

# **The Global Fund in Arab and Islamic Countries**



Since its creation in 2002, the Global Fund partnership has invested approximately US\$24 billion in fighting HIV, tuberculosis (TB) and malaria and strengthening health and community systems in member states of the Organization of Islamic Cooperation (OIC). This includes more than US\$2 billion in Arab League member states.

With the support of OIC and Arab League donors, we have worked with governments, the private sector, private philanthropy, technical partners, communities and civil society to save 23 million lives across OIC countries, including over 738,000 in Arab League member states.

Our impact extends far beyond HIV, TB and malaria. We are the world's largest multilateral provider of grants for health and community systems, investing US\$6.1 billion between 2024 and 2026 to strengthen the infrastructure that underpins effective, quality, accessible care. These investments not only deliver gains in the fight against HIV, TB and malaria, but also improve countries' ability to prevent and respond to emerging infectious disease threats – reinforcing the foundations of global health security. Strong and sustainable health and community systems contribute to wider stability and economic progress in OIC countries and across regions.

Since 2002,  
22 OIC countries have  
committed approximately  
**US\$514 million**  
to the Global Fund.

**Kuwait, Nigeria, Qatar,  
Saudi Arabia, and the  
United Arab Emirates are  
the leading donors  
to date.**

## **A changing, challenging global health landscape**

The OIC spans countries with vastly different contexts: Some face among the world's highest burdens of HIV, TB and malaria, while others are on the cusp of eliminating these diseases or transitioning away from Global Fund support. Some have increasingly strong, resilient health systems, while others have systems that are stretched to their limit. Across all the OIC states we invest in, the Global Fund stands with communities to fight AIDS, TB and malaria, strengthen health systems, protect the most vulnerable, and support a healthier, safer and more prosperous future for all.

In many OIC countries, hard-won gains in global health are at risk. Conflict, displacement, economic instability and extreme weather events are fueling the spread of disease and straining already fragile health systems. Sharp reductions in international funding are making response efforts even more challenging. Responding to these converging global crises requires continued leadership and investment from the international community in order to protect families and communities, save lives, and end AIDS, TB and malaria.

The need remains urgent. Although the number of people who die each year from AIDS, TB and malaria in OIC countries has fallen significantly – from over 1.45 million people in 2002 to under 950,000 in 2023 – this is still far too many deaths for diseases that are preventable and treatable. These losses devastate families, destabilize communities and countries, and hold back economic development.

Despite the gains achieved in many places, progress is uneven. HIV incidence is down by two-thirds across the OIC compared to 2002; yet in some Arab League countries, new HIV infections have risen sharply in recent years. TB incidence has also declined across the OIC as a whole, but rates remain high in some countries, including Indonesia, Mozambique and Sierra Leone. Worryingly, malaria is resurging in several OIC states, fueled by extreme weather events, the expansion of invasive mosquito species, and growing drug and insecticide resistance. Djibouti, Pakistan, Somalia and Sudan have all experienced steep increases in malaria over the past decade.

Communities in conflict zones and disaster-hit areas are particularly vulnerable to HIV, TB and malaria and the health impacts of

<sup>1</sup> The Global Fund has invested in 51 of the 57 member states of the OIC: Afghanistan, Albania, Algeria, Azerbaijan, Bangladesh, Benin, Brunei Darussalam, Burkina Faso, Cameroon, Chad, Comoros, Cote d'Ivoire, Djibouti, Egypt, Gabon, Gambia, Guinea, Guinea-Bissau, Guyana, Indonesia, Iran, Iraq, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Libya, Malaysia, Maldives, Mali, Mauritania, Morocco, Mozambique, Niger, Nigeria, Pakistan, Palestine, Senegal, Sierra Leone, Somalia, Sudan, Suriname, Syria, Tajikistan, Togo, Tunisia, Türkiye, Turkmenistan, Uganda, Uzbekistan.

<sup>2</sup> The Global Fund has invested in 16 of the 22 member states of the Arab League: Algeria, Comoros, Djibouti, Egypt, Iraq, Jordan, Lebanon, Mauritania, Morocco, Libya, Palestine, Somalia, Sudan, Syria, Tunisia, Yemen.

overwhelmed health systems. In these places, people living with the diseases are often unable to access treatment, which can put the people around them at risk of infection. In Sudan and Yemen, community health workers supported by the Global Fund are often the only lifeline in areas where formal systems have collapsed. In Mozambique and Pakistan, the Global Fund provided emergency funding after floods triggered spikes in malaria, destroyed health infrastructure, and disrupted testing and treatment for HIV, TB and malaria. In Iraq and Syria, the Global Fund is supporting efforts to rebuild and strengthen health systems weakened by years of conflict and instability.

## Country-driven responses

In today's volatile and challenging context, the strengths of the Global Fund's model stand out: It is country-led, partnership-based and built for impact. National governments, civil society and communities lead decision-making and program delivery, ensuring that responses reflect each country's political, cultural and epidemiological realities.

Through our global partnership, countries gain access to the scale and purchasing power of the Global Fund, lowering the cost and expanding the availability of lifesaving medicines, diagnostics and health innovations. Funding is allocated according to disease burden and economic capacity, prioritizing those with the greatest needs.

There is no one-size-fits-all approach. Each OIC and Arab League country has a unique relationship with the Global Fund, often shaped over decades. In most cases, grants are implemented by governments, typically through ministries of health.

Where capacity is limited, we work with trusted partners such as United Nations agencies, including the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and the International Organization for Migration (IOM), to deliver results.

Where possible, we also work with local non-governmental organizations or other organizations that are contributing to national or community health programs. In some cases, we fund grants designed to cover the needs of multiple countries at once – for example through the Middle East Response Initiative, which

supports Iraq, Jordan, Lebanon, Libya, Palestine, Syria and Yemen, focusing on refugees, internally displaced people, women and children.

All Global Fund investments in OIC and Arab League countries are tailored to the local context, covering diverse interventions – from treatment, prevention and case finding to training health workers, strengthening supply chains, building digital infrastructure and deploying new innovations. The fight against HIV, TB and malaria is the entry point through which we strengthen health systems, bolster pandemic preparedness and advance universal health coverage.

By ensuring that resources are directed to where they are most needed and by funding programs tailored to the specific needs of the communities most at risk, we deliver greater impact for every dollar.

## Global Fund allocations 2023-2025

### OIC



**38** OIC countries  
received allocations

**US\$5.4billion** allocated<sup>3</sup>

Three largest allocations:

**Nigeria** US\$933 million

**Mozambique** US\$770 million

**Uganda** US\$587 million

### Arab League



**11** Arab League countries  
received allocations

**\$US368 million** allocated

Three largest allocations:

**Sudan** US\$151 million

**Middle East Response**<sup>4</sup> US\$54 million

**Mauritania** US\$21 million

<sup>3</sup> Does not include multicountry grants, which are granted to multiple countries across a region for targeted programs.

<sup>4</sup> Multicountry Middle East grant applied to Jordan, Lebanon, Syria and Yemen since 2017; Iraq since 2019; Palestine since 2022; Libya since 2025.



## Impact across Arab and Islamic countries

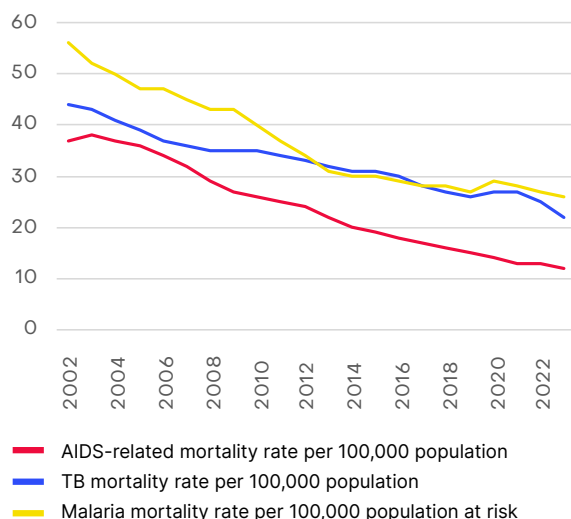
In 2023, across OIC countries supported by the Global Fund:

**75%** of people living with HIV were on lifesaving antiretroviral therapy (1% in 2002).

**74%** of people diagnosed with TB received treatment (25% in 2002).

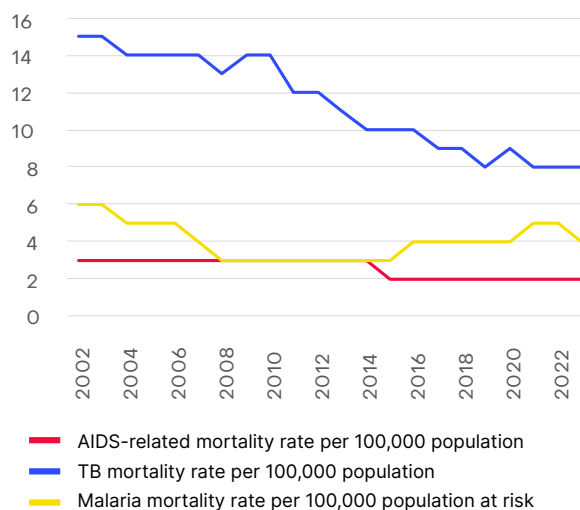
**92%** of people with suspected malaria were tested (24% in 2002).

**Trends in mortality in OIC region**



Source: UNAIDS 2024 release, WHO Global Tuberculosis Report 2024, WHO World Malaria Report 2024

**Trends in mortality in Arab League region**



Source: UNAIDS 2024 release, WHO Global Tuberculosis Report 2024, WHO World Malaria Report 2024

## Delivering results in the fight against AIDS



A community mediator raises awareness of HIV among women at the Mother and Child Centre in Diffa, southeast Niger. Key objectives of the Global Fund's HIV investments in Niger include preventing mother-to-child HIV transmission, increasing antiretroviral therapy coverage for pregnant women living with HIV and expanding early HIV testing for children.

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In OIC countries where the Global Fund invests, AIDS-related deaths fell by 35% between 2002 and 2023. As of 2023, in those countries, 78% of people living with HIV knew their status (up from 56% in 2015), and over 7 million people were on lifesaving treatment. This means that

75% of people living with HIV were on treatment, compared to just 1% in 2002; 68% had achieved viral suppression and could no longer transmit HIV. In the same year, almost 3 million people at high risk for HIV were reached with prevention programs across OIC countries.

The OIC includes countries with some of the world's heaviest HIV burdens, such as Mozambique and Nigeria. In others, HIV is concentrated among key populations, with overall prevalence remaining low. However, without targeted prevention and treatment, there is a risk of these epidemics expanding – threatening lives and placing a far greater strain on health systems. Responding to each country's needs, the Global Fund supports increased access to prevention options, including more effective, diverse and user-preferred options for preventing new HIV infections. We invest in tackling barriers to HIV services, expanding discrete, community-led testing, tailoring care for people

living with HIV and expanding access to better tolerated treatments. We have also secured significant price reductions for preferred HIV treatments.

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 OIC countries where the Global Fund invests, 71% of pregnant women living with HIV received antiretroviral treatment in 2023 – a significant increase from 29% in 2010 – protecting their health and preventing transmission of HIV to their infants.

## Driving progress to end TB



A nurse checks a patient's temperature while recording her vital signs before she sees a doctor at the Global Fund-supported Puskesmas Pakusari health center in Jember, East Java, Indonesia.  
The Global Fund/Vincent Becker

In countries where the Global Fund invests, TB deaths declined by 39% between 2002 and 2023; without these efforts, deaths would have risen by 134%. Across Global Fund-supported countries in the OIC in 2023, 2.5 million people were treated for TB, 33,000 people were on treatment for drug-resistant TB and almost a million people exposed to TB received preventive therapy.

Despite this progress, TB remains one of the world's deadliest infectious diseases, claiming 1.25 million lives in 2023 – including over 350,000 in OIC countries and more than 21,000 in Arab League member states.

To fight TB, we focus on people at highest risk – including children, pregnant women, people living with HIV, displaced people and those in conflict zones. We fund programs that find and

treat people with TB, expand access to shorter, more effective treatment regimens, and deliver care in hard-to-reach areas through approaches such as mobile clinics. We have increased access to affordable TB commodities and deployed innovations such as artificial intelligence-powered TB detection and portable digital chest X-rays, which are especially helpful in places where health services are limited or disrupted.

Drug-resistant TB is a growing cross-border health threat that drives antimicrobial resistance and can require costly and difficult treatment. In OIC countries, we are expanding rapid molecular TB diagnostics, strengthening sample transport systems, and scaling up shorter, more tolerable treatment regimens that improve outcomes and reduce the burden on patients and health systems.



## Sustaining the fight against malaria



Health Officer Mutwali Adam Mohamed helps mothers and caregivers to put up their new mosquito nets in Damazine, Sudan. The Global Fund is working with the Federal Ministry of Health and UNICEF on a mass campaign to distribute almost 16 million mosquito nets to protect 28 million people across Sudan.

© UNICEF/UNI810628/Dawod

Malaria remains one of the most pressing health challenges across the OIC, which includes some of the world's most malaria-affected countries. Mali, Nigeria and Tanzania alone accounted for over 30% of global cases in 2023. That year, OIC countries recorded 375,000 malaria deaths – more than half the global total. Most of these deaths were among children under 5 and pregnant women.

Between 2002 and 2023, malaria deaths dropped by 29% in countries where the Global Fund invests. In many OIC countries, we work with governments, civil society, and communities to deliver proven tools: insecticide-treated mosquito nets, indoor residual spraying to kill mosquitos, preventive medicines for pregnant women and seasonal malaria chemoprevention for children. Since the Global Fund was created, we have distributed over 1 billion mosquito nets, protected 43 million children with seasonal treatments, provided preventive medicines to over 8 million pregnant women and treated 96 million malaria cases in OIC countries. In 2023 alone, nearly 115 million mosquito nets were distributed in OIC countries, helping to protect millions of families from infection.

We are scaling up next-generation dual-ingredient mosquito nets to overcome insecticide resistance, expanding access to rapid diagnostic tests and quality treatment, and extending services to reach people in conflict-affected areas, informal settlements and other hard-to-reach communities.

Malaria is highly climate-sensitive. Rising temperatures, shifting rainfall patterns and extreme weather events are expanding mosquito habitats and fueling outbreaks, particularly where conflict, displacement and weak health systems already put lives at risk. The Global Fund is adapting by deploying resilient prevention and treatment strategies and distribution systems that can ensure communities remain protected even during crises.

## Strengthening health and community systems

Strong health and community systems are essential to defeating HIV, TB and malaria and protecting the most vulnerable. In OIC countries, the Global Fund invests in training health workers to deliver integrated services, expanding laboratory and diagnostic networks, improving supply chains, strengthening community-led care and ensuring that medical oxygen reaches those who need it.

Through market-shaping, we lower the cost of lifesaving medicines and tools, while investments in waste management strengthen biosafety and funding for digital health boosts the speed and efficiency of health information systems. These country-led, targeted efforts not only save lives today but also lay the foundation for sustainable systems that will protect and serve future generations.

The following examples highlight how this approach is transforming health systems in OIC countries.

**In Burkina Faso**, the Global Fund is helping to advance the country's digital health transformation. Working with government, community groups and the private sector, we are supporting efforts to connect health facilities to electric power and the internet, roll out digital health records and equip community health workers with mobile apps for real-time data entry – boosting care, efficiency and informed decision-making nationwide.

**In Iraq, Jordan, Lebanon, Libya, Palestine, Syria and Yemen**, community health workers are a vital lifeline, bringing care to remote and underserved areas. Through our multicountry Middle East Response Initiative, the Global Fund supports efforts to ensure that these workers – around 70% of whom are women – are well trained, supervised and equipped. They carry out home visits, share health information, distribute lifesaving medicines and mosquito nets, and deliver essential services that connect communities to formal health systems.

**In Syria**, where years of conflict have devastated the country's health infrastructure, access to medical oxygen can mean the difference between life and death. As part of a US\$1 billion global effort, the Global Fund has invested in state-of-the-art oxygen plants to equip hospitals with a reliable, long-term supply. These systems are already helping doctors treat newborns who

are struggling to breathe, patients with severe malaria or TB, and people fighting COVID-19 and other respiratory illnesses – strengthening Syria's health system and saving lives.



Community Health Worker Marc Ilboudo uses the Mhealth Burkina application during a consultation with a child in Pousghin, Burkina Faso. The app is used to register and consult client data more efficiently and is a key part of Burkina Faso's roadmap to digitize community health care. The Global Fund/Olympia de Maismont

**In Sudan**, where crises and power shortages regularly disrupt health services, steady electricity can be as vital as medicine. With Global Fund support, the country is installing solar power in 110 primary health care centers, giving clinics a reliable energy source they can generate and maintain themselves. This shift reduces dependence on insecure fuel supplies and helps to ensure that vaccines and medicines stay cold, diagnostic equipment keeps running and communities can access lifesaving care even during blackouts.



Siham Abboud receives medical oxygen at the National Hospital in Homs, Syria. Through the Global Fund's Middle East Response Initiative, the Global Fund, IOM and the World Health Organization are working to strengthen Syria's capacity to provide medical oxygen. The Global Fund/Tafaseel Advertising Agency



## Reinforcing global health security

Global Fund investments in health systems and disease surveillance across more than 100 countries – including many OIC member states – strengthen the capacity to detect, track and contain new outbreaks. In 2024 alone, we invested US\$2.7 billion in these areas, part of the US\$6.1 billion we are investing between 2024 and 2026 – a 49% increase over the previous grant cycle and the largest investment in health systems in our history. This makes us the largest external funder of pandemic preparedness and response.

To bolster the fight against HIV, TB and malaria while preparing for future threats, we are investing in expanding laboratory and diagnostic networks, scaling disease surveillance, improving supply chain resilience, training health workers and enhancing community-led health services. These systems are saving lives now – and are vital to contain future outbreaks before they spread. Our investments support OIC countries to prepare for, and respond effectively to, infectious disease outbreaks – reinforcing the foundations of global health security.

## Supporting longer, healthier lives

As fewer people die of preventable and treatable infectious diseases, more people are living longer and healthier lives. Globally, the fight against HIV, TB and malaria has not only saved millions of lives but also helped to narrow the life expectancy gap between rich and poor countries by one-third. In OIC member state Côte d'Ivoire, for example, life expectancy rose from 48.6 years in 2002 to 60 in 2021, with 62% of this increase, or 7.1 years, due to progress in the fight against HIV, TB and malaria.

In OIC countries where we invest, the combined mortality rate from HIV, TB and malaria was cut by 56% between 2002 and 2023. These gains are transformative. Fewer infections and better treatment mean less time lost to illness and greater productivity. Stronger health systems reduce infant and maternal mortality, save lives in emergencies and strengthen capacity to respond to other health threats.

When more children survive to adulthood and more adults remain healthy and able to work, communities are more resilient, economies grow and societies are more stable. For Arab League and OIC countries, these outcomes not only advance national prosperity but also contribute to regional stability and shared security.



Alficene Kandé and Abdoulaye Baldé (front) transport patient samples to a laboratory in Bissau, Guinea-Bissau. With partners, the Global Fund is strengthening disease surveillance and laboratory systems in countries across West Africa, including OIC member states. The Global Fund/Sylvain Cherkaoui/Panos



## Protecting children

Across OIC countries, the Global Fund works with governments, communities and partners to protect the health of children, pregnant women and new mothers, who are among those most vulnerable to HIV, TB and malaria.

For HIV, our investments help ensure that pregnant women living with HIV receive lifesaving treatment to protect their own health and prevent transmission to their babies. In 2024, 85% of pregnant women in countries where we invest received antiretroviral therapy, up from 49% in 2010.

For TB, we are expanding access to child-friendly medicines, rapid molecular tests, digital X-rays, and shorter, more effective treatment regimens. When diagnosed and treated early, children have a 90% chance of recovery, making early detection vital.

For malaria, we fund seasonal malaria chemoprevention for millions of children under 5, preventive medicines for pregnant women, and administrative support for the rollout of new malaria vaccines as part of integrated prevention strategies.

These focused efforts save young lives, keep pregnant women and new mothers healthy, and help build stronger, more resilient communities across the OIC and beyond.



Ummi Inuwa and her daughter Ammi sit under an insecticide-treated mosquito net in their home in Kaduna State, Nigeria.

Global Fund-supported programs help keep millions of mothers and children like Ummi and Ammi safe from malaria.

The Global Fund/Andrew Esiebo

## The path ahead

**For our Eighth Replenishment, the Global Fund needs US\$18 billion to save millions more lives, cut the death rate from the three diseases by a further 64% and help build a healthier, safer and more equitable world.**

**OIC member states alone would account for 68% of infections averted and 38% of lives saved between 2027 and 2029<sup>5</sup> – a powerful testament to the impact this investment would have across Arab and Islamic countries.**

The Global Fund's Eighth Replenishment is a defining moment for global health and for our shared commitment to saving lives. Many OIC member states carry high burdens of HIV, TB and malaria, and have seen first-hand the lifesaving impact of Global Fund-supported programs in their own communities. This Replenishment is critical to sustaining momentum, preventing a resurgence of these deadly diseases and safeguarding the hard-won progress we have achieved together.

Investing in the Global Fund is an investment in the health, stability and prosperity of Arab and Islamic countries and beyond. It means expanding access to lifesaving prevention, treatment and care, especially for the most vulnerable – children, mothers and communities affected by conflict or displacement – so they can protect themselves from these devastating diseases.

A robust Eighth Replenishment will enable us to seize the opportunity presented by a range of powerful innovations to accelerate progress toward ending the three diseases. Every dollar invested through the Global Fund drives measurable health outcomes, fuels economic returns and delivers exceptional value for money. We continue to evolve and adapt to the rapidly changing global context, but our ability to succeed amid the current challenges depends on the international community's resolve to recommit to global health, protect the gains we have made and secure a future free from AIDS, TB and malaria.

<sup>5</sup> With an Eighth Replenishment of US\$18 billion, the Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.

**With an investment of US\$18 billion, the Global Fund partnership would:**<sup>6</sup>

**Save**

**23**

**MILLION LIVES**

between 2027 and 2029, reducing the mortality rate by **64%** across the three diseases by 2029, relative to 2023 levels. Reduce the death toll from 2.3 million in 2023 to 920,000 in 2029.

**Avert**

**400**

**MILLION INFECTIONS OR CASES**

between 2027 and 2029, reducing the incidence rate by **54%** across the three diseases by 2029, relative to 2023 levels. Reduce infections or cases from 271 million in 2023 to 119 million in 2029.

**Deliver a RETURN ON INVESTMENT OF**

**1:19**

Every dollar invested in fighting HIV, TB and malaria would result in US\$19 in health gains and economic returns. A US\$18 billion Replenishment would result in **US\$323 billion** in returns over 2027-2029.

<sup>6</sup> With an Eighth Replenishment of US\$18 billion, the Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.

Cover: 65-year-old Fadila Yunis Omar is screened for TB in a mobile laboratory outside an elderly person's home in Mosul, Iraq. Despite significant challenges, Iraq's National TB Program and IOM –supported by investments from the Global Fund – are making progress to overcome the disease. The Global Fund/Ashley Gilbertson

#### About the Global Fund

The Global Fund is a worldwide partnership to defeat AIDS, TB and malaria and ensure a healthier, safer, more equitable future for all. We raise and invest up to US\$5 billion a year to fight the deadliest infectious diseases and strengthen health systems and pandemic preparedness in more than 100 countries.

September 2025 | [www.theglobalfund.org](http://www.theglobalfund.org)

**With US\$18 billion, we can protect millions more children**<sup>7</sup>

 **HIV**

**84%** fewer new infections.

**86%** fewer deaths

 **Tuberculosis**

**17%** fewer cases

**34%** fewer deaths

 **Malaria**

**69%** fewer cases

**72%** fewer deaths

<sup>7</sup> Paediatric data used for modelling refers to children aged 0–4 years. Modelling estimates for 2023–2029 based on a US\$18 billion Global Fund Eighth Replenishment scenario compared to no further scale-up in key interventions from 2023 levels. Projections include HIV, TB (including HIV-positive TB patients) and malaria. Figures represent cumulative reductions over the period and percentage change from 2023 baseline by 2029.