A Smart Investment
In 2000, AIDS, tuberculosis and malaria appeared to be unstoppable. In many countries, AIDS devastated an entire generation, leaving countless orphans and shattered communities. Malaria killed young children and pregnant women unable to protect themselves from mosquitoes or access lifesaving medicine. Tuberculosis unfairly afflicted the poor, as it had for millennia.

The world fought back. As a partnership of governments, the private sector, civil society, faith-based organizations and people affected by the diseases, the Global Fund pooled the world’s resources to invest strategically in programs to end AIDS, TB and malaria as epidemics. It is working.

The Global Fund partnership mobilizes and invests nearly US$4 billion a year to support programs to fight HIV, tuberculosis and malaria. As of end December 2017, the Global Fund had disbursed US$36.8 billion in more than 140 countries.
How it works

We raise the money

- The Global Fund raises and invests nearly US$4 billion a year to support programs run by local experts in more than 100 countries. The money comes 95 percent from donor governments and 5 percent from the private sector and foundations.

Countries make investment decisions

- A Country Coordinating Mechanism made up of representatives of people whose lives are affected by the three diseases, medical experts, government and civil society meets and develops a plan to fight the diseases in their community.

We review and approve

- An independent panel of experts reviews the plan to determine if it will achieve results. The panel may request changes to the plan. Once finalized, it goes to the Global Fund’s Board for approval.

Local experts implement

- Local experts and partners use grant money to deliver programs. Impact is continuously monitored and evaluated.

Oversight in action


Where the programs are

- 4% Eastern Europe and Central Asia
- 8% North Africa and the Middle East
- 19% Asia and the Pacific
- 4% Latin America and the Caribbean
- 65% Sub-Saharan Africa

Value for Money

Investing in health yields great returns: health improvements drove one-quarter of full income growth in developing countries between 2000 and 2011. The Global Fund partnership leverages economies of scale, innovative public-private approaches and an effective pooled procurement mechanism to provide the best value for money for global health investments. Improvements to Global Fund procurement and supply chains have saved more than US$650 million over four years – money that countries now use to save more lives and improve systems. The Global Fund is consistently rated highly in independent government and multilateral development reviews for exceptional performance, transparency and impact. The Global Fund has zero tolerance for corruption or fraud. Strict controls and monitoring systems are in place to avoid misuse of funds, and an independent Inspector General conducts and publicly publishes audits and investigations. In case of misappropriation of funds, the Global Fund pursues recoveries so that no money is lost to fraud.

Resource Mobilization

Government contributions represent 95 percent of cumulative investment in the Global Fund, with the top contributors being the United States, France, UK, Germany, Japan and the European Commission. As nations move along the development continuum, an increasing number have shifted from being implementers to also acting as investors, such as Benin, Kenya, South Africa and Thailand. At the launch of the Global Fund’s Fifth Replenishment in Montreal, Canada, donors pledged over US$12.9 billion for 2017-2019, demonstrating extraordinary commitment to global health.

The private sector plays a pivotal role in the Global Fund partnership, contributing funding, technical expertise, training, and advocacy. Project Last Mile, for example, is a public-private partnership that leverages the supply chain expertise of The Coca-Cola Company to improve the availability of critical medicines by building the capacity of ministries of health in selected countries in Africa. As of June 2018, private sector partners have contributed over US$2.3 billion, including substantial commitments from the Bill & Melinda Gates Foundation and more than US$500 million generated by PRODUCT(RED), a groundbreaking initiative that works with the world’s biggest brands to raise money for the fight against HIV.
In the past 15 years, the Global Fund and our partners have achieved what was once considered impossible. We have cut the number of HIV-related deaths by more than half, from 1.9 million people at the peak of the crisis to 940,000 in 2017. Eighty percent of HIV-positive mothers now receive treatment to prevent transmission of the virus to their babies, bringing us closer to the goal of a generation born free of HIV. Nearly 22 million people are on lifesaving antiretroviral therapy – half of those with Global Fund support. While it is right to celebrate successes, another 15.2 million people need ARV therapy. Infections are on the rise among vulnerable groups such as adolescent girls and young women and key populations such as men who have sex with men. One out of four people infected with HIV doesn’t know they have it.

**TO FIGHT HIV, KEEP GIRLS IN SCHOOL**

For an adolescent girl, dropping out of school significantly increases the risk that she’ll be infected with HIV. With support from the Keeping Girls in School program, 14-year-old Zulu Siphiwe is determined that this won’t happen to her. The program, run by peer group trainers, provides counselling, HIV prevention education and academic support to more than 61,000 girls like Siphiwe to help them stay healthy and stay in school.
TUBERCULOSIS

Global TB treatment programs averted 53 million deaths between 2000 and 2015, including 10 million HIV-positive people. But despite steady progress, it has not been fast enough. TB killed about 1.7 million people in 2016, including 400,000 people with HIV – surpassing HIV as the deadliest infectious disease globally. Every year, approximately 40 percent of TB cases are “missed” – not diagnosed, treated or reported. This is significant, because one person with active, untreated TB can spread the disease to as many as 15 other people in a year. Drug-resistant TB is part of the growing challenge of antimicrobial-resistant superbugs that do not respond to first-line medications, resulting in fewer treatment options and increasing mortality rates. In response, the Global Fund supports the rapid scale-up of new tools and technologies to support countries to increase their capacity to diagnose and treat cases of TB.

TREATING TB IN CONFLICT ZONES

In refugee situations, stopping diseases from spreading not only protects already weakened refugees from falling ill, but also frees up critical resources to provide other services. Suffering from TB and having run out of medicine, 12-year-old Abd Al Gader escaped the war in Syria with his family and arrived at the Zaatari refugee camp in Jordan. In Zaatari, the family settled into a temporary shelter and Abd Al Gader resumed his TB treatment at the camp’s clinic. Today, he is cured of the disease.


MALARIA

The fight against malaria is one of the biggest public health success of the 21st century. The number of deaths caused by malaria declined 50 percent in the countries where the Global Fund invests; among children under 5, malaria deaths have dropped nearly 60 percent. But in recent years, global investment has plateaued and progress has stalled.

To safeguard progress made and avoid a resurgence of the disease, the Global Fund is working with partners including Unitaid, WHO, and Gavi, the Vaccine Alliance, on innovative approaches such as new mosquito nets to combat insecticide resistance and the pilot introduction of a new malaria vaccine. We implement a comprehensive approach that combines education about symptoms, prevention and treatment; prevention through use of mosquito nets, spraying structures with insecticide and preventive treatment for children and pregnant women; diagnosis; and treatment.

PROTECTING CHILDREN FROM MALARIA

Children under 5 are the most vulnerable to malaria. The Global Fund encourages using a comprehensive approach that combines education, prevention, diagnosis and treatment to protect them. In Niger, the Global Fund’s investments in integrated health care systems and malaria prevention programs have led to a significant decline in malaria cases in children under 5, which is contributing to a steep decline in child mortality.

### Trends in Malaria Deaths (2000-2015) in Global Fund-supported Countries

<table>
<thead>
<tr>
<th>Year</th>
<th>Malaria Deaths (Million)</th>
<th>Disbursement Malaria (US$ Billion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1.5</td>
<td>0</td>
</tr>
<tr>
<td>2001</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>2002</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>2003</td>
<td>0.5</td>
<td>1.5</td>
</tr>
<tr>
<td>2004</td>
<td>0.5</td>
<td>2.0</td>
</tr>
<tr>
<td>2005</td>
<td>0.5</td>
<td>2.5</td>
</tr>
<tr>
<td>2006</td>
<td>0.5</td>
<td>3.0</td>
</tr>
<tr>
<td>2007</td>
<td>0.5</td>
<td>3.5</td>
</tr>
<tr>
<td>2008</td>
<td>0.5</td>
<td>4.0</td>
</tr>
<tr>
<td>2009</td>
<td>0.5</td>
<td>4.5</td>
</tr>
<tr>
<td>2010</td>
<td>0.5</td>
<td>5.0</td>
</tr>
<tr>
<td>2011</td>
<td>0.5</td>
<td>5.5</td>
</tr>
<tr>
<td>2012</td>
<td>0.5</td>
<td>6.0</td>
</tr>
<tr>
<td>2013</td>
<td>0.5</td>
<td>6.5</td>
</tr>
<tr>
<td>2014</td>
<td>0.5</td>
<td>7.0</td>
</tr>
<tr>
<td>2015</td>
<td>0.5</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Source: Malaria burden estimates from WHO Global Malaria Program, 2016 release
Stronger Health Systems

Robust health systems are not only essential to ending HIV, TB and malaria as epidemics, but they yield broader outcomes, delivering health care in a sustainable, equitable and effective way. The Global Fund invests in areas that are critical for stronger health systems, including community health workers, laboratories, data management and supply chains. The Global Fund increasingly provides HIV, TB and malaria prevention and treatment programs through community service delivery points that provide a variety of services, improving overall health outcomes and resulting in a more cost-effective, efficient and person-centered approach.

Global Health Security

Resilient and sustainable systems for health also guard against outbreaks that threaten our global health security. Weak systems for health can be costly – and fatal – as the 2015 Ebola outbreak in West Africa showed. The Global Fund is also investing more to fight antimicrobial resistance – emerging superbugs that can resist even the most powerful antibiotics and medical treatments, threatening to destroy years of health progress. As the world faces a growing refugee and migration crisis, we are investing to ensure people have access to health care, no matter where they go. One-quarter of our investments are in challenging operating environments – countries or regions that experience disease outbreaks, natural disasters, armed conflicts or weak governance.

Breaking Down Barriers to Health

Too often, the people most vulnerable to disease are the same people who don't have access to health care because of stigma, gender inequality or discrimination. The Global Fund supports countries to identify and remove human rights- and gender-related obstacles to health care so everyone can access the health services they need. Gender inequality is also a major driver of disease, particularly HIV; over 1,000 young women and girls are infected with HIV every day, a rate that is disproportionately higher than among their male peers. Together with partners, the Global Fund has set a bold target to reduce the number of new HIV infections among adolescent girls and young women by 58 percent in 13 African countries over the next five years. We also make sure that key populations such as people affected by HIV, TB or malaria, men who have sex with men, migrants and refugees, sex workers and prisoners have a voice in Global Fund governance – through representation on our Board, and on Country Coordinating Mechanisms (the national committees that design and monitor Global Fund-supported programs).

Transition, Sustainability and Domestic Financing

Ultimately, ending these epidemics will only be achieved with sustainable health systems that are fully funded by countries through their own domestic resources. As part of our sustainability, transition and co-financing policy, the Global Fund provides transition funding and program support to countries as they shift from Global Fund grants toward full domestic funding for health programs. The Global Fund's co-financing requirements have spurred countries to commit an additional US$6 billion to their health programs for 2015-2017. The Global Fund also works closely with partners to develop alternative funding mechanisms such as impact investing, country-led health trust funds, social impact and health bonds, concessional financing, and Debt2Health – a debt swap to raise funds for health.

MORE THAN 1/3 OF INVESTMENTS GO TO BUILDING RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

ELIMINATING MALARIA IN THE MEKONG

The emergence of drug-resistant malaria in the Greater Mekong threatens a devastating setback for the region and a major shock to health security if it goes global. In response, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) in 2013. RAI has supported Cambodia, Laos, Myanmar, Thailand and Viet Nam to purchase and distribute commodities such as insecticide-treated nets, rapid diagnostic tests that don’t require a laboratory or medical expertise, and quality-assured drugs, which together yielded a sharp drop in malaria deaths. RAI also strengthens health systems through significant investment in health information systems, provision of integrated health services, support for national health strategies and efficient supply chains.

© The Global Fund / John Rae
The Sustainable Development Goals

The UN Sustainable Development Goals are ambitious, global and interconnected.

The Global Fund’s mission to end AIDS, TB and malaria as epidemics is aligned with Goal 3: Ensure healthy lives and promote well-being. But achieving health and well-being cannot be separated from ending poverty (Goal 1) and hunger (Goal 2), ensuring education (Goal 4) and ending the gender discrimination that fuels the diseases, especially HIV (Goal 5). Progress in each of these foundational goals accelerates impact in all of the others. To prevent millions of avoidable deaths each year from both infectious and non-communicable disease, the Global Fund also contributes to the goal of universal health coverage. Achieving the SDGs requires an integrated approach between many partners – from international agencies to national ministries and local community groups. The Global Fund contributes to the achievement of the SDGs by focusing on the following:

**GOAL 1**
No Poverty
Alleviating the financial burden created by HIV, TB and malaria frees up resources that governments and families can use for other needs.

**GOAL 3**
Good Health and Well-being
Preventing, testing and treating HIV, TB and malaria and strengthening systems for health lead to greater overall health outcomes.

**GOAL 5**
Gender Equality
Empowering women and girls, increasing their access to health care, and reducing gender-based violence reduces their risk of contracting HIV and contributes to greater gender equality.

**GOAL 10**
Reduced Inequalities
Global Fund invests in countries with the highest disease burden and the lowest ability to pay, and supports key populations disproportionately affected by HIV, TB and malaria.

**GOAL 16**
Peace, Justice and Strong Institutions
The Global Fund partnership supports inclusive, multi-stakeholder engagement and strengthens the capacity of civil society groups to hold governments accountable.

**GOAL 17**
Partnerships for the Goals
The Global Fund, a partnership of governments, civil society, the private sector and people affected by the diseases, is a successful model for the new SDG era of shared responsibility and mutual accountability to achieve global goals.