

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\$12.6 billion² in programs to fight the three diseases and build resilient and sustainable health and community systems. Approximately US\$558 million³ of this investment has been dedicated to the Pacific region.⁴

Over the last two decades, our partnership has saved **26.4 million** lives in the Indo-Pacific region, including **210,000** lives in the Pacific region.

The Global Fund works 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



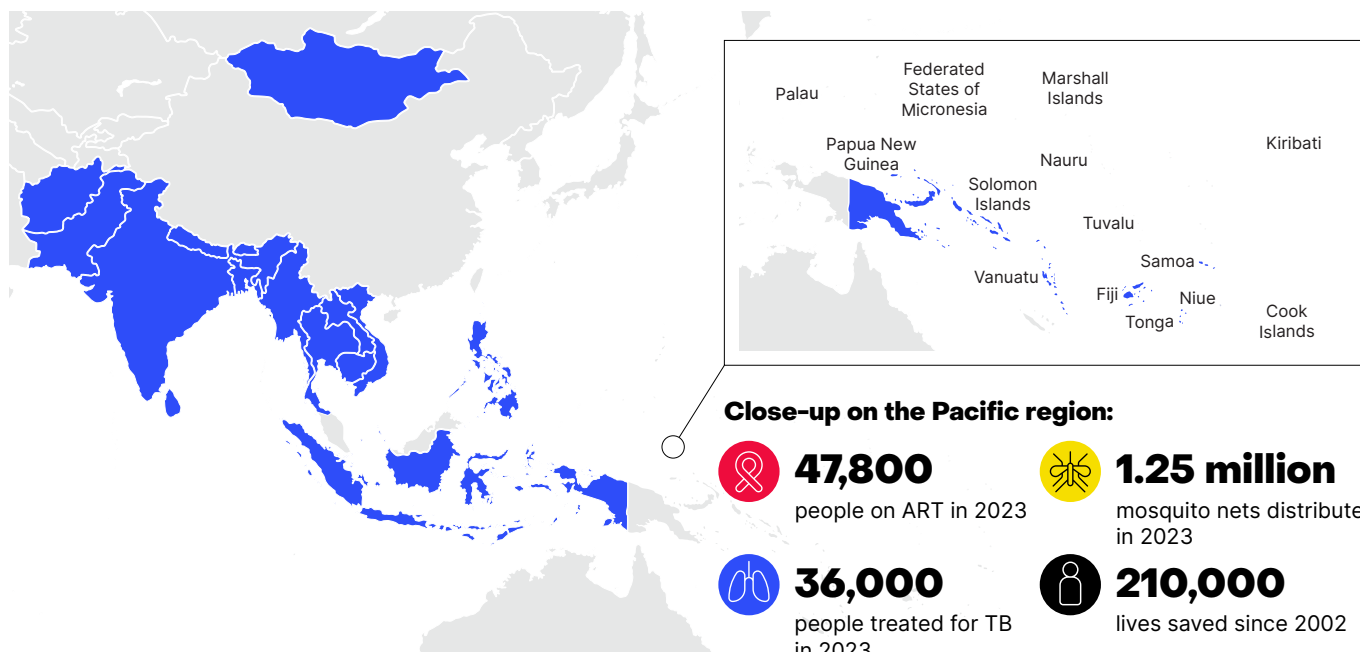
5 million

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, 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 17 October 2024.

³ Disbursement as of 17 October 2024.

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

Cover: Francis, 12, fully recovered from multidrug-resistant tuberculosis after completing an aggressive 18-month treatment regimen. A local tuberculosis program leader provided counseling and transport vouchers to Francis and his family to support him on his treatment journey. He is pictured here with family members at his home in Inawabui, Papua New Guinea.

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, which corresponds to the 2024-2026 grant implementation period, **the Global Fund has allocated a total of US\$2.2 billion to the Indo-Pacific region. In the Pacific region specifically, the Global Fund has allocated approximately US\$100 million**, with Papua New Guinea and the Western Pacific multicountry grant (that includes Fiji) receiving an allocation of US\$77 million and US\$13.8 million, respectively.

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\$12.6 billion in the Indo-Pacific region is estimated to have spurred **US\$230.4 billion in long-term health gains** and direct productivity gains of US\$80.6 billion. In the Pacific region, US\$558 million in investments has spurred **US\$10.2 billion in long-term health gains** and direct productivity gains of US\$3.6 billion.

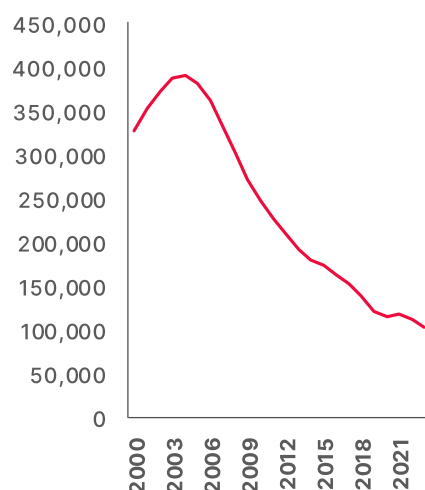
This estimate assesses the economic value of better health and a more productive society by quantifying productivity and consumption gains, including through household savings, and calculating that

each person who goes on lifesaving treatment is a potential contributor to the economic health of a community. These extraordinary benefit-cost ratios show the powerful economic effect of smart spending to fight the three diseases.

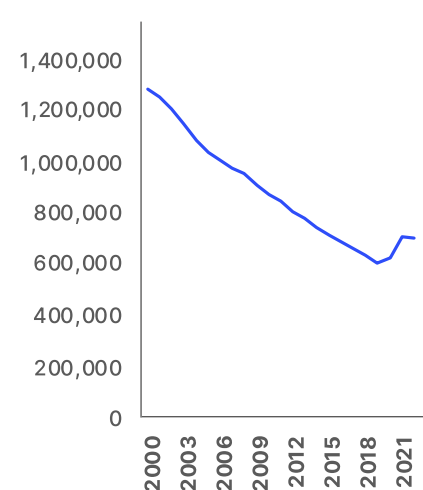
**US\$230.4 billion
in long-term
health gains.**

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

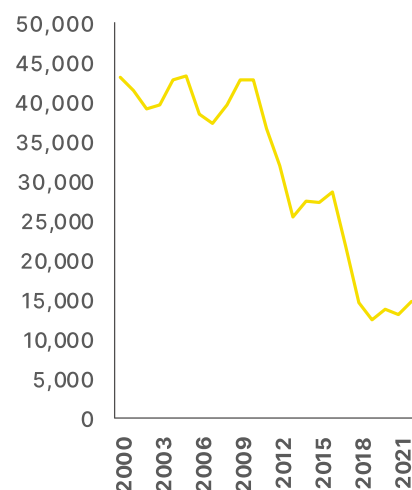
AIDS-related deaths



TB deaths (excluding HIV +)



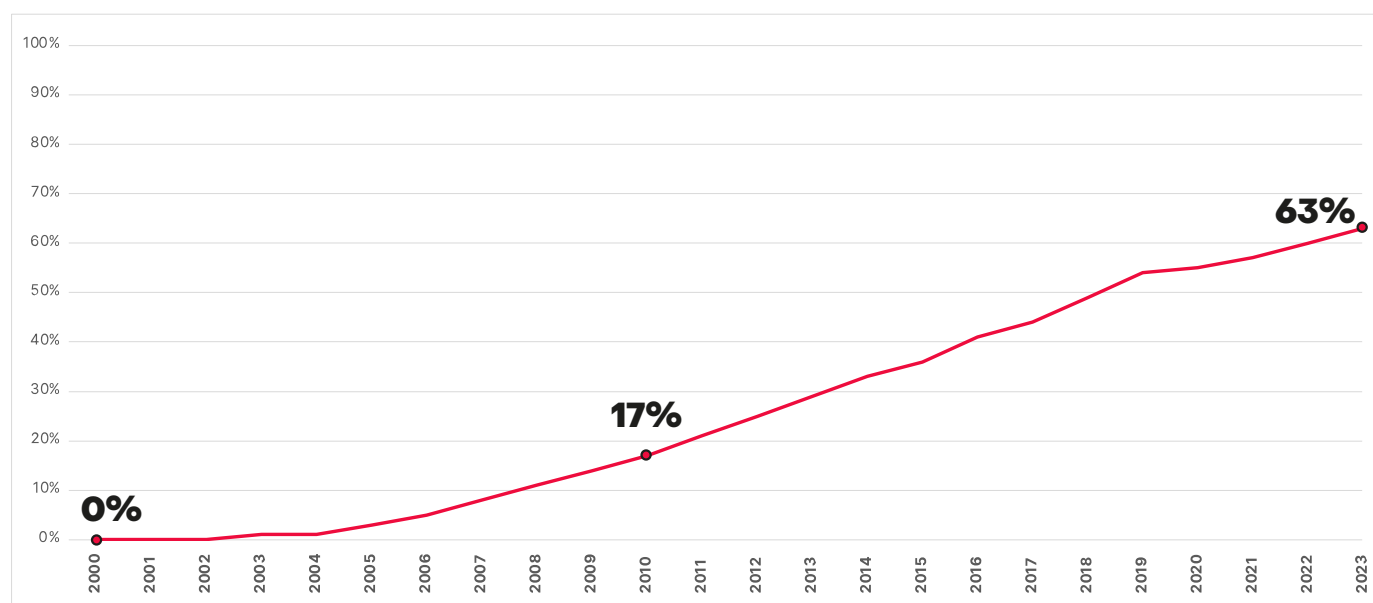
Malaria deaths



Source: UNAIDS 2024 release, WHO Global TB Report 2023, WHO World Malaria Report 2023

Vulnerable populations continue to be disproportionately affected by HIV in the Indo-Pacific region, as stigma and discrimination impede access to lifesaving HIV services. Key populations – transgender people, sex workers, people who inject drugs, people in prisons and gay men and other men who have sex with men – have a substantially higher risk of infection than the general population.

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



Source: UNAIDS 2024 release

AIDS-related deaths fell by 51% between 2010 and 2023 across Asia and the Pacific region.⁵ However, the region is also seeing a quarter of the world's new HIV infections annually, and HIV incidence is growing in Afghanistan, Bangladesh, Fiji, the Lao People's Democratic Republic (Lao PDR), Papua New Guinea and the Philippines. In 2023 an estimated 6.7 million people were living with HIV in the region, making it home to the world's largest epidemic after eastern and southern Africa. Between 2010 and 2022, numbers of new HIV infections increased by 32% among gay men and other men who have sex with men and by 85% among non-client sex partners of people from key populations.

The Global Fund supports countries to reduce new HIV infections by prioritizing

and expanding targeted HIV prevention programs that are tailored to individual risks, needs and local contexts. Community-led responses remain vital elements of the HIV response. The Global Fund is strengthening community-based organizations that are on the frontline of delivering HIV prevention and testing services (including HIV self-tests), broadening access to innovative solutions such as pre-exposure prophylaxis (PrEP) and virtual interventions and scaling up comprehensive HIV services across the region.

In Papua New Guinea, the HIV epidemic is a growing concern. While HIV prevalence remains higher in key populations, it is becoming more widespread among the general population too, including among

children, pregnant and breastfeeding women, and adolescent girls and young women and their partners. Over the years, Papua New Guinea has made significant progress in increasing the number of people enrolled on HIV treatment. The current Global Fund HIV grant focuses on providing prevention, testing and treatment to key populations mainly in urban settings. In Papua New Guinea, the Global Fund is the largest external donor investing in prevention services for key populations.

HIV prevalence in most Pacific island countries remains relatively low, but efforts must be taken to ensure that key and vulnerable populations have access to prevention and treatment services. The current HIV program under the Western Pacific multicountry grant that covers 12 Pacific island countries has

a strong focus on strengthening and expanding the coverage of HIV and other sexually transmitted infections services for key populations. It includes strengthening the provision of key population-friendly HIV prevention services, improving access to testing services, and increasing treatment coverage through point-of-care and community-based testing, while addressing stigma and discrimination and broader sexual and reproductive health issues.

Countries are far from achieving the UNAIDS “95-95-95” testing, treatment and viral suppression targets for 2030, which was recommitted by member countries at the UN High-Level Meeting on AIDS, co-facilitated by Australia and Namibia in 2021. HIV prevention and treatment coverage gaps need to be filled through more equitable service delivery models, better tailored to people’s needs, with a particular emphasis on key and other vulnerable groups. We will continue to intensify our focus on primary prevention, and on addressing 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.

Case study

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



The Global Fund/Malka 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.

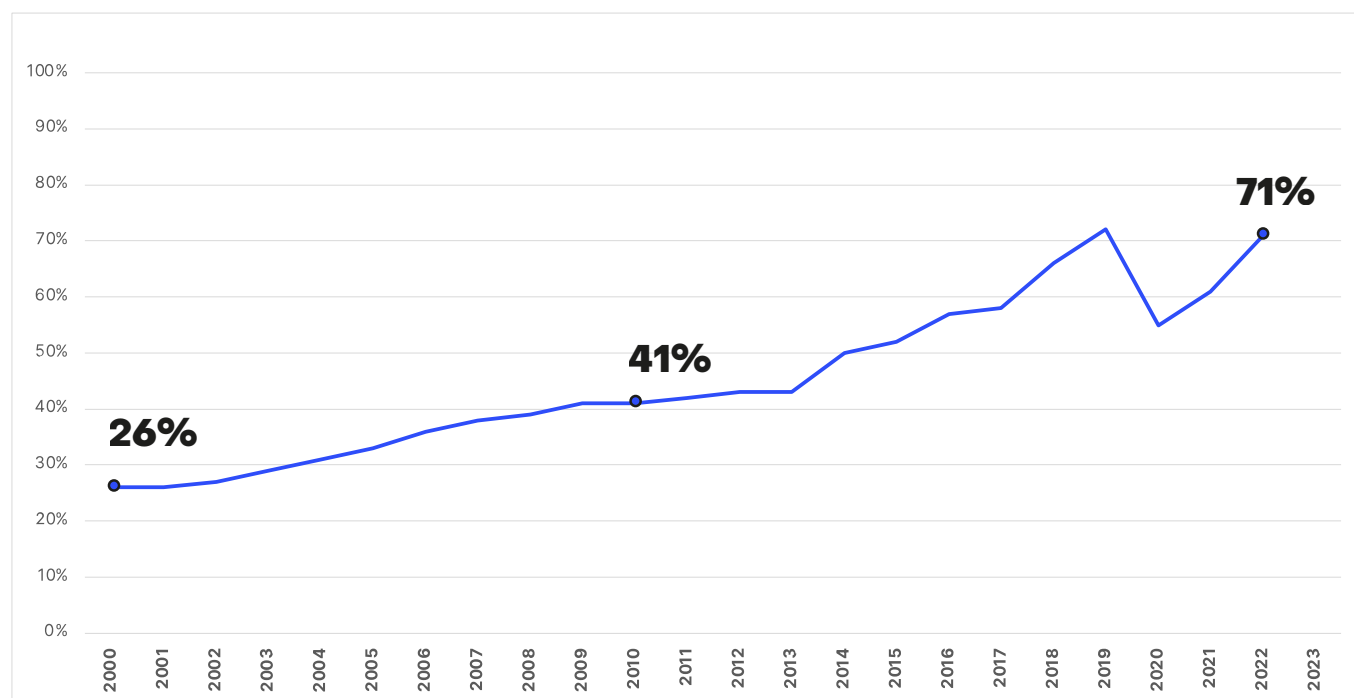
Ly Rithy experienced first-hand what it was like for female sex workers in the mid-1990s when HIV infections were soaring. For over 20 years, she has been supporting female sex workers to access HIV prevention, treatment and care. Five days a week, she distributes condoms, conducts dual HIV/syphilis 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 5 of the top 8 countries with the highest TB burdens in the world: 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: Global TB Report 2023

The global rise in the number of people falling ill with TB that started during the COVID-19 pandemic has slowed and started to stabilize. In 2023, 10.8 million people fell ill with TB. Of those, 8.2 million were reported newly diagnosed with TB, meaning about 2.7 million were missed by health systems. A fundamental step toward beating TB is finding and treating “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 latent TB 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

that 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. 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 is listed among the 30 high-burden countries for TB and multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB) and has one of the highest TB prevalence rates in the world. But Papua New Guinea has made notable progress against the disease: Treatment coverage for TB was at 80% in 2022, with treatment success rates of 73% for TB and 72% for MDR-TB. However, there are high rates of loss to follow-up, which poses a public health risk. The Global Fund is supporting TB community outreach, which is critical to strengthen TB diagnosis and treatment, strengthening diagnostic centers and expanding sites equipped with rapid molecular diagnostic technologies (GeneXpert).

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 with pandemic potential. The same testing and laboratory capabilities that countries had 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



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

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

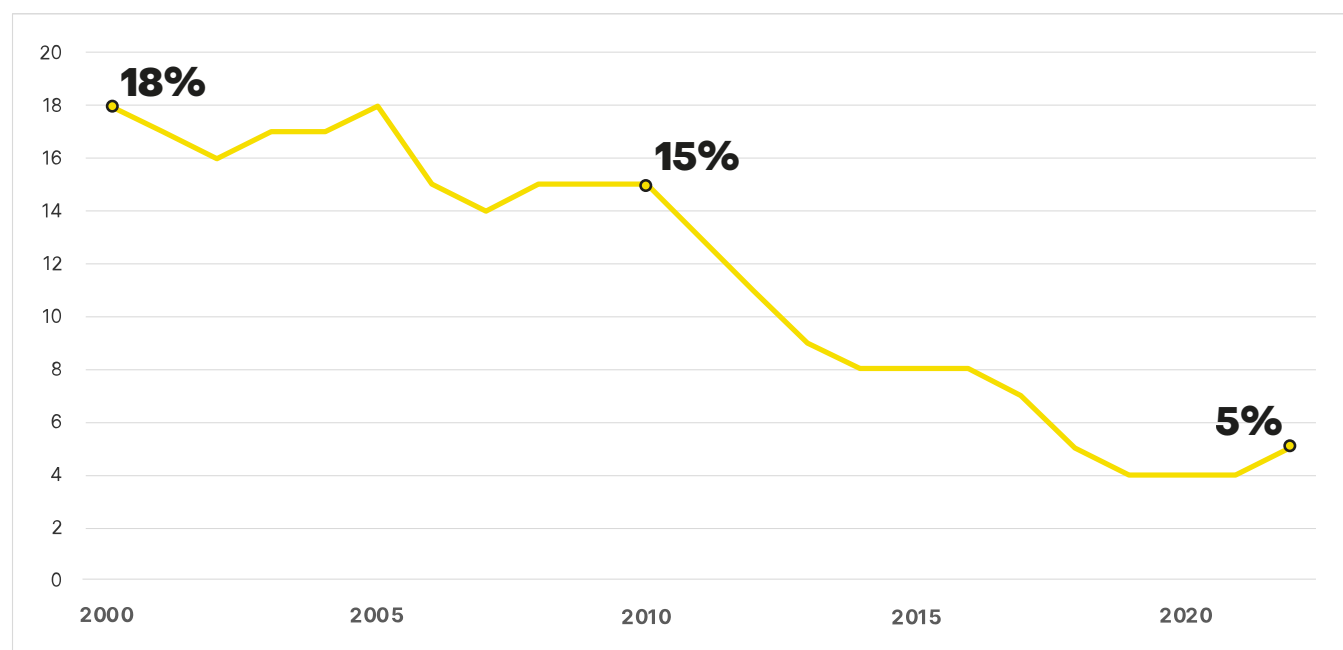
The Global Fund is supporting 12 Pacific island countries in their fight against TB through the Western Pacific multicountry grant. In 2022, there were an estimated 1.9 million TB cases and 104,000 deaths in the Western Pacific. Active TB case finding is critical to finding more people with TB, but this 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 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

Malaria elimination is within reach in several countries in the Indo-Pacific region. Bhutan reported zero indigenous cases for the first time in 2022, and Timor Leste submitted an official request for WHO certification of malaria-free status in 2023. The region's malaria burden is concentrated in five countries – Afghanistan, India, Indonesia, Pakistan and Papua New Guinea.

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



Source: World Malaria Report 2023

Drug resistance to the antimalarial drug artemisinin has been a major threat to the Greater Mekong Subregion and the rest of the world. Since the best available malaria treatment is based on artemisinin, the spread of drug-resistant strains from Asia to Africa is particularly alarming. To contain this threat to global health security, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) in 2014, supporting Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam. The Global Fund has operationalized over US\$700 million for this regional grant to date. RAI is the Global Fund's largest regional initiative and the very first one with the defined goal of disease elimination from a specific geography. Between 2024 and 2026 RAI aims to eliminate *P. falciparum* malaria from the

Greater Mekong Subregion by 2026, then eliminate other forms of malaria by 2030, and put in place the systems needed to prevent re-establishment of malaria transmission.

Since 2000, the Western Pacific region⁶ has achieved an overall downward trend in case incidence and mortality rates, and an increase in testing for suspected malaria cases. However, Papua New Guinea, the Solomon Islands and Vanuatu have experienced an increase in estimated cases of malaria since 2015.

Malaria is endemic throughout Papua New Guinea except for highland areas above 1,600 meters. Papua New Guinea accounts for 90% of the malaria burden and 94% of all malaria-related deaths in the Western Pacific region. The number of malaria cases increased by 423,000

between 2021 and 2022. During the same period, the incidence of malaria in Papua New Guinea increased by 32%. The rise in cases and deaths can be attributed to multiple factors, including human resource capacity and management limitations, stock-outs of commodities and inconsistent domestic and external funding sources. The Global Fund is the sole external funder supporting malaria case management (rapid diagnostic tools and treatment) and the main funder of long-lasting insecticidal nets in Papua New Guinea.

In Vanuatu, significant progress has been made in the response to malaria over the last two decades, with zero reported malaria deaths since 2012. However, *Plasmodium vivax* malaria cases in Vanuatu significantly increased from 212 cases in 2021 to 1,102 cases in 2022 due

to multiple factors such as cyclones, changes in rainfall levels and patterns, and disruptions to health programs caused by COVID-19. To contain the surge, 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.

Case study

Community-led efforts to end malaria in the Philippines

A mother and daughter from an Indigenous community receive routine health services in Rizal, Palawan, the Philippines.



In 2002, the Philippines recorded over 38,000 cases of malaria and 122 deaths. Today, 72 of the Philippines' 82 provinces are malaria-free, with nine provinces declaring zero indigenous cases and only one province with active transmission of the disease in 2023.

Two decades of Global Fund partnership and investment have brought the Philippines to the brink of elimination – but climate change-fueled drought and storms threaten the country's aim to end malaria by 2030. Typhoons hit the coast with increasing severity each year, destroying homes and health infrastructure and creating pools of stagnant water where disease-carrying mosquitoes thrive. In the mountains and forests, lack of rain has forced some indigenous people to move, complicating efforts to reach them with medicine and essential health services.

With Global Fund support, the Philippine government is investing in health systems that can withstand and counter the impacts of extreme weather – incorporating malaria prevention and testing into community-based primary health care services and building surveillance networks that feed community data into national health information systems, so that officials can promptly address malaria outbreaks. With sustained, coordinated action on climate change, the Philippines will stand as a model for the fight against malaria – and end the disease within its borders, once and for all.

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.

Addressing gender-based violence and other human rights barriers is a priority for Papua New Guinea. The Global Fund has supported robust community-led monitoring of stigma, discrimination and violence in the country. It has also begun supporting a sex workers network, Friends Frangipani, to enhance their organizational capacity to implement sex worker-led programs, including gender-based violence prevention, monitoring and referrals. In the Eastern Highlands, we are also funding programs to combat gender-based violence, raising awareness among community health workers, law enforcement, and schoolteachers, and refurbishing two safe houses in the province.

Case study

Reducing mother-to-child transmission of HIV in Papua New Guinea



More than half (56%) of the estimated new HIV infections in Papua New Guinea are among women, and 45% of these infections are among adolescent girls and young women aged 15 to 29. The Global Fund works closely with the National HIV Program and a range of partners in Papua New Guinea including World Vision, UNAIDS, WHO and Anglicare to ensure those most at risk of HIV have access to prevention, treatment and care. This includes strengthening health services to prevent HIV transmission from mothers to their babies.

Monica found out she was HIV positive a few months after giving birth to her son George in 2019. At the time, health care workers could not determine why her little boy was sick and losing weight. Eventually, both Monica and George were tested, and both were HIV positive. They were connected to a health clinic and put on lifesaving antiretroviral therapy (ART). Baby George's health drastically improved. Two years later, her second son, Jack, was protected from HIV because Monica had access to prevention of mother-to-child-transmission programs throughout her pregnancy, including access to ART.

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 multicountry Western Pacific grant, which includes non-eligible countries in line with the eligibility policy provisions for multicountry applicants (i.e., the majority (at least 51%) of countries included in the grant application are eligible for funding).

Climate change and health



Countries that are the least responsible for climate change are often the most vulnerable to its effects and the least able to adapt. 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.

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.

Climate change is one of the greatest health challenges of our time. It 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.

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.

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 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 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.