

Latin America and the Caribbean

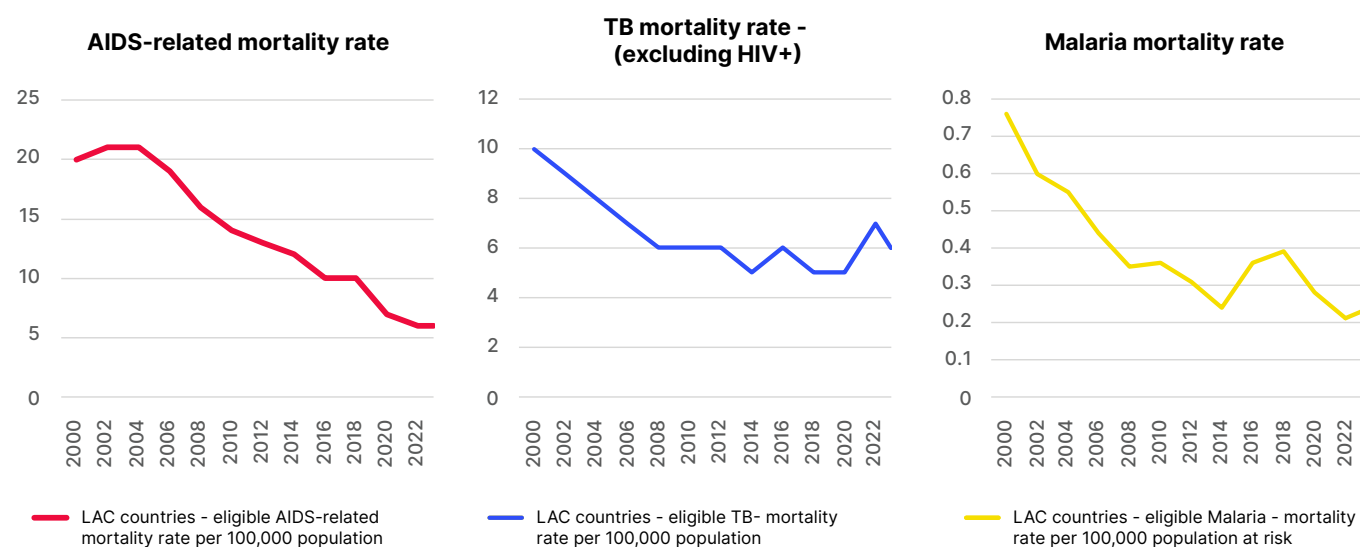


Saving lives through catalytic investments and a focus on sustainability

The Global Fund is the largest multilateral funder of HIV, tuberculosis (TB) and malaria grants in Latin America and the Caribbean, where it has invested more than US\$3 billion since 2002 to fight the three diseases and strengthen health and community systems.

The Global Fund focuses on funding key drivers in the fight against HIV, TB and malaria in the region. Although Global Fund investments are a small fraction of national response funding, they are strategically focused on evidence-based interventions designed for populations at risk, innovative technologies and catalysts that aim to improve epidemic control. These investments promote health system innovation, positioning health strategically on the political agenda, mobilizing additional domestic resources for health and ensuring sustainability. Global Fund investments have facilitated access to quality health services, supported people affected by discrimination and stigma, and strengthened the role of civil society in program implementation.

Decrease in deaths from AIDS, tuberculosis and malaria in Latin America and the Caribbean, 2000-2022

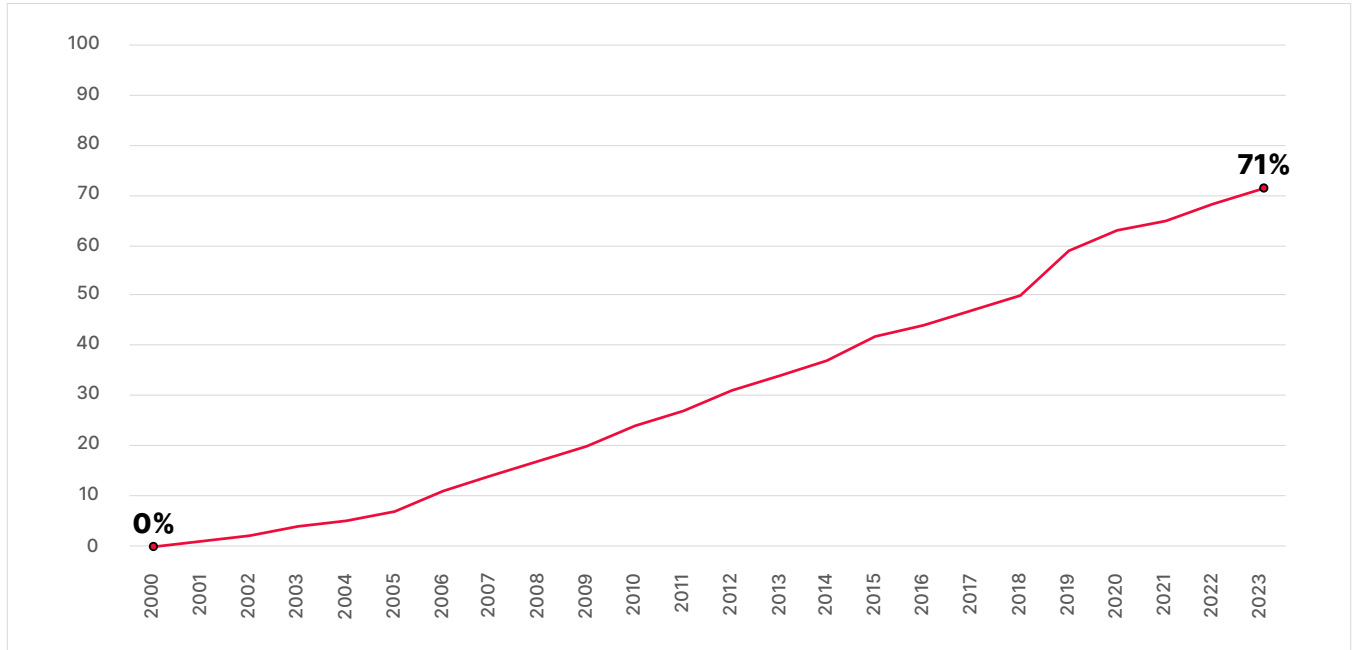


Source: UNAIDS 2024 release data, WHO Global Tuberculosis Report 2024 data, WHO World Malaria Report 2024 data

Cover photo: Liz Tatiana Mereles and her children in Asunción, Paraguay. Liz and her family have been forced from their home eight times over the past 13 years due to flooding. Liz was screened for TB at the San Felipe Health for All Mutual Aid Center, which is part of a national TB awareness campaign that provides people with a safe and convenient place to be tested.

The Global Fund/Johis Alarcón/Panos

Percentage of people living with HIV on antiretroviral therapy in Latin America and the Caribbean, 2000-2023



Source: UNAIDS 2024 release data

Joint efforts to increase health investments in Colombia



Mirleni, a Venezuelan migrant in Colombia, tested positive for HIV during pregnancy. With support from doctors at La María Hospital in Medellín, she began antiretroviral therapy, and her son was born HIV-free. Global Fund investments help fund a loan and grant package in Colombia that provides HIV services and treatment for migrants like Mirleni.

(RED)/Federico Rios

One of the most commendable examples of strategic health investment can be seen in Colombia, where a collaborative effort has yielded significant results for vulnerable populations, particularly Venezuelan migrants. The Global Fund's contribution of US\$5 million formed part of a larger US\$305 million health system loan and grant package, facilitated through a multi-donor trust fund. This initiative aimed to ensure comprehensive HIV services and antiretroviral therapy (ART) access for migrants. It utilized a disbursement linked indicator (DLI) valued at US\$54.9 million focused specifically on access to ART.

The strategic value of this initiative is immense, incentivizing national development goals while recognizing and addressing HIV as a critical health challenge

amid migrant-related issues. Key highlights include promoting national ownership of essential health interventions for vulnerable communities, providing a comprehensive service package for Venezuelan migrants, and contributing to the reduction of new HIV infections by addressing the gap in the number of people unaware of their HIV status. This case exemplifies the positive ripple effects of collaborative financing on public health systems and vulnerable populations.

Elimination of mother-to-child-transmission in the Caribbean (Cuba, Belize, Jamaica and St. Vincent and the Grenadines)



In 2024, Belize attained WHO certification for eliminating mother-to-child transmission (EMTCT) of HIV and syphilis.

Flickr/Pan American Health Organization (PAHO)

The Caribbean region has made notable progress in reducing the transmission of HIV from mothers to their children. In 2023, eight Caribbean countries and territories were revalidated as having achieved the elimination of mother-to-child transmission of HIV and syphilis (EMTCT), with Cuba being the first country globally to receive such validation from the World Health Organization (WHO) in 2015. In 2024, Belize, Jamaica, and St. Vincent and the Grenadines also received the EMTCT certification from WHO. This certification underscores the dedication and collaborative efforts among governments, health care professionals, and communities within these countries. It highlights the critical importance of enhancing prevention and treatment services within primary health care and maternal and child health frameworks.

UNICEF has recognized the achievements of Belize, Jamaica and St. Vincent and the Grenadines in attaining double elimination of vertical transmission for HIV and syphilis. This milestone serves as an encouragement for other countries in the region to strive for the elimination of mother-to-child transmission.

By implementing interventions focused on strengthening primary prevention and treatment services within the maternal and child health framework, these countries have demonstrated exemplary leadership and perseverance. Global Fund grants have contributed significantly to this achievement, particularly in the areas of laboratory, information systems strengthening, and HIV service integration. The Global Fund acknowledges the accomplishments of the Caribbean countries and remains committed to supporting their ongoing efforts to eliminate communicable diseases as public health concerns.

Enhancing HIV approaches for innovation, collaboration and informed decisions in Ecuador

The Global Fund's investment in Ecuador has significantly enhanced HIV prevention, testing and health care access. This grant has improved 19 primary care services, expanded pre-exposure prophylaxis (PrEP) implementation from 5 to 40 facilities, and increased access to HIV prevention, diagnosis and linkage to care through a results-based payment model involving the Ministry of Health and two civil society organizations, Kimirina and CEPVVS. This approach has strengthened community response capabilities, improved coordination with public health efforts, and reduced the administrative burden by focusing on measurable outcomes. By 2023, 91% of individuals living with HIV were aware of their status, 80% were receiving therapy, and 72% had achieved viral suppression. In the coming years, the payment-for-results model will transition to government-funded social contracting, promoting innovation, collaboration with communities, and informed public funding decisions.

Health recovery to address HIV in Venezuela

Once a leader in regional development and health care, Venezuela now faces major challenges, including a resurgence of malaria and difficulties in procuring HIV treatment. The Global Fund has provided funding for HIV, TB and malaria, with the first funds deployed by 2019. These efforts significantly improved HIV treatment coverage within three years, surpassing pre-2015 levels. Despite progress, challenges remain, requiring ongoing support and strategic interventions to sustain improvements.

Indigenous populations in the Amazon region of Peru access HIV services

The population of the Amazon region of Peru faces significant health challenges, including a high prevalence of HIV in communities such as the Asháninka population living in Cusco, Huánuco, Pasco, Ayacucho and Junín. These communities encounter substantial barriers to accessing health services due to geographical remoteness, lack of health infrastructure, and cultural and linguistic differences. To address these barriers, the Global Fund has financed interventions in collaboration with the Ministry of Health that offer screening of people for HIV, hepatitis and other sexually transmitted infections, as well as referrals to health services and comprehensive care. These efforts are bringing health services closer to the Indigenous population. In 2024, 45,140 individuals from the Indigenous population in these regions were tested for HIV under these programs. These measures aim to reduce mortality from AIDS in Indigenous communities by improving early diagnosis and timely treatment in these populations.

Working together, civil society groups and the national HIV program have been key in delivering HIV services in Paraguay

In recent years, the national HIV program in Paraguay, supported by the Global Fund, has made remarkable strides in expanding comprehensive prevention, diagnosis, and treatment services for HIV among key populations. This concerted effort has seen the incorporation of proactive measures such as rapid HIV tests, self-tests and PrEP into routine prevention services. By 2024, these interventions enabled over 33,000 individuals to access a thorough HIV prevention package, while 1,230 at-risk individuals received PrEP for the first time. Meanwhile, the extension of HIV diagnostic and treatment services nationwide to all provinces ensured that 13,298 people living with HIV were on ART, and 10,547 of them had a suppressed viral load. Notably, differentiated follow-up models were developed for those with unsuppressed viral loads, and laboratory infrastructure for treatment monitoring was significantly strengthened.

A key factor in the success of these initiatives has been the innovative collaboration between civil society organizations, the HIV program, and health services in Paraguay. This collaboration has proven highly effective in decentralizing outreach and services to key populations by distributing condoms, conducting HIV testing, providing counseling and facilitating linkage to prevention or treatment services, all complemented by social support. Combining established health services with telemedicine has expanded the program's reach and impact. Ongoing support from the Global Fund plays a crucial role in improving services for individuals affected by HIV in Paraguay. Even though the Global Fund contributes less than 7% of total HIV funding needs, this support is catalytic, drives change and ensures continuous and sustainable progress.



Working together, civil society groups and the national HIV program have been key in delivering HIV services in Paraguay.

Flickr/Pan American Health Organization (PAHO)

Expanding access to pre-exposure prophylaxis (PrEP) for effective HIV prevention

In their 2024 report, UNAIDS estimated a target of 2.3 million people using PrEP by 2025 for Latin America. The Global Fund estimated¹ about 30% (about 700,000) of that target could correspond to countries eligible for funding in Latin America and about 100,000 to countries eligible for funding in the Caribbean. The Global Fund portfolio for HIV corresponds to a total of 18 eligible countries and one multicountry grant for six eastern Caribbean countries.

Since 2022, the Global Fund has steadily increased investments to support the integration of PrEP programs into prevention programs for key and vulnerable populations. At the time, only four countries had implemented small-scale PrEP introduction projects to inform programming, and three countries were progressively integrating PrEP/post-exposure prophylaxis (PEP) into national prevention programs through national expansion plans. Several countries were missing national policies, including guidelines for PrEP/PEP delivery, and national operational plans and budgets for introduction and scale-up.

During 2022-2024, the Global Fund intensified collaborative efforts with technical partners and donors in the region to ensure existing grants and Funding Requests for Grant

Cycle 7 (GC7) could integrate the interventions required to address key challenges identified by national programs. While Global Fund investments remain mostly catalytic, the key interventions supported included 1) design and implementation of differentiated approaches for demand creation, communication campaigns including information, education and communication; 2) accelerated development of national strategic plans; 3) building capacity for service delivery of PrEP expanding geographic availability; 4) designing and implementing differentiated approaches for PrEP/PEP service delivery; 5) introducing or expanding community-based PrEP referral and/or service delivery; 6) strengthening information systems, monitoring and evaluation to track progress in eligible countries.

By 2023, the number of key and vulnerable populations receiving any PrEP product has significantly increased to 41,118 in eligible countries compared to 2021, when these countries reported 12,214. Data from 2024 is expected to show significantly higher scale-up. This is possible because most of eligible countries have developed national strategic plans by the end of 2023, and shifted from pilots to national progressive PrEP/PEP scale-up

plans based on national targets to close the geographic access gap and coverage of key populations who might benefit from PrEP/PEP.

Global Fund investments are considered catalytic for PrEP programs in this region. By 2023, Global Fund investments only reached approximately US\$2.5 million. During 2024-2026, investments will remain steady.

These investments support technical assistance for capacity building and information, education, and communication to create demand. In coordination and with other technical partners' support, these limited investments leverage countries' commitments to strengthen and expand geographically their existing prevention programs for key populations. This demonstrates the effective use of catalytic support in these countries.

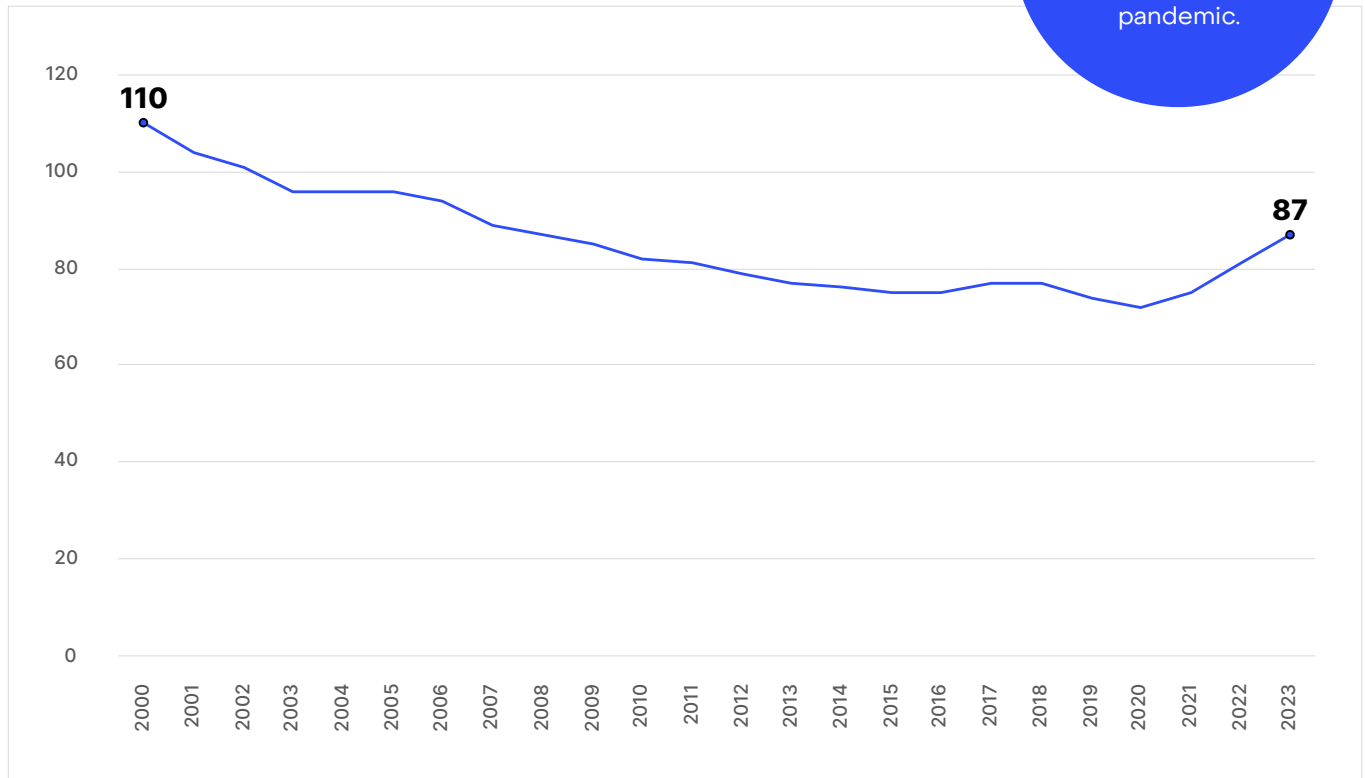
¹ Based on available data from IBBS and Global Prevention Coalition target assumptions for these key populations.



Tuberculosis

TB incidence rate per 100,000 population in Latin America and the Caribbean, 2000–2023

Increased TB incidence and mortality has been driven by the COVID-19 pandemic.



Source: WHO Global Tuberculosis Report 2024 data

Peru's adoption of a multidrug-resistant TB regimen resulted in a higher success rate and lower attrition rate

The 6-month BPaLM regimen is a treatment recommended by WHO for multidrug-resistant tuberculosis (MDR/RR-TB) and pre-extensively drug-resistant tuberculosis (pre-XDR-TB). Designed as an all-oral treatment, it is much simpler to administer and has much less toxic side effects than previous treatment regimens, resulting in increased patient acceptability and adherence.

Peru, a country with a high burden of drug-resistant TB, has successfully introduced the BPaLM regimen, demonstrating high treatment success rates and a shorter duration than traditional treatments. Despite

the Global Fund's small allocation compared to national funding for TB, this support has been pivotal. In 2023, with the backing of the Global Fund, Peru introduced the 6-month BPaLM treatment regimen for MDR-TB, replacing the previous 18-month regimen. Patients receiving the new treatment achieved a 91% treatment success rate, compared to 65% under the old regimen. Additionally, the treatment attrition rate decreased from 25% to 6%, indicating a remarkable improvement in patient outcomes.

As of 2025, the government of Peru has incorporated the BPaLM regimen into its treatment guidelines and fully absorbed the

procurement costs of the new treatment. The Global Fund's support has acted as a catalyst for innovation, enabling effective evidence-based investment decisions in public funding.

Revolutionizing tuberculosis diagnosis in Guatemala

In recent years, Guatemala has made remarkable strides in TB diagnosis, thanks to the unwavering support of the Global Fund. This partnership has significantly impacted the country's ability to detect and treat TB, particularly among vulnerable populations.

In 2017, grant funds enabled the widespread use of GeneXpert technology to detect TB in groups that often face barriers to timely diagnosis. These groups included people in prisons, people living with HIV, Indigenous communities, health workers, children and other at-risk populations. This initiative marked a pivotal step in improving TB diagnosis across the country.

By 2018, Guatemala achieved a milestone by providing 100% coverage of TB diagnosis through molecular methods among people in prison. This advancement allowed for the timely detection of TB, facilitating the prompt enrollment of patients into treatment programs. As a result, the risk of TB transmission was significantly reduced, enhancing

the health conditions of thousands of people living in the prisons.

In 2020, grant funds supported the procurement of a mobile unit equipped with GeneXpert machines. This unit visited 21 penal centers, prioritized based on the highest TB and HIV incidence rates. In addition to TB diagnosis, the mobile unit offered tests for HIV, hepatitis B and C, and COVID-19. The strategy was well received, demonstrating the effectiveness of bringing health services closer to the most vulnerable populations. The implementation of this strategy among people in prisons led to a more than 100% increase in the number of TB cases diagnosed within this group compared to 2019.

Building on the success of the initial mobile unit, the Global Fund supported the procurement of two additional mobile units in 2024. One unit continued to strengthen TB diagnosis and care in prisons, while the other focused on bringing TB services

to Indigenous communities in remote rural areas. This expansion further enhanced the impact of mobile health services in reaching underserved populations.

The success of these initiatives has inspired the national TB program to continue expanding the use of mobile units to ensure coverage in remote areas where health services are limited. The Global Fund's financial support has been catalytic in leveraging domestic resources, ensuring the sustainability of this strategy. Guatemala is now on a promising path to achieving the End TB targets, ultimately improving the health and well-being of its population.

This success story highlights the transformative power of strategic partnerships and innovative approaches in tackling public health challenges. With continued support and commitment, Guatemala is poised to make even greater strides in the fight against TB.

Artificial intelligence improves active case detection of tuberculosis in Peru

With the support of the Global Fund, Peru has been implementing TB active case finding activities, making use of digital X-ray equipment, computer-aided detection of TB using artificial intelligence algorithms, as well as rapid molecular tests. As part of this strategy, health workers and community actors proactively go out in the community to look



Artificial intelligence is improving active case detection of tuberculosis in Peru.
Flickr/Pan American Health Organization (PAHO)

for potential patients with TB. The strategy prioritizes high-risk groups, such as contacts of TB patients, people in prisons, people with diabetes, and elderly people, among others. Between January 2022 and June 2024, a total of 2,095 TB patients were detected through the program and linked to TB treatment and care services, helping to reduce the spread of the disease in the community. The strategy is being co-financed by the government of Peru and is becoming an integrated part of the TB response in the country.

Community-led monitoring achieves significant health outcomes in Colombia



A man with multidrug-resistant TB takes his medication in Bogotá, Colombia.
Flickr/Pan American Health Organization (PAHO)

Fundacion ANCLA has made remarkable strides in public health through its various programs in Colombia. One such initiative is community-led monitoring (CLM), funded by the Global Fund. CLM includes affected communities and civil society actors in the collection and analysis of data to enhance the design, implementation, and monitoring of activities aimed at improving health outcomes, particularly for TB and HIV. The CLM strategy encompasses 14 sites across 14 cities in Colombia, addressing the AAAQ indicators (acceptability, accessibility, affordability, quality) of these services. This approach ensures that the voices and needs of the most vulnerable populations are heard and met, leading to significant improvements in service delivery and access.

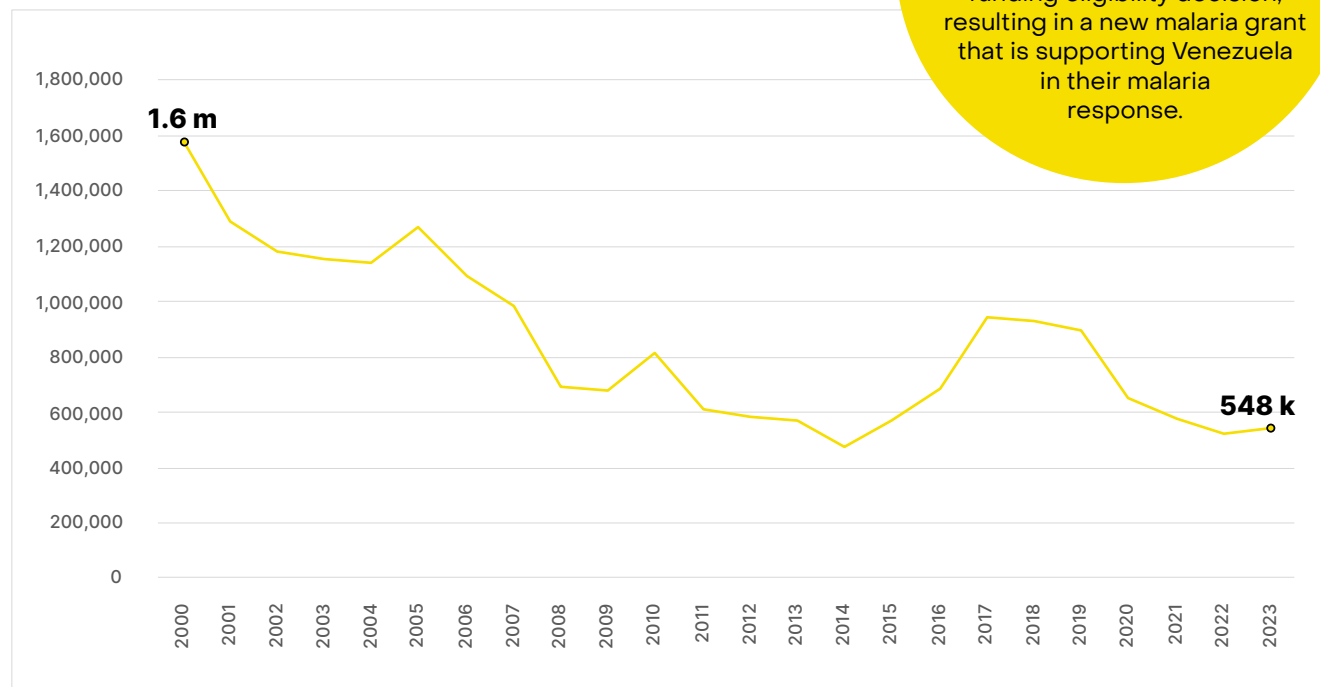
The achievements of ANCLA's CLM are substantial. Over 2,900 service users have been reached through the CLM mechanisms at both health facilities and community service delivery sites. The data collected through this initiative is regularly presented to health facilities and local governments, fostering a collaborative effort towards continuous program improvement. The CLM activities have been directly linked to increases in TB case finding, TB preventive therapy and HIV testing and treatment enrollment. This success is attributed to the combined efforts of community engagement, health promotion and awareness-raising campaigns, as well as the organization's strong collaboration with local authorities and its diversified funding sources. ANCLA's community-driven approach serves as a model for the region, demonstrating the power of integrated and participatory public health strategies.



Malaria

Increased malaria incidence has been driven by a resurgence in Venezuela. However, the subsequent sharp decrease in cases coincides with a Global Fund exceptional funding eligibility decision, resulting in a new malaria grant that is supporting Venezuela in their malaria response.

Number of malaria cases in Latin America and the Caribbean, 2002-2023



Source: WHO World Malaria Report 2024 data

Malaria elimination in the region

In 2018, Paraguay celebrated a significant milestone: The country was certified malaria-free by WHO. This remarkable achievement was facilitated by a grant from the Global Fund, which aimed to expedite the nation's progress toward malaria elimination. This investment of approximately US\$3 million was strategically allocated to enhance the national health system by integrating a specialized malaria response within the broader health framework. This included the procurement of essential laboratory supplies and comprehensive training for health workers at both central and peripheral levels. An innovative reward system was incorporated into the grant to further strengthen the national health system, whereby part of

the funds were disbursed upon achieving WHO malaria-free certification.

Paraguay's success in obtaining WHO certification in 2018 caused a ripple effect across the region, fostering a competitive spirit among neighboring countries. Argentina achieved WHO certification in 2019, while Bolivia advanced to the malaria pre-elimination phase that same year. This regional momentum underscores the effectiveness of collaborative and sustained efforts in combating malaria.

In Central America, a collaborative sub-regional effort toward malaria elimination was established through the Regional Malaria Elimination Initiative. This innovative, results-based funding, multi-country grant was co-sponsored by the Global Fund, the

Gates Foundation and the Carlos Slim Foundation. Implemented by the Inter-American Development Bank, the grant incorporated loan and national funding as counterpart financing, and included performance-based disbursement tranches upon achieving pre-identified malaria elimination milestones. This initiative complemented malaria allocations disbursed by the Global Fund through national grants in eligible countries.

In 2021, El Salvador reached a historic milestone by achieving malaria elimination, becoming the first country in Central America to achieve this target. With the continued support of the Global Fund, El Salvador fortified its national health system and integrated malaria-specific interventions into it, which have

Malaria

been crucial in maintaining low transmission rates and achieving elimination.

Belize followed suit in 2023, becoming the second country in Central America to achieve WHO malaria-free certification within the last four years. Additionally, Belize was recognized as a Pan American Health Organization (PAHO) Malaria Champion of the Americas in the same year. These accomplishments highlight Belize's commitment to public health and serve as an inspiration to other nations in the region. Through strategic investments in surveillance, diagnosis and vector control, Belize demonstrated that with dedicated effort and international support, malaria can be eliminated.

Lastly, malaria control in Nicaragua has been crucial for eliminating malaria in Central America. With Global Fund support, cases dropped from 25,530 in 2020 to 5,016 in 2024. Success factors included early diagnosis and treatment, rapid response to case clusters and expanding the COLVOL (*colaboradores voluntarios*) community network. The Global Fund improved case management follow-up and local capacity for precise interventions. Strategic investments in vector control, such as insecticide rotation and increased mosquito net distribution, were vital. Collaboration between the Global Fund, the Nicaraguan government, and local communities transformed malaria efforts in Nicaragua and advanced regional elimination goals.

These remarkable achievements highlight the dedication and collaboration within the region,

underscoring the importance of continued support and investment from donors to sustain and expand these efforts. Together, these initiatives demonstrate that eliminating malaria is achievable with strategic planning, investment and international cooperation.



Belize was certified malaria-free in 2023 and was recognized as a PAHO Malaria Champion of the Americas in the same year.

Estefanía Bravo/UN Foundation

Strong and resilient health and community systems

Enhancing laboratory capacities in the Dominican Republic

Investments by the Global Fund in the Dominican Republic's laboratory system have greatly improved the ability to detect pathogens early, which is crucial for managing and controlling diseases. This has enhanced the country's ability to keep track of and respond to diseases, and has improved lab safety and service quality. The purchase of VITEK2 Compact systems for the National Bacteriology Laboratory and two major hospitals has sped up the process of identifying bacteria, leading to faster patient care and reducing the spread of infections.

Additionally, a MALDI-TOF system was installed at the National Bacteriology Laboratory to quickly identify microorganisms in minutes. The National Tuberculosis Laboratory received an MGIT 960 system, which allows the country to perform susceptibility tests to TB drugs, improving TB diagnosis and treatment. New biological safety cabinets were also added to ensure a safe working environment. The Genomic Surveillance Laboratory was equipped with new tools like incubators, ultracentrifuges, and spectrophotometers to improve its operations and maintain the quality of stored samples. These upgrades demonstrate the significant impact of the Global Fund's investments in improving public health infrastructure in

the Dominican Republic and emphasize the need for continued support to maintain and expand these advancements.

Strengthening genome surveillance in Colombia

The Instituto Nacional de Salud in Colombia reached a notable milestone by obtaining WHO certification as a Regional Reference Laboratory, an achievement which was fully supported by Global Fund investments aiming to enhance the country's pandemic preparedness. This certification recognizes Colombia's genomic surveillance capabilities and establishes a standard for other nations in the region. This development will also support regional testing and laboratory capacities, enabling countries to leverage Colombia's sequencing abilities and foster future collaborations.

How the Global Fund's co-financing strategy has improved health outcomes

Although these investments make up less than 7% of national responses to HIV, TB and malaria, their impact has been significant. During Grant Cycle 6 (GC6), countries in Latin America and the Caribbean exceeded co-financing commitments by 132%.² For every US\$1 invested by

the Global Fund in the national responses, countries increased government investment by US\$1.8 for targeted interventions. Among the 18 funded countries in Latin America and the Caribbean, 80% absorbed all treatment costs, while half took over most health products (such as rapid diagnostic tests, condoms, reagents, and personal protective equipment) and absorbed human resources and equipment maintenance, among others. In addition, other countries, using the Global Fund as a catalyst, are committing to full absorption of grant interventions by year three. Strategic investments have led to programmatic improvements, such as advocating for PrEP guidelines, pooled procurement, social contracting, enhanced civil society capacity, and the integration of HIV, TB and malaria services at primary health care levels, setting a precedent for future health initiatives in the region.

² For a sample of countries with complete data.

Sustainability and impact through partnership

The Global Fund's collaboration with PAHO and UNAIDS in Latin America and the Caribbean

The Global Fund's collaboration with the Pan American Health Organization (PAHO) and UNAIDS is a powerful example of how strategic partnerships drive impact, efficiency and sustainability in health programs. As countries in Latin America and the Caribbean advance toward greater domestic financing and integration of HIV, TB and malaria responses into national health systems, these alliances remain critical to ensuring no one is left behind. In Central America, the Global Fund and UNAIDS are co-leading efforts to promote sustainability, working with countries to transition from donor dependency by strengthening domestic financing mechanisms and integrating services within universal health coverage schemes.

Leveraging the PAHO Strategic Fund for affordable and sustainable procurement

A cornerstone of the Global Fund-PAHO collaboration is the PAHO Strategic Fund, underpinned by a Memorandum of Understanding

(MoU) signed more than a decade ago. This agreement enables PAHO member states to access Global Fund-negotiated long-term agreements, allowing countries to procure antiretroviral drugs at significantly reduced prices using domestic resources. Over the past 10 years, the Strategic Fund has provided predictable, affordable access to lifesaving HIV medicines. For example, Colombia has increasingly used the Strategic Fund to procure dolutegravir and other essential commodities, integrating these mechanisms into national procurement plans – a key step toward sustainability and country ownership of the HIV response.

Strengthening national responses in challenging contexts: Venezuela's Master Plan

In Venezuela, prior to the country's re-eligibility for Global Fund financing, the Global Fund partnered with PAHO and UNAIDS to develop and implement the Master Plan to strengthen national responses to HIV, TB and malaria. PAHO's leadership in procurement and logistics, combined with UNAIDS' technical guidance and Global Fund financing, ensured continuity of essential health services during a particularly critical period.

Looking ahead: Sustaining progress through partnership

The collaboration between the Global Fund, PAHO and UNAIDS is a model of collaboration with technical partners for sustained, successful health responses led by countries. By leveraging each partner's strengths, this alliance continues to deliver transformative impact – from affordable commodity procurement and robust data systems to community empowerment and human rights advancement. As countries in the region transition towards greater domestic financing and integrated health services, these partnerships remain vital to ending HIV, TB and malaria in Latin America and the Caribbean.

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 more than 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.