

Indo-Pacific



Key results and lives saved

Since 2002, the Global Fund partnership has supported people affected by HIV, tuberculosis (TB) and malaria in the Indo-Pacific region,¹ investing approximately US\$13.1 billion² in programs to fight the three diseases and build resilient and sustainable health and community systems. Approximately US\$580 million³ of this investment has been dedicated to the Pacific region.⁴

Over the last two decades, our partnership has saved **26.5 million lives** in the Indo-Pacific region, including **213,000 lives** in the Pacific region. The Global Fund is working side by side with governments, health workers, advocates, civil society and communities affected by HIV, TB and malaria to end the three diseases as public health threats by 2030.

The impact of Global Fund-supported programs in the Indo-Pacific region



3 million

people on antiretroviral therapy (ART) in 2023



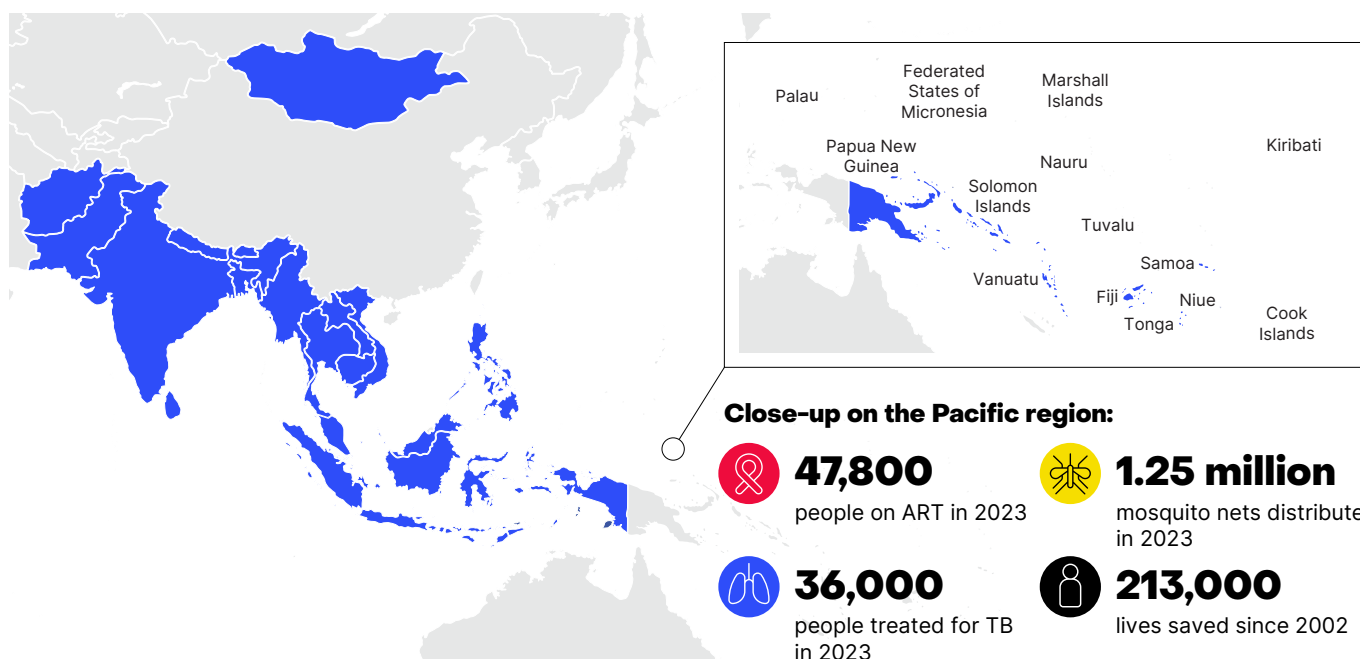
5 million

people treated for TB in 2023



9.6 million

mosquito nets distributed in 2023



¹ For the purposes of this report, the Indo-Pacific region includes Afghanistan, Bangladesh, Bhutan, Cambodia, Cook Islands, Fiji, India, Indonesia, Kiribati, Lao PDR, Malaysia, Marshall Islands, Micronesia, Mongolia, Myanmar, Nauru, Nepal, Niue, Pakistan, Palau, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tonga, Tuvalu, Vanuatu and Viet Nam.

² Disbursement as of 26 June 2025

³ Disbursement as of 26 June 2025

⁴ Fiji, Papua New Guinea, the Solomon Islands and the 11 Pacific Island Countries covered in the Western Pacific multicountry grant

Cover: Monica and her two boys live in Kerema, 300 kilometers north of Port Moresby in Papua New Guinea. Her eldest son, 3-year-old George, is HIV-positive, while her second son, 2-year-old Jack, does not have the disease. Monica found out she was HIV-positive a few months after giving birth to George. Jack was protected from HIV because Monica had access to prevention of mother-to-child transmission programs throughout her pregnancy, including access to antiretroviral therapy.

Global Fund investments in the Indo-Pacific region: 2024-2026

The Global Fund partnership continues to be strongly committed to the fight against HIV, TB and malaria in the Indo-Pacific region. For the Seventh Replenishment cycle, covering the 2024-2026 grant implementation period, the Global Fund has allocated a total of US\$2.2 billion to the Indo-Pacific region. Of this, approximately US\$100 million is directed to the Pacific, including US\$77 million to Papua New Guinea and US\$13.8 million to the Western Pacific multi-country grant, which includes Fiji.

Given the challenging global health funding landscape, the Global Fund is collaborating with in-country partners to reprioritize interventions within current grant implementation plans. This effort is meant to adapt to evolving realities while protecting and enabling lifesaving interventions. The Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) in each country are currently assessing the needs of their respective health programs, taking

into account factors such as the epidemiological context, populations and geographic areas most impacted by HIV, TB and malaria, the partnership landscape, value-for-money, supply sustainability and service delivery.

Long-term health and direct productivity gains

Each dollar invested in fighting the three diseases yields huge economic returns, in addition to saving lives and reducing the burden of the three diseases. The total investment of US\$13.1 billion in the Indo-Pacific region is estimated to have spurred US\$240.9 billion in long-term health gains and direct productivity gains of US\$84.3 billion. Of this, approximately US\$580 million in investments has spurred US\$10.6 billion in long-term health gains and direct productivity gains of US\$3.6 billion in the Pacific region alone.

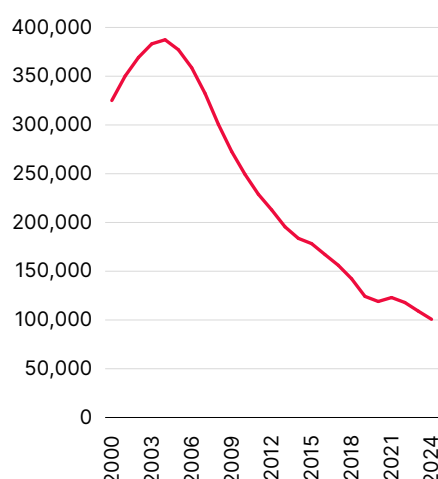
This estimate assesses the economic value of better health and a more productive society by quantifying productivity and consumption gains, including through household savings.

It calculates that each person who goes on lifesaving treatment becomes a potential contributor to the economic health of a community. These extraordinary benefit-cost ratios show the powerful economic impact of smart spending in the fight against the three diseases.

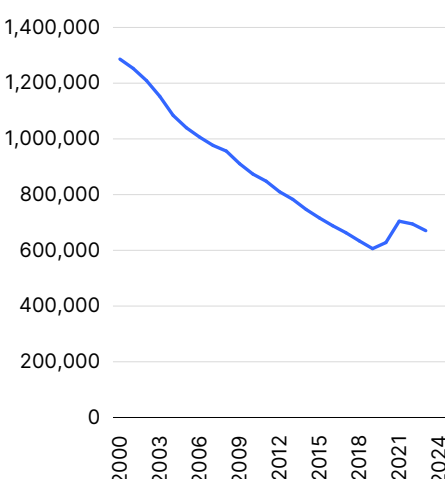
US\$240.9 billion
in long-term
health gains.

Deaths from AIDS, tuberculosis and malaria in the Indo-Pacific region

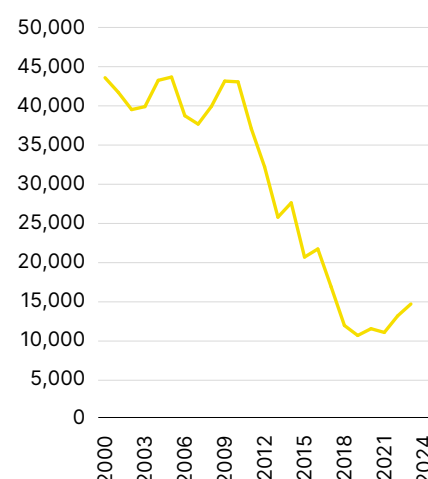
AIDS-related deaths



TB deaths (excluding HIV+)



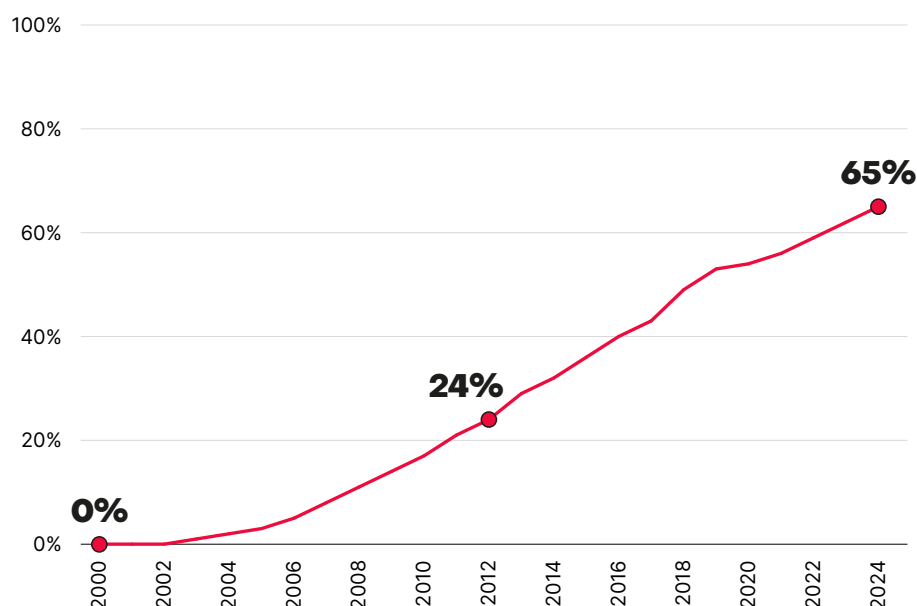
Malaria deaths



Source: UNAIDS 2025 release, WHO Global TB Report 2024, WHO World Malaria Report 2024

Vulnerable populations across the region continue to bear a disproportionate burden of HIV, as stigma and discrimination remain major barriers to accessing lifesaving HIV services. Key populations – such as gay men and other men who have sex with men, transgender people, sex workers, people who inject drugs, people in prisons – and their sexual partners face a significantly higher risk of infection than the general population. In the Pacific region, the situation is particularly alarming. Two countries are currently facing critical HIV emergencies: Fiji has officially declared an HIV outbreak, while Papua New Guinea has declared a national HIV crisis in 2025.

Percentage of people living with HIV on antiretroviral therapy in Global Fund-supported countries in the Indo-Pacific



Source: UNAIDS 2025 release

AIDS-related deaths declined by 53% between 2010 and 2024 across Asia and the Pacific.⁵ However, deep inequities persist, with key populations being disproportionately affected by HIV. While the number of new HIV infections has slowly decreased over time, the region still accounts for almost a quarter of the world's new infections in 2024, with rising HIV incidence reported in Afghanistan, Fiji, Pakistan, Papua New Guinea and the Philippines. In 2024, an estimated 6.9 million people were living with HIV in Asia and the Pacific, making it the second largest HIV epidemic after eastern and southern Africa.

In 2024, the Global Fund provided the largest international share of funding across the region. We support countries to reduce new infections by scaling up targeted HIV prevention programs tailored to individual risk profiles, community needs and local contexts. Community-led responses are central to these efforts. The Global Fund is strengthening community-based organizations that deliver frontline HIV prevention and testing services to the people most at risk, thereby expanding access to HIV self-tests, innovative solutions such as pre-exposure prophylaxis (PrEP) and virtual interventions, and strengthening comprehensive HIV service delivery.

Papua New Guinea is facing a sharp increase in HIV

The estimated number of new infections has doubled since 2010, with approximately 11,000 new infections reported in 2024 alone – equivalent to about 30 new infections per day. Alarming, nearly half of these daily infections are among children and young people aged 24 and below, highlighting the growing vulnerability of young people in the country. In June 2025, Health Minister Elias Kapavore declared a national HIV crisis, calling for urgent, coordinated action across government, civil society and international partners. The Global Fund is the largest external donor investing in HIV prevention services for key populations in Papua New Guinea. The current HIV grant focuses on prevention of mother-to-child transmission of HIV as well as prevention, testing and treatment for key populations, primarily in urban settings.

Fiji declares an HIV outbreak

In January 2025, Fiji declared an HIV outbreak after reporting nearly 1,600 new infections in 2024 – equivalent to four new infections per day. Fiji now has the second fastest-growing HIV epidemic in the Asia-Pacific, behind the Philippines. Preliminary data for 2024 from the Ministry of Health show that among newly diagnosed individuals receiving antiretroviral therapy, half contracted HIV through needle sharing. The Global Fund has committed approximately US\$1 million to support HIV prevention and TB treatment in Fiji, focusing on community-based organizations and technical assistance for the 2024–2026 implementation period. This aligns with Fiji's 90-day containment strategy to accelerate high-impact interventions and address

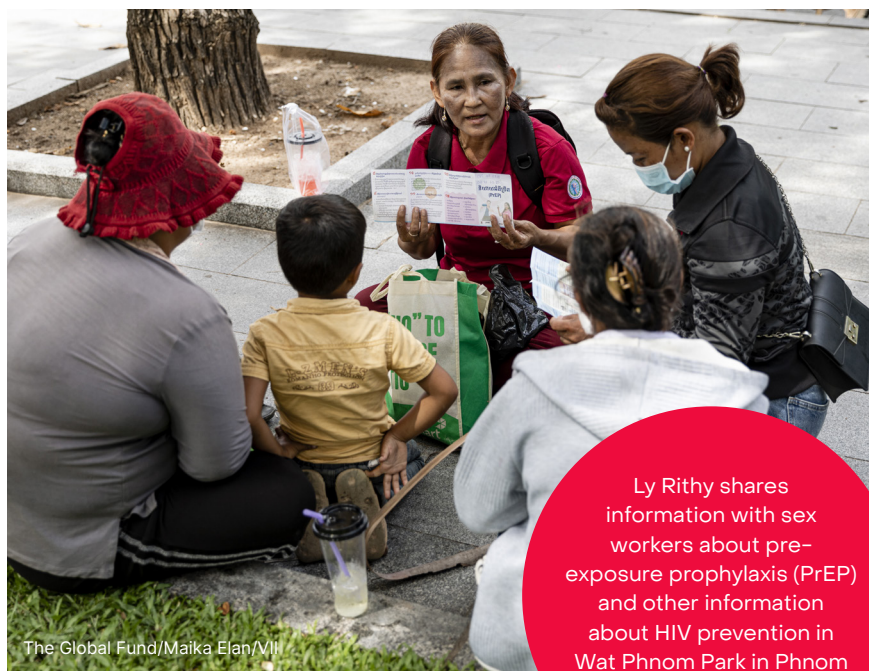
critical data gaps to improve the national HIV response. The Global Fund continues to collaborate closely with the Ministry of Health, UNAIDS, WHO and Australia's Department of Foreign Affairs and Trade (DFAT) to ensure coordinated program delivery.

Beyond Fiji, the Global Fund supports HIV programs across 12 Pacific Island countries, where HIV prevalence remains relatively low, through the Western Pacific multi-country grant. This program focuses on strengthening and expanding HIV and sexually transmitted infection (STI) services for key populations, including scale-up of key population-friendly HIV prevention services, enhancement of access to testing services, and increased treatment coverage through point-of-care and community-based testing. The program also addresses stigma, discrimination and broader sexual and reproductive health needs.

Across the region, countries remain off track to meet the UNAIDS "95-95-95" testing, treatment and viral suppression targets for 2030 – targets reaffirmed by member states at the 2021 UN High-Level Meeting on AIDS, co-facilitated by Australia and Namibia. In Asia and the Pacific, the most significant gap lies in the first "95": the percentage of people living with HIV who know their status. Closing these gaps will require more equitable community-centered service delivery models, particularly for key and other vulnerable populations. The Global Fund will continue to intensify the focus on primary prevention and address the structural drivers of HIV infection and AIDS-related deaths, such as human rights and gender-related barriers to services including stigma, discrimination and criminalization. Amid these challenges, the scientific breakthrough of lenacapavir offers transformative promise. This injectable drug for HIV prevention could revolutionize prevention and treatment, bringing us closer than ever to a generation free of AIDS – children born without HIV and empowered to protect themselves. To realize this promise, urgent coordination, affordable access and strong political commitment are essential. Together, we can seize this moment to accelerate progress and turn the tide of the epidemic once and for all.

Case study

The outreach worker at the heart of Cambodia's HIV response



The Global Fund/Maika Elan/VII

Ly Rithy shares information with sex workers about pre-exposure prophylaxis (PrEP) and other information about HIV prevention in Wat Phnom Park in Phnom Penh, Cambodia.

In the early 1990s, after decades of conflict ended in Cambodia, the economy began to grow and so did sex work and human trafficking – often involving women and girls who had few options to support themselves or their families. Women who sell sex are often marginalized, face barriers in accessing health care and are particularly vulnerable to HIV.

At the height of the HIV epidemic in Cambodia, HIV prevalence among female sex workers was close to 40%. Two decades later, it has fallen to 4.9%. At the heart of Cambodia's progress is close and thoughtful collaboration between three players: the government, health service providers and civil society, including communities most affected by the disease.

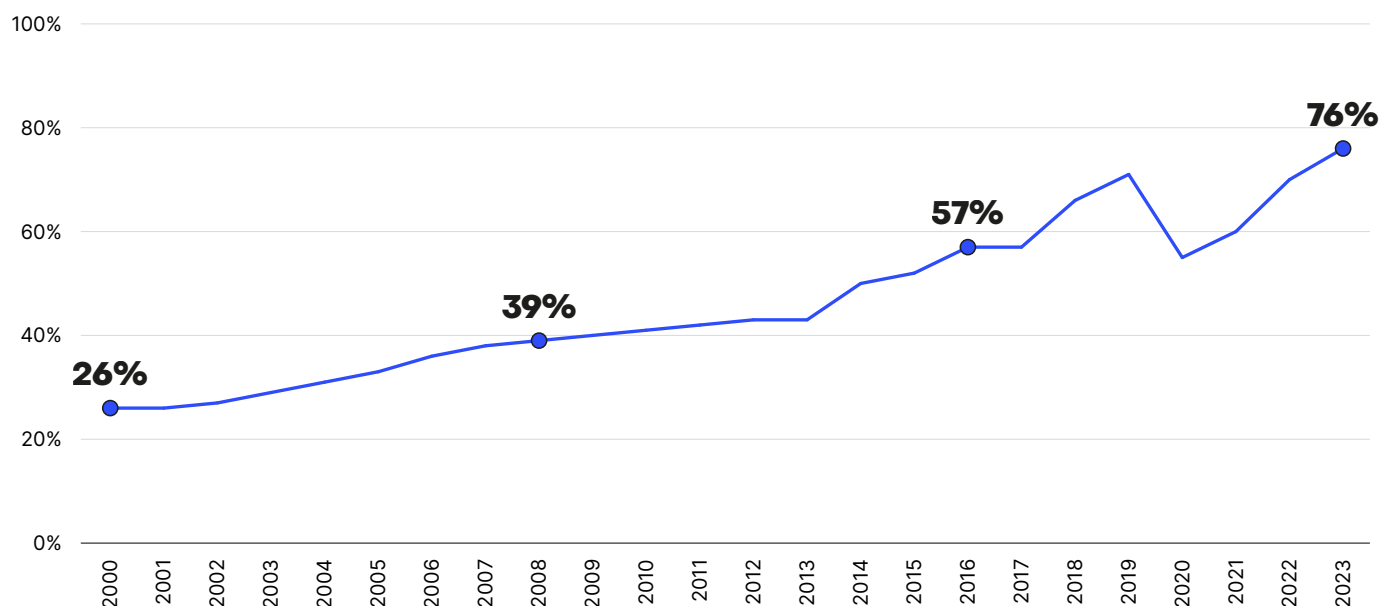
Ly Rithy experienced first-hand what it was like for female sex workers in the mid-1990s when HIV infections were soaring. For over 20 years, she has been supporting female sex workers to access HIV prevention, treatment and care. Five days a week, she distributes condoms, conducts dual HIV/syphilis rapid tests, provides information on HIV prevention, including on PrEP, and brings women to clinics for further treatment and follow-up.

Her outreach goes far beyond offering practical tools to prevent HIV infection. She aims to build trust with everyone she meets, so that they know that they can come to her and Cambodian Women for Peace and Development, the organization through which she does her outreach work. This community-led approach achieves significant results: In 2022, antiretroviral therapy coverage among sex workers living with HIV was almost 83% – a stand-out among other countries in the region.

Tuberculosis

The Global Fund invests in seven of the top eight countries with the highest TB burdens in the world including India, Indonesia, the Philippines, Pakistan and Bangladesh, which accounted for more than two-thirds of the global TB incident cases in 2023.

Percentage of TB treatment coverage in Global Fund-supported countries in the Indo-Pacific



Source: WHO Global Tuberculosis Report 2024

In 2023, TB became the world's deadliest infectious disease again, after being overtaken by COVID-19 for the past three years. 10.8 million people fell ill with TB, but only 8.2 million were diagnosed with the disease, meaning about 2.7 million were missed by health systems. A fundamental step toward beating TB is finding and treating the "missing" people with TB – the individuals who fall ill with TB and go undiagnosed, untreated or unreported. These people are not only at risk of dying from the disease, but also of infecting as many as 15–20 other people annually. It is also vital that we scale up efforts to find people eligible for TB preventive treatment – such as household contacts, people with TB infection or those at high risk, including children and people living with HIV. Innovative tools and novel approaches are being applied to finding and treating the millions of "missing" people with TB. This includes engaging the private sector, decentralizing screening to the community level – for example

through mobile diagnostic units and community health workers – and leveraging the latest digital tools and artificial intelligence (AI) capabilities in screening, such as AI-powered computer-aided detection software and ultraportable X-rays.

People who require lifesaving TB services are often confronted with barriers such as TB-related stigma and discrimination, harmful laws, bad policies and practices, gender inequality and gender-based violence. Since 2017, the Global Fund has been funding the Breaking Down Barriers initiative, which aims to remove human rights and gender-related barriers to health care. This initiative is returning meaningful results in addressing human rights barriers to TB services in the Indo-Pacific region. In 2023, Indonesia reported noteworthy progress in justice programs for people affected by TB and showed strong civil society activity in reducing human rights barriers to TB services.

Papua New Guinea's fight against TB

Papua New Guinea is among the 30 high-burden countries for TB and multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB). Despite this, the country has made notable progress against the disease: In 2023, treatment coverage for TB was at 91%, with treatment success rates of 73% for TB and 53% for MDR/RR-TB. The Global Fund is supporting vital TB community outreach to improve diagnosis and treatment, including strengthening diagnostic centers and expanding sites equipped with rapid molecular diagnostic technologies (GeneXpert). However, challenges remain. High rates of loss-to-follow-up and low treatment adherence contribute to TB remaining the leading cause of death in the country. In 2024, an estimated 46,000 people (432/100,000) were infected with TB, according to the Department of Health. However, recent systematic screening for TB in Western Province

and National Capital District revealed significantly higher TB prevalence rates of 850 and 2,400 per 100,000 population respectively, suggesting that the true TB burden might be underestimated. In response, Health Minister Elias Kapavore declared “a war” on TB in June 2025. A national TB summit is planned for August 2025 to build political momentum, strengthen technical efforts and promote cross-sector partnerships in the fight against TB.

The Global Fund’s investments in TB programs are not only fighting this disease, but are also reverberating across health and community systems, making them more resilient, sustainable and inclusive

The interventions to strengthen laboratories and boost TB diagnostics include tools that can detect other respiratory illnesses, including pathogens of pandemic potential. The same testing and laboratory capabilities that countries built to fight TB were used to fight COVID-19. Simultaneous testing for more than one illness is now becoming a primary tenet of many countries’ pandemic preparedness and response plans. Global Fund investments in genome sequencing are also strengthening early diagnosis and treatment of deadly diseases, including TB, and contributing to pandemic preparedness.

Case study

Innovative tools expanding TB diagnosis in the Pacific



Department of Health and Social Affairs, the Federated State of Micronesia (FSM)

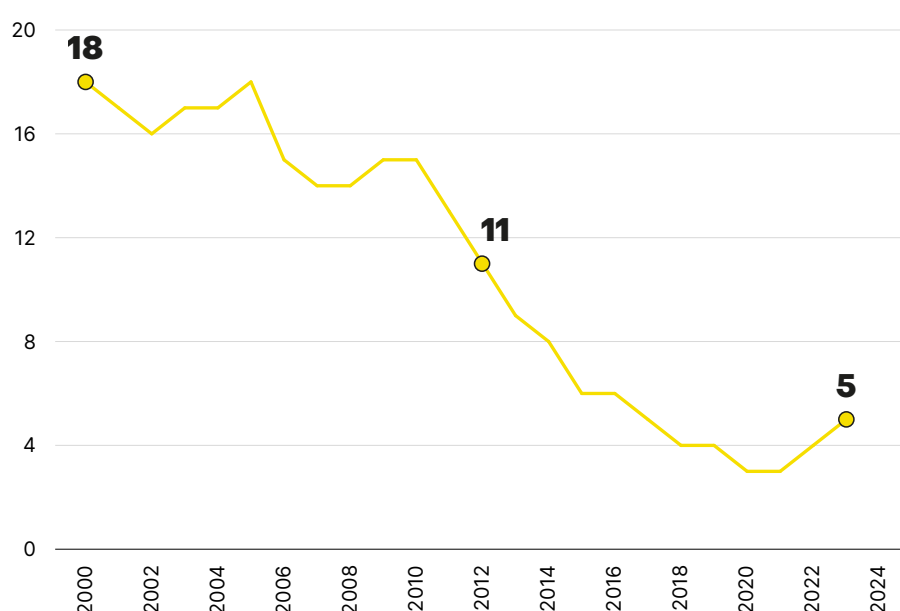
With an ultraportable X-ray, a mass screening for TB was conducted in Chuuk State in the Federated States of Micronesia.

The Global Fund is supporting 12 Pacific Island countries in their fight against TB through the Western Pacific multi-country grant. In 2022, there were an estimated 1.9 million TB cases and 104,000 deaths in the Western Pacific. Active TB case finding is critical to finding more people with TB, but this has been challenging to achieve across the widespread archipelagos. But innovative diagnostic methods, such as ultraportable X-rays combined with AI technology, are enabling the Pacific Island countries to screen people living on remote islands and put them on treatment. The Global Fund’s current TB grant supports governments and civil society organizations to increase TB treatment coverage by strengthening TB case finding within health facilities, conducting systematic screening for TB among at-risk populations using portable chest X-rays with AI, linking eligible contacts to TB preventive treatment, expanding TB lab capacity and optimizing molecular rapid diagnostic tests.

Malaria

The fight against malaria in the Indo-Pacific region has reached a pivotal moment, marked by both remarkable achievements and ongoing challenges. In July 2025, Timor-Leste was officially certified malaria-free by the World Health Organization (WHO), becoming the third country in the WHO South-East Asia Region to eliminate the disease. Several other countries in the Indo-Pacific region are also within reach of achieving malaria elimination. Significant progress has also been made in reducing deadliest form of malaria – *Plasmodium falciparum* – in Cambodia, Lao PDR, Thailand and Viet Nam. However, the region’s malaria burden remains largely concentrated in five countries –India, Indonesia, Myanmar, Pakistan and Papua New Guinea.

Trends in malaria incidence rate per 1,000 population at risk in the Indo-Pacific



Source: WHO World Malaria Report 2024

Malaria in the Western Pacific

Across the Western Pacific region, malaria incidence and mortality rates have shown an overall decline since 2000, as testing for suspected malaria cases increased. However, Papua New Guinea, the Solomon Islands and Vanuatu have experienced an increase in estimated cases of malaria since 2015.

Papua New Guinea remains the country most heavily affected by malaria in the Western Pacific, accounting for approximately 90% of the region’s malaria cases and 94% of malaria-related deaths. Malaria is endemic throughout Papua New Guinea except for highland areas above 1,600 meters. Between 2021 and 2022, the number

of malaria cases increased by 423,000, and the incidence of malaria increased by 32%. The rise in cases and deaths can be attributed to multiple factors, including limited human resource capacity, stock-outs of commodities and inconsistent domestic and external funding sources. The Global Fund is currently the sole external funder supporting malaria case management – providing rapid diagnostic tools and treatment – and is the primary funder of long-lasting insecticidal nets in Papua New Guinea.

In Vanuatu, malaria control efforts have achieved notable success over the past two decades, with zero reported malaria deaths since 2012. However, cases of *Plasmodium vivax* surged from 212

cases in 2021 to 1,102 cases in 2022, driven by extreme weather events such as cyclones and shifts in rainfall levels and patterns, and disruptions to health service delivery caused by COVID-19. In response, efforts are underway to implement joint action plans by malaria stakeholders. The Ministry of Health is strongly committed to achieving a “malaria-free Vanuatu” by 2028 and receiving WHO certification of malaria-free status by 2031. The Global Fund currently supports efforts to prevent the re-establishment of malaria transmission in provinces where transmission has been interrupted by strengthening partnerships with local governments, civil society organizations and communities and implementing intensified foci management for malaria clusters.

Spotlight on Timor-Leste

In Timor-Leste, malaria cases have steadily declined from over 223,000 in 2006 to zero in 2022, with no malaria-related deaths reported since 2015. The Global Fund has been a key partner to the country since 2003, expanding access to rapid diagnostic tests, effective antimalarial treatments and insecticide-treated nets. Community health volunteers have also played a vital role in reaching remote populations and ensuring early detection and treatment. To ensure long-term sustainability, Timor-Leste is proactively strengthening its health system. More than 80% of malaria program staff previously funded by the Global Fund are now supported through domestic resources. The country is also integrating malaria services into other health programs – such as dengue control – to build a more resilient, efficient and responsive health system.

The Regional Artemisinin-resistance Initiative

Artemisinin is a powerful antimalarial drug – a key ingredient in medicines that cure malaria quickly and save millions of lives. When resistance to the artemisinin emerged in 2007 and began spreading in the Greater Mekong Subregion, the potential for drug-resistant strains to reach Africa raised serious global health concerns. To contain this threat to health security, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) in 2014, supporting Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam. Over the past decade, the Global Fund has invested over US\$700 million through this regional grant.

RAI has driven remarkable progress in Cambodia, Lao PDR, Thailand, and Viet Nam specifically, where total reported malaria cases dropped from 55,657 at the start of the initiative to just 735 in 2023 – a 98.6% reduction. In addition to saving lives and reducing cases, RAI has also strengthened health systems through improved access to quality-assured antimalarial medicines, rapid diagnostic testing, effective treatment, and surveillance to detect and respond to drug resistance. While Myanmar had also made strong gains in reducing malaria, recent conflict has reversed this trend, resulting in a sharp rise in cases – some of which have spread into neighboring Thailand. This underscores the importance of a coordinated regional approach to drug resistance and how conflict fuels the spread of deadly disease.

Case study A decade of progress: Regional collaboration to halt drug-resistant malaria in Southeast Asia

Meng Sophara, a village malaria worker, facilitates a malaria education session for the residents of Khik Krom village in Cambodia.



The Global Fund/Quinn Ryan Mattingly

As the Global Fund's largest regional initiative and the first with a defined goal of disease elimination within a specific geography, RAI has had a profound impact in fighting drug-resistant malaria across the Greater Mekong Subregion. Since 2010, malaria cases across the Greater Mekong Subregion have been reduced by half, falling from nearly 500,000 cases to approximately 248,000 in 2023.

A cornerstone of RAI's success has been the training of over 35,000 local malaria workers who provide testing, treatment, disease surveillance and prevention services to people in communities most at risk. These frontline workers are supported by a network of over 50 civil society organizations, ensuring that interventions are culturally appropriate and reach people in greatest need.

RAI also prioritizes high-risk groups such as forest workers, migrants and ethnic minorities living in high transmission areas. Proven interventions have included the distribution of insecticide-treated nets, deployment of mobile health units, targeted drug regimens for drug-resistant malaria, and the use of digital surveillance to detect and respond to outbreaks swiftly.

Political commitment remains central to success. RAI has demonstrated that addressing drug resistance and malaria elimination requires aligned investments, integrated health systems, robust community engagement and strong regional collaboration. It stands as a model for addressing drug-resistant malaria, now emerging in other regions of the world. By showcasing successful containment strategies in the Mekong, RAI offers valuable lessons to help prevent global spread. Eliminating malaria not only saves lives – it also reduces long-term health and economic burdens. RAI's progress underscores the importance of sustained commitment to a malaria-free future.

Global health security

As the COVID-19 pandemic demonstrated, a disease outbreak in one part of the world can rapidly escalate into a global health crisis, with devastating human and economic consequences.

The Global Fund partnership is making the world healthier and safer by tackling the world's deadliest infectious diseases – HIV, TB and malaria. Each disease represents a major transmission route of pandemic potential: sexually transmitted (HIV), airborne respiratory (TB) and vector-borne (malaria).

Investing in the fight against these diseases not only saves lives today, but also strengthens health systems in ways that are critical to identifying and containing emerging threats – laying a strong foundation for pandemic preparedness. Global Fund investments in over 100 countries are building more resilient and responsive health systems. These investments include training health workers, expanding laboratory networks, enhancing disease surveillance and digitizing health information systems – ensuring countries are better equipped to detect, respond to and prevent future infectious disease outbreaks.

Case study

Strengthening the skills of laboratory specialists in Asia-Pacific



Global Fund investments will support the training of 250 laboratory technicians from 12 Asia-Pacific countries.

To reinforce regional efforts to detect and respond to emerging health threats and outbreaks in Asia-Pacific, the Global Fund is investing in the Regional Public Health Laboratory Network (RPHLN). This network strengthens national laboratory systems across 14 countries – including all 10 ASEAN member states as well as Nepal, Pakistan, Papua New Guinea and Timor-Leste – by improving the timeliness, accuracy and availability of diagnostic services. These enhancements enable faster and more reliable detection of emerging outbreaks.

The RPHLN provides technical assistance and training of trainers to key laboratory experts, drawing on regional experts to deliver capacity building programs. It also facilitates the exchange of best practices through a regional knowledge-sharing platform and peer-to-peer support, strengthening the overall resilience of laboratory systems in the region.

In total, Global Fund investments will support the training of 250 laboratory technicians from 12 Asia-Pacific countries on essential areas such as diagnostics, sample transportation, laboratory biosafety, biosecurity and biological waste management. These trained professionals will, in turn, share their knowledge by training colleagues in their respective countries – multiplying the impact and fostering sustainable national capacity.

Fighting for gender equality

Gender inequality continues to drive new HIV, TB and malaria infections. It is crucial to understand this disparity in order to effectively respond to each disease.

The Global Fund's approach to addressing gender inequality is embedded across all our investments. The Global Fund invests in treatment and prevention programs, including prevention of malaria during pregnancy, prevention of mother-to-child transmission of HIV, comprehensive sexuality education and interventions against gender-based violence.

Progress in reducing mother-to-child transmission of HIV has been dramatic over the last two decades. In countries where the Global Fund invests, the percentage of mothers receiving treatment to prevent transmission of HIV to their babies reached 84% in 2023, compared to just 49% in 2010.

Papua New Guinea faces severe and systemic challenges related to gender-based violence, human rights violations, and gender-related barriers that continue to undermine health outcomes for key populations, women and girls. Tackling these entrenched issues requires both substantial and sustained investment and a multi-sectoral approach to address structural barriers and societal norms. The current Global Fund grant

strategically focuses on integrating rights-based and gender-responsive approaches into differentiated health interventions. Priority provinces will implement integrated service delivery across sexual and reproductive health, gender-based violence and mental health, through both facility-based and community-level interventions, targeting key populations, pregnant and breastfeeding women, and adolescent girls. In addition, "Know Your Rights" and awareness-raising among law enforcement personnel have been prioritized.

Climate change and health

Climate change is destabilizing health systems, deepening inequities, undermining the social, environmental, and economic foundations of good health, and, ultimately, threatening the lives, health and well-being of communities around the world.

Malaria is one of the most climate-sensitive diseases. Temperature changes, shifting rainfall patterns and extreme weather events are affecting the spread of malaria. In some places, climate change is expanding mosquito habitats to higher elevation areas and making the malaria transmission season longer. In Pakistan, catastrophic flooding affected more than 30 million people across the country in 2022, with millions displaced from their homes for months. In 2022 there were more than 1.6 million confirmed cases of malaria in 60 of Pakistan's districts – a fourfold increase from the 400,000 cases recorded the year before.



Mujahid Ali and his family were displaced for many months following the devastating floods that displaced millions of people across Pakistan in 2022.

Climate change also jeopardizes our mission to end AIDS and TB. Pacific Island countries are among the most vulnerable to the impacts of climate change. This has serious implications for health systems and for overall health and well-being more generally. The most common concern in the region is that extreme climate events can disrupt, or totally block, access to HIV, TB and malaria service delivery and essential diagnostic and treatment services, leaving people without the lifesaving health care that they require. This can also lead to increased disease transmission and drug resistance.

The Global Fund supports countries to respond to the impact of extreme weather events on HIV, TB and malaria programs by providing rapid, flexible emergency funding. Over US\$1.5 billion is invested annually to support countries to strengthen their health systems, making them more climate-resilient and better prepared for pandemic threats. The Global Fund is working with other partners to increase funding and alignment at the intersection of climate and health while building evidence of effective interventions.

Eligibility

Global Fund eligibility criteria are designed to ensure that available resources are allocated and invested in countries and regions with the highest burden of disease and the least economic capacity to respond to HIV, TB and malaria, and to reach key and vulnerable populations who are disproportionately affected by the three diseases.

Eligibility is primarily determined by a country's income classification, as measured by gross national income per capita. All low- and lower

middle-income countries are eligible regardless of disease burden. Upper middle-income countries must meet specific disease burden thresholds to be eligible. Upper middle-income countries classified by the International Development Association (IDA) as IDA-eligible small states, including small island economies, are eligible for an allocation regardless of disease burden.

In the Pacific region, Kiribati, the Federated States of Micronesia, Samoa and Vanuatu are eligible as they are

lower middle-income countries. Fiji, the Republic of the Marshall Islands, Tonga and Tuvalu, which are classified as upper middle-income, are eligible under the IDA Small States Exemption. The ineligible countries – the Cook Islands, Nauru, Niue and Palau – are included in the multi-country Western Pacific grant, which includes non-eligible countries in line with the Global Fund Eligibility Policy provisions for multi-country applicants (i.e., the majority (at least 51%) of countries included in the grant application are eligible for funding).

Annex

The Global Fund's Seventh Replenishment Allocation (in US\$)

2024-2026 Implementation Period

	HIV	Tuberculosis	Malaria	Total
Afghanistan	7,700,026	36,213,004	21,624,624	65,537,654
Bangladesh	25,393,719	120,811,080	20,091,193	166,295,992
Bhutan	1,054,796	1,101,949	1,373,076	3,529,821
Cambodia	41,549,020	14,845,335	0*	56,394,355
India	155,000,000	280,000,000	65,000,000	500,000,000
Indonesia	102,736,705	156,710,720	35,796,157	295,243,582
Lao PDR	7,449,033	8,088,355	0*	15,537,388
Mongolia	3,410,907	10,683,629	0	14,094,536
Myanmar	97,456,405	75,453,054	0*	172,909,459
Nepal	29,427,095	27,108,540	3,095,118	59,630,753
Pakistan	65,446,113	181,689,888	34,425,895	281,561,896
Papua New Guinea	20,179,277	19,437,470	37,440,753	77,057,500
Philippines	25,087,000	136,020,179	6,953,360	168,060,539
Solomon Islands	0	833,300	7,236,395	8,069,695
Sri Lanka	6,381,149	2,969,568	0	9,350,717
Thailand	48,079,625	20,116,930	0*	68,196,555
Timor-Leste	3,353,220	8,328,831	3,913,003	15,595,054
Viet Nam	54,980,054	59,814,002	0*	114,794,056
Multicountry Western Pacific*	6,572,889	4,765,382	2,461,679	13,799,950
Multicountry Regional Artemisinin-resistance Initiative**	-	-	96,294,061	96,294,061
Indo-Pacific region	\$701,257,033	\$1,164,991,216	\$335,705,314	\$2,201,953,563
Pacific region	\$26,752,166	\$25,036,152	\$47,138,827	\$98,927,145

* The Western Pacific multicountry grant covers the Cook Islands, Fiji, Kiribati, the Marshall Islands, Micronesia, Nauru, Niue, Palau, Samoa, Tonga, Tuvalu and Vanuatu.

** The malaria programs in Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam are covered by the Regional Artemisinin-resistance Initiative (RAI) multicountry grant.

About the Global Fund

The Global Fund is a worldwide partnership to defeat HIV, 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, challenge the injustice that fuels them, and strengthen health systems and pandemic preparedness in more than 100 of the hardest hit countries. We unite world leaders, communities, civil society, health workers and the private sector to find solutions that have the most impact, and we take them to scale worldwide. Since 2002, the Global Fund partnership has saved 65 million lives.