactful, the Global Fund launched the Implementation Acceleration initiative at the end of 2023. This initiative intensified support in 17 highest-priority countries¹² where investments could achieve the greatest impact, through action plans and a shared vision for progress. Additionally, we continued monitoring efforts in another 25 priority countries.¹³ Our focus remains on key investment areas and accelerating implementation, while establishing mechanisms to identify and resolve potential obstacles early, ensuring timely and effective delivery of interventions.

The Global Fund’s country-led investments in health and community systems are being delivered at an unprecedented scale and are significantly contributing to HIV, TB and malaria outcomes, advanced system maturity and sustainability, and strengthened pandemic preparedness. Strategic investments in high-impact thematic and geographic areas remain among the most effective and sustainable ways to improve health, reduce inefficiencies and maximize impact.



Field staff and outreach workers from Cambodian Women for Peace and Development share information about sexually transmitted infections and conduct HIV rapid tests for sex workers at a restaurant in Phnom Penh, Cambodia.

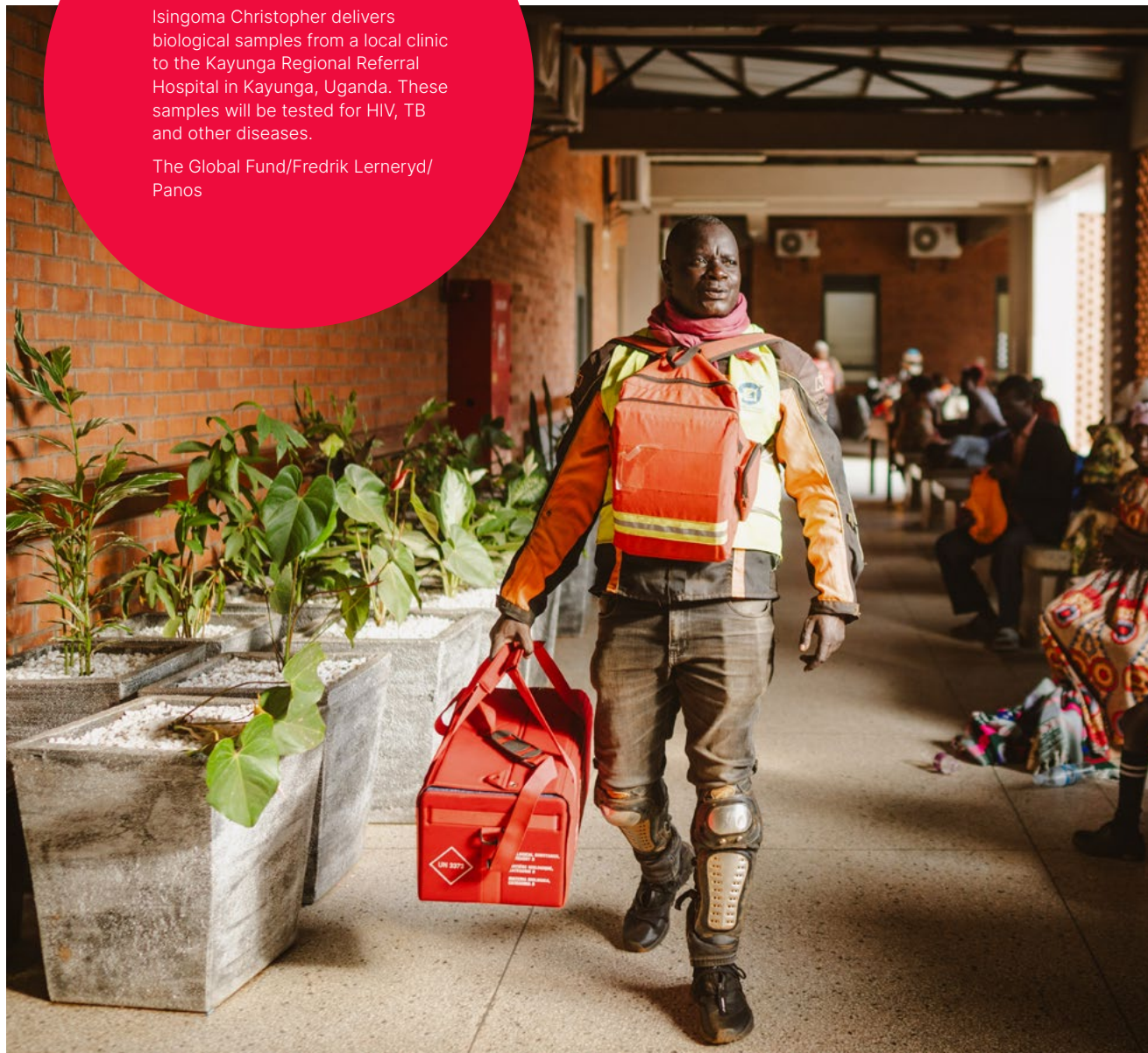
The Global Fund/Maika Elan/VII

12. Seventeen high priority countries: Bangladesh, Burkina Faso, Cameroon, Ethiopia, Ghana, Guinea, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mozambique, Nigeria, Sierra Leone, Tanzania, Zambia and Zimbabwe. These countries represent over 50% of Global Fund direct investments in health and community systems.

13. Twenty-five priority countries and the multicountry grant for the Regional Artemisinin Initiative: Benin, Burundi, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Haiti, India, Mali, Myanmar, Namibia, Niger, Pakistan, Philippines, Rwanda, Senegal, South Africa, South Sudan, Sudan, Togo, Uganda, Ukraine, Viet Nam.

Isingoma Christopher delivers biological samples from a local clinic to the Kayunga Regional Referral Hospital in Kayunga, Uganda. These samples will be tested for HIV, TB and other diseases.

The Global Fund/Fredrik Lerneryd/
Panos



The following examples highlight key areas of this progress in 2024.

Strengthening the health workforce

The Global Fund's investments in the health workforce represent the largest share of our funding for health and community systems. In 2024, we invested an estimated US\$744 million in the health workforce in 90 countries to expand the reach of services, especially for case detection and disease management. This includes training an estimated 70,000 community health workers and 68,000 health professionals, including nurses, laboratory technicians, pharmacists and doctors. These efforts aim to strengthen national responses to HIV, TB and malaria, while also boosting pandemic preparedness.

Training health workers to integrate HIV, TB and malaria services into antenatal and postnatal care has greatly expanded disease testing. In 2024, HIV testing

at first antenatal care visits in high-volume primary health care facilities in Nigeria, Kenya and Tanzania reached 100%, up from 60-90% at baseline in 2020. Malaria and TB testing rates also saw substantial improvements. For example, between 2020 and 2024, integration of malaria testing into maternal health increased from 15% to 21% in Kenya, while in Nigeria, TB testing rates in maternal health platforms increased from 1% to 55%.

Community health workers are essential to providing lifesaving care – especially in remote and underserved areas. They also play a critical role in preventing, detecting and responding to outbreaks that can otherwise lead to pandemics. Yet in many countries, they remain under-recognized, underpaid and not fully integrated into formal health systems. Around 70% of these workers are women, who are more at risk of experiencing gender-based violence.

In Mali, our investments have greatly improved the supervision of community health workers and improved their training, compensation and formal recognition. Their deployment is also being optimized through geospatial modeling, which uses digital tools to identify regions with high child and infant mortality and align the distribution of community health workers with need. These efforts have contributed to remarkable health gains: Between 2016 and 2023, Mali has seen a 19% reduction in child mortality nationally.

Building robust community systems

The Global Fund's investment and implementation strategies are deeply rooted in the engagement and leadership of communities most affected by HIV, TB and malaria. By strengthening community health systems and prioritizing the unique expertise and lived experiences of these communities, we support coordinated, people-centered responses that reach those who are often excluded from formal health services. Investments in community systems strengthening help tackle gender inequalities, human rights-related obstacles or geographic barriers that prevent so many from accessing quality health care.

The Global Fund emphasizes long-term, tailored capacity building of community-led organizations to improve service delivery, address local needs and ensure equitable access to quality health care. These investments deliver equitable health services, resulting in improved health outcomes for communities affected by HIV, TB and malaria. This includes community-led monitoring, which helps identify and address barriers that prevent access to health care, such as clinic hours, location, stockouts of essential health products, costs and stigma – issues that significantly affect the reach and uptake of services, especially for key and vulnerable populations.

For example, in 2024 we supported the successful rollout of integrated community-led monitoring initiatives across several countries, including Burkina Faso, the Democratic Republic of the Congo (DRC), Kenya, Mozambique, Nigeria and the Philippines. These initiatives covered areas such as HIV, TB, malaria, pandemic preparedness and increasing resilience to climate impacts on health. This directly supports improvements in integrated service delivery models at primary care levels in these countries. In Indonesia, the Philippines and South Africa, our investments have led to improved linkages, coordination, and engagement between community service providers and formal health systems. This means that patients experience fewer barriers to accessing care or prevention services, especially peer support in programs for key

populations, human rights and social justice services and community health worker initiatives.

Investments in integrated community-led monitoring mechanisms – covering HIV, TB, malaria and pandemic preparedness and response – are also reducing commodity shortages across countries, even in times of acute emergencies. In the Philippines, data presented by a coalition of people living with HIV prompted the government to secure an additional 146,000 antiretroviral units for 2024. In Sierra Leone, community-led monitoring data from 160 community-based TB awareness activities accelerated drug deliveries, resulting in reduced stockouts and leading to the creation of more accessible TB service access. In DRC, TB commodity shortages dropped by 23% in Kongo Central and 24% in Kinshasa between July 2023 and March 2024.

Strengthening surveillance systems

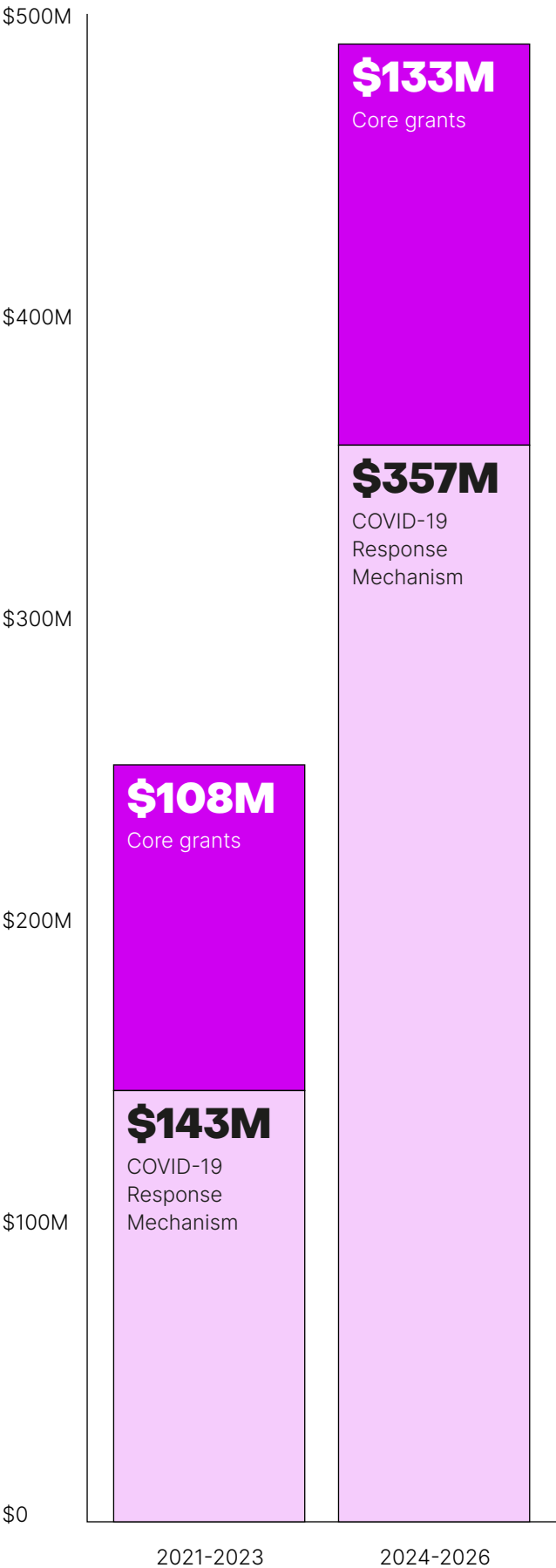
Strong surveillance systems are essential for early detection of and response to outbreaks, including climate-sensitive diseases. The Global Fund has accelerated investments to strengthen these systems in 2024, with approximately US\$200 million in funding across 83 countries. These efforts aim to improve how outbreaks are detected, verified and responded to, enabling more effective epidemic intelligence and public health actions.

A central focus of our investments is building the capacity of communities and frontline health facilities to detect and report outbreaks more effectively. At the national level, we support the development of action plans for health security informed by external evaluations, while at the peripheral level, implementation focuses on community-based surveillance of signals and local disease trend analysis for timely outbreak identification and response based on global performance metrics such as 7-1-7.¹⁴

We also invest in strengthening core data infrastructure – enhancing how epidemic intelligence data is integrated, analyzed, managed and used by public health emergency data hubs and national public health institutes at all levels. A key component of this work is the digitalization of early warning systems, for indicator- and event-based surveillance. Open-source digital platforms, such as the District Health Information Software 2 (DHIS2) and SORMAS (Surveillance, Outbreak Response Management and Analysis System), are widely used by countries to enable real-time collection, analysis and visualization of health data, supporting early detection and rapid response capabilities.

14. 7-1-7 is a metric for outbreak response: detect a public health threat within 7 days, report it within 1 day, and begin the response within 7 days to improve speed and effectiveness of epidemic control.

Investments in laboratory systems



These investments are already yielding strong results. In Malawi, improved guidance and training in outbreak detection and reporting have led to rapid, coordinated responses to measles and cholera outbreaks – surpassing the 7-1-7 target for outbreak response. In Zambia, Global Fund investments have catalyzed an innovative collaboration between the Community Health Department and National Public Health Institute to establish the first-ever community event-based surveillance (CEBS) program, incorporating CEBS into the pre-service training curriculum. At the same time, facility-based early warning capacity has been extended to almost 90% of health facilities in the country. These enhanced capacities played a vital role in 2024 in the response to the largest cholera epidemic Zambia has ever faced. They have also been essential in detecting the emergence of mpox, as well as polio, measles and typhoid outbreaks.

Across Africa, the Global Fund supported the Africa CDC with targeted investments in digitalization and data management, strengthening the continent's ability to respond to diseases like mpox and resulting in the WHO Regional Office for Africa to adopt the first-ever regional collaborative surveillance guidelines. Finally, the Global Fund has invested over US\$16 million between 2024 and 2025 in national field epidemiology training programs to strengthen frontline health care workforce capacity to collect, analyze and use health data effectively at all levels and within multiple programs of the health system.

Building integrated laboratory systems

The Global Fund is the largest external investor in laboratory systems for pathogen detection in low- and middle-income countries. In 2024, we invested US\$294 million to expand and strengthen laboratory infrastructure and multi-disease diagnostic capacity across 85 countries.

Our investments focus on key areas including infrastructure and equipment, biosafety and biosecurity, specimen referral and transport systems, quality management, data and logistics platforms, workforce training, and lab-based disease surveillance. These enhancements support early and accurate detection of HIV, TB and malaria. For example, GeneXpert machines are widely used for improved TB diagnosis and can also test for HIV viral load, while RDTs can quickly detect malaria and help prevent the overuse of antimalarial medicines. Since 2024, we have supported infrastructure upgrades of more than 186 laboratories in 7 countries,¹⁵ strengthening laboratory networks and reducing diagnostic turnaround times for reliable

15. Côte d'Ivoire, Guinea, Indonesia, Malawi, Mozambique, Nigeria and Sierra Leone.

testing in more than 10 countries.¹⁶ In DRC, Indonesia, Mozambique, Uganda, Zambia and Zimbabwe, laboratory infrastructure, equipment performance and biosafety standards have been upgraded to meet international benchmarks. To support sustainability, between 2021 and 2025, our investments funded the training of over 6,000 laboratory personnel across more than 23 priority countries. These improvements have not only enhanced national responses to HIV, TB and malaria, but also enabled better detection and management of co-infections such as hepatitis B, hepatitis C and human papillomavirus. In addition, they have increased capacity to safely test for high-risk diseases including mpox, Ebola, Marburg virus and Crimean-Congo hemorrhagic fever.

The COVID-19 pandemic demonstrated how countries with strong lab networks, connected data infrastructure, and coordinated support services – such as centralized sample transport – were able to respond more effectively to the crisis. Building on these lessons, the Global Fund’s strategic focus on integration is advancing global health security by linking diagnostics, information systems and service delivery across multiple diseases, making health care more efficient, resilient and accessible.

Improving health product and waste management systems

Providing high-quality health services – including for HIV, TB and malaria – inevitably generates medical waste. If not managed properly, this waste can harm human health and the environment. To address these risks, the Global Fund supports the development of sustainable health care waste management systems, investing

US\$312 million across 87 countries in 2024 in this area. Effective waste management reduces risks by safely containing and treating infectious and pharmaceutical waste, thereby also breaking key pathways for the spread of disease.

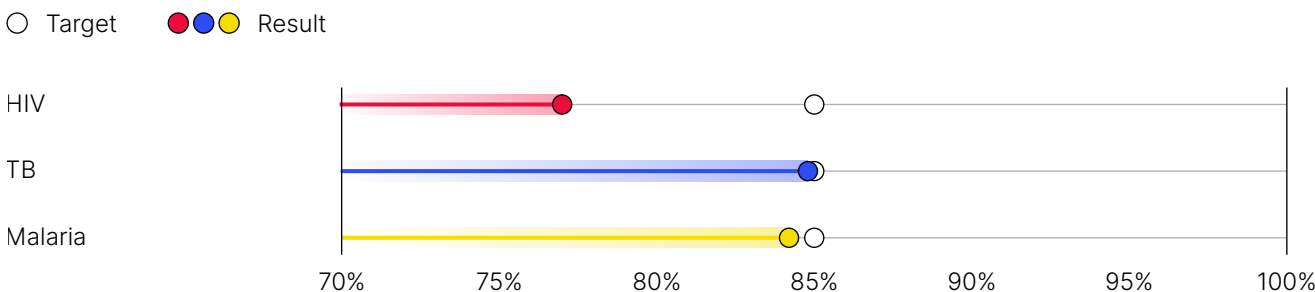
Our investments have focused on improving warehousing and storage capacity and infrastructure, improving the management of product distribution and delivery, introducing environmentally friendly waste disposal equipment, and enhancing digital systems for efficient, transparent and sustainable waste practices. We also enhance strategic planning through supply chain maturity assessments, elevating leadership capacity and strengthening governance accountability and systems.

In 2024, waste management equipment – including 55 incinerators and seven autoclaves – were procured. Installation has already been completed in five countries (Guinea, Malawi, Mozambique, Sudan and Tanzania) with installation and commissioning continuing in 11 more countries in 2025 (Angola, Benin, Burkina Faso, Egypt, Eswatini, Haiti, Mali, Niger, Senegal, Sudan and Zambia.) Upgrades to storage infrastructure are progressing, with at least 22 warehouses already improved. We also fund technical assistance, including site assessments and operational planning, to ensure long-term sustainability of waste systems.

These investments improve safe disposal of health care waste, strengthen national infection prevention and control measures, and help reduce the spread of AMR – all of which are essential to health security.

Average on-shelf availability

Countries with ongoing supply chain strengthening activities



Based on results from 24 countries. Reported by Principal Recipients for semester 2024 for Bangladesh, Benin, Burkina Faso, Cameroon, Congo (Brazzaville), Indonesia, The Gambia, Kenya, Haiti, Malawi, Mozambique, Nigeria, Pakistan, Sierra Leone, Senegal, Somalia, Sudan, Tanzania (United Republic), Uganda, Viet Nam, Zambia, Zimbabwe, and through a fifth round of spot-checks for Côte d'Ivoire and the Democratic Republic of the Congo. On-shelf availability is measured as the percentage of health facilities with tracer products available on the day of the visit or reporting through electronic logistics management information systems (eLMIS) compared to the total number of health facilities where the tracer products are expected to be available.

16. Bangladesh, El Salvador, The Gambia, India, Kenya, the Philippines, Rwanda, Uganda, Zambia and Zimbabwe.

Strengthening digital health and leveraging AI for better health outcomes

Digital health plays a vital role in delivering effective and equitable responses to HIV, TB and malaria, including how health data are collected, shared and used – enabling faster outbreak detection, smarter resource allocation and better decision-making at every level of the health system. Strong digital health information systems underpin timely disease surveillance, case tracking and treatment monitoring, supporting countries to craft more effective policies and epidemic control strategies.

The Global Fund is one of the largest investors in programmatic health information systems in low- and middle-income countries. In 2024 we invested US\$142 million in 67 countries to strengthen these health information systems and improve the availability and quality of health data. This includes significant support for digitally enabled health information solutions such as electronic medical records, national health management information system (HMIS) platforms like DHIS2, AI-based tools and foundational infrastructure like electricity and internet connectivity, as well as the people and policies that sustain them.

The Global Fund is investing in AI as a crucial tool to help countries tackle some of the toughest challenges in global health. With Global Fund support, AI tools are expanding access to care, strengthening health systems and enabling faster, smarter responses to emerging threats. Between 2021 and 2025 we are investing US\$193 million in AI-enabled digital X-ray screening for TB, now scaled across more than 20 countries, helping detect and treat cases earlier. In Rwanda, an AI-powered mobile app allows community health workers to identify mpox skin lesions using smartphones – improving surveillance and outbreak control in remote border areas. In Ukraine, an AI “counselor” is supporting HIV and TB patients with mental health care and adherence reminders, addressing severe health workforce shortages caused by the war. Looking ahead, the Global Fund and partners are exploring how AI can solve complex health system challenges: optimizing resource allocation, strengthening supply chains and anticipating future disease outbreaks.

To better fight infectious diseases, we focus on expanding digital infrastructure to underserved areas – including geo-enabling health information systems – and piloting solutions to improve power and internet reliability at health facilities. Our investments also support data standardization, promote the exchange of health information and enhance data analysis and use, especially at subnational levels where program decisions are implemented.

To improve efficiency and cost-effectiveness, the Global Fund launched a Data Quality Improvement framework in 2024. This new framework will guide country-level investments to strengthen the accuracy, timeliness and reliability of health data.

Our efforts to strengthen digital health are already delivering results. Between 2022 and 2023, the maturity of digital health information systems increased in at least 30 countries where we invest, and improvements in data analysis and use were recorded in at least 18 countries. Since 2022, a growing number of countries have started using disaggregated data to inform health planning and policy, driving more targeted and inclusive responses.

Digital health, robust data systems and AI are transforming global health by enabling faster, more accurate decision-making, improving care delivery and enhancing disease surveillance. As the world faces growing health threats, these technologies contribute to strengthening pandemic preparedness, ensuring timely responses and building more resilient health systems.

Leveraging market shaping and strengthening supply chains

The Global Fund invests in strengthening health product value chains and shaping markets to increase supply capacity and reduce the cost of essential health products. This is especially critical for resource-limited countries, where our ability to negotiate and procure at scale ensures access to affordable medicines and diagnostics, enabling large-scale treatment and prevention efforts. By expanding access, these efforts not only improve health outcomes, but also promote economic growth and support countries to gradually transition toward domestic financing and long-term self-reliance in health.

Each year, around US\$2.5 billion in country grants are used to procure health products, including medicines for HIV, TB and malaria as well as prevention tools and diagnostic equipment. We have used the scale of our Pooled Procurement Mechanism to shape markets by encouraging manufacturers to meet global quality requirements, to secure increased supply capacity for low- and middle-income countries, and to lower health product prices, contributing to efficient and effective implementation of country programs. In 2024, the Pooled Procurement Mechanism managed US\$1.78 billion in orders across 81 countries.

Efficient procurement and distribution systems are vital to ensure the safe, consistent availability of essential health products – such as antiretroviral drugs for HIV, treatments for TB and drug-resistant TB, antimalarial medicines and insecticide-treated mosquito nets.

Thiraphot Singtohin

Medical Technologist, Thailand

Thiraphot Singtohin leads the HIV unit at the Office of Disease Prevention and Control in Khon Kaen, Thailand. His team supports hospitals in four Thai provinces to conduct HIV and TB testing – critical work that involves handling transmissible pathogens and demands adherence to the highest standards of biosafety and biosecurity – to protect laboratory staff and the public from accidental exposure.

To strengthen safety protocols in his lab, Thiraphot recently completed a training on laboratory biosafety, biosecurity and biological waste disposal. The training focused on the correct use of protective equipment, safe waste management and biohazard response.

“We’ve learned how to properly take care of our own safety first, by following the correct procedures,” he says. “And beyond protecting ourselves, we can also help safeguard the environment, other individuals, our families and the community.”

The training was delivered through the Regional Public Health Laboratory Network, which connects laboratory professionals across Asia-Pacific to share knowledge and strengthen regional health security. It is supported by the Global Fund as part of efforts to improve laboratory systems in the region.

Thiraphot plans to pass on what he has learned to junior staff, many of whom have never received formal biosafety training. He hopes this knowledge-sharing will build confidence, improve collaboration and ensure safer working conditions for everyone involved in lifesaving disease detection.



The Global Fund/Jiro Ose



Jibril Adem moves oxygen cannisters from the newly installed oxygen generator to hospital wards at Adama Hospital Medical College in Adama, Ethiopia. The Global Fund is the largest funder of medical oxygen in low- and middle-income countries.

The Global Fund/Brian Otieno

Our support has helped improve infrastructure for warehousing, distribution, data and waste management. In addition, we are working with governments to build governance structures that bolster effective regulation and coordination of end-to-end supply chain operations.

In 2024, the Global Fund invested US\$17 million to improve supply chain information systems. This included supporting the rollout of the electronic logistics management information system (eLMIS) in countries such as Angola and Côte d'Ivoire – reaching many districts and health facilities. Angola has taken steps to roll out and further integrate its national eLMIS with other systems such as its warehouse management system, aiming to enhance coordination across all levels of the supply chain. Malawi is also integrating its eLMIS with other systems, improving coordination across all levels of the supply chain. With support from the World Bank, The Gambia successfully launched its eLMIS, and now covers nearly 97% of service delivery points. Meanwhile, Ethiopia introduced a more advanced Enterprise Resource Planning system, consolidating eight systems into one.

In Indonesia, a major milestone was reached in 2024 with the launch of SMILE eLMIS, a new digital logistics management system developed with support from the Global Fund and partners including Gavi and the United Nations Development Programme. The system, which is being scaled to more than 10,000 health facilities, tracks more than 1,700 health items, including 490 products for HIV, TB and malaria programs and 85 vaccines. This is significantly improving transparency, inventory control and overall supply chain efficiency.

We also continued working with strategic partners such as the Africa CDC, the World Bank and Unitaidd to build regional capacity for health product manufacturing and procurement in Africa. These efforts culminated in a historic achievement in early 2025: For the first time, a first-line HIV treatment manufactured in Africa – TLD – was delivered to Mozambique. Sourced from a Kenyan pharmaceutical manufacturer, the supply will treat over 72,000 people annually in Mozambique. This milestone demonstrates the transformative potential of strengthening regional manufacturing.

Expanding access to medical oxygen and respiratory care

Medical oxygen is a lifesaving, essential medicine. It plays a critical role in treating advanced HIV disease, severe TB and malaria, pneumonia and chronic respiratory diseases, and it is vital for maternal and newborn survival. Yet 60% of the global population still lacks access to affordable, high-quality medical oxygen – especially in low-resource settings.

The Global Fund has become the largest funder of medical oxygen in low- and middle-income countries. Our investments in medical oxygen, respiratory care and therapeutics in over 60 countries since 2021 has achieved the biggest step change in the provision of medical oxygen in low- and middle-income countries that has ever occurred.

In 2024, we invested US\$233 million to support medical oxygen and respiratory care across 51 countries. This boost to oxygen systems represents a long-term shift for health systems in many countries around the world, saving lives today while making countries better prepared for future pandemics.

The support provided includes end-to-end procurement, installation and maintenance of oxygen systems, including training, spare parts, servicing and warranty coverage. We collaborate with organizations like Unitaids and we are a founding member of the Global Oxygen Alliance (GO₂AL), a coalition of more than 20 health agencies, governments and community representatives committed to expanding access to medical oxygen. As of December 2024, 274 pressure swing adsorption plants have been procured, delivered and/or installed since Global Fund investments in oxygen began in 2021. These installations are partly supported through the Global Fund's Pooled Procurement Mechanism, which enables end-to-end implementation from purchase to operation.

We are also improving oxygen distribution infrastructure – including piping, cylinders and pulse oximeters – and investing in system-wide improvements. Since 2022, over 1,000 health professionals across 477 facilities have been trained to operate and maintain oxygen systems. Global Fund support also includes technical assistance, national strategy development and long-term service planning. Since 2022, the Global Fund has supported 60 countries with end-to-end procurement, installation and maintenance of oxygen systems.

The impact of these investments is significant. A recent analysis estimates that Global Fund oxygen investments in 14 priority countries¹⁷ will deliver lifesaving oxygen to 22 million people between 2024 and 2026, potentially saving around 520,000 lives. Moreover, these investments are reinforcing countries' pandemic preparedness and enhancing their ability to respond to the challenge of AMR.

Sustainable and inclusive health services

The Global Fund invests in country-led, country-owned health programs designed to reach those most in need. Our support prioritizes remote and marginalized communities, including those affected by poverty, stigma, discrimination or criminalization.

The Global Fund has long recognized that dismantling human rights and gender-related barriers is crucial to improving access to quality health services. Our commitment to confronting the inequities that fuel HIV, TB and malaria led us to launch the Breaking Down Barriers initiative in 2017. Through this initiative, we have invested more than US\$200 million over the last two funding cycles in country-led programs that address the human rights obstacles preventing access to HIV, TB and malaria services in 20 countries. Since 2024, we have expanded the initiative to four more countries. The impact of this initiative goes beyond individual diseases – it helps build more inclusive and equitable health systems.

This is critical to ensuring effective, equitable and sustainable responses to HIV, TB and malaria and forms the foundation of people-centered health systems that reach those most often left behind. Embedding these principles across disease programs strengthens the overall health system, enhances access to services and helps dismantle structural barriers that hinder progress.

As part of this commitment, the Global Fund is intensifying efforts to integrate disease-specific services into broader primary health care services and health systems. This includes linking HIV services with primary health care and women's health services, embedding TB screening and active case finding into routine services at selected primary health facilities and outreach programs, and incorporating malaria services into antenatal care and routine immunization platforms. By linking disease-specific efforts with broader health strategies and social enablers, we support countries to build stronger, more inclusive and sustainable systems that are better equipped to prevent and respond to current and emerging health threats.

17. Burkina Faso, Cameroon, Ethiopia, Ghana, Guinea, Indonesia, Liberia, Malawi, Mozambique, Nigeria, Sierra Leone, Tanzania, Zambia and Zimbabwe.

Domestic health financing

The Global Fund firmly supports the principle that, over time, countries should take full ownership of financing and managing their disease programs. As a condition of receiving funding, we require countries to commit to improving domestic financing for the three diseases, and we work proactively with countries to support responsible, gradual transitions from external financing.

To promote sustainability and improve health outcomes in countries where we invest, we integrate our public financial management (PFM) strategy into the health sector. Effective PFM ensures that resources are efficiently coordinated, managed and used for maximum impact. It also plays a critical role in fostering integration and building resilient and sustainable health systems. The Global Fund collaborates closely with the ministries of finance and health in the countries where we invest to advance PFM maturity and strengthen country ownership. We continue to scale up our investments to support countries to enhance PFM for health – improving financial control, transparency and value for money across both external and domestic resources, including co-financing commitments.

Global health security

The Global Fund's investments in health and community systems strengthening make us the largest provider of external grants for reinforcing pandemic preparedness and response. By channeling resources into essential components such as laboratory infrastructure, disease surveillance, health workforce capacity, supply chain resilience, and community-led health services, the Global Fund enhances countries' abilities to detect, prevent and respond to infectious disease threats. These investments not only bolster routine responses to HIV, TB and malaria, but also create the foundational systems necessary for rapid outbreak response and sustained health security. The Global Fund's focus on equity, country ownership and integration of community voices further ensures that preparedness efforts are inclusive and contextually grounded. As a result, the impacts we are achieving in low- and middle-income countries are indispensable to building global health security.

During the COVID-19 pandemic, the Global Fund rapidly mobilized around US\$5 billion in emergency funding to support countries' responses and help avoid worst-case scenarios. After the emergency phase, its flexible funding model shifted to long-term investments that both fight existing diseases and improve preparedness for future outbreaks. This support has been critical in responding to new health threats. For example, during the mpox outbreak, declared a Public Health Emergency of International Concern by WHO in August

2024, the Global Fund supported countries to respond quickly. We deployed US\$9.5 million to support the emergency response in DRC, and a further US\$5 million for Rwanda's mpox response. We also invested US\$1.1 million to support lab supplies and wastewater surveillance for mpox in Uganda.

In addition, AMR continues to rise, and it is projected to cause 10 million deaths annually by 2050. The Global Fund partnership has been addressing drug resistance related to HIV, TB and malaria while investing in health and community systems.

Infectious diseases know no borders, and the best global defense is to contain outbreaks at their source through strong, resilient health systems. Over the past three years, our investments in health and community systems have expanded significantly, building critical capacities in a wide range of areas. These investments have been critical in advancing progress toward UHC and strengthening countries' capacity to combat pathogens worldwide. They have played a fundamental role in bolstering global health security.

Opportunities to accelerate the fight

Investing in programs to fight AIDS, TB and malaria – public health threats that still kill millions each year – while strengthening health and community systems is the most effective way to maximize the impact of every dollar and drive progress against the three diseases.

Strengthening health and community systems remains central to the Global Fund's investment approach, with the ultimate goal of building the capacities countries need to transition to self-reliance while reinforcing global health security. In the coming years, the Global Fund will focus on investments that strengthen system maturity, promote sustainability, and drive deeper integration across diseases and health programs. The forthcoming Eighth Replenishment will be vital to consolidating and accelerating those goals. ●



Ion Popescu in his room at Penitentiary no. 4 in Cricova, Moldova. Ion and two other volunteers have been trained and equipped with tools to prevent others from HIV and hepatitis infection as part of the prison's harm reduction program. With Global Fund support, Moldova has initiated harm reduction programs in every penitentiary across the country.

The Global Fund/Ioana Moldovan/VII

West Africa

Bolstering early warning disease detection across West Africa

Communities across West Africa continue to face old and new infectious disease threats, including waterborne diseases like cholera and typhoid, viral hemorrhagic fevers like Ebola, Lassa fever and yellow fever, and new emerging threats like mpox.

The region also faces more frequent public health crises due to extreme weather events, rapid urbanization, displacement and high rates of AMR – all of which can help fuel the spread of infectious disease.

In response, health officials, policymakers and health financing partners, including the Global Fund, are working to strengthen disease control capacities by replicating a best practice surveillance model from within the region – Senegal's Sentinel Syndromic Surveillance System – known as the 4S Network.

Established more than a decade ago, the 4S Network is an early warning disease surveillance system established by the *Institut Pasteur de Dakar* and the Ministry of Health.

The network now operates through 38 sentinel sites based in clinics and hospitals across the country. At these sites, case-based data on the number of patients presenting with symptoms such as fever, cough and diarrhea are registered on a daily basis and shared with health authorities in real-time via a data management platform – allowing officials to detect emerging health threats early and respond rapidly if needed.

Through the West African Regional Laboratory Initiative, the Global Fund is working to build upon the 4S model by establishing similar surveillance activities across West Africa. To date, the Global Fund has enabled 4S activities to begin in Benin, Guinea Bissau, Sierra Leone and Togo, with plans to include Burkina Faso in 2026.

The Gates Foundation and the Africa CDC collaborated with national authorities to set up sentinel surveillance sites in Cabo Verde, The Gambia, Guinea, Mali, Mauritania and Niger.

Investments made in expanding the network have already proved their worth, detecting numerous viral pathogens including dengue, chikungunya, Crimean Congo hemorrhagic virus and yellow fever – allowing authorities to act rapidly.



Alficene Kandé and Abdoulaye Baldé (front) transport patient samples to a laboratory in Bissau, Guinea-Bissau. The Global Fund is working with partners to strengthen and expand disease surveillance and laboratory systems in several countries across West Africa. The Global Fund/Sylvain Cherkaoui/Panos



Agility and Resilience in the Face of Crises

Myanmar experienced significant success fighting back malaria, but recent conflict has contributed to a sharp increase in cases, which in some places have spread into neighboring Thailand.

© UNICEF/UNI773113/Maung Nyan

This chapter presents the intersecting global crises that impacted the fight against AIDS, TB and malaria in 2024 and outlines how the Global Fund responded to these challenges. In the context of today's global health funding crisis, the chapter explores the immediate consequences and broader risks of funding shortfalls, and the millions of lives these endanger. The Global Fund is adapting to this evolving context with agility. However, without sustained investment, we risk major setbacks in progress and a dangerous resurgence of HIV, TB and malaria.

As we navigate profound changes in the global health landscape, we must be relentless in our pursuit of solutions and opportunities.



Responding to crisis in a changing world

Born out of crisis and built for resilience, the Global Fund partnership has, over the last 23 years, unwaveringly pursued its mission to end AIDS, TB and malaria as public health threats, despite numerous challenges. In recent years, our progress against the three diseases has come under increasing strain from a convergence of global crises. Conflict and displacement, the erosion of human rights, economic instability, deepening inequalities and an increase in extreme weather events all fuel the spread of disease and disrupt response efforts. At the same time, AMR and emerging and resurgent diseases like mpox and Ebola expose the fragility of health systems worldwide and the growing risk of future pandemics. This fraught context is now compounded by a challenging global health funding landscape. The potential human toll could be immense, and put progress in the fight against AIDS, TB and malaria in jeopardy.

But the Global Fund remains committed and determined. Time and again, crises have tested our resolve, and time and again, our partnership has responded with resilience and agility. In the last two decades, our partnership has adapted to save lives and serve the people most affected by infectious diseases in an increasingly complex global landscape.

A high stakes global health funding crisis

Recent reductions in international funding have dealt a heavy blow to an already resource-constrained health landscape, triggering unprecedented turbulence in global health. Funding pressures had been building – with development assistance for health largely flatlining in recent years, domestic spending receding after short-term increases experienced during the COVID-19 pandemic, and significant debt challenges facing many lower- and lower middle-income countries. The fallout is already hitting hard – thousands of clinics have closed, frontline health workers have lost their

jobs, and essential medicine and equipment shortages are widespread. The cruel irony is that funding is falling short at the moment of greatest potential: just as science has brought us within reach of ending HIV; when we have strong momentum in the fight against TB; and powerful tools are available to get us back on track against malaria.

What is at stake is not just missing historic opportunities – it is potentially millions of lives and the gains we have fought so hard to achieve. Over the last two decades, the world has made remarkable progress fighting AIDS, TB and malaria, saving 70 million lives and cutting the combined death rates of the three diseases by 63%. This progress demonstrates that with science, money and effective global collaboration that puts communities at the center, we can force even the deadliest diseases into retreat. Today, many of the communities that have long been on the frontlines of the fight against these diseases are left to hold the line without the support they need. We cannot abandon them – not now, when ending these diseases is finally within reach.

Without urgent action to close the critical funding gaps in HIV, TB and malaria programs and strengthen health and community systems, countries could face devastating setbacks and death tolls could spiral.

This alarming outlook, and the financial uncertainties that shape it, are adding significant pressure to a global health landscape already strained by a convergence of interrelated crises that continued to escalate in 2024.

Colliding crises jeopardize efforts to combat AIDS, TB and malaria

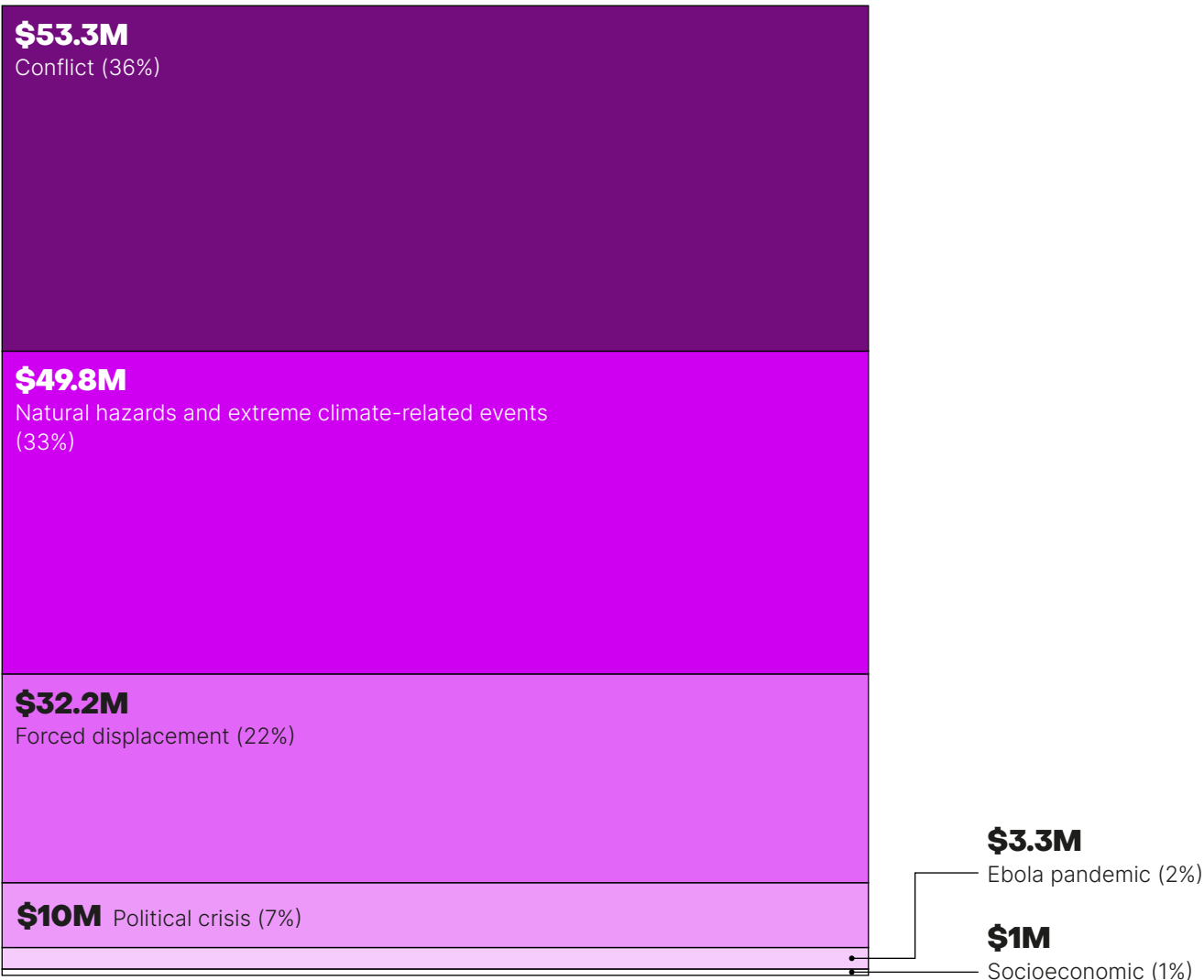
In 2024, widespread conflict and insecurity continued to increasingly threaten global progress against AIDS, TB and malaria. Sixteen percent of the global population lives in fragile contexts, yet they account for more than one-third of combined AIDS, TB and malaria deaths. Such contexts account for almost two-thirds of global malaria cases, a quarter of TB cases and 17% of new HIV infections.

Conflict and insecurity make populations more vulnerable to infectious diseases by disrupting health care services, damaging infrastructure and forcibly displacing large numbers of people into crowded, unsafe conditions where diseases spread easily. Forced displacement often cuts people off from health services, leading to reduced preventive services, untreated illnesses, higher mortality and the rise of drug-resistant infections. The indirect effects of conflict – such as human rights abuses, gender-based violence, starvation and trafficking – further increase vulnerability to infection and undermine basic health and safety. Conflict and forced displacement fuel the spread of disease and threaten to undo decades of hard-won health gains the world has made over the last two decades. To beat AIDS, TB and malaria and ensure global health security, it is critical that we address urgent health needs in fragile settings.

In many countries around the world the erosion of human rights and gender equality is accelerating, evidenced by punitive and regressive policies and actions that can often lead to reduced access to lifesaving health care. In recent years, efforts to erode human rights have become increasingly organized, more systemic and well resourced. This trend of hardening structural barriers to health is a major and growing threat to the goal of ending AIDS, TB and malaria. Discrimination and stigma, punitive laws and gender-based violence are preventing people, especially key populations, women, and youth, from accessing the lifesaving disease prevention and treatment services that they need. Vulnerable populations such as migrants and refugees are also subject to additional stigma, and their numbers have grown in the last decade with increasing conflict and forced displacement worldwide. The deterioration of human rights and gender equality represents a severe threat to global health.

Emergency funds awarded (2014-2024)

\$149.6M



In 2024, the climate-related crisis escalated to new and alarming heights, with global surface temperatures soaring to the highest ever recorded.¹⁸ This poses a fundamental threat to health, amplifying the risk of infectious diseases and undermining the global progress made in the fight to end AIDS, TB and malaria. Countries most affected by the changing climate are also those with a high disease burden and often those with the most fragile health systems. Malaria is highly sensitive to climatic and environmental factors. Warmer temperatures, higher humidity and increased rainfall are fueling mosquito breeding and extending malaria seasons, and extreme weather events like cyclones and floods are triggering outbreaks. Across the three diseases, climate-related disasters like droughts, floods and extreme temperatures, and the resulting displacements of communities, are disrupting service delivery and essential diagnosis and treatment services, leading to increased transmission and drug resistance. Food insecurity and loss of income and livelihoods due to increasing exposure and vulnerability to climate-related hazards is affecting treatment adherence and increasing disease susceptibility among people on treatment for diseases like HIV and TB.

Turning adversity into action

Strategic reprioritization, operational efficiency and sustainable transitions

The Global Fund partnership is meeting the global health funding crisis with steadfast commitment to our mission – focusing on the people and communities we serve and staying true to our values. Leveraging our key strengths of agility, partnership, organizational maturity and resilience, we are responding to these external shocks and working hard to limit operational disruption.

Adapting to this new context calls for increased country leadership. A sharper focus on efficiency and identifying pathways to increased domestic funding is vital. As countries navigate this crisis, the Global Fund and other global health actors are adapting their operational models to support them. During this period, we remain laser-focused on equity, committed to saving lives and improving livelihoods, and determined to protect the progress achieved over more than two decades.

During the COVID-19 pandemic, the Global Fund swiftly and effectively reprogrammed resources in response to the emergency. In 2025, we are once again drawing on our advanced capacity to adapt effectively in times of crisis. We are supporting reprogramming and reprioritization of grants across our activities, working with communities and countries to mitigate the impact of these shifts. We are working to ensure that this process

is country-driven and involves meaningful engagement with civil society, communities, ministries of health, implementers, technical partners and key structures across the partnership – particularly Country Coordinating Mechanisms.

Looking toward priorities in our next grant cycle, we are working to ensure that countries consider integration, cost effectiveness and long-term sustainability of HIV, TB and malaria activities within primary health care services and health and community systems when making reprioritization decisions and grant revisions. Adaptations are being tailored to each unique grant and country and epidemiological context, considering areas and settings most impacted by the three diseases, domestic financing readiness, programmatic interdependence and all sources of funds. We are taking into account the partnership landscape around the programs we support and the engagement of technical partners and communities. Emphasis is being placed on value for money and on interventions that embody the principles of economy and long-term sustainability.

We encourage countries to finance disease interventions in a more integrated and sustainable way, embedding equity, human rights and gender equality in each intervention, while prioritizing preparedness and systems strengthening for maximum impact and resilience. The rollout of adaptations is a pragmatic step, born of necessity. All activities funded by the Global Fund partnership are essential. But with declining funds, we have to focus even more on programs that provide the highest levels of protection for critical lifesaving activities.

The global health funding crisis has crystallized many countries' ambitions to accelerate transition to nationally led and financed health systems. While we fully recognize that international funding for health will not last forever, transitioning from external financing should be a deliberate and gradual pathway – not an immediate switch.

In this context, the Global Fund is supporting countries to increase domestic financing and pave the way to self-reliance. To do so, we will lean into incentives for countries to invest more through our co-financing requirements, strengthen their capacities to manage their domestic health funding, promote debt swaps and blended finance and leverage partnerships with the African Union, the Africa CDC and audit institutions. The path forward is complex and uneven, shaped by each country's unique context and challenged by significant macroeconomic and debt constraints. The Global Fund will strive to support countries to navigate their transition without putting the gains they have made at risk.

18. WMO confirms 2024 as warmest year on record at about 1.55°C above pre-industrial level. World Meteorological Organization, 2025. <https://wmo.int/news/media-centre/wmo-confirms-2024-warmest-year-record-about-155degc-above-pre-industrial-level>.



Rowida Briema

Community Health Mobilizer, Sudan

As a community health mobilizer, Rowida played a vital role in a recent campaign to distribute millions of insecticide-treated mosquito nets to protect communities from malaria in Sudan.

Rowida spoke to families in the town of Damazine, Blue Nile State, about the campaign, explained how malaria is transmitted and emphasized how the consistent and correct use of mosquito nets can protect people – especially children and pregnant women – from the deadly disease.

“I love my community...I deliver critical messages that provide them with the knowledge and information they need to keep healthy,” she says.

In May 2025 the Federal Ministry of Health, in collaboration with the Global Fund and UNICEF, launched a large-scale campaign aimed at distributing nearly 15.6 million insecticide-treated mosquito nets across Sudan.

This campaign included the distribution of dual AI insecticide-treated nets, which use two types of insecticides to better protect against mosquitoes resistant to standard nets. As resistance is mostly concentrated in certain regions of Sudan, these nets are strategically allocated to high-risk areas identified through mosquito monitoring.

The ongoing conflict in Sudan has displaced millions, many of whom are now living in overcrowded settlements with limited access to clean water, sanitation, and health care, increasing the risk of malaria transmission.

Despite the conflict, health workers like Rowida continue to provide essential care in their communities. Her outreach ensures that nets are not only distributed, but also understood and used effectively to save lives.



© UNICEF Sudan

In the Central African Republic – a country facing ongoing conflict and a resulting humanitarian crisis – the Global Fund invests in community health workers, who play a vital role in identifying possible disease outbreaks.

The Global Fund/Sarah Hoibak



Our approach to the current challenges in global health funding – and their impact on HIV, TB and malaria programs – is grounded in a proven response model. This model has remained agile and effective through emergencies such as COVID-19 and other overlapping disruptions affecting our mission in recent years. The success of our efforts in 2024 demonstrates the strength and adaptability of this approach.

Rapid response and long-term resilience in fragile contexts

In conflict and humanitarian contexts, the Global Fund responds with agility. We adapt to changes in context with reprogramming and increased flexibility – working within the framework of our Challenging Operating Environments (COEs) policy. Our Emergency Fund allows for rapid deployment of resources, while our long-term investments support countries to build resilient health and community systems in fragile settings, where overlapping challenges threaten past health gains.

Since 2002, the Global Fund has disbursed approximately US\$24 billion – in both long-term investments and emergency funding – to COEs, including some countries facing the worst humanitarian crises. We work in partnership with local communities, civil society, emergency coordination mechanisms and international partners, including humanitarian and development actors. We focus on building resilience and long-term sustainability while supporting the immediate crisis response. In countries like Ukraine, Sudan and Syria, we support the continuation of essential health services and delivery of lifesaving treatments. The COEs

policy has facilitated programs in these countries to be differentiated and tailored to their context. These efforts are also bolstered by emergency funding and partnerships with global humanitarian organizations to ensure continued care during crises.

For example, since the conflict broke out in April 2023, Sudan has experienced cholera, measles, dengue fever and malaria outbreaks. Efforts to fight AIDS, TB and malaria have been severely impacted. The Global Fund has continued to support the delivery of vital health services in Sudan, procuring nearly all HIV, TB and malaria medicines in the country. Despite challenges with humanitarian access and a year of severe supply chain disruptions, we worked with humanitarian partners and coordination mechanisms to safely deliver essential medical supplies to the Darfur region for the first time in November 2024.

In 2024, we deployed over US\$16 million through the Emergency Fund. The distribution of these funds according to crisis context was as follows: Conflict – approximately US\$4.3 million; forced displacement – approximately US\$10.6 million; extreme weather events – approximately US\$1 million. In 2024 Afghanistan, Bangladesh, Ethiopia, Haiti and Mozambique were recipients of the highest amounts of emergency funding.

Partnerships and sustainability to protect our mission from climate threats

More than 70% of our funding is invested in the 50 most climate-vulnerable countries. To protect our mission from extreme weather events and other climate impacts,

we are actively mobilizing private sector partners. In January 2025, in partnership with the Gates Foundation and Sanofi's philanthropic organization Foundation S, we launched a US\$50 million Climate and Health Catalytic Fund. This initiative aims to deliver rapid, accessible and catalytic financing to support countries and vulnerable communities tackle the health impacts of extreme weather events while building climate-resilient and environmentally sustainable health systems.

In Bangladesh, severe flooding in 2024 displaced over 540,000 people and claimed 71 lives, marking the country's worst flood in three decades. In response, the Global Fund swiftly approved US\$1.06 million in emergency funding to restore HIV, TB and malaria services in 37 flood-affected sub-districts. This support included mobile clinics, insecticide-treated net distributions, and screening for fever and other symptoms that might signal an outbreak of malaria or another disease exacerbated by the floods.

We are supporting sustainable infrastructure such as solar-powered health facilities and environmentally sound supply chains. For example, since 2016, we have financed solar energy installations for over 60% of health facilities in Zimbabwe, supporting the Solar-4-Health initiative with the installation of solar systems in 1,072 health facilities nationwide, achieving a cumulative capacity of 11 megawatts. In Zambia, we committed US\$8.8 million in 2024 to solarize and improve connectivity in 498 major health centers. We are working with 75 countries to improve sustainable waste management, including initiatives like mosquito net disposal in Sierra Leone. Through our NextGen Market Shaping framework, we encourage suppliers to cut down on packaging and plastic pollution and increase their corporate sustainability goals.

Breaking down barriers to health

The Global Fund is committed to breaking down structural barriers to health through community-led initiatives and catalytic funding to civil society organizations. Programs like the Breaking Down Barriers initiative and the Gender Equality Fund aim to ensure inclusive, equitable access to health services. Our Breaking Down Barriers initiative addresses human rights and gender-related barriers to HIV, TB and malaria services in 24 countries, actively engaging affected communities and elevating their voices in decision-making processes.

Our funding to grassroots and community-led and women-led organizations strengthens and encourages locally led responses. In 2024, we awarded our first grants through the Gender Equality Fund, which is backed by a GBP 6 million investment from GSK and ViiV Healthcare. This partnership, as well as a partnership

with Fondation CHANEL, also supported community-led organizations in over 15 countries to advance gender equality and improve health outcomes.

Evidence from Breaking Down Barriers has shown that comprehensive, sustained funding, together with programmatic and political efforts over time, can move the needle even in the most challenging of circumstances. In 2024, country-led assessments of our Breaking Down Barriers initiative demonstrated continued progress in addressing human rights-related barriers to services, despite the growing influence of anti-rights movements.

Between 2024 and 2026, the percentage of Global Fund investments focused on human rights is 3.03% for HIV and 2.42% for TB. As the erosion of rights and gender equality progresses, the Global Fund partnership must continue to invest vigorously in breaking down human rights and gender-related barriers to health. The sustainability of our progress to date and our future efforts depend on it.

The path ahead

Across the globe, communities and health programs are under immense pressure from the impact of the funding crisis. In this moment of adversity, we must remain focused on what is at stake: millions of lives, the hard-won gains in the fight against AIDS, TB and malaria, progress toward UHC and health-related SDG targets, and the foundations of our global health security.

As we navigate profound changes reshaping the global health landscape, we must remain realistic about the challenges, yet relentless in our pursuit of solutions and opportunities. There is a growing recognition that this is a watershed moment. We must not only manage the current crisis, but also prepare for transformation: to make the global health ecosystem stronger, more equitable and resilient.

2025 marks the Global Fund's Eighth Replenishment – a defining moment for global health. The Global Fund provides a critical lifeline in the global response to HIV, TB and malaria. Preserving this lifeline is essential to protecting decades of progress and saving lives.

An investment in the Global Fund is an investment in one of the world's most effective mechanisms against infectious diseases. Every dollar we receive drives measurable health outcomes, fuels economic returns and delivers exceptional value for money. Today, our ability to succeed despite funding challenges depends on the international community's resolve to reaffirm its commitment to global health. Now is the time to rise to the challenge and mobilize our collective force to finally end AIDS, TB and malaria as public health threats. ●

**Case
Study**

Ukraine

Delivering lifesaving care despite the war

Ukraine's health systems have been devastated by the war – thousands of hospitals and clinics have been damaged or destroyed, supply chains have been decimated and millions of people have been at risk of being cut off from lifesaving HIV, TB and primary health care services.

Despite these monumental challenges, mobile health teams operated by Alliance for Public Health, with support from the Global Fund and other donors, are delivering lifesaving care to the hardest-hit communities – who would otherwise have no access to health services.

The mobile teams, usually comprising 10 medical workers and support staff, operate out of convoys of white vans equipped with a robust set of the latest medical tools and modern devices. The teams provide on-the-spot consultations as well as diagnostics and treatment for a range of infectious and non-communicable diseases including HIV, TB, heart disease and other conditions.

Despite operating with limited infrastructure and under the threat of active warfare, the teams reach communities who have been cut off from all other health services, providing them with care and frequently their only line of defense against the spread of infectious disease.

Between December 2022 and June 2025, Alliance for Public Health mobile clinics completed 640 missions, reaching nearly 25,000 people in 386 communities.

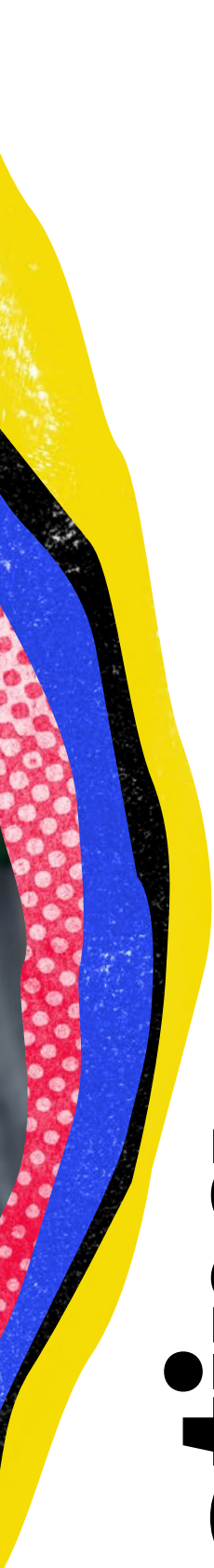
Working alongside three Global Fund Principal Recipients – Public Health Center of the Ministry of Health, 100% Life, and Alliance for Public Health – and over 80 community-based and community-led organizations, the Global Fund is investing US\$158 million between 2024 and 2026 to deliver vital HIV and TB services and strengthen health systems across Ukraine.

A Global Fund-supported mobile health clinic run by Alliance for Public Health brings care directly to communities cut off by the war in Ukraine's Donetsk region – offering on-the-spot consultations, diagnostics and treatment for HIV, TB, heart disease and other conditions.

The Global Fund/Oleksandr Rupeta/VII







Investing for Impact

Community health worker Champa Tikadar delivers TB medicine and support in her community – including to her friend and neighbor Rekha Goldar (left). Champa and her colleagues also collect sputum samples for testing, teach people how to recognize TB symptoms, and provide up to six months of treatment support for those who test positive.

The Global Fund/Vincent Becker

This chapter outlines how the Global Fund partnership brings together governments, communities, civil society, health workers and the private sector to drive impact and expand access to care for the most vulnerable. As the global health funding landscape shifts, we remain uniquely positioned to accelerate progress toward ending AIDS, TB and malaria as public health threats.

The Global Fund works directly with countries to ensure every dollar we invest drives the greatest possible impact.



Global health is facing a major crisis. The convergence of funding reductions with multiple other challenges threatens the hard-won progress we have achieved over the past 20 years, placing millions of lives at risk. As international funding for global health declines and the 2030 deadline for ending AIDS, TB and malaria draws nearer, we need to raise more resources and invest them more efficiently to deliver greater impact with every dollar.

While international funding will remain essential in the near term to sustain impact and programmatic progress, we must accelerate efforts to strengthen domestic financing, raise additional resources, maximize the effectiveness of existing resources, better support countries to transition from external financing, and engage the private sector to play a larger role. The Global Fund is committed to leading this effort, drawing on our deep experience and our unique ability to bring partners together in pursuit of shared goals. This year presents a vital opportunity as we hold our Eighth Replenishment, co-hosted by South Africa and the United Kingdom.

How the Global Fund mobilizes resources and advances sustainability

In a context of constrained resources, smart investment is not optional – it's essential. The Global Fund works directly with countries as we strive to ensure every dollar we invest drives the greatest possible impact. This includes maximizing value for money, facilitating additional resources through innovative finance solutions, and engaging the private sector, to ensure that resources go further, reach more people, and build stronger health and community systems for the future.

Driving value for money

The Global Fund supports countries to consider various dimensions of value for money – including

effectiveness, economy, efficiency and equity – to deliver greater impact and save as many lives as possible.

We support countries by reducing prices for health products through our market-shaping approaches. We invest in independently reviewed, high-impact interventions delivered as efficiently as possible, and we prioritize reaching the most marginalized and vulnerable people to ensure equity. We also focus on activities that balance impact and cost to ensure strengthened sustainability of national disease responses over time.

To maximize value for money, we are also enhancing coordination with partners such as Gavi, the World Bank and the Global Financing Facility to jointly support national health systems entities, such as laboratories and human resources for health directorates within ministries of health.

The Global Fund is also prioritizing integration – both in terms of service delivery and financing – to strengthen the value for money of our investments in national responses. In 2024 we launched pilot initiatives in Zambia, Nigeria and Côte d'Ivoire to leverage our grant funding to extend coverage of health financing schemes to poor and vulnerable populations. These investments in financial risk protection are a key piece of putting the “universal” in UHC and ensuring that services reach the most marginalized communities.

In Zambia, for example, the country is using Global Fund grant funding to extend health insurance coverage to 16,000 low-income and at-risk households to ensure increased use of health services for people living with HIV. In Côte d'Ivoire, the Global Fund is helping to subsidize premiums for people living with HIV to increase access to health care and catalyze integration of vulnerable populations into the country's national health insurance scheme. In Nigeria, the Global Fund



The Chinyunyu Health Center serves people living in rural communities in Zambia's Rufunsa province. Health services provided include general consultations, maternal and child care, HIV treatment and voluntary medical male circumcision.

The Global Fund/Jason Mulikita

is investing US\$10 million to extend health insurance coverage to over 80,000 women and children, people living with HIV, people with drug-resistant TB and populations in TB hot spots.

Raising additional resources through innovative finance

Over the past two decades, significant investments in health – domestic and international – have led to impressive progress in the fight against AIDS, TB and malaria. The Global Fund is pursuing innovative financial approaches to accelerate the fight against the three diseases while strengthening the resilience and sustainability of health and community systems.

Debt2Health

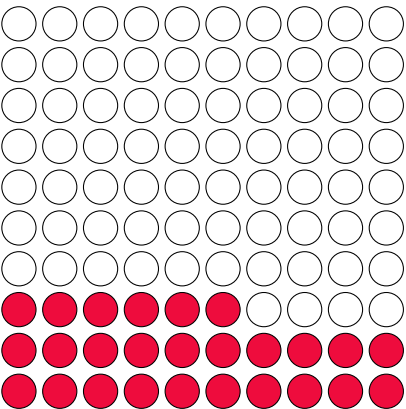
The Global Fund's Debt2Health (D2H) initiative is designed to increase domestic financing for health by converting debt repayments into investments in public health. Under individually negotiated debt swaps, a creditor nation foregoes repayment of a loan if the debtor nation invests all or part of the freed-up resources into a Global Fund-supported program. Aligning with its national health strategy, the debtor nation channels the proceeds toward health programs to fight the three diseases and strengthen its health systems. The Global Fund has a strong track record in

debt conversions for health, with 14 transactions involving three donors (Australia, Germany and Spain), converting close to US\$500 million of bilateral debt into US\$330 million in health funding for 11 debtor countries.

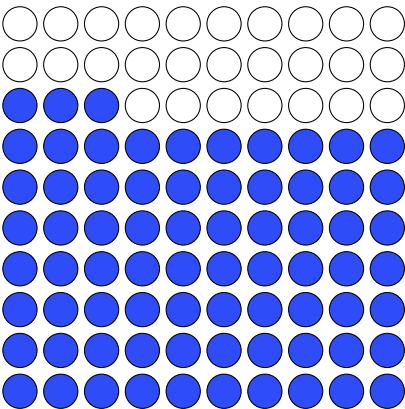
In addition to conventional contributions, donor governments can invest through debt swaps, such as Germany's pledge at the Global Fund's Seventh Replenishment Conference in 2022, which consisted of a €1.3 billion pledge, including a €100 million D2H pledge. Germany has been the leading supporter of D2H, both in piloting the concept in 2007 and in supporting the scheme as a creditor in multiple subsequent transactions.

In 2024, through D2H, Germany signed agreements with Mongolia and Indonesia to convert €29 million and €75 million of these countries' respective debts into public health investments. In Mongolia, this initiative will improve access to TB care, enhance case detection and treatment and expand HIV services for key and vulnerable populations. Additionally, Mongolia will use the investment to transition to a more integrated and efficient health system, ensuring long-term sustainability and better health outcomes. Indonesia's €75 million

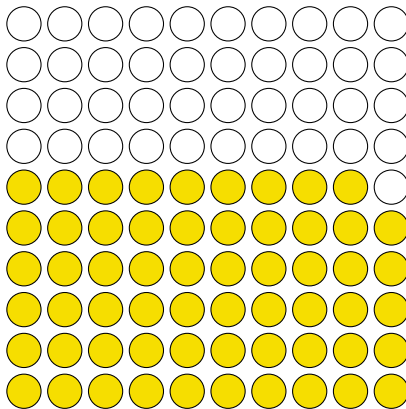
International grants provided by the Global Fund in 2024



 **26%**
of all international
financing for **HIV**



 **73%**
of all international
financing for **TB**



 **59%**
of all international
financing for **malaria**

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

D2H swap is the country's fourth and the largest D2H agreement signed to date. The funds will support malaria control, strengthen diagnostic and local pharmaceutical capacities, and expand TB screening, treatment access and community-based TB programs, helping to address the country's high TB burden.

Blended finance

Blended finance allows the Global Fund to combine grant funds with multilateral banks and other financial institutions to build stronger, more resilient health systems that are better equipped to fight AIDS, TB and malaria, and support critical health interventions – such as expanding treatment, reforming health insurance schemes and reaching vulnerable populations with lifesaving care.

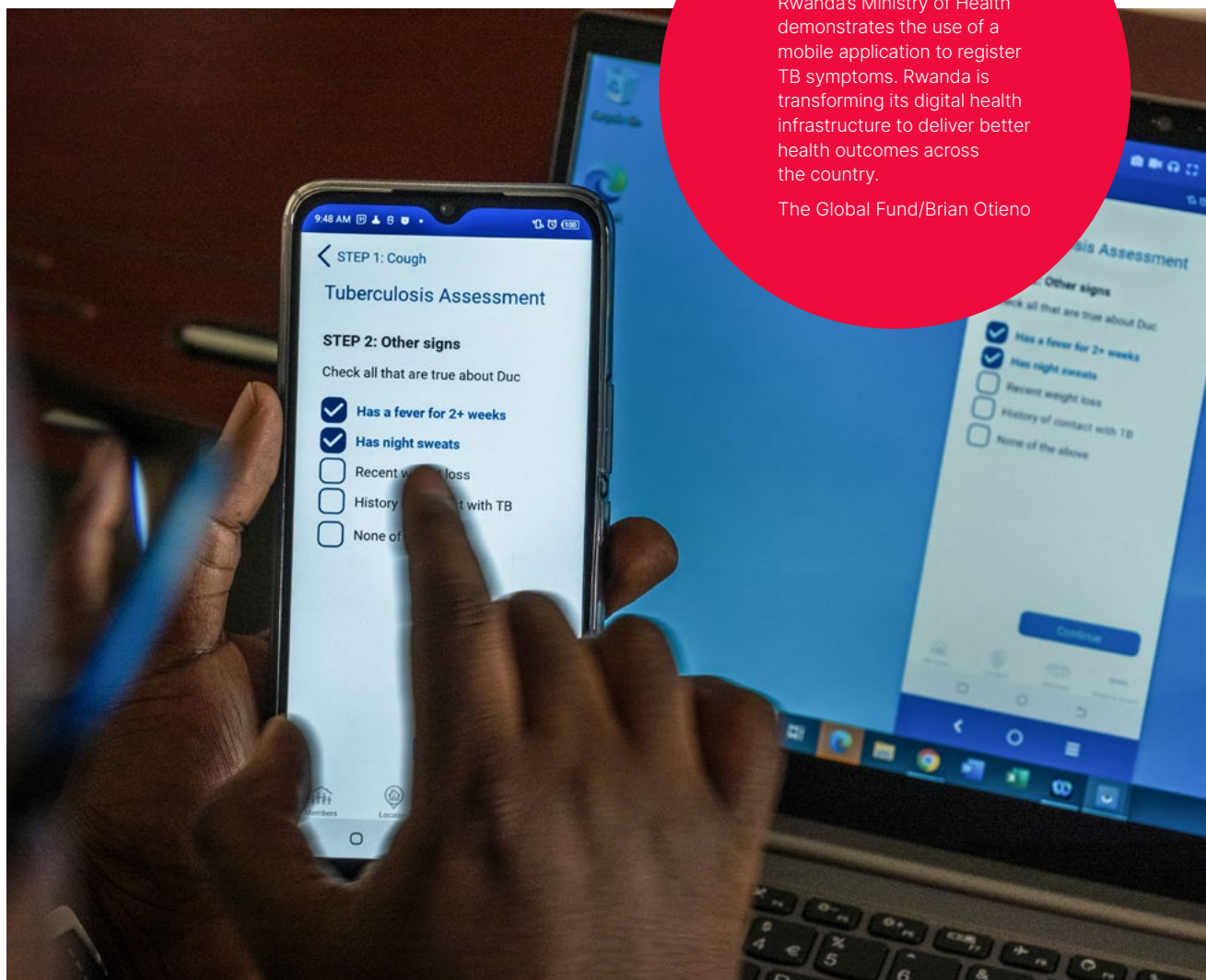
Blended finance also makes it possible to strengthen collaboration and improve harmonization with other development partners, leveraging borrowing to support the health sector and the fight against the three diseases. In recent years, the Global Fund has strengthened collaboration – with the World Bank and the Asian Development Bank (ADB), for example – to support these financing modalities. We have recently approved blended financing transactions in Colombia, Côte d'Ivoire, Lao PDR and South Sudan to support a wide variety of programmatic priorities, including community-based malaria control and prevention, access to antiretroviral therapy for vulnerable populations and improved primary care service delivery.

In the blended financing transaction in South Sudan, the Global Fund's US\$22.9 million contribution focuses on expanding access to a basic package of health and nutrition services, including malaria case management and intermittent preventive treatment for malaria in pregnancy. This investment is enabling a more aligned response with partners in a challenging operating environment. It is expected to increase malaria programmatic coverage by extending primary services to more communities, strengthening health systems that are essential to underpin a sustainable response and realizing efficiencies such as coordinated planning, drug distribution and responses to flooding or other challenges.

To strengthen blended finance efforts across Asia, the Global Fund is also expanding its partnerships with other multilateral development banks. Building on a recent memorandum of understanding with the ADB focused on health financing, the Global Fund welcomed the ADB in 2024 as a new blended finance partner. Given the strong alignment between the two organizations' priorities in the region, this partnership is expected to boost future collaboration and incentivize blended finance initiatives in the Asia region.

Leveraging the catalytic role of the private sector and philanthropy

The private sector and philanthropic community continue to play a transformative role in global health. Their catalytic investments expand the reach of Global



A digital health officer at Rwanda's Ministry of Health demonstrates the use of a mobile application to register TB symptoms. Rwanda is transforming its digital health infrastructure to deliver better health outcomes across the country.

The Global Fund/Brian Otieno

Fund programs, accelerate innovation, and help build stronger, more resilient health systems to fight AIDS, TB and malaria – while supporting countries on the path to greater self-reliance and sustainability.

As of June 2025, contributions from private sector and philanthropic partners have reached nearly US\$4 billion. Partners such as the Gates Foundation, CIFF, (RED), the Skoll Foundation, GSK, ViiV Healthcare, Takeda Pharmaceutical Limited and others are providing funding and technical assistance, co-creating solutions and bringing them to scale.

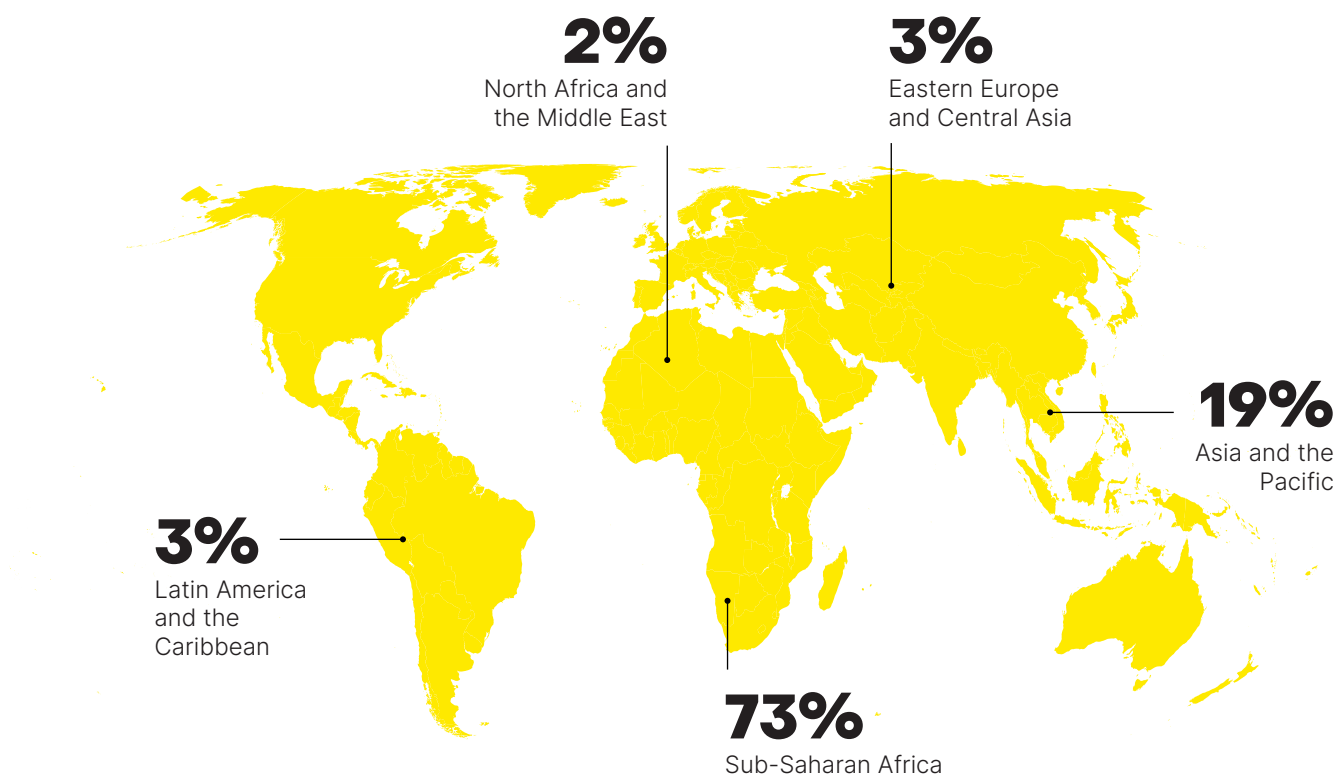
In 2024, the Global Fund awarded its first grants through the Gender Equality Fund, backed by a GBP 6 million investment from GSK and ViiV Healthcare. These grants supported 23 organizations across eight countries – Burkina Faso, Côte d'Ivoire, the Democratic Republic of the Congo, Eswatini, Lesotho, Mozambique, Nigeria and Uganda – to expand access to gender-responsive health care, challenge harmful gender norms, and elevate the leadership of women and girls. The Global Fund's partnerships with ViiV Healthcare and Fondation CHANEL also strengthened key grassroots initiatives

such as the HER Voice Fund and Voix EssentiELLES, which supported young women and community-led organizations in over 15 African countries to drive gender equality and improve health outcomes.

Digital health transformation is a cornerstone of the Global Fund Strategy. With over US\$150 million invested annually in digital health tools and data systems in almost 100 countries, the Global Fund is supporting countries to modernize how health care is delivered, making it faster, more efficient and more equitable. In 2024, the launch of the Digital Health Impact Accelerator (DHIA) Catalytic Fund – backed by Anglo American, the Patrick J. McGovern Foundation, Medtronic LABS, Dimagi, Medic, Orange and Zenysis – gave low- and middle-income countries new tools to harness the power of digital health and AI. These investments in long-term infrastructure, governance and system readiness are supporting countries to embed digital solutions at scale. For example, in 2024, the DHIA Catalytic Fund provided electricity and internet access to hundreds of rural health facilities in priority countries, establishing a foundation for more sophisticated digital tools, including AI, to be used in the future.

Global Fund investments by region

In 2022-2025 as of June 2025



Countries including Burkina Faso, Ethiopia, Rwanda and Zimbabwe are transforming their digital infrastructure and health data systems – improving real-time decision-making, service delivery and patient outcomes. With the right partnerships and sustained investment, digital health is enabling countries to rapidly transition to more agile, effective systems.

Other major investments are reshaping essential public health functions. The Laboratory Systems Integration Fund (LSIF) – supported by The Rockefeller Foundation, the Abbott Fund, IQVIA through (RED), and matched by the Global Fund – is investing US\$54 million to modernize laboratory systems in 49 countries. Already, LSIF has deployed US\$37 million to improve diagnostics, integrate services and strengthen regional collaboration. These efforts enhance current responses to HIV, TB and malaria as well as reinforce pandemic preparedness.

In 2022, with the Africa Frontline First Initiative and private sector donors, the Global Fund launched the Africa Frontline First Catalytic Fund to strengthen community health systems in eight African countries.¹⁹ In 2023, this was followed by the Building Integrated Readiness for Community Health (BIRCH) project, which provides technical assistance to support countries in laying the groundwork for sustainable and high-impact

community health care. Together, these initiatives have directly supported over 68,000 community health workers and strengthened the systems that enable more than 430,000 community health workers to operate effectively across 22 countries. This country-led, systems-first approach is enabled by collaboration with partners such as the Skoll Foundation, Johnson & Johnson Foundation and Merck Sharp & Dohme LLC.

The Global Fund is also advancing maternal, newborn and child health through the Takeda Initiative 2. Active since 2020 in Nigeria, Kenya and Tanzania, the initiative has delivered comprehensive, high-quality care to 1.5 million mothers, integrating pregnancy care with HIV, TB and malaria services, focusing on equity and long-term sustainability.

Philanthropic and private sector partners are also helping to make innovation less risky – supporting early-stage solutions that prove feasibility, demonstrate value and unlock public funding for scale. From dual AI insecticide-treated mosquito nets to long-acting PrEP to the promising TB vaccine pipeline, private sector investments are helping shorten the path from idea to impact. In each of these innovations, key partners are joining forces with the Global Fund to ensure lifesaving technologies reach the people who need them most.

19. Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Liberia, Mali, Senegal and Zambia.

Fanose Hirreno

Health Extension Worker, Ethiopia

Fanose Hirreno has been a health extension worker in the Koka region of Ethiopia for 18 years. She spends three days a week providing door-to-door care and two days supporting patients at her local community health post.

Launched in 2003, Ethiopia's now world-renowned Health Extension Program includes 40,000 health extension workers who deliver lifesaving primary care – educating communities, preventing and testing for HIV, TB and malaria, supporting treatment, and referring patients when needed – across the entire country.

The vast majority of health extension workers across Ethiopia are women.

Women are more likely to open up to female health workers, which leads to better communication, greater access to services and improved health outcomes for both mothers and children.

Fanose says she takes pride in helping mothers make informed choices about their own health, their children's health, and disease prevention. She says that when she began her work nearly two decades ago, many women were hesitant to accept services. But with outreach and trust-building, she has witnessed a shift: Today, mothers actively seek care, ask about preventive medicines and take more ownership of their health.

"You can't deny this progress," she says. "It makes you happy. This is a change that is clearly visible."

In partnership with the Ministry of Health and other stakeholders, Global Fund investments have helped equip health extension workers with essential commodities, digital tools as well as training and skills-building programs to provide additional services, including improving family health.

A child born in Ethiopia today is almost three times more likely to survive past their fifth birthday than a child born in 2000. That's thanks in large part to a 71% reduction in under-5 deaths from AIDS, TB and malaria – and to health extension workers like Fanose.



The Global Fund/Brian Otieno



In 2024, Germany signed an agreement with Indonesia to convert €75 million of the country's debt into public health investments.

The Global Fund/Vincent Becker

Supporting financial sustainability and domestic resource mobilization

The Global Fund is actively navigating the profound changes reshaping the global health funding landscape. We are making a strong case for why continued international and domestic investments in health are more critical than ever to end AIDS, TB and malaria. Transitioning from external financing is essential, but it is a pathway that must be gradual, intentional and tailored to each individual country context. The Global Fund has been supporting countries to navigate this transition responsibly, through our revised policies, an evolved approach to co-financing, deeper investments in public financial management, and stronger domestic financing advocacy. Since 2002, 52 HIV, TB and malaria disease programs across 38 countries have transitioned from the Global Fund.

Preparing for responsible transitions through the revised Sustainability, Transition & Co-Financing policy

The Global Fund firmly supports the principle that countries must become self-reliant in financing and managing HIV, TB and malaria programs over time. As a condition of receiving funding, we require countries to commit to improving domestic financing for the three diseases, and we work proactively with countries to support responsible, gradual transitions from external financing. We also recognize that the continued health and economic consequences of AIDS, TB and malaria remain high in many countries, particularly lower-income and higher-burden countries. An abrupt withdrawal of

external support could lead to the reversal of hard-won gains, particularly in these countries.

In 2024, we revised our Sustainability, Transition & Cofinancing (STC) policy, strengthening the co-financing requirements, introducing mechanisms to more effectively support predictable transitions from Global Fund financing, re-enforcing our approaches to support alignment with national systems, and broadening the focus on transition and sustainability planning across the entire Global Fund portfolio. The revised STC policy will support the establishment of clearer transition timelines in a sub-set of countries, ensuring they have a realistic trajectory for assuming full ownership of their national response. It will also lead to more specific co-financing commitments focused on financing key programmatic interventions, critical to maintaining impact and reducing dependencies on external funding.

Sustainability

The Global Fund is more focused than ever on sustainability, including supporting countries to strengthen sustainable financing. We consider sustainability through a two-part approach: reducing the burden of HIV, TB and malaria through smart interventions that maximize impact, while also supporting countries to strengthen the systems, policies and financing needed to fully lead their own health responses. Across HIV, TB and malaria, this strategy is working: For HIV, we are supporting countries nearing the UNAIDS 95-95-

95 targets²⁰ to use tools like long-acting PrEP to curb new infections. For TB, we are leveraging private sector partnerships and alternative financing to close persistent funding gaps. For malaria, our approach supports elimination in countries like Indonesia and intensifies support for low-income, high-burden countries in West and Central Africa, where climate change and conflict complicate sustainability efforts.

To promote sustainability and improve health outcomes in countries where we invest, we integrate our public financial management (PFM) strategy into the health sector. Effective PFM ensures that resources are efficiently coordinated, managed and used for maximum impact. It also plays a critical role in fostering integration and building resilient and sustainable health systems. The Global Fund collaborates closely with the ministries of finance and health in partner countries to advance PFM maturity and strengthen country ownership. We continue to scale up our investments to support countries to enhance PFM for health – improving financial control, transparency and value for money across both external and domestic resources, including co-financing commitments.

Maintaining the momentum we have built is critical. Our ongoing investments to enhance PFM, combined with market-shaping efforts that improve access to quality-assured health products and reduce the cost of innovative solutions, help ensure countries can progressively take full leadership of their national health responses. By sustaining and scaling these efforts, we can drive long-term impact and build health systems capable of meeting future challenges independently.

To maximize impact, our market-shaping efforts accelerate access to quality-assured health products and bring down the cost of innovative products and approaches, gradually supporting countries to assume full leadership of national responses. This also paves the way for groundbreaking innovations to reach those who need them most, especially the most vulnerable. As a result, more people get the lifesaving treatments they need to stay healthy. For example, our efforts have contributed to reducing the price of a key HIV drug (TLD), from US\$75 per patient per year in 2018 to about US\$35 by mid-2025.

We partner with the African Union and the Regional Economic Communities to support member states to prioritize and strengthen policy and programmatic reforms that would help them achieve the progressive targets set in the African Leadership Meeting Declaration on Domestic Health Financing. Pivotal to this

support is the facilitation of national health financing dialogues and post-dialogue priority planning in line with countries' goals, and in broader partnership with WHO, the World Bank, Gavi, the private sector and other donor partners.

In 2024, we facilitated robust health financing dialogues in countries such as Burundi, Tanzania and Zimbabwe – aligning government, donor and civil society voices around the common goal of increased public investment in health. These dialogues are a cornerstone of our domestic financing and sustainability/transition approach, supporting countries to build the political will to fund and sustain their health systems.

The broad aim of these dialogues is to create a platform for inclusive country-led discussions on domestic health financing, which raises the profile of health financing on the political agenda. The dialogues have led to high-level political commitments to domestic resource mobilization for health and accelerated implementation of health financing reforms. For example, national commitments arising from the health financing dialogue in Burundi included legislation of compulsory health insurance to accelerate progress toward UHC and increasing the proportion of the government budget allocated to health. Key commitments from the health financing dialogue in Tanzania included using country expertise to increase financial resources to fund the implementation of UHC and developing an implementation strategy for universal health insurance.

Co-financing

Our co-financing approach incentivizes better, more targeted, additional domestic resources – ensuring that Global Fund resources catalyze improvements in domestic financing.

The co-financing requirements in the revised STC policy call for countries to progressively finance and take up specific program costs and programmatic interventions, such as antiretroviral drugs or services for key and vulnerable populations. This further strengthens national ownership and the financial sustainability of the national responses, particularly for those interventions dependent on Global Fund financing. A minimum of 15% – and up to 30% in some countries – of Global Fund allocations are subject to these co-financing requirements. In the current grant cycle, we have seen co-financing commitments from countries increase by approximately 20% compared to the last cycle baseline – this is in line with expectations and a clear reflection that many countries are committing to improved domestic financing and taking more ownership of their national responses.

20. UNAIDS 95-95-95 targets: where 95% of people living with HIV know their status, 95% of those who know their status are on treatment and 95% of those on treatment achieve viral suppression.

Transition

The Global Fund is supporting advanced transition planning to support countries to gradually shift away from external financing. As low- and middle-income countries grow economically, they can increase spending on health, progressively moving away from donor financing toward domestically funded health systems.

In addition, countries that receive Global Fund grant funding are also becoming donors to the partnership. For instance, Indonesia's dual role – as both implementing partner and donor – is a powerful example of how long-term multilateral investments can reinforce national leadership.

Malaysia's transition: A strategic shift to domestic ownership

Malaysia exemplifies responsible transition from Global Fund support and demonstrates how transition is a strategic shift in the financing and delivery of services. The Malaysian government has committed to fully finance its HIV response by 2028 and is now funding over 60 nongovernmental organizations through domestic financing. This includes civil society organizations that were previously supported by the Global Fund, particularly through the Malaysian AIDS Council with support from the Malaysian AIDS Foundation, which serve as central coordination bodies for HIV outreach and service delivery among key populations.

Global Fund investments were used catalytically to test and scale domestic models, including the Klinik Kesihatan Smart Partnership and the Differentiated HIV Services for Key Populations program, which have enabled greater integration of HIV services into the national primary health care system. These efforts have been accompanied by growing domestic financing and meaningful private sector engagement, ensuring more sustainable service delivery mechanisms.

Malaysia's approach reflects the core principles of the STC policy: early planning, national ownership and co-financing. Malaysia's approach also demonstrates how countries can proactively prepare for transition without disruption to services. Importantly, transition does not mark the end of the Global Fund partnership with Malaysia. Rather, it opens a new phase focused on shared learning and regional collaboration. Malaysia is now positioned to support other countries navigating similar contexts.

The Global Fund is supporting structured and forward-looking transition planning in many countries, including in Asia. Working closely with national governments, Country Coordinating Mechanisms and partners, these efforts aim to ensure continued access to HIV, TB and malaria services while supporting long-term domestic financing and integration.

For example, in the Philippines, work with the Department of Health, PhilHealth, the Department of Finance and local governments is mapping service delivery and financing pathways and exploring performance-based models to support integration under UHC reforms. In Indonesia, transition planning is led by the Ministry of Health and aligned with national health insurance (JKN), and includes collaboration with international development banks and one of the largest Global Fund-facilitated Debt2Health agreements to date.

In additional portfolios, early planning is supporting efforts to safeguard service continuity and anticipate shifts in funding. Across diverse contexts and building on previous transition planning efforts, the Global Fund applies a tailored methodology, investment analysis and identification of domestic pathways to support countries in the transition process and the journey toward stronger self-reliance.

How the Global Fund model turns every dollar into impact

Equally important to achieving our vision of a world free of the burden of AIDS, TB and malaria is how we invest our resources and how we conduct our business. The Global Fund partnership is powered by the pursuit of equity and the belief that no one should die from preventable and treatable diseases. Aligned with the Lusaka Agenda, the programs we fund are country-led and country-owned, which means countries take the lead in tailoring their response based on their local contexts. Our model is anchored by partnership, making us a global movement of civil society, governments, private sector partners, technical partners and communities affected by the three diseases in more than 100 countries.

Global Fund financing

Since our inception in 2002, the Global Fund has disbursed US\$69.9 billion²¹ to support programs run by local experts in more than 100 countries to fight AIDS, TB and malaria and strengthen health and community systems that underpin any pandemic response. In 2024, the Global Fund disbursed US\$4.8 billion.

21. As of 30 June 2025.

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. The Global Fund fundraises in three-year cycles known as Replenishments, where our donors pledge the resources needed to fund the fight against AIDS, TB and malaria, strengthen health and community systems and bolster pandemic preparedness.

In the current grant cycle, 50% of our funding is allocated to governments, 36% of our funding goes to multilateral agencies and international nongovernmental organizations, and 14% goes to other local, in-country organizations.

Commitment to transparency

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. This is an increase of more than 10 points since the last review in 2022.

As part of our ongoing efforts to sustain and improve transparency our Data Explorer platform provides up-to-date, free and open access to the Global Fund’s data. In 2024, we focused on making detailed documents and data about the performance of our investments easier to find and navigate on the platform.

The Office of the Inspector General (OIG), established in 2005 as an independent entity reporting directly to the Board, safeguards the assets, investments, reputation and sustainability of the Global Fund. Through audits, investigations and advisory work, the OIG promotes good practice, enhances risk management and reports fully and transparently on abuse.

Ethical conduct

The Global Fund has a strict zero-tolerance policy toward any form of abuse. Within the Secretariat, the Ethics Office not only supports ethics-related matters to the Global Fund’s employees, but also offers support on matters related to grant implementers, suppliers, Local Fund Agents and Country Coordinating Mechanisms. It also provides support in relation to the Board, Committees and advisory bodies. Within the Global Fund Board, the Ethics and Governance Committee ensures that the Global Fund and our stakeholders adhere to appropriate standards of ethical behavior.

Evaluation and learning

In 2024, the Evaluation & Learning Office (ELO) published its first two evaluations under the oversight of the Independent Evaluation Panel (IEP). The first was the Board-requested Independent Evaluation of the Global Fund Allocation Methodology. The findings from this evaluation have informed the Board-level discussions for the next allocation methodology for GC8. The second evaluation was the End-term Strategic Review (2017-2022). The findings and recommendations of this evaluation are being used to prioritize areas of continued focus for the current Strategy and highlight key considerations for the Eighth Replenishment.

In late 2024, ELO also launched two new evaluations – one focused on HIV prevention and the other on the integration of gender approaches in HIV, TB and malaria programs – with findings expected in early 2026.

Operating expenses

The Global Fund has continued to proactively monitor operating expenses while enabling the implementation of our priority projects in support of the 2023-2028 Strategy. When measured at budget rate, the 2024 operating expenditure was US\$340.6 million, US\$1.6 million below the approved budget and representing 99.5% of budget utilization – illustrating an optimal utilization of operating expenditure.

The Global Fund consistently maintains one of the lowest – if not the lowest – operating cost ratio in the global health sector. In GC7, our operating expenses represent around 6% of our total announced pledges from donors. Full financial data is available in our Annual Financial Report. ●



Ethiopia

Case Study

A community-driven revolution against disease

Twenty years ago, Ethiopia's health system was under-resourced and under pressure, facing critical workforce and infrastructure gaps. The country grappled with a heavy burden of infectious diseases – including HIV, TB and malaria – and elevated maternal and child mortality rates. A substantial portion of the population lacked access to essential primary health care services.

As part of a comprehensive strategy to tackle these challenges, the government of Ethiopia launched the Health Extension Program in 2003. The program focused on training and deploying over 40,000 salaried health extension workers – primarily women – who deliver lifesaving services that prevent disease, improve maternal and child health, and treat common illnesses directly within communities.

Domestic financing has been crucial, covering core costs such as salaries, training and health post operations, reflecting strong national ownership. This commitment has been complemented by donor support, including from the Global Fund.

Investments from the Global Fund have helped equip health extension workers with essential commodities such as medications, diagnostic tools, insecticide-treated nets and other vital supplies.

Global Fund catalytic funding through initiatives like the Africa Frontline First Catalytic Fund and the Digital Health Impact Accelerator have also played a key role. These funds have supported the deployment of digital tools that simplify data collection and enable real-time reporting, as well as flexible training programs that update health extension workers' skills to meet evolving health challenges. These investments help keep health extension workers connected to the national health system, enhancing supervision and resource allocation.

Ethiopia's Health Extension Worker program has been central to dramatic health improvements over the past two decades. Its large scale, strong government ownership and sustainable integration into the national health system make it a global benchmark for effective community-based primary health care.

Health extension worker Aberu Birbirsu visits Medihenit Arega Angasu, who is eight months pregnant, at her home in Koka, Ethiopia. Aberu has closely monitored Medihenit throughout her pregnancy.

The Global Fund/Brian Otieno



Note on Methodology



At Maluku General Reference Hospital in Maluku, Democratic Republic of the Congo, 11-year-old Kiama shows fever symptoms and hasn't eaten in two days. After measurements are taken, a blood test confirms that he has malaria.

The Global Fund/Vincent Becker

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 AIDS, 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 results²² 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 2025 presents selected programmatic results (e.g., people on antiretroviral therapy, people treated for TB, mosquito nets distributed) achieved by supported programs in 2024. The programmatic results are also available for 2024 and previous years in a web annex on the Global Fund Data Explorer and for 2024 in an interactive report. The programmatic results are reported routinely to the Global Fund by the supported programs. The data collected by our technical partners²³ are also used for crosschecking and triangulation and for furnishing national data for selected services²⁴ to align with the Global Fund partnership's approach to results reporting.²⁵ 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 2025 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, 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 databases²⁶ of our technical partners, including WHO and UNAIDS.²⁷ 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 2024; in the case of TB and malaria, the 2024 TB and malaria burden estimates from WHO are not yet available at the time of publication, so we used the 2023 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 and reductions in primary care utilization and associated cost-savings generated by 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. ●

22. While national results are primarily used, in certain cases, subnational results were reported against subnational targets as specified in the Performance Frameworks.

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. People on antiretroviral therapy for HIV, women 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.

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

26. 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>).

27. Global AIDS Update 2025 (<https://www.unaids.org/en/UNAIDS-global-AIDS-update-2025>); Global Tuberculosis Report 2024 (<https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2024>); World Malaria Report 2024 (<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2024>).

1HP, 3HP, 3RH

Cost-effective, short-course TB preventive treatments.

ADB

Asian Development Bank.

Africa CDC

Africa Centres for Disease Control and Prevention.

AI

Artificial intelligence.

AMR

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

Antiretroviral therapy

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

BPaL/M

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 has been supporting countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and initiates urgent improvements in health and community systems.

CEBS

Community event-based surveillance.

CIFF

Children's Investment Fund Foundation.

COEs

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

D2H

Debt2Health: An innovative financing mechanism designed to increase domestic financing in health by converting debt repayments into investments in public health.

DTG

Dolutegravir: A WHO-recommended first-line drug to treat HIV.

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.

eLMIS

Electronic logistics management information system.

GC7, GC8

Grant Cycle 7 (2024-2026); Grant Cycle 8 (2026-2028).

Gavi

Gavi, the Vaccine Alliance.

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.

lenacapavir

A new class of antiretroviral medicine that has shown high levels of efficacy in preventing new HIV infections.

MMV

Medicines for Malaria Venture.

mpox

A disease caused by a virus that is related to smallpox. Since 2022 mpox has spread globally, with cases reported from countries without previously documented mpox transmission.

OIG

Office of the Inspector General.

pALD

A pediatric product that combines abacavir, lamivudine and dolutegravir into one dispersible tablet, simplifying treatment for children living with HIV.

PEP

Post-exposure prophylaxis: The use of antiretroviral medicines after a possible exposure to HIV to prevent HIV infection.

PEPFAR

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

PFM

Public financial management is part of the solution to enable integration and sustainable health systems strengthening. It ensures that resources are efficiently coordinated, managed and used to achieve impact and improved health outcomes.

Plasmodium falciparum

This is the deadliest species of Plasmodium that causes malaria in humans.

PMI

U.S. President's Malaria Initiative.

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 Mekong region.

RDTs

Rapid diagnostic tests.

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.

STC policy

The Global Fund's Sustainability, Transition & Co-Financing policy guides the Global Fund's work on sustainability, transition and domestic financing.

TLD

Tenofovir disoproxil fumarate/lamivudine/dolutegravir: A fixed-dose antiretroviral drug combination used for the treatment of HIV.

Triple elimination

The elimination of mother-to-child (or vertical) transmission of HIV, syphilis and hepatitis B.

UHC

Universal health coverage means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

UNAIDS

Joint United Nations Programme on HIV/AIDS.

USAID

U.S. Agency for International Development.

WHO

World Health Organization.





Read more about the
Global Fund's impact:

Results Report 2025 →



Community mobilizer Shifawu Abdulkarim with a child who just received a dose of seasonal malaria chemoprevention administered using sulfadoxine-pyrimethamine with amodiaquine (SPAQ), two antimalarial medicines used to prevent the disease among children in areas with high seasonal transmission.

The Global Fund/Andrew Esiebo



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