

Results Report 2024

Summary & Key Results

[Read more](#)

HIV

State of the Fight

[Read more](#)

Tuberculosis

State of the Fight

[Read more](#)

Malaria

State of the Fight

[Read more](#)

Health and Community Systems

[Read more](#)

Colliding Crises

[Read more](#)

Investing for Impact

[Read more](#)

Results Report 2024





Contents

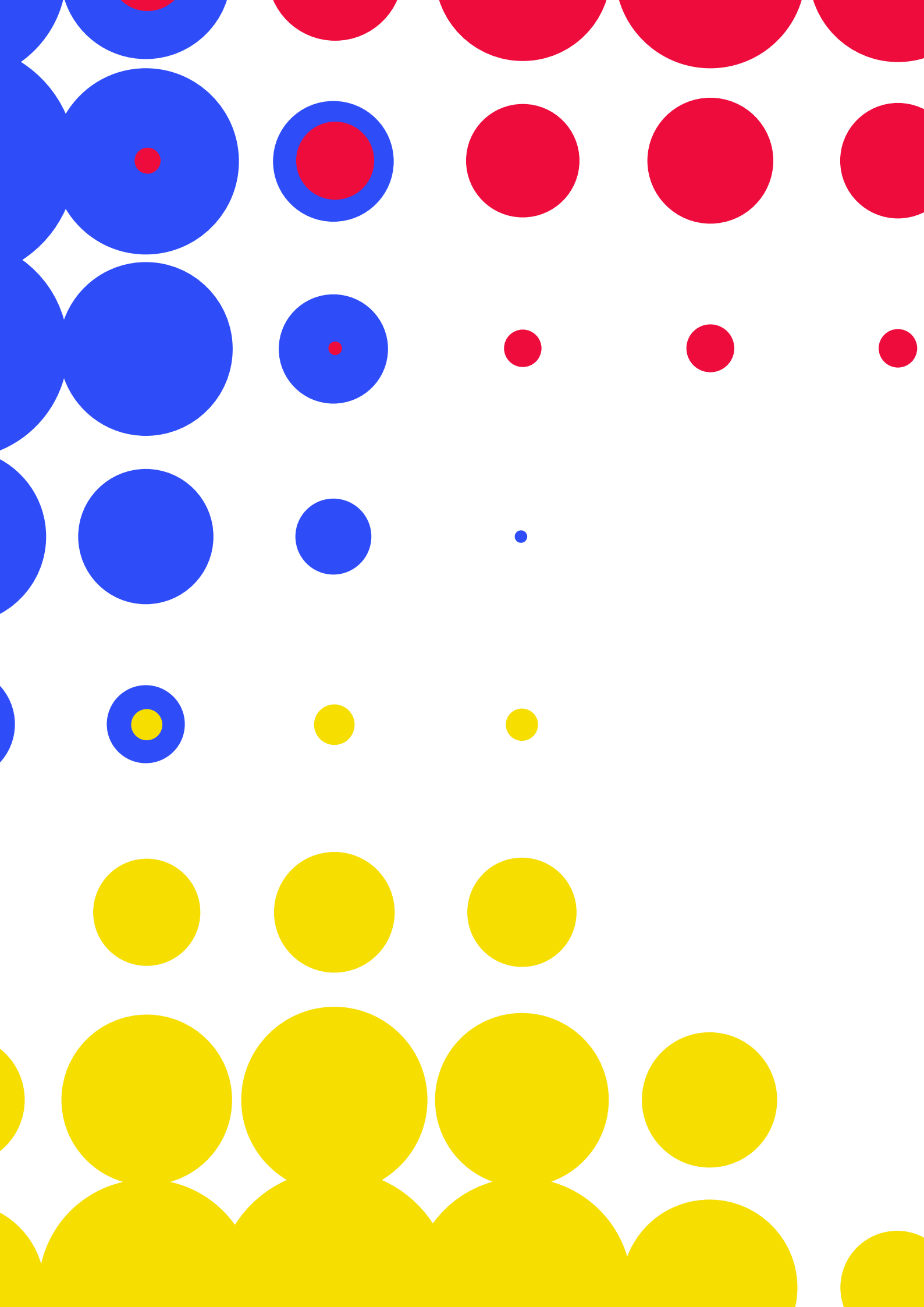
Letter from the Executive Director	05	Health and Community Systems	35
Key Results and Lives Saved	13	Colliding Crises	39
 HIV: State of the Fight	17	Investing for Impact	43
 Tuberculosis: State of the Fight	23	Note on Methodology	46
 Malaria: State of the Fight	29	Glossary	48

Cover: Tomnjong Thadeus with his 3-year-old daughter Gabriella at their home in Soa, Cameroon. Gabriella's mother fell ill with malaria while pregnant. Gabriella got sick soon after and spent four days in the hospital. Eventually, Gabriella recovered – but every year, hundreds of thousands of children do not. The entire population of Cameroon – 27 million people – are at risk for malaria. According to the World Health Organization, the country recorded more than 6.4 million cases of the disease and over 12,500 deaths in 2022. Today, Tomnjong, Gabriella and the rest of the family sleep under dual active ingredient insecticide-treated mosquito nets to protect themselves from the disease.

The Global Fund/Vincent Becker

Left: Sister Agaba Jesca (in blue), a nurse, and Atim Polly, a midwife, at work at the Entebbe Regional Referral Hospital in Uganda.

The Global Fund/Brian Otieno



Letter from the Executive Director

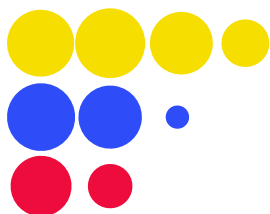


Global Fund Executive Director Peter Sands stands with 3-year-old Gabriella at her home in Soa, Cameroon.

The Global Fund/Vincent Becker

In September 2023, I visited a hospital ward in Kano State in the north of Nigeria. There I saw 24 infants fighting for their lives, stricken with severe malaria. It is a moment that has stayed with me. Across the world a child dies every minute from this disease, many of them in places like Kano.

Over the last two decades, we have cut the combined death rate from AIDS, TB and malaria by 61%.



That ward was a stark reminder that the fight against malaria, HIV and tuberculosis (TB) is not yet won. Far too many people are still dying from these preventable and treatable diseases. And AIDS, TB and malaria still account for a large proportion of the differences in life expectancy and broader indices of well-being between the poorest countries, especially in Africa, and the wealthiest and healthiest countries.

But we have made remarkable progress against the three diseases in the last two decades. In 2001 – the year before the Global Fund was founded – AIDS, TB and malaria killed a staggering 4.6 million people globally: 1.9 million from AIDS; 1.8 million from TB and 870,000 from malaria. Based on the most recent data, those deaths have now dropped by about half to 2.4 million.

Now is our moment to accelerate progress to end AIDS, TB and malaria. These diseases are formidable adversaries, constantly evolving to become more difficult to beat.

Ramping up our response is an urgent imperative in today's challenging context of interconnected crises. The impact of climate change on the epidemiology of malaria is already clear. When visiting Dhaka, Bangladesh, in June 2024, I witnessed firsthand how climate migrants are especially vulnerable to TB. Forced to flee their homes on the coast of Bangladesh due to destructive cyclones and the impact of salination on farm productivity, these migrants have found a home in the vast informal settlements in the city. Undernourished, stressed, and crowded into shared rooms, too many fall ill with TB.

And yet overall, TB in Bangladesh is a story of success. Deaths from TB in Bangladesh have fallen by 55% since 2002. But it is also an unfinished story. An estimated 42,000 people died from TB in the country in 2022

excluding HIV-positive TB patients. Bangladesh is on the list of the 30 high-burden countries for TB. The task of ending TB in the country is made more challenging by the escalating impact of climate change.

Across the three diseases, 2023 was another year of significant progress. The Global Fund partnership distributed 227 million mosquito nets to prevent malaria; treated 7.1 million people with TB and continued to expand access to HIV treatment by increasing the number of people on antiretroviral therapy to 25 million.

In the countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. Across the three diseases, service delivery metrics surpass pre-COVID-19 levels. Investments to mitigate the impact of COVID-19 on the three diseases have galvanized efforts to strengthen critical components of health systems, such as disease surveillance and oxygen, which simultaneously support the fight against existing infectious diseases and reinforce preparedness against future pandemics.

Saving 65 million lives

The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, working hand in hand with communities, governments, the private sector, civil society and our technical partners, we have cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.

Delivering transformative gains across countries

While lives saved is the most powerful indicator of the impact of our partnership, there is clear evidence that our investments in fighting HIV, TB and malaria and in building health and community systems have delivered gains that go far beyond reducing deaths from these

three diseases. Sharp reductions in morbidity from the three diseases, through reduced infections and better treatment, result in less time off work or school and overall improvement in the health and well-being of communities. Significant improvements in health system performance result in lower infant and maternal mortality and fewer deaths from acute trauma and other conditions.

Living longer, healthier lives

Over the last two decades, the impact achieved by the Global Fund partnership has led to dramatic improvements in life expectancy in many of the countries in which we invest. A study¹ showed that global inequality in life expectancy across countries declined by one-third between 2002 and 2019. Reduced mortality from HIV, TB and malaria accounted for one-half of this decline. The number of lives saved thanks to efforts fighting HIV, TB and malaria is a remarkable achievement, but the impact of the global fight extends far beyond preventing deaths. The broader burden of disease on individuals and countries can be quantified by disability-adjusted life years (DALYs), a metric that accounts for years of life lost due to premature death, illness or disability.²

Analysis of recently published data³ shows that in countries supported by the Global Fund the rate of DALYs for HIV, TB and malaria decreased by 56% between 2000 and 2021. This means that people are living longer, healthier lives. This remarkable reduction in DALYs for the three diseases is greater than from any other communicable or noncommunicable disease or injury of all kinds. However, we still have a long way to go. In 2021, the burden of disease from HIV and AIDS and malaria in Global Fund-supported countries was still equivalent to 135 million DALYs. We must finish the fight against the three diseases to eliminate these health inequities once and for all.

Making record investments

In 2023 we continued to invest at record pace. Disbursements in 2023 amounted to US\$5 billion⁴ – this is the third year in a row of record investments for the Global Fund.

Malawi: Measuring the impact of Global Fund investments in human resources for health

Over the 2021 to 2024 period, the Global Fund invested US\$15 million in human resources for health in Malawi. A study⁵ has estimated the potential impact of this support to strengthen health systems in the country. The study found that:

- Between 2021 and 2024, the number of health care workers in Malawi increased from 28,000 to around 34,000 (by the end of the year), substantially enhancing the country's health care capacity.
- This increase in the number of health care workers could have averted 1.7 million disability-adjusted life years (DALYs) and approximately 26,000 deaths between 2021 and 2024.
- Looking ahead, it is estimated that maintaining similar levels of investments in human resources for health between 2024 and 2030 could potentially avert 7.4 million DALYs and 105,000 deaths, offering a promising outlook for the future of health care in Malawi.
- These Global Fund investments in health care workers have a specific benefit to people living with HIV, TB or malaria. Around 755,000 (45%) of the 1.7 million DALYs averted between 2021 and 2024 are due to the three diseases. Of those 755,000 DALYs, HIV accounts for 60%, TB for 10%, and malaria for 30%.
- The other 55% of all DALYs averted over the 2021–2024 period are primarily attributed to lower respiratory infections, neonatal disorders and childhood diarrhea, which are the main causes of childhood mortality in Malawi.

1. Contributions of declining mortality, overall and from HIV, TB and malaria, to reduced health inequality and inequity across countries. Haacker, M. et al., 2023. Health Policy and Planning, 38(8), 939–948. <https://doi.org/10.1093/heapol/czad046>.

2. DALYs combine both the years of life lost (YLL) due to early death and the years lived with disability (YLD), providing a comprehensive measure of the burden of disease. The “rate of DALYs” refers to the number of DALYs per capita, allowing for a standardized comparison across different populations and regions. This rate effectively represents the average loss of healthy years of life per person within a given population due to a specific disease or a group of diseases.

3. Global Burden of Disease Study Results. Institute for Health Metrics and Evaluation (IHME), 2024.

4. When including Strategic Initiative disbursements, this figure would amount to US\$5.1 billion.

5. The Global Fund commissioned Imperial College London working with the Ministry of Health of Malawi using the Thanzi La Onse (TLO) Model to perform this study. The model estimated both the potential backward-looking impact of investments as well as the potential future impacts of maintaining similar levels of investment in human resources for health up to 2030.

In 2023, we began Grant Cycle 7 (GC7), which extends over the period 2024-2026, and also continued to invest through the COVID-19 Response Mechanism (C19RM), which extends through the end of 2025. During GC7, the Global Fund’s total investments, including through C19RM, will amount to over US\$17.3 billion.⁶ These investments are driving continued progress toward the Sustainable Development Goal 3 (SDG 3) target of ending HIV, TB and malaria by 2030. We have also invested more than ever before in building stronger health and community systems to support interventions to combat the three diseases, accelerate the path toward universal health coverage (UHC) and reinforce preparedness against future threats, including pandemics, antimicrobial resistance (AMR) and climate

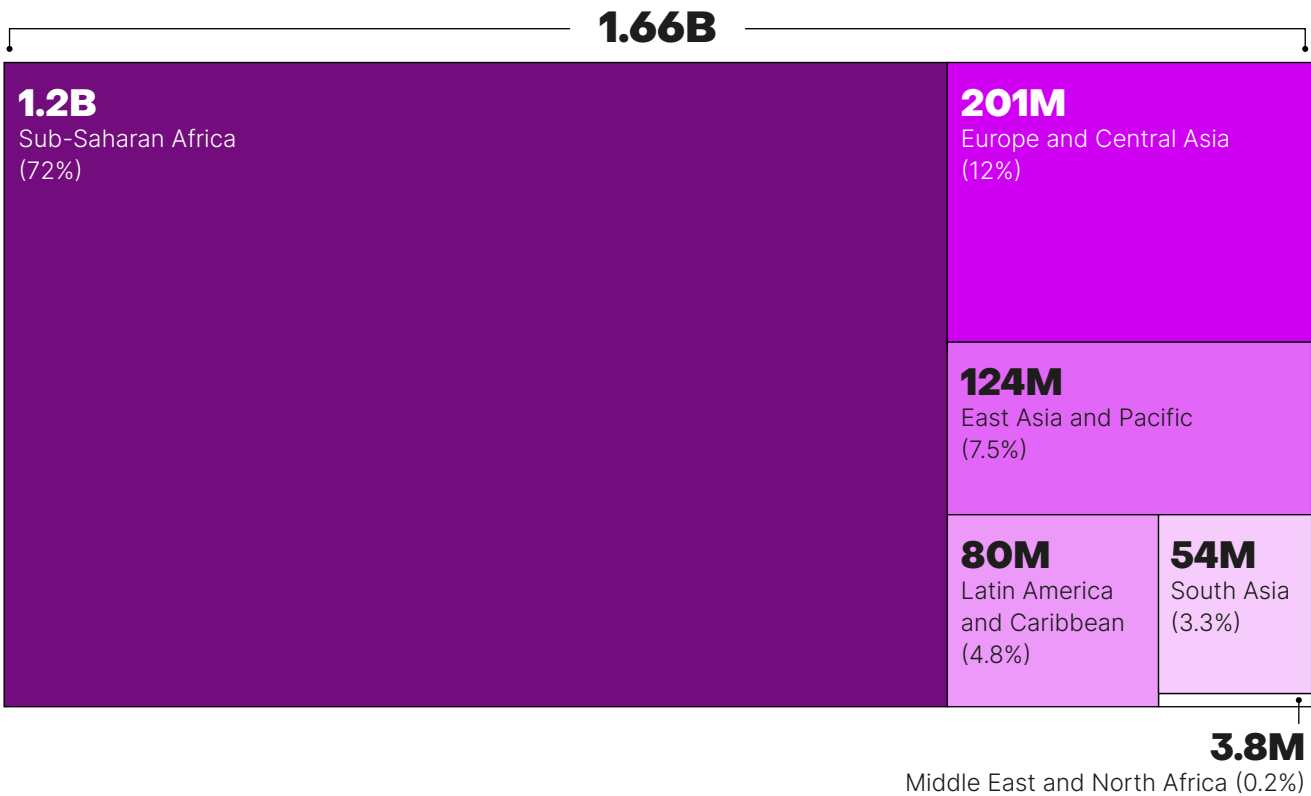
change. Our investments are supporting primary health care facilities, laboratories, supply chains, oxygen provision and community health workers.

Strengthening health and community systems and expanding universal health coverage

The Global Fund partnership contributes to reinforcing health systems and accelerating progress toward UHC in multiple ways. As the largest multilateral grants provider for health systems strengthening, we are supporting countries to build more effective and resilient health delivery systems, including community systems that reach the poorest and most marginalized. By reducing the burden of HIV, TB and malaria, we are freeing up capacity in primary care clinics and hospitals that can be used to

Number of HIV-related hospitalization days avoided

In countries where the Global Fund invests, 2002-2023



World Bank regions. This chart includes countries that received an allocation from the Global Fund since our inception up until December 2023.

If people with symptomatic HIV, TB and malaria do not receive appropriate care, their health needs increase and health systems face additional strain in meeting their needs. Investments in HIV, TB and malaria can lessen the number of people who become infected with the diseases and can reduce the health care needs of those who are living with HIV, TB and/or malaria. This frees up the capacity of health systems and enables resources to be diverted to other conditions. Our investments in HIV up to the end of 2023 have freed up 1.66 billion hospitalization days that would have otherwise been used for HIV-related activities and averted 1.36 billion outpatient visits, generating US\$85 billion in cost savings. These gains are calculated by comparing the scale-up of key HIV services over the past two decades in Global Fund-supported countries⁷ with a counterfactual scenario assuming there was no scale up in HIV services in the same countries and years.⁸

6. Includes all sources of funds, including operating expenses and catalytic investments.

7. Includes countries that received an allocation from the Global Fund since our inception up until 2023.

8. The analysis does not account for deferred cost due to greater survival from reducing burden of three diseases leading to greater primary care utilization in the future. The costs are based on nominal \$US.

provide care for other conditions. Where the three diseases absorb over 50% of health system resources – which malaria alone does in a place like Kano – the impact of reducing the burden of the three diseases on overall health system performance can be dramatic. By directly tackling the human rights and gender-related barriers to access to health services, the Global Fund is helping ensure that the “U” of UHC becomes a reality, not just rhetoric.

A recent report⁹ by the World Bank and the World Health Organization (WHO) found that investments in HIV, TB and malaria programs made “the most substantial improvements” to UHC, boosting the effort to ensure every person across the world can receive quality health services, when and where they need them, without incurring financial hardship.

Achieving exceptional return on investment

Investments through the Global Fund partnership since 2002 have consistently yielded exceptional returns, demonstrating the value of investing in health to advance broader socioeconomic development. Global Fund disbursements of US\$63 billion, made between 2002 and the end of 2023, are estimated to have generated health gains with a monetized intrinsic value of US\$1.2 trillion and direct productivity gains of US\$400 billion.¹⁰ The consistency with which we have delivered extraordinarily high return on investment demonstrates the value of investments in health to broader socioeconomic development and proves the power of the Global Fund’s partnership model.

We have also been highly effective in our efforts to contain operating expenses, while improving and expanding our scope, through disciplined cost control and adherence to the budgeting framework. In GC7, our operating expenses¹¹ represent 6.2% of our total announced pledges from donors. This is one of the lowest percentages of operating expenses in the global health development space.

Leveraging game-changing innovations

The Global Fund partnership is innovative in design and operation. One of the ways in which we add value is by providing accelerated, equitable and affordable access to medical innovation.

To bring biomedical innovations to those who need them as quickly as possible, we execute market-shaping strategies to ensure equitable and affordable access at scale. In 2023, the Global Fund partnership invested in accelerating access to game-changing innovations across all three diseases.

For HIV, we worked with partners, including private sector manufacturers, to secure a further 20% reduction in the cost of antiretroviral medicines, bringing the annual cost to treat one person to about US\$45 (in contrast to about US\$10,000 when the Global Fund was created). We continued to work with partners to accelerate access to innovative prevention tools, such as the dapivirine vaginal ring and injectable, long-acting pre-exposure prophylaxis (PrEP). For TB, our partnership worked with manufacturers to significantly reduce the price of essential tools, including the GeneXpert cartridge used for molecular diagnostics; bedaquiline, the main treatment for drug-resistant TB; and preventive medicines. We also worked on improving diagnostic tool options and expanding access to them. For malaria, we used our novel Revolving Facility to secure such an attractive price for the innovative dual active ingredient (dual AI) insecticide-treated mosquito nets that most countries have already switched to using them. Looking forward, there is an exciting pipeline of innovations across all three diseases. Ensuring there is rapid, affordable and equitable access to these new and powerful tools must remain a key priority in our efforts to accelerate progress toward the SDG target to end AIDS, TB and malaria by 2030.

Tackling crises

We have repeatedly demonstrated our value in supporting countries in the face of crises and challenging circumstances. We work with countries to adapt to shocks, maintain sustainable progress against the three diseases and improve overall health outcomes. The Global Fund partnership’s response to COVID-19 is perhaps the most obvious example. We started making money available to countries to respond to the virus as early as February 2020, and by April 2020 we launched C19RM. Since then, with the support of generous donors, led by the United States and Germany, we have been able to provide over US\$5 billion in support to countries to respond directly to COVID-19, mitigate its impact on HIV, TB and malaria programs, and strengthen health system capacities. C19RM played a critical role in enabling a swift response to the new virus and in countering the impact on the three diseases in the countries in which we invest. In 2023, C19RM investments represented the largest source of external grant funding to low- and middle-income countries for reinforcing pandemic preparedness, with over US\$360 million invested in key components of health systems, including disease surveillance, laboratory networks, oxygen systems and community health workers.

9. Tracking Universal Health Coverage: 2023 Global monitoring report. World Health Organization and the International Bank for Reconstruction and Development/The World Bank, 2023. <https://www.who.int/publications/i/item/9789240080379>.

10. Estimates of the “intrinsic” value of health are based on what individuals are willing to pay for improvements in their own health, whereas the “productivity gain” considers the extent to which reductions in sickness and premature deaths increase productive work.

11. Includes C19RM.

In 2023, we faced crises including climate change, conflicts and political turmoil, the erosion of human rights and attacks on gender equality, antimicrobial resistance, and growing debt and economic problems. These challenges threaten the sustainability of our efforts to deliver on the SDG 3 ambitions for health, and risk deepening global health inequities. We must protect the gains we have worked so hard to achieve over the last two decades, and we must also accelerate our progress, so that we get back on the trajectory required to achieve the SDG 3 target of ending AIDS, TB and malaria by 2030.

Climate change

Climate change represents a profound and rapidly escalating threat to the Global Fund's mission to defeat AIDS, TB and malaria, save lives and build a healthier, safer and more equitable world for all. Climate change is increasing existing social and economic vulnerability, including amongst key, vulnerable and underserved populations affected

by HIV, TB and malaria. The health impacts of climate change are also a large driver of extreme poverty.

In 2023, we saw countries respond quickly by incorporating climate-related considerations into their disease interventions, but the scale of this rapidly escalating challenge should not be underestimated. Already, some 70% of our country allocations are invested in the 50 most climate-vulnerable countries, and 37% of our emergency funding has been deployed in response to natural disasters and extreme weather and climate events.

Conflicts and political turmoil

In 2023, we saw widespread and intense conflict and political turmoil in many of the countries where we invest. From Sudan to Ukraine, the Middle East to the Sahel, conflict and political crises disrupted our programs and diminished health system performance, with devastating consequences for the poorest and most vulnerable communities.



Noelia Sosa, Anastacio Dermott and their children María Jose and Isaías at their home in San Pedro, Paraguay. Anastacio, María Jose and Isaías were tested and treated for TB.

The Global Fund/Johis Alarcón/
Panos

The breadth and flexibility of the Global Fund partnership gives us a unique ability to adapt to such challenging circumstances. In Ukraine, more than 1,500 health facilities have been attacked over the past two years, leaving health care workers and patients displaced, injured, or dead. Ensuring continuity of HIV and TB services has required flexibility and intense collaboration between the Ministry of Health and civil society and community partners, including 100% Life and the Alliance for Public Health, and over 100 community-based and community-led organizations. In addition to the US\$166 million country allocation for GC7 to Ukraine, the Global Fund has provided US\$28 million to the country from the Emergency Fund.

Human rights and gender equality

In many parts of the world, we are witnessing stalled progress on gender equality and an alarming erosion of human rights. Stigma and discrimination, criminalization and other punitive laws and policies prevent those most at risk from getting the services they need. The fight against diseases is as much a fight for justice and equity as it is a biomedical fight. Even the most innovative biomedical tools will fail if those who most need them can't get them. To end infectious diseases for good, we must dismantle the human rights-related barriers that prevent certain populations from accessing the services they need and tackle the deep gender inequalities and underlying inequities that drive starkly different health outcomes. We have stepped up our efforts to support countries and communities to respond to these challenges. In 2023, our Breaking Down Barriers initiative was expanded to reach 24 countries and bring together stakeholders across government, civil society and communities to confront injustices in disease programs. This initiative has resulted in much greater investments in programs to reduce human rights-related barriers to health care and reinvigorated support to organizations led by key populations and their allies.

Antimicrobial resistance

With AMR we face an increasing risk of being confronted with pathogens impervious to lifesaving medical tools, particularly current antibiotics. Tackling the threat of AMR requires a broad range of actions, from improved stewardship to the development of new antibiotics. Combatting AMR requires the active engagement of many different actors, and the Global Fund already plays a significant role in this space. We provide by far the largest external source of funding to treat drug-resistant TB, one of the largest causes of AMR-related mortality, and we make significant investments in infection prevention and control, waste management, surveillance systems, and laboratory diagnostics, including health products available through our Pooled Procurement Mechanism.

Ensuring sustainable progress

Winning the battle against HIV, TB and malaria is essential to reducing the stark global health inequities that persist and to delivering on the overarching SDG 3 goal of health and well-being for all. Our increased investments in health systems are delivering immediate gains in health outcomes, while enabling countries to make faster progress toward UHC. Yet the ultimate driver of sustainable progress against the three diseases and on the journey toward UHC remains countries' own domestic resource mobilization. Through our co-financing requirements, technical assistance and overall efforts on health financing, and collaboration with countries on strengthening public financial management, we are supporting countries to increase the quantum, quality and effectiveness of their domestic spending on health.

Continuing to reduce the burden of HIV, TB and malaria is a prerequisite for ensuring the sustainability of the health gains we have worked so hard to achieve. Cutting infections and deaths from the three diseases not only saves lives but also frees up health system capacities that can be directed to meet other health needs. Underinvesting in the fight against HIV, TB and malaria risks perpetuating the threat from the three diseases, costing lives and overburdening fragile health systems.

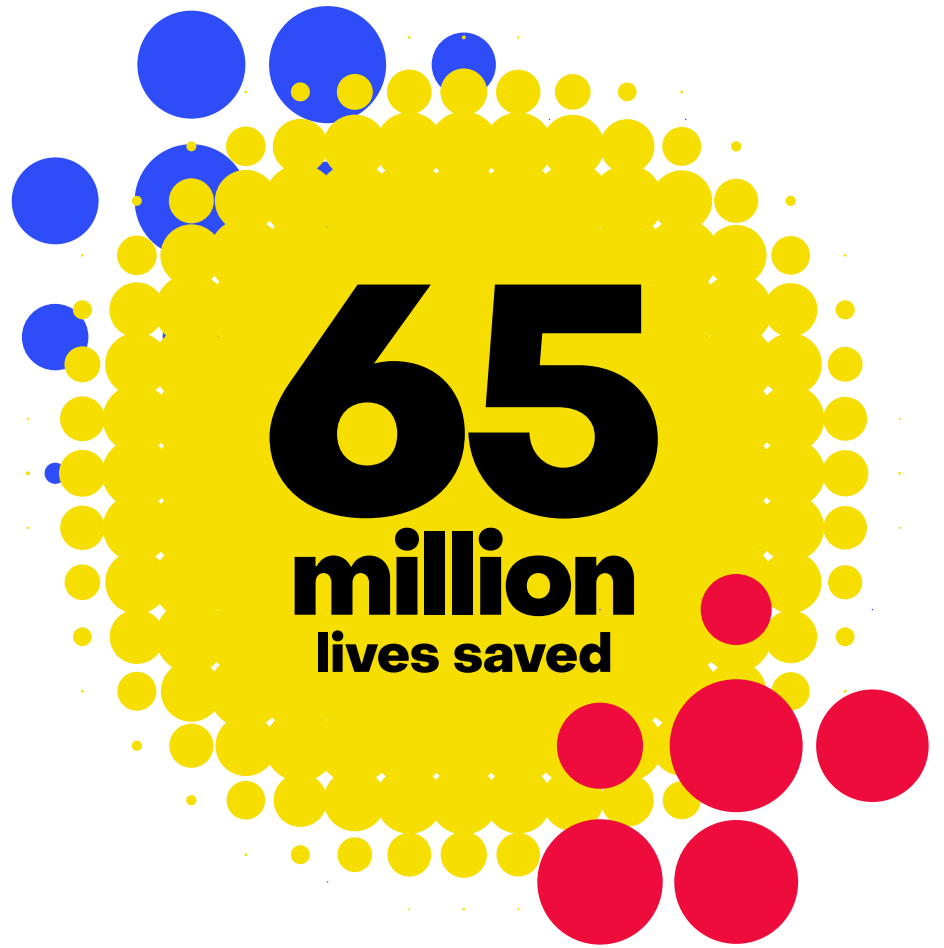
In 2023, the Global Fund partnership continued to deliver on our promise: to save lives from HIV, TB and malaria, and work with countries to build stronger and more inclusive systems for health. Once again, this unique partnership – led by country partners, communities affected by the diseases and frontline health workers – demonstrated resilience and versatility, adapting rapidly to support countries in responding to the diverse challenges that affect them, and ensuring continued progress in the fight against the world's leading infectious diseases. These results provide further evidence of the efficiency and effectiveness of this unique partnership model. Working hand in hand with communities, governments, the private sector, civil society and our technical partners, and putting people affected by the diseases at the center of the response, I am confident that we can end AIDS, TB and malaria as public health threats, accelerate progress toward UHC and deliver on the SDG 3 ambition of health and well-being for all. ●



Eight-year-old Rehana Bosan tested positive for HIV at 4 years old. Every other month, Rehana and her grandmother walk to the HIV treatment center in Ratodero, Pakistan, to collect her medicine. Rehana was diagnosed during Ratodero's 2019 HIV outbreak, likely caused by unsafe medical practices and contaminated medical supplies. Hundreds of children, including Rehana's sister and brother, also tested positive for HIV during that period.

The Global Fund/Vincent Becker

Key Results and Lives Saved



In response to HIV, TB and malaria, we measure our progress against the global targets set for the three diseases¹² and in the Sustainable Development Goal 3 of health and well-being for all.

12. Targets for each disease are included in the UNAIDS 2025 programmatic targets and the 2021-2030 impact and resource needs estimates, 2022; WHO Global Technical Strategy for Malaria, 2016-2030, 2021 update; WHO End TB Strategy, 2015; and the Stop TB Partnership Global Plan to End TB 2023 to 2030, 2022.

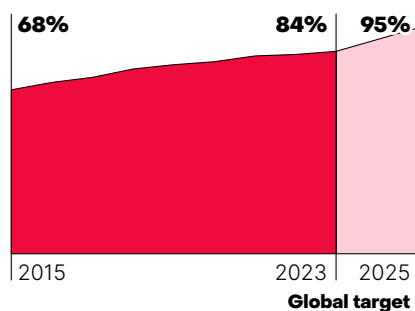
Key results in the countries where the Global Fund invests include:



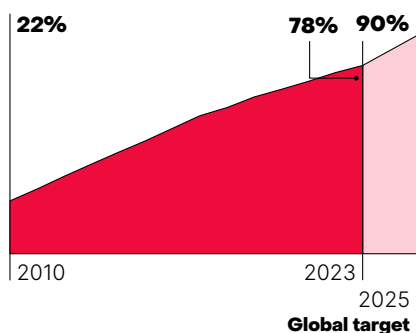
25 million

People on antiretroviral therapy for HIV*

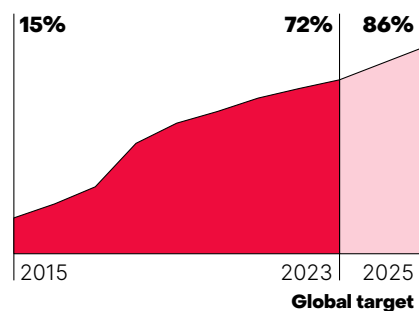
People living with HIV who know their status



People living with HIV receiving ARVs



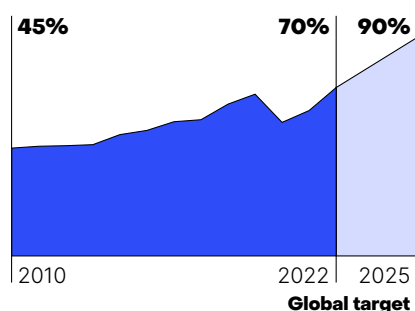
People living with HIV with suppressed viral load



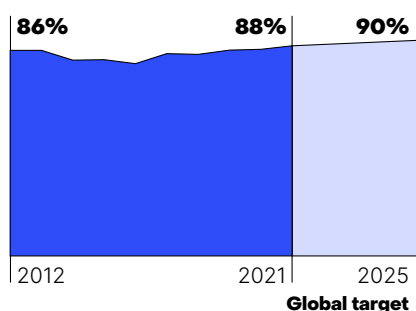
7.1 million

People treated for TB*

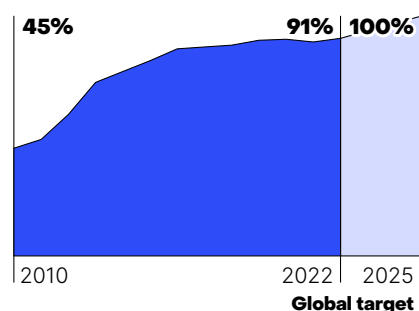
TB treatment coverage



TB treatment success rate (all forms)



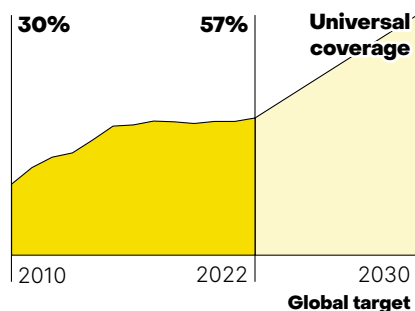
HIV+ TB patients on ARVs



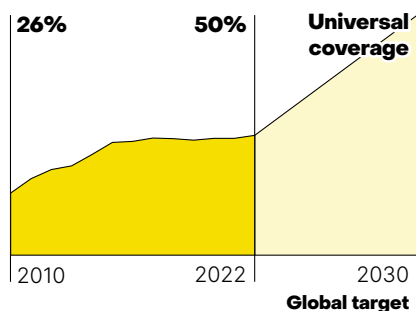
227 million

Mosquito nets distributed*

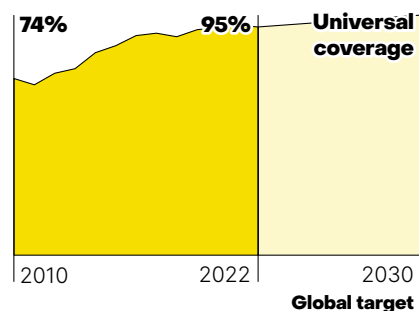
Mosquito nets population coverage



Mosquito nets population use



Suspected malaria cases tested

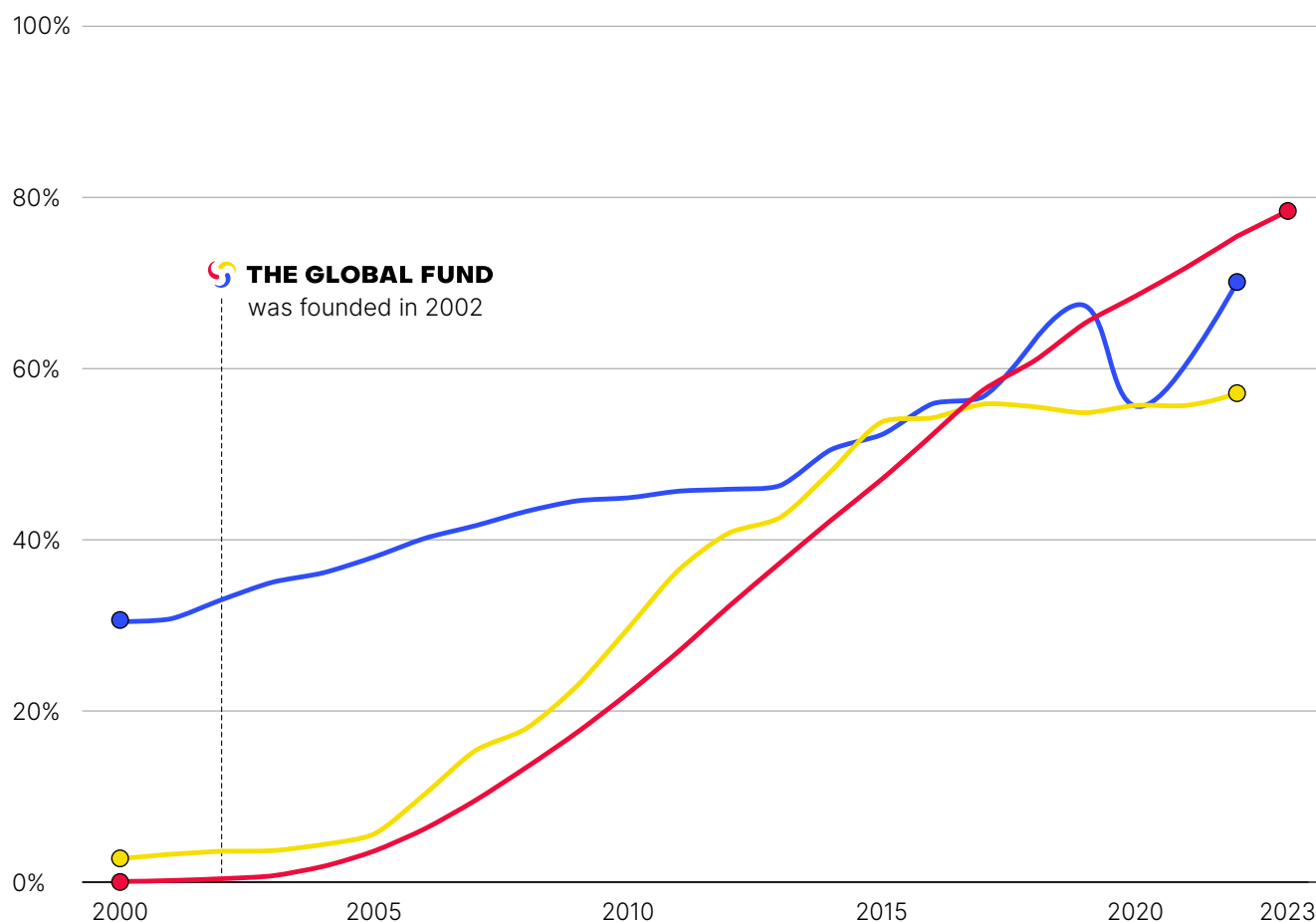


*Programmatic results achieved during 2023 by countries and regions where the Global Fund invests. Progress graphs are based on latest published data from WHO (2023 release for TB and malaria) and UNAIDS (2024 release). Malaria mosquito net coverage calculated based on 38 African countries for which data is available from WHO/Malaria Atlas Project estimates.

Coverage of key treatment and prevention interventions

In countries where the Global Fund invests

- HIV: % of people living with HIV on antiretroviral therapy
- TB: % of TB treatment coverage
- Malaria: % of population with access to a long-lasting insecticide-treated net



Malaria coverage is calculated based on 38 African countries where the Global Fund invests, for which data is available from WHO/Malaria Atlas Project estimates. HIV and TB estimates are based on all countries where the Global Fund invests. Based on published data from WHO (2023 release for TB and malaria) and UNAIDS (2024 release).

Health programs supported by the Global Fund partnership have saved 65 million lives as of the end of 2023. Overall, the combined death rate from the three diseases has reduced by 61% since 2002 in the countries where the Global Fund invests. That achievement is the result of efforts made by a wide array of actors who are part of the Global Fund partnership, including significant investments and initiatives implemented independently of the Global Fund. Key partners contributing to the progress against the three diseases include partner and donor governments; civil society groups; people affected by the diseases; bilateral partners such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. President's Malaria Initiative (PMI), the U.S. Agency for International Development (USAID),

Agence Française de Développement, the UK Foreign, Commonwealth & Development Office, the governments of Germany and Japan; key multilateral and technical partners such as WHO, the United Nations Joint Programme on HIV/AIDS (UNAIDS), the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaid, and Gavi, the Vaccine Alliance (Gavi); private sector partners such as (RED); and foundations such as the Bill & Melinda Gates Foundation.

Investments by the Global Fund partnership have played a pivotal role in helping to increase life expectancy in low- and middle-income countries. Millions of people in sub-Saharan Africa are living longer largely because of the gains made in the fight against HIV, TB and malaria. ●



Lucy Mukasia, a clinician at Kibera Health Centre in Nairobi, Kenya, sorts antiretroviral medicines.

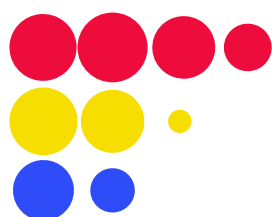
The Global Fund/Brian Otieno



State of the Fight

The world has made remarkable progress in the response to HIV. New HIV infections have declined in most regions since 2010, and access to lifesaving HIV treatment has reduced the annual number of AIDS-related deaths globally by 51% since 2010. Innovations in medicines are boosting treatment outcomes.

Global Fund investments not only drive progress in tackling HIV, but also contribute to building strong, equitable and resilient health and community systems.



In 2023, the Global Fund continued to support countries to scale up innovative HIV testing, while investments in HIV treatment focused on enrolling and maintaining more people on lifesaving care. We are investing significantly in antiretroviral therapy, and in 2023 the number of people living with HIV who were receiving HIV treatment continued to grow in countries where we invest. The Global Fund partnership secured a price reduction of 25% for the preferred first-line HIV treatment, allowing many governments to expand existing interventions and to invest in other critical areas of their HIV programs. Our investments in HIV prevention focused on the urgent need to close gaps in access to the interventions that have the greatest impact on reducing new HIV infections. In 2023, in addition to other effective prevention options, we supported the procurement and delivery of increased volumes of oral PrEP and the dapivirine vaginal ring. Both have enormous potential for preventing new HIV infections, with the ring providing an additional effective prevention option for women.

Global Fund investments not only drive progress in tackling HIV, but also contribute to building strong, equitable and resilient health and community systems. In 2023, investments in training health care workers,

improving laboratory infrastructure and integrating HIV services into broader health systems accelerated our response to HIV while supporting progress in the fight against other diseases and strengthening pandemic preparedness.

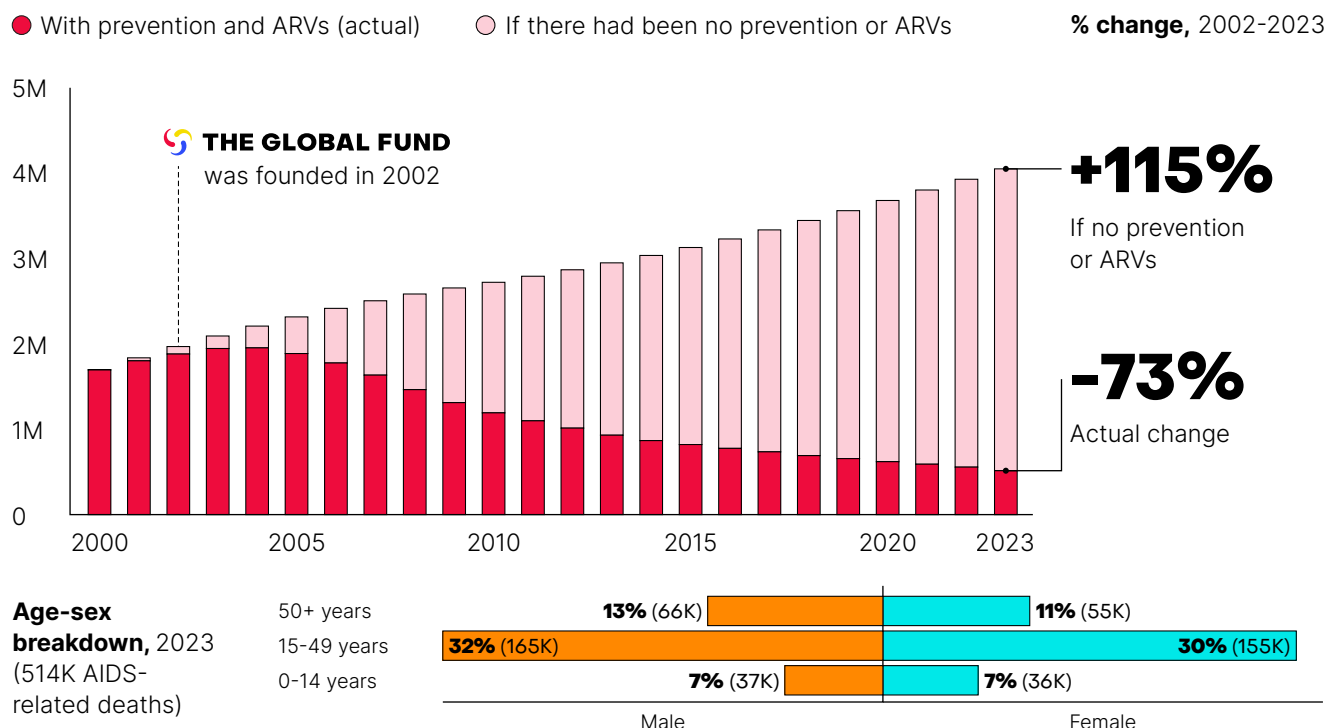
In 2023, we continued to support countries to address societal and structural factors that fuel HIV, promoting and protecting human rights and addressing other inequalities that predispose people to the virus.

As more countries achieve or approach the UNAIDS 95-95-95 targets, sustaining gains in the fight against HIV is a considerable challenge. We must build on this hard-won progress and significantly scale up efforts and resources if the world is to meet the SDG 3 target of ending AIDS as a public health threat by 2030.

In countries where the Global Fund invests, AIDS-related deaths have been reduced by 73% since 2002, and new infections have been reduced by 61%. At the end of 2023, 84% of people living with HIV knew their HIV status, 78% of people living with HIV were on lifesaving HIV treatment and 72% of people living with HIV had a suppressed viral load. ●

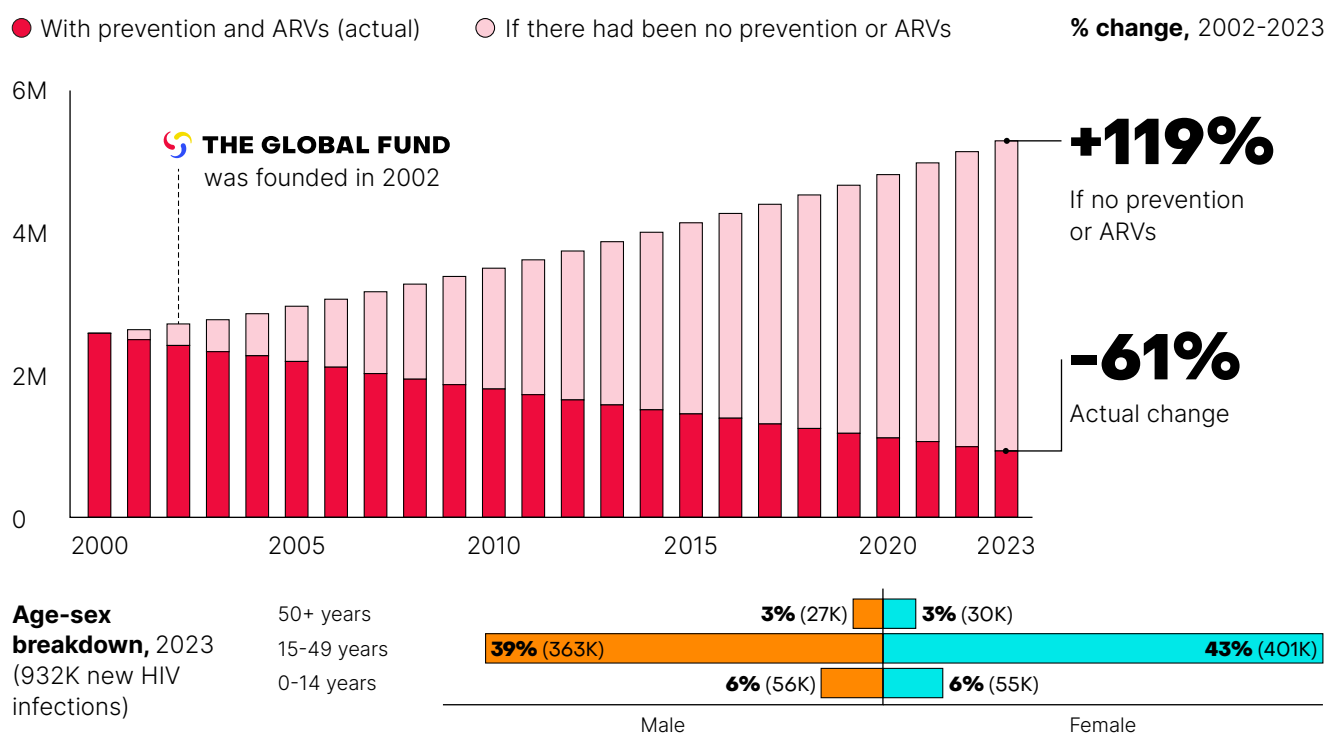
Trends in AIDS-related deaths

In countries where the Global Fund invests



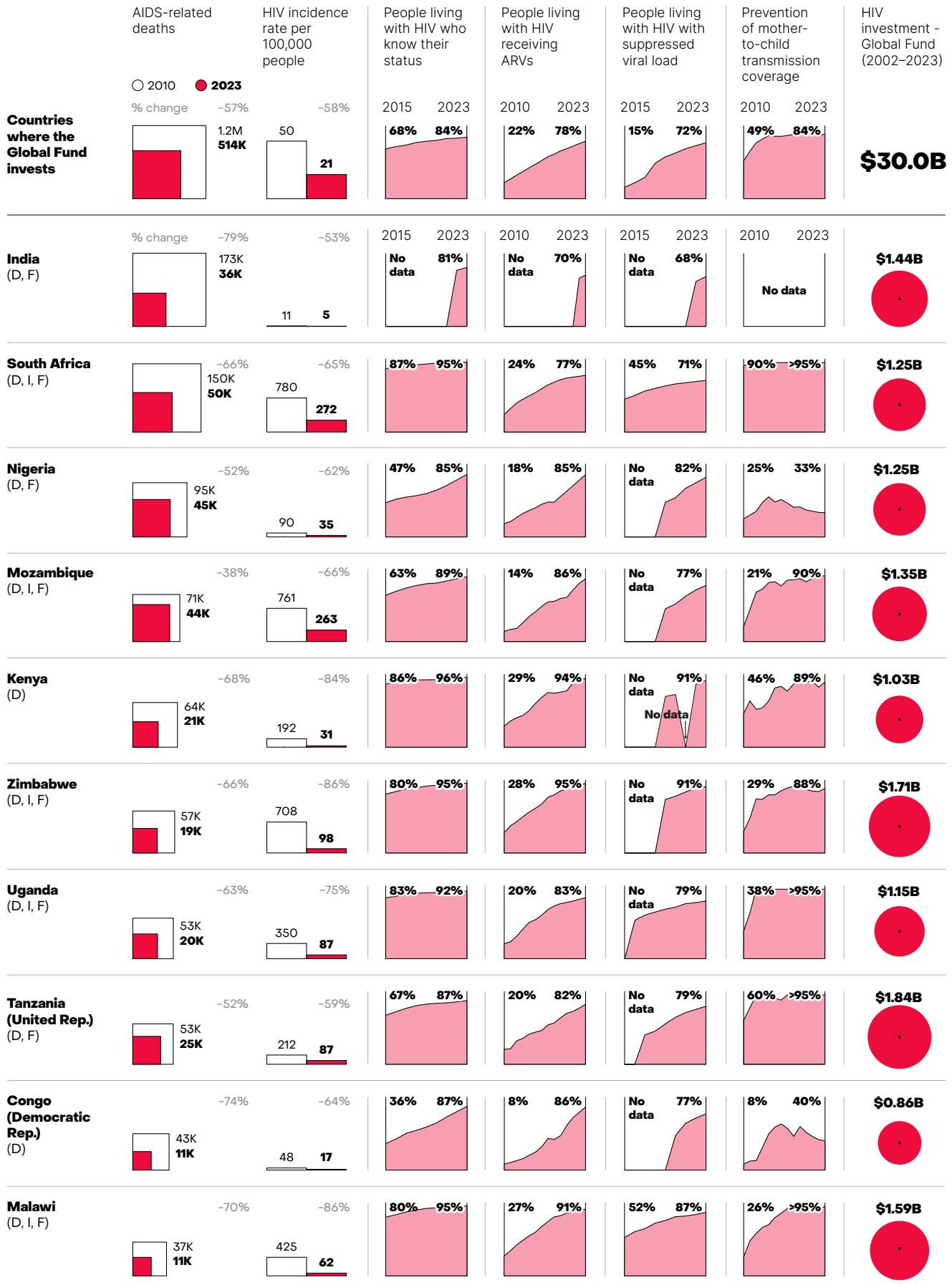
Trends in new HIV infections

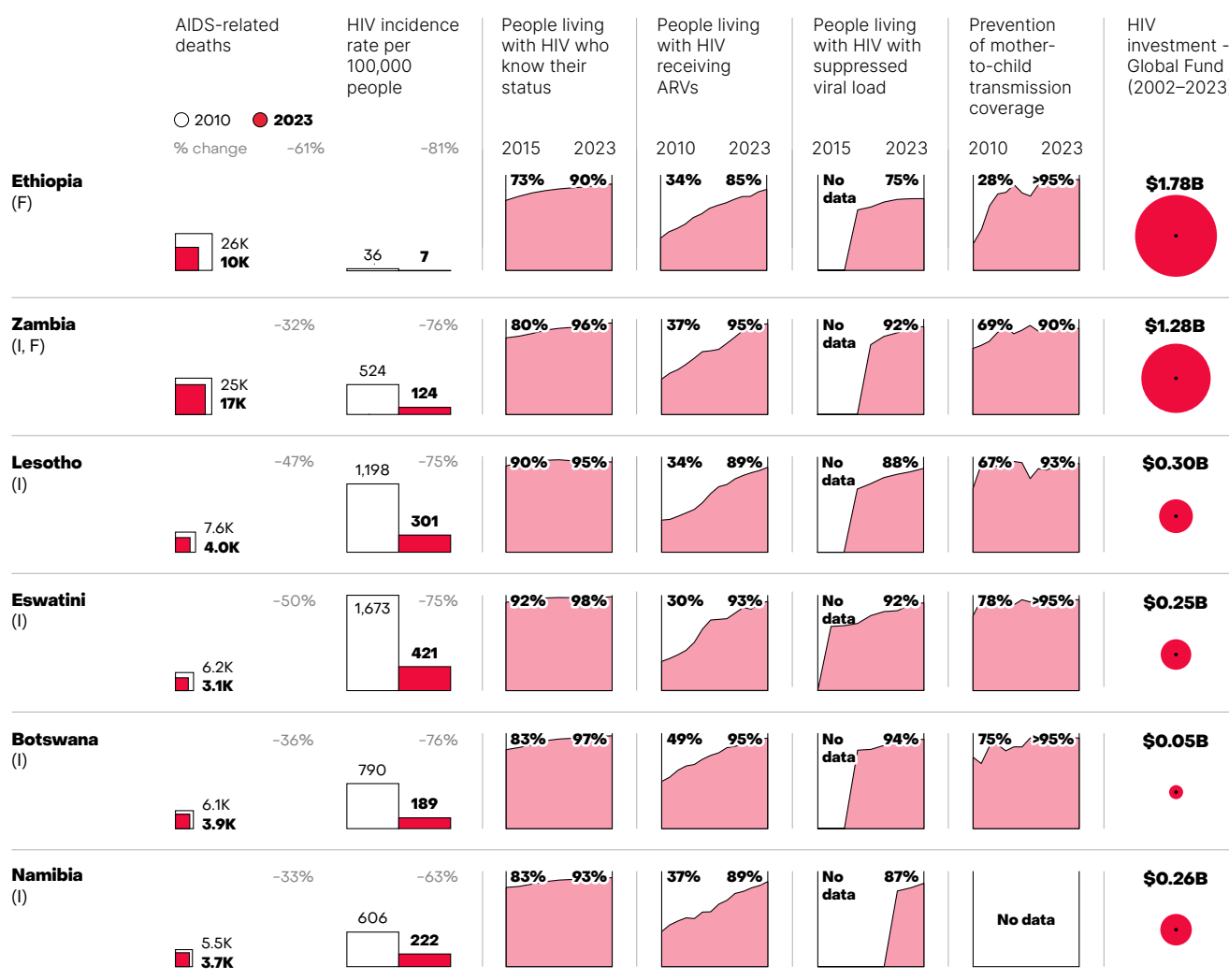
In countries where the Global Fund invests



HIV burden estimates from UNAIDS, 2024 release. Estimation of "no prevention or ARVs" trends from Goals Model, Asian Epidemic Model (AEM) and AIDS Impact Model (AIM).

Investment and impact: HIV





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

All data is based on estimates published in the UNAIDS 2024 release <http://aidsinfo.unaids.org/>, other than Global Fund disbursements, which are available on the [Global Fund Data Explorer](#). The denominator for the three 95s is People living with HIV.

1. Countries listed on this page were selected based on three criteria:

- Being among the top-10 countries with the highest number of AIDS deaths in 2010 (D).
- Being among the top-10 countries with the highest HIV incidence rate in 2010 (I).
- Being among the top-10 countries that received the largest amount of funding from the Global Fund from 2002 to end December 2023 to support HIV programs (F).

Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as “Global Fund-supported” include countries that have recently received Global Fund funding for HIV programs and have reported programmatic results over the past two cycles, excluding countries only receiving funds through the nongovernmental organization (NGO) rule. Global Fund-supported countries received US\$30 billion from 2002 to end-December 2023 to support HIV and AIDS and a portion of HIV/TB programs. Additionally, they received US\$1.9 billion in cross-cutting support across the three diseases, resulting in a total of US\$31.9 billion. Countries/programs previously supported by the Global Fund had received US\$1.3 billion since 2002, resulting in a total disease-specific investment of US\$31.2 billion.

3. In line with the Global Fund [results reporting methodology](#), these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.



Marketing professional Nguyen Ngoc Huyen at the National Lung Hospital in Hanoi, Viet Nam, where she received treatment for TB, lupus and COVID-19.

The Global Fund/Quinn Ryan Mattingly

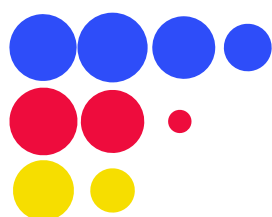
Tuberculosis



State of the Fight

Tuberculosis (TB) is a preventable and curable disease, and yet in 2022 it still took 1.3 million lives (including deaths of people living with HIV). A disease fueled by inequity, TB takes the greatest toll on vulnerable communities – with 80% of TB cases and deaths affecting the most marginalized people in low- and middle-income countries. Acceleration of the TB response is essential to getting the world on track to reach the SDG 3 target of ending TB as a public health threat by 2030.

In 2023, Global Fund-supported TB programs recorded a complete recovery from COVID-19-related disruption. More people with TB were found and treated than ever before.



The Global Fund partnership is investing vigorously in the fight against TB. In 2023, we continued to support countries to deliver equitable, people-centered, cost-effective TB interventions; prioritize finding and treating “missing” people with TB and drug-resistant TB; roll out better treatment regimens; increase the availability of people-centered, accessible, and quality screening and diagnostics; and address the structural drivers of TB and barriers to TB services, including gender and human rights issues.

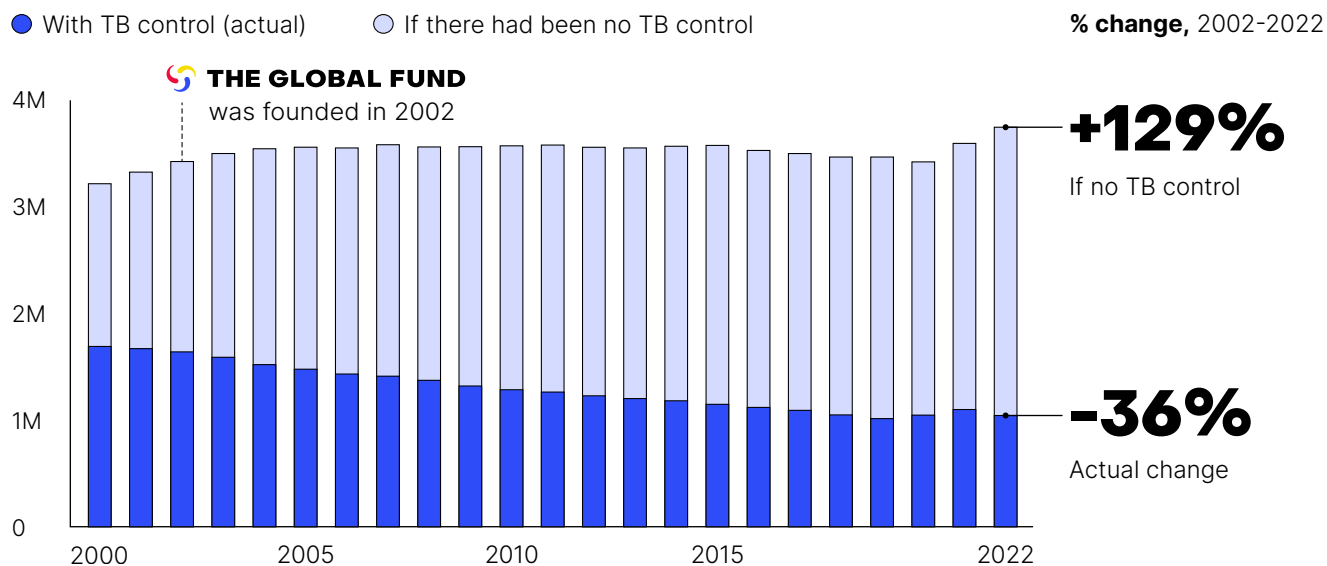
In 2023, TB programs supported by the Global Fund recorded a complete recovery from COVID-19-related disruption. More people with TB were found and treated than ever before. In Africa, TB deaths fell by 38% and the TB incidence rate fell by 23% between 2015 and 2022. The continent is estimated to have passed the 2020 incidence rate and death reduction milestones of the WHO End TB Strategy. Our TB response continued

to be strengthened by the growing range of available prevention and treatment options. These include the cost-effective short course TB preventive treatment, 3HP, and the latest shorter treatment regimens, including BPaLM for drug-resistant TB.

Working with governments, the private sector, health workers, civil society and communities, the Global Fund partnership has reduced TB deaths by 36% between 2002 and 2022. Without these efforts, TB deaths would have increased by 129% and new TB cases by 38% over the same period. Taken together with strengthened commitments from member states agreed upon during the second high-level meeting of the UN General Assembly on the fight against tuberculosis in 2023 and the significant progress we are witnessing in diagnostics, drugs and vaccine development, there is real hope that we can end TB. ●

Trends in TB deaths (excluding HIV-positive)*

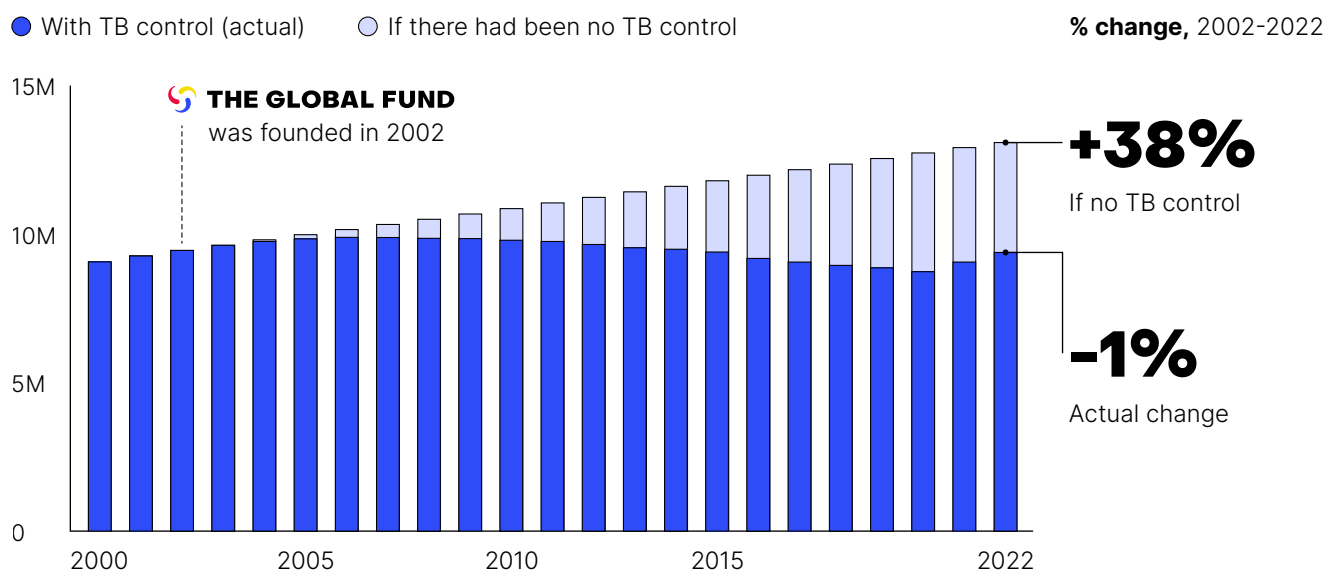
In countries where the Global Fund invests



*While major control efforts for malaria and HIV began with the launch of the Millennium Development Goals in 2000, TB control efforts began much earlier. The counterfactual and actual results therefore diverged from each other much earlier, making this graph look considerably different than its HIV and malaria counterparts.

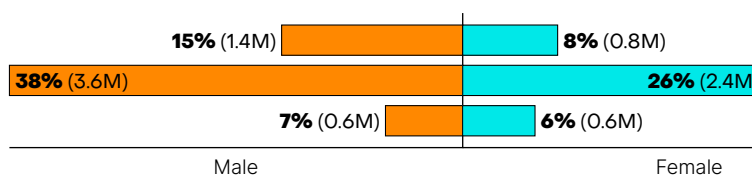
Trends in new TB cases (all forms)

In countries where the Global Fund invests



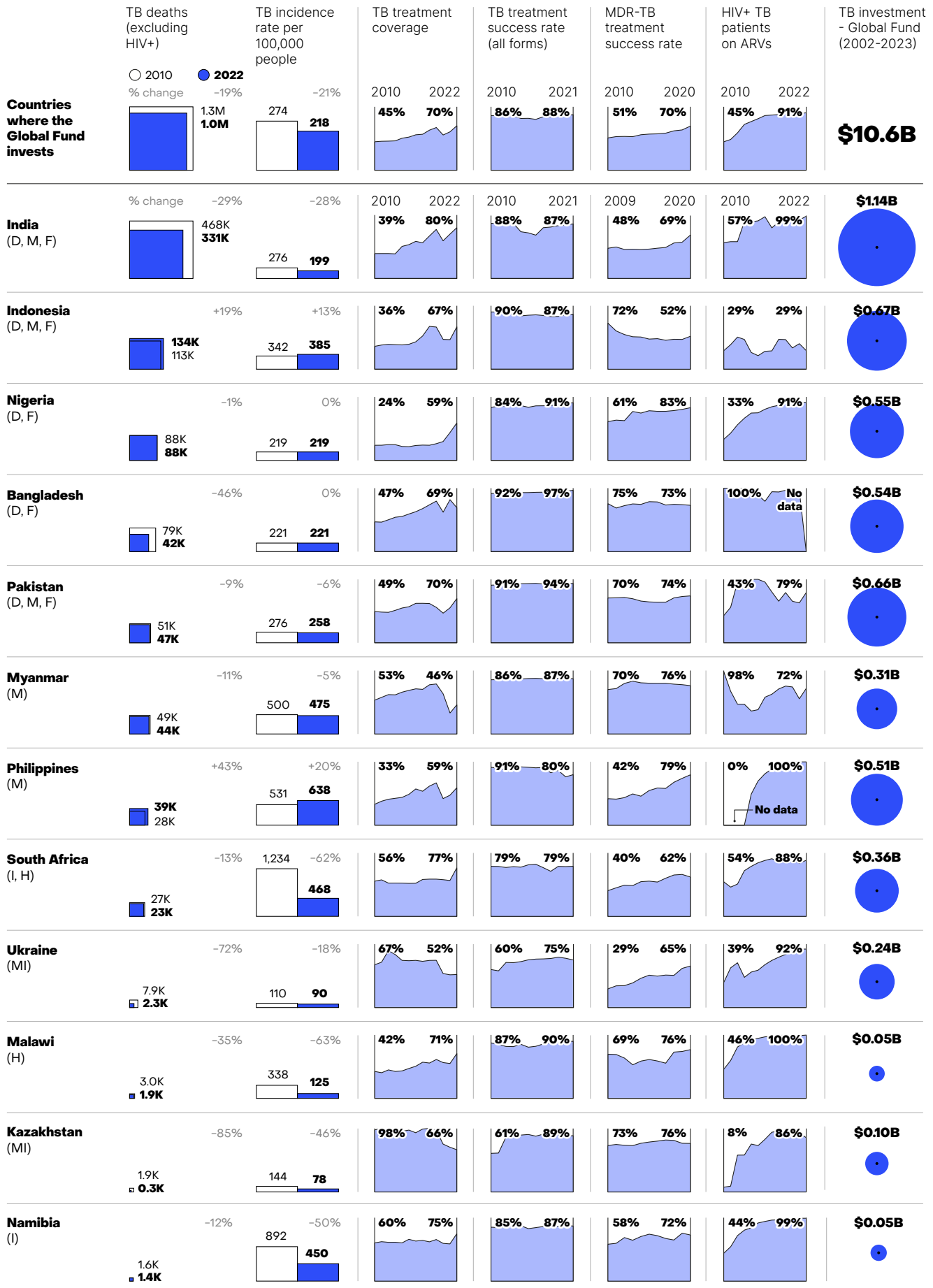
**Age-sex
breakdown, 2022**
(9.4M new TB
cases)

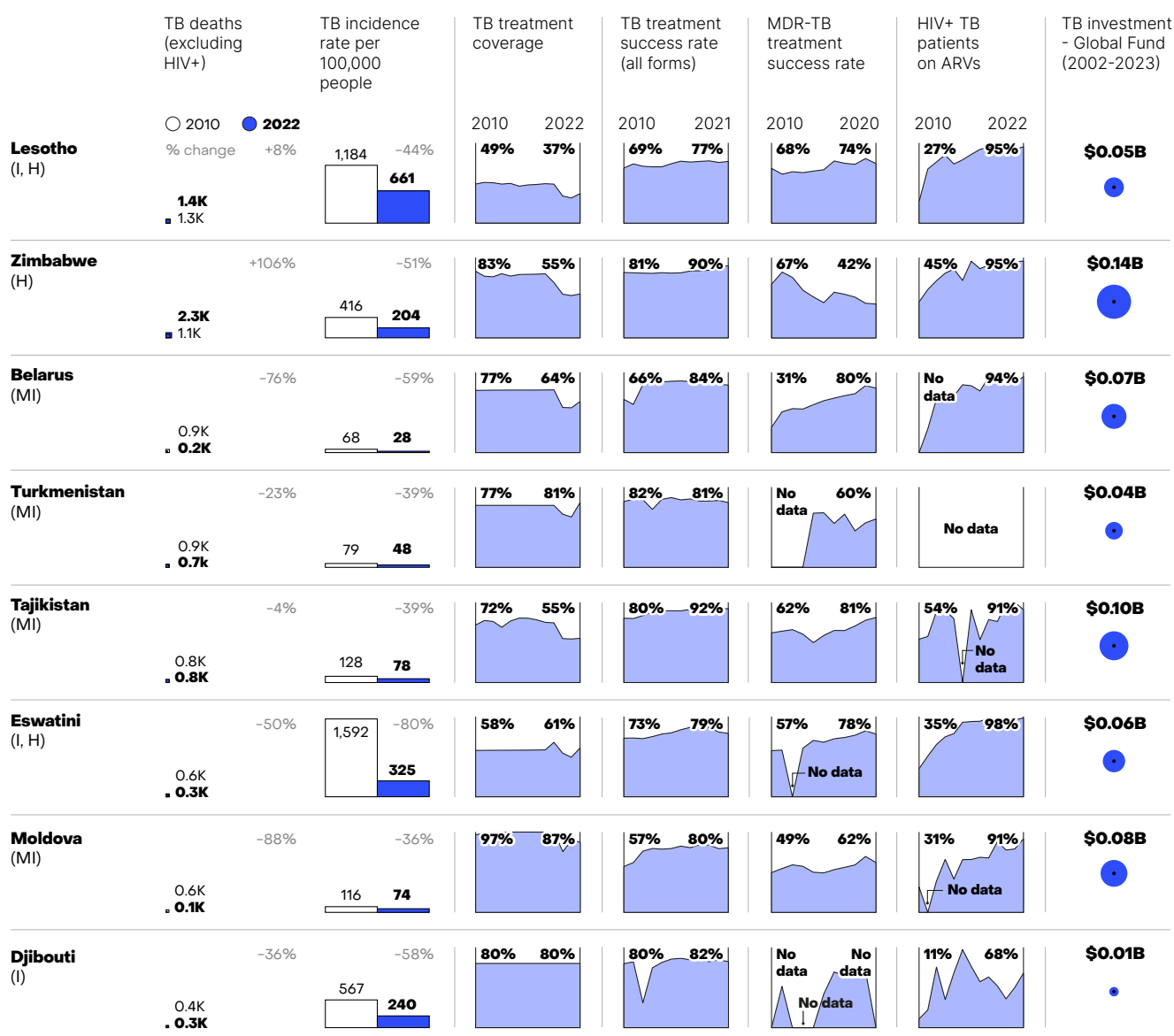
55+ years
15-54 years
0-14 years



The TB burden estimates are from the WHO Global Tuberculosis Report 2023. The estimation of "no TB control" trends for TB deaths from WHO and for new TB cases is based on the assumption of a constant trend in new TB cases since 2000.

Investment and impact: TB





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

All data is based on estimates published in the Global Tuberculosis Report 2023 <https://www.who.int/tb/data/en/>, other than Global Fund disbursements, which are available on the [Global Fund Data Explorer](#).

1. Countries listed on this page were selected based on six criteria:

- Being among the top-5 countries with the highest number of TB deaths (excluding HIV+) in 2010 (D).
- Being among the top-5 countries with the highest TB incidence rate in 2010 (I).
- Being among the top-5 countries with the highest number of MDR-TB cases in 2022 (M).
- Being among the top-5 countries with the highest ratio of estimated number of MDR-TB to estimated number of new TB cases in 2022 (MI).
- Being among the top-5 countries receiving the highest amount of funding from the Global Fund from 2002 to end December 2023 to support TB programs (F).
- Being among the top-5 countries with the highest estimated HIV prevalence among incident TB cases in 2010 (H).

Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as “Global Fund-supported” include countries that have recently received Global Fund funding for TB programs and have reported programmatic results over the past two cycles. These countries received US\$10.6 billion from 2002 to end December 2023 to support TB programs and a portion of joint HIV/TB programs. Additionally, they received US\$2.0 billion in cross-cutting support across the three diseases, resulting in a total of US\$12.5 billion. Countries/programs previously supported by the Global Fund had received US\$808 million since 2002, resulting in a total disease-specific investment of US\$11.4 billion.

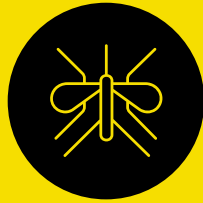
3. In line with the Global Fund [results reporting methodology](#), the charts reflect the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.



Members of the logistics staff at the Gabasawa mosquito net hub in Kano State, Nigeria, unload bales of mosquito nets that will be given to families across the state.

The Global Fund/Andrew Esiebo/Panos

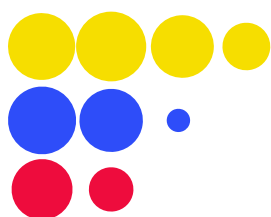
Malaria



State of the Fight

Malaria remains a daunting global health challenge. Conflict, climate change and increasing resistance to insecticides are jeopardizing the significant gains that the Global Fund partnership has made against malaria over the last two decades. But with investments to strengthen health systems and accelerate the targeted deployment of innovative tools and trusted prevention, testing and treatment methods, the Global Fund partnership is fighting back.

The Global Fund's investments in the fight against malaria are making health and community systems more resilient, sustainable and inclusive.



In 2023 the Global Fund expanded access to powerful tools to prevent and treat malaria, including insecticide-treated mosquito nets, seasonal malaria chemoprevention for children at high risk of malaria, intermittent preventive treatment of malaria for pregnant women, indoor residual spraying, and antimalarial medicines.

Years-long market-shaping efforts and investments by the Global Fund have had an enormously positive impact on ensuring equitable access to game-changing dual active ingredient (dual AI) insecticide-treated nets in 2023. As a result of our collaboration and proactive engagement with in-country implementers, the rollout of these lifesaving new nets has already been much faster than anticipated. Dual AI nets are expected to comprise 59% of insecticide-treated mosquito nets in the current grant cycle.

Timely testing and early treatment for people affected by malaria is fundamental to preventing deaths and decreasing transmission. With the support of our suppliers the Global Fund was able to achieve some price decreases or maintain pricing for the majority

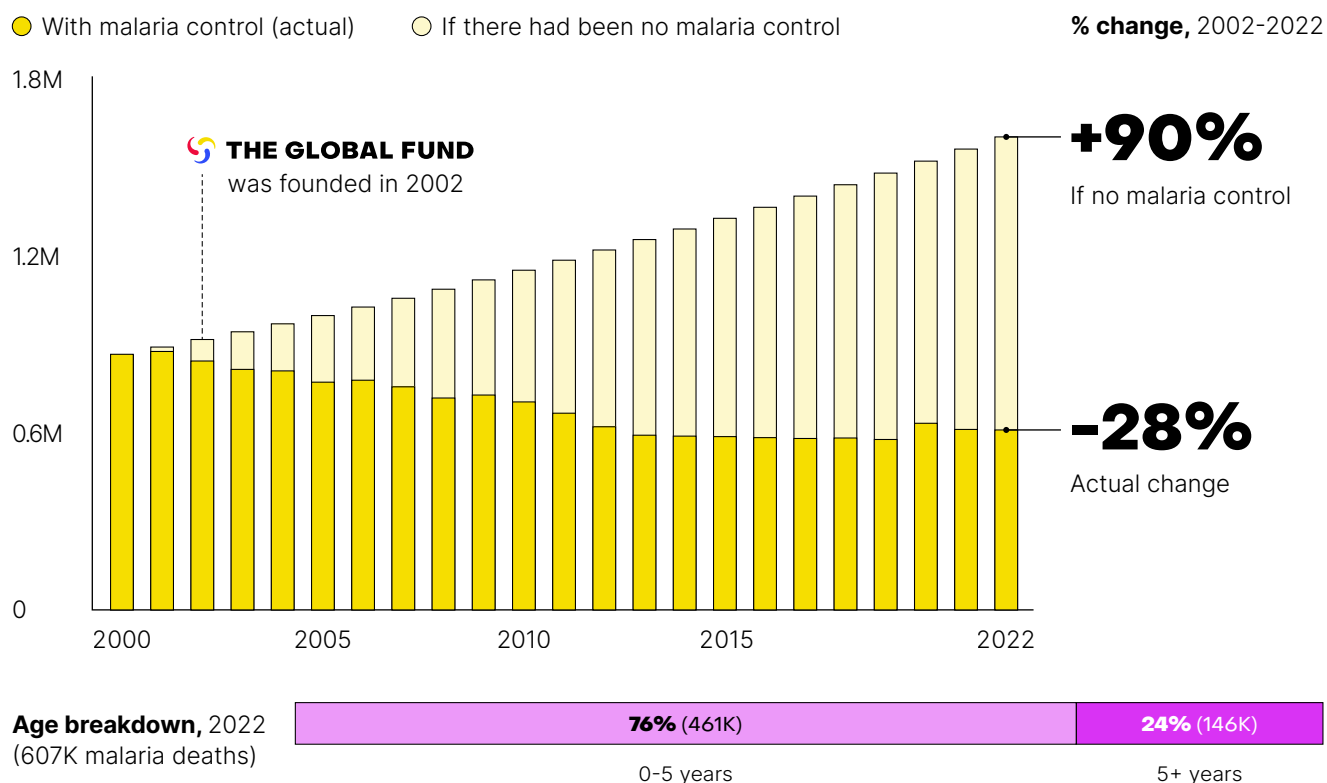
of our antimalarial treatments despite increases in raw materials costs, securing a stable supply for patients across countries. We are also working across the partnership to ensure equitable access to new diagnostics and treatments.

The Global Fund's investments in the fight against malaria are making far-reaching contributions to strengthening health and community systems, making them more resilient, sustainable and inclusive. In 2023, the Global Fund continued to invest in community health workers – who are the ones bringing malaria prevention and care services to the people who need them most.

Countries most affected by the disease are committing to robust and sustainable progress against malaria. In March 2024 in Yaoundé, Cameroon, ministers of health from African countries with the highest burden of malaria committed to accelerated action to end deaths from the disease. The Global Fund partnership celebrates this renewed commitment and is working tirelessly to defeat malaria and ensure a healthier, safer and more equitable future for all. ●

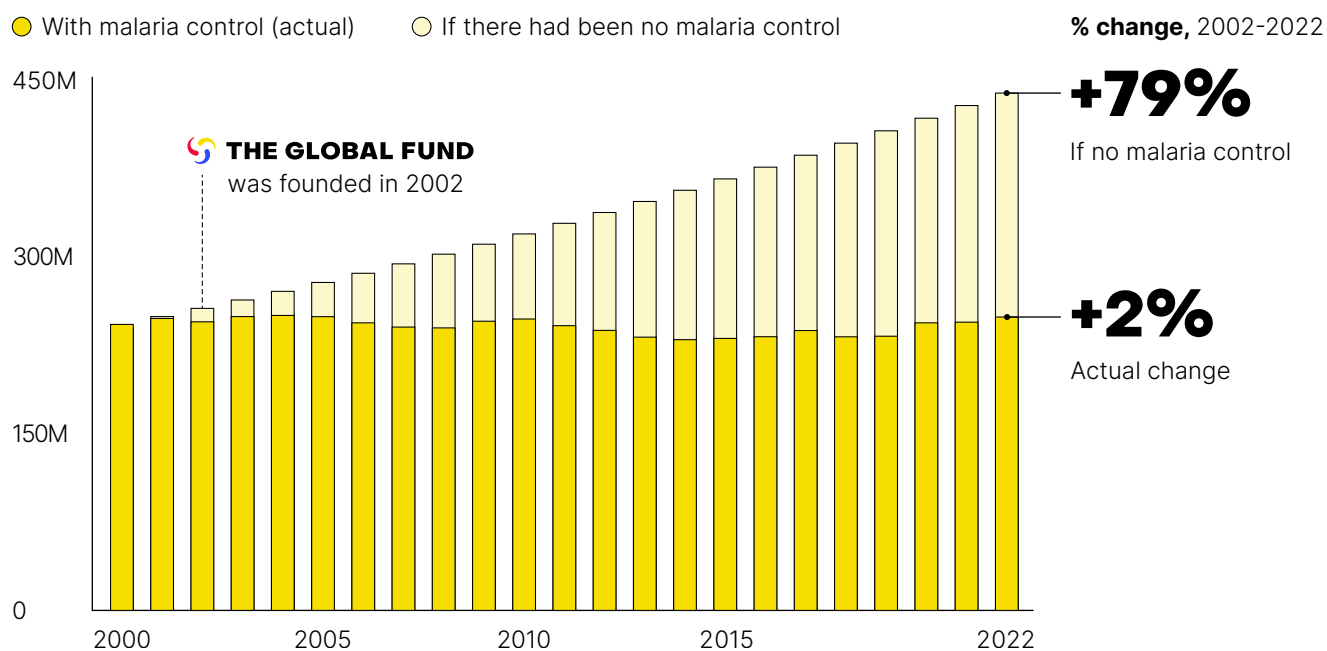
Trends in malaria deaths

In countries where the Global Fund invests



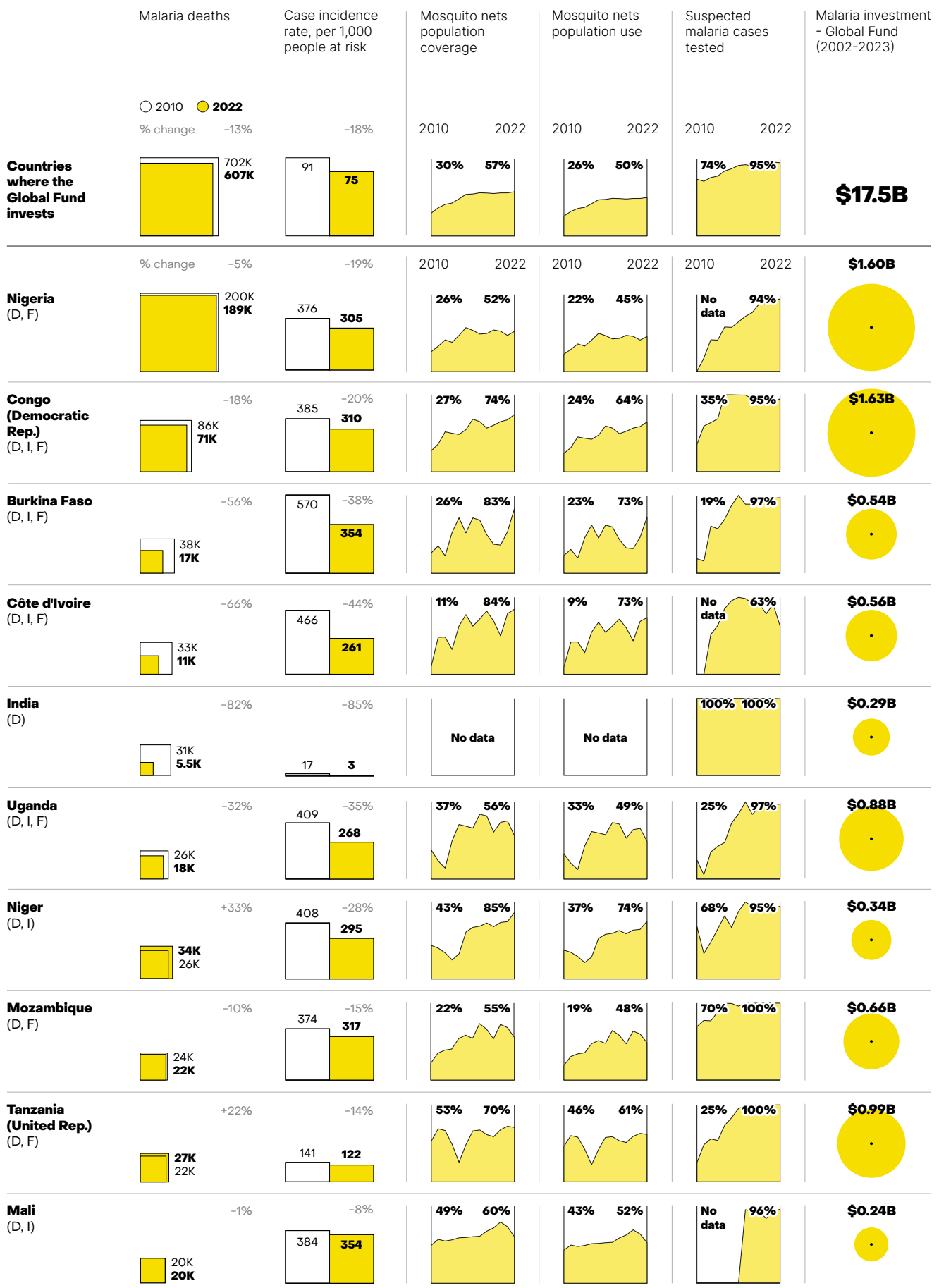
Trends in malaria cases

In countries where the Global Fund invests



Malaria burden estimates and estimation of "no malaria control" from WHO World Malaria Report 2023.

Investment and impact: Malaria





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

Data are based on estimates published in the World Malaria Report 2023 <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2023>; World Malaria Atlas Project data for mosquito net access and use in countries for which estimates are available <https://malariaatlas.org/>; and Global Fund disbursements, which are available on the Global Fund Data Explorer.

1. Countries listed on this page were selected based on three criteria:

- Being among the top-10 countries with the highest number of malaria deaths in 2010 (D).
- Being among the top-10 countries with the highest malaria incidence rate in 2010 (I).
- Being among the top-10 countries that received the highest amount of funding from the Global Fund from 2002 to end December 2023 to support malaria programs (F).

Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as "Global Fund-supported" include countries that have recently received Global Fund funding for malaria programs and have reported programmatic results over the past two cycles. These countries received US\$17.5 billion from 2002 to end December 2023 to support malaria programs. Additionally, they received US\$1.9 billion in cross-cutting support across the three diseases, resulting in a total of US\$19.4 billion. Countries/programs previously supported by the Global Fund received US\$1.1 billion since 2002, resulting in a total disease-specific investment of US\$18.5 billion.

3. In line with the Global Fund [results reporting methodology](#), the charts reflect the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.





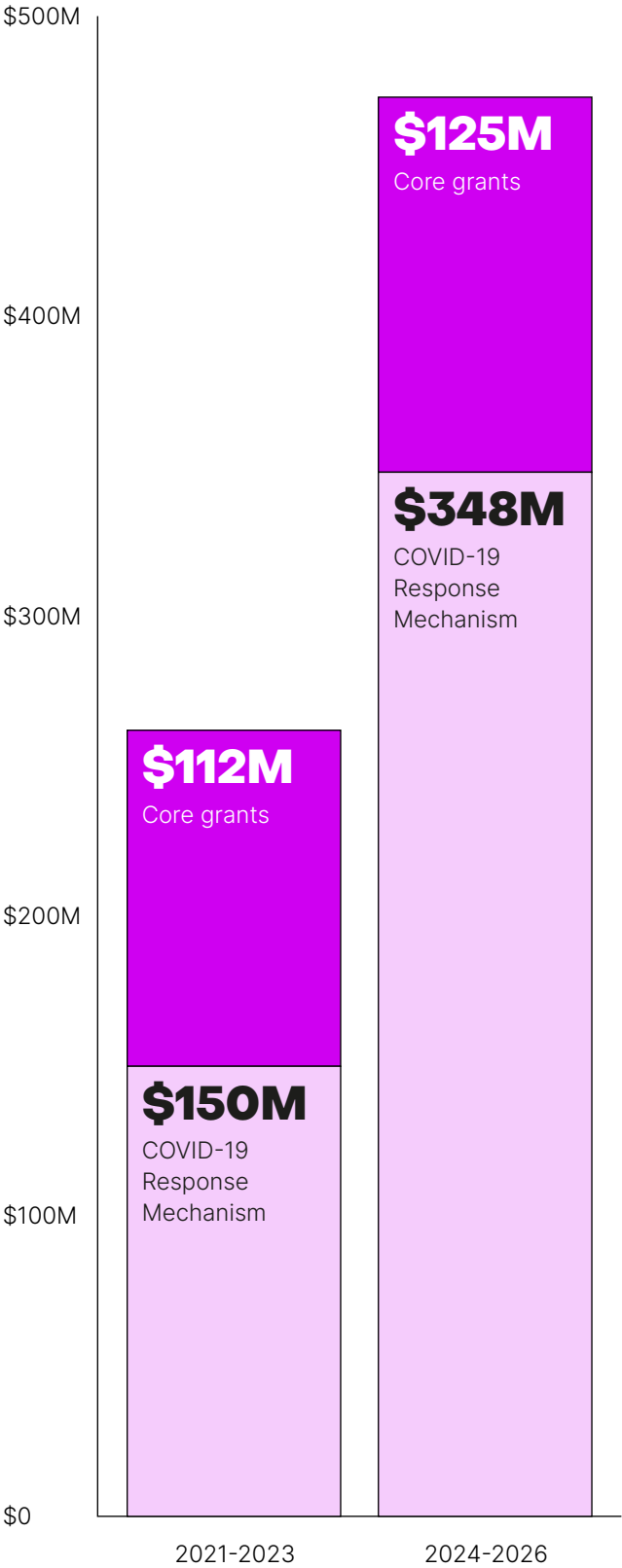
Health and Community Systems

Left: Community health worker Lazare Kafando uses the mobile application Mhealth_Burkina to record and track patient data in Pousghin, Burkina Faso.

The Global Fund/Olympia de Maismont

In countries where the Global Fund invests, many health and community systems remain underfunded. This impacts the fight against HIV, TB and malaria and leaves the world underprepared to tackle current and future health threats.

Investments in laboratory systems



The Global Fund is the world’s largest multilateral grants provider for strengthening health and community systems in low- and middle-income countries. We support countries in their efforts to deliver better health outcomes across all diseases, build pandemic preparedness and response, and work toward achieving UHC. The incredible progress that has been made against HIV, TB and malaria in the last two decades, with 65 million lives saved, has been underpinned by our investments in health and community systems.

In 2023 alone we invested US\$1.8 billion¹³ in health and community systems. Our investments support countries as they work to build stronger health workforces, improve conditions for community health workers, strengthen community systems, prioritize the leadership of communities affected by the three diseases and expand access to screening, diagnosis and treatment, including by improving digital health and health information systems and tackling human rights and gender barriers to adequate care. We invest in strengthening health product value chains and securing increased supply capacity and lower health product prices through market shaping. In 2023, we invested US\$142.4 million in expanding and strengthening laboratory and diagnostics capacities; US\$98.6 million in surveillance systems to strengthen early detection and reporting capabilities for all hazards; and from 2021 to 2025, we are investing around US\$564 million to expand access to lifesaving medical oxygen.

Beyond the great impact in the fight against HIV, TB and malaria, our investments have had significant effects on health systems. Our HIV investments have averted 1.66 billion HIV-related hospitalization days and 1.36 billion outpatient visits, generating US\$85 billion in cost savings and enabling health facilities to tackle other health priorities. In the last two decades, investments in HIV, TB and malaria programs have been the main driver of accelerated progress toward achieving the SDG target of UHC.

We are committing approximately US\$6 billion¹⁴ between 2024-2026 to support countries to strengthen their health and community systems – the most significant increase in investments in this area in our history. This includes reinvestments of approximately US\$2.1 billion¹⁵ made through C19RM. C19RM reinvestments are accelerating progress across five priority areas: human resources for health and community systems strengthening; laboratory systems; health product and waste management systems; surveillance systems; and medical oxygen. ●

13. This includes direct investments in resilient and sustainable systems for health (RSSH), C19RM, and contributions to RSSH through investments in the fight against HIV, TB and malaria.

14. This figure is based on the recently endorsed Global Fund Strategy Committee methodology that integrates direct investments in resilient and sustainable systems for health (RSSH) and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed grant budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses.

15. Based on signed budgets for 2024-2025 for C19RM, includes centrally managed limited investments (CMLIs) for the same period.



Kateryna cradles her son Myron in Korosten, Ukraine. Myron was born at the Korosten City Hospital, moments after the lights went out due to mass shelling. Hundreds of Ukrainian hospitals and clinics have been damaged or destroyed since the Russian invasion in February 2022. Since then, Global Fund partners have been working to maintain lifesaving HIV, TB and other health services as well as repair and support vital health infrastructure.

© UNICEF/UN0828340/Khomenko



Aerial view of the Rusayo site for displaced people in North Kivu, Democratic Republic of the Congo. Extending services to displaced people living in crowded conditions can help prevent diseases like HIV, TB and malaria.

© UNICEF/UNI480811/Vigné



Colliding Crises

In 2023, the world was again hit by multiple crises. Even with the waning of the COVID-19 pandemic, we faced other interconnected crises, including climate change, conflict, and attacks on human rights, gender equality and civil society, causing enormous human suffering and deepening inequities within and between countries.

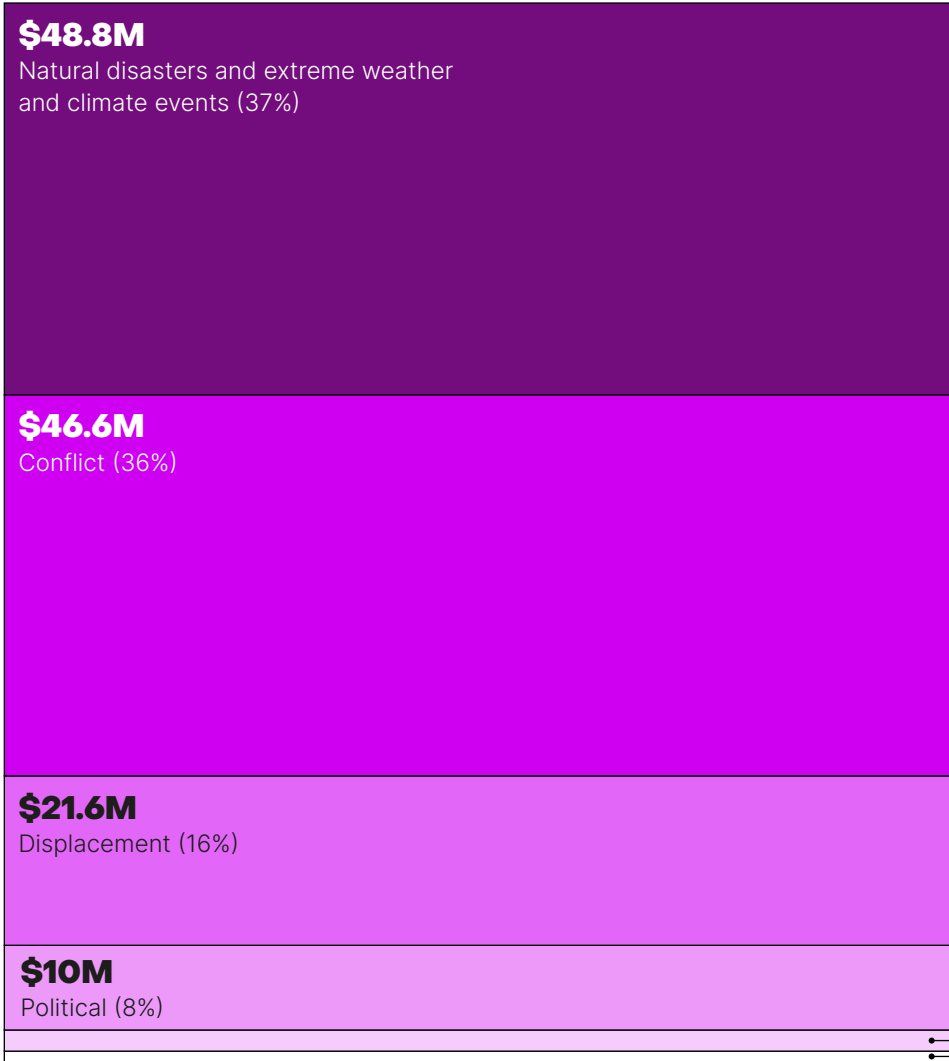
While the impact and dynamics of these crises differ by region and country, the challenges invariably put the poorest and the most marginalized people at greater risk of deadly infectious diseases.

These crises have a direct impact on the progress we make in the fight against HIV, TB and malaria. In Sudan for example, conflict killed thousands and displaced more than 10 million people.¹⁶ Sexual and gender-based violence surged.¹⁷ Across Africa, extreme weather events claimed the lives of more than 15,000 people in 2023. In Uganda, the Anti-Homosexuality Act threatens to undermine the progress we have made in the fight against HIV.

Our partnership acted with agility to support countries to confront these challenges and continue their lifesaving work. We expanded our Breaking Down Barriers initiative to tackle human rights and gender equality challenges. In 2023, the Global Fund announced new strategic partnerships with the World Bank and the Green Climate Fund to accelerate investments in the nexus between climate and health. To support countries during these crises, we adapted our interventions to provide agile support through grant flexibilities, reprogramming and provision of emergency funding. Across several countries affected by crises, we deployed our Emergency Fund to provide quick and flexible financing in emergencies, ensuring the continuity of HIV, TB and malaria programs and services. ●

Emergency funds awarded

\$131.2M



\$3.3M
Ebola pandemic (2%)

\$0.9M
Socioeconomic (1%)

16. Sudan: Situation Report. OCHA, 2024. <https://reports.unocha.org/en/country/sudan/>.


17. Women and girls mired in Sudan crisis suffer surge in sexual violence. UNHCR, 2024. <https://www.unhcr.org/news/stories/women-and-girls-mired-sudan-crisis-suffer-surge-sexual-violence>; <https://data.unhcr.org/en/documents/details/105508>.



Spraying the inside of a home with insecticide to protect residents from malaria in Boane, Mozambique. In 2023, the Global Fund committed nearly US\$1 million in emergency funding to mitigate the impact of Cyclone Freddy on malaria programs in the country's southern provinces.

The Global Fund/
Tommy Trenchard/Rooftop





Investing for Impact

Left: Climate action is critical to fight disease. In climate-sensitive countries such as Tuvalu – an archipelago about halfway between Hawaii and Australia – resilient health and community systems that can respond to extreme weather events are also better equipped to prepare for and fight future health threats.

© UNICEF/UNI560974/Bak Mejlvang

In 2023, we invested US\$5 billion¹⁸ to fight deadly infectious diseases, challenge the inequity that fuels them and strengthen health and community systems. This is the third year in a row of record investments for the Global Fund.

18. When including Strategic Initiative disbursements, this figure would amount to US\$5.1 billion.

A doctor processes sputum samples to test for TB using GeneXpert machines at the Instituto Nacional de Enfermedades Respiratorias y del Ambiente Prof. Dr. Juan Max Boettner (INERAM) laboratory in Asunción, Paraguay.

The Global Fund/Johis Alarcón/
Panos



We receive most of our funding (94%) from governments, with the rest of the funding coming from the private sector, foundations and innovative financing initiatives.

Private sector catalytic investments and strategic initiatives spur innovation and encourage focused, evidence-based programming approaches to increase our impact in specific priority areas.

We pursue innovative financing approaches to accelerate the fight against the three diseases while strengthening the resilience and sustainability of systems for health.

The investments made by countries themselves in their health systems are the most fundamental contribution to the fight against the three diseases and to building stronger health systems. The Global Fund plays a key role in advocating for and catalyzing domestic investments in health, as well as in supporting countries to maximize the impact of existing resources. The Global Fund also works with countries to develop long-term and realistic paths for transitioning from Global Fund support.

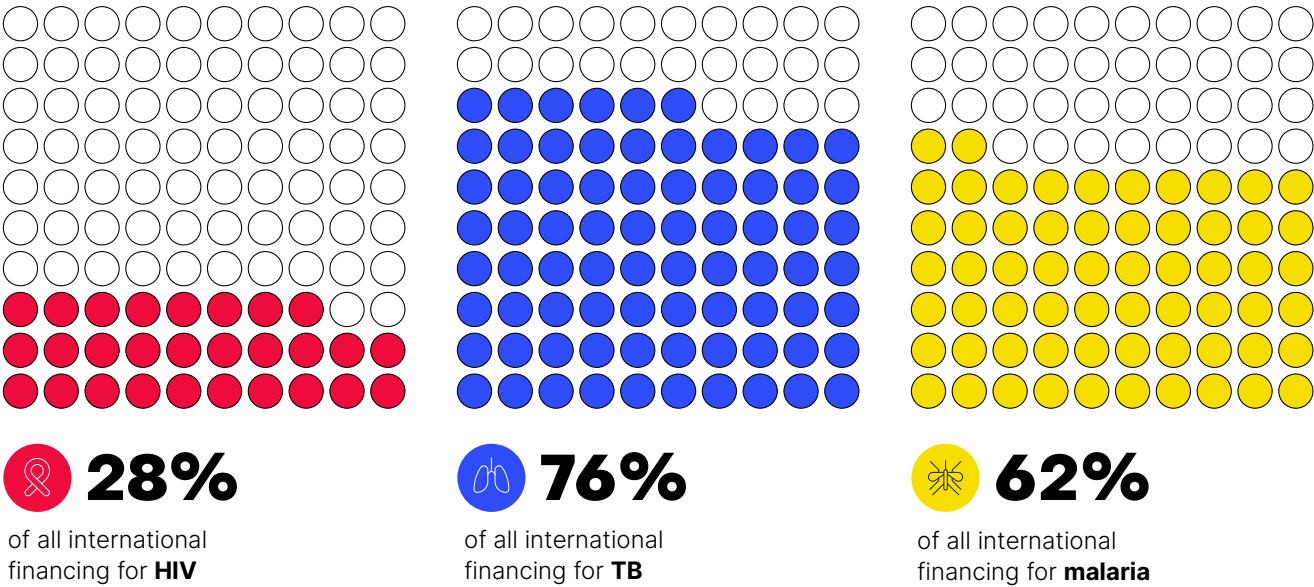
The Global Fund's Sustainability, Transition and Co-financing Policy incentivizes countries to progressively

increase domestic financing for health and the three diseases as well as absorb specific program costs by making a proportion of grants contingent on domestic financing performance. This strengthens health systems, maintains and scales up service coverage, and accelerates the fight against the three diseases.

Equally important to achieving our vision of a world free of the burden of HIV, TB and malaria is how we conduct our business. The Global Fund operates with a high degree of transparency and accountability in all our work and has zero tolerance for corruption or misuse of funds. In 2024, we were ranked at the top of the "Good" category of a leading international aid transparency index – Publish What You Fund's 2024 Aid Transparency Index. The Global Fund's 2023 financial statements reflect an effective and efficient use of resources to support programs in more than 100 countries. Operating expenses illustrate optimal budget utilization of 99% for the year 2023, reaching US\$337 million. This is the highest level achieved in the history of the Global Fund. In GC7, our operating expenses¹⁹ represent 6.2% of our total announced pledges from donors. This is one of the lowest percentages of operating expenses in the global health development space. ●

19. Includes C19RM.

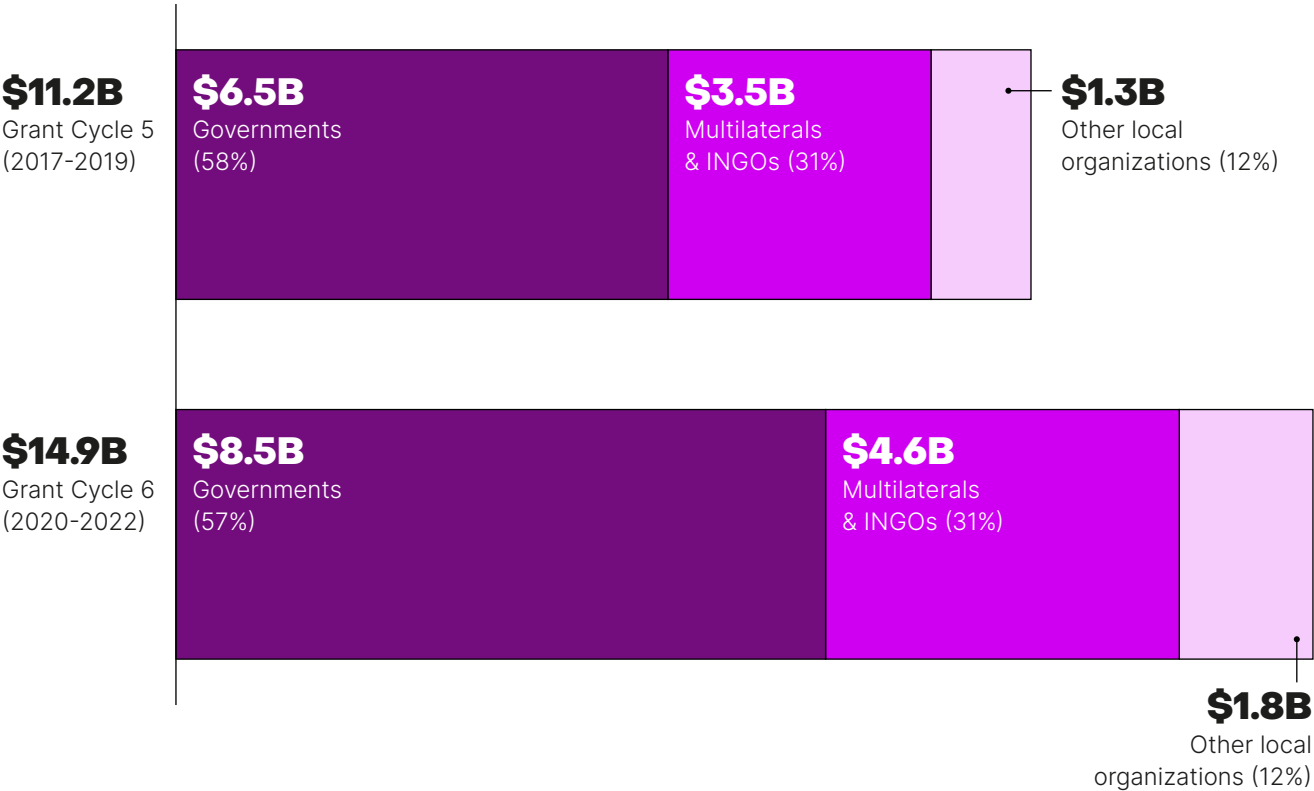
International grants provided by the Global Fund in 2023



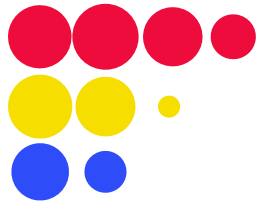
This data is provided by UNAIDS (for HIV) and the World Health Organization (for TB and malaria).

Where does our funding go?

Disbursements for HIV, TB and malaria grants and COVID-19 Response Mechanism funding



The sum of the values does not add up to 100% due to rounding. Data for Grant Cycle 6 is as of 30 June 2024.



Note on Methodology



The Sunday clinic at the National STD/AIDS Control Programme in the Maradana suburb of Colombo, Sri Lanka, provides screening for HIV and other sexually transmitted infections, contraceptives and counseling to marginalized communities free of charge. A digital system allows different departments to access medical histories on demand.

The Global Fund/David Blacker/Panos

The Global Fund is committed to accurate and transparent reporting of programmatic results and impact, and we make data available on the Global Fund website, in reports, information papers and numerous other publications. Everyone in the Global Fund partnership contributes to our collective efforts against HIV, TB and malaria, and it is critically important that we measure and report our joint progress as effectively and transparently as possible.

The Global Fund reports the full national results and impact of the countries where we invest, rather than reporting solely on the specific projects we fund. This reflects a core principle of the Global Fund partnership's approach: We support national health programs and strategies to achieve national goals. By reporting full national results, we avoid attempting to extricate the Global Fund's impact when it is so closely tied to the impact of other partners. In this way, we monitor and track the collective impact of the Global Fund partnership and the programs that we support toward achieving the 2030 target to end AIDS, TB and malaria. The Global Fund Results Report 2024 presents selected programmatic results (e.g., people on antiretroviral therapy, people treated for TB, mosquito nets distributed) achieved by supported programs in 2023. The programmatic results are also available for 2023 and previous years in a web annex on the Global Fund Data Explorer and for 2023 in an interactive report. The programmatic results are reported routinely to the Global Fund by the supported programs. The data collected by our technical partners²⁰ are also used for cross-checking and triangulation and for furnishing national data for selected services²¹ to align with the Global Fund partnership's approach in results reporting.²² For the remaining services, the results in some countries may include only subnational data, as comparable results are not available from the technical partners.

The Results Report 2024 also presents time-trend data for selected key programmatic coverage, outcome and impact measures. The data on the burden of the three diseases include new HIV infections, new TB cases, malaria cases, and deaths from the three diseases as well as the counterfactual trends representing hypothetical scenarios of absence of key health services. The data on service coverage and outcomes include antiretroviral therapy coverage, viral load suppression, TB treatment coverage and success rate, and mosquito net coverage and use. Reaching the 2030 global targets for these services is critical to achieve the SDG 3 target of ending AIDS, TB and malaria by 2030. As we do not estimate disease burden and impact ourselves, the main data sources for these measures are the latest published reports or databases²³ of our technical partners, including WHO and UNAIDS.²⁴ The technical partners generate these data in close collaboration with countries, using country-reported data from various sources such as routine surveillance systems, population-based surveys and vital registration systems. In this report, estimates of the burden of HIV are up to 2023; in the case of TB and malaria, the 2023 TB and malaria burden estimates from WHO are not yet available at the time of publication, so we used the 2022 data. TB and malaria data will become available in the online interactive version of this report once WHO publishes them.

The “lives saved” figure from HIV, TB and malaria programs published in this report is generated by our technical partners, including WHO and UNAIDS, using state-of-the-art mathematical models and widely accepted data sources. The number of lives saved in a given country in a particular year is estimated by subtracting the number of deaths that occurred from the number of deaths that would have occurred in a counterfactual hypothetical scenario where key disease interventions did not take place. For example, consider a country in which there is a TB program that provides treatment to people with TB: In one year, 1,000 people diagnosed with TB were treated and 100 people died of TB. If, in that same country, studies showed that the probability of a person dying from TB after being diagnosed but without receiving treatment was 70%, it would be reasonable to assume that 700 people would have died had TB treatment not been available. Therefore, the estimate of the impact of the treatment intervention over that period, in this case, would be 600 lives saved. The same principle is used in all countries and for HIV and malaria. Further information on the oxygen study, the modeling of the impact of Global Fund investments in human resources for health in Malawi, reductions in primary care utilization and associated cost-savings generated by investments in HIV, and the potential economic returns on our investments in HIV, TB and malaria can be found in the web annex. ●

Additional notes on the Global Fund's approach in reporting on programmatic results and impact can be found on our [website](#).

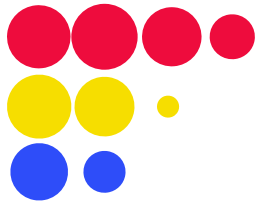
20. UNAIDS (<https://aidsinfo.unaids.org>); WHO Global Tuberculosis Programme (www.who.int/tb/data); WHO Global Malaria Programme (<https://iris.who.int/bitstream/handle/10665/374472/9789240086173-eng.pdf?sequence=1>).

21. People on antiretroviral therapy for HIV, mothers who received medicine to prevent transmitting HIV to their babies, people treated for TB, people treated for drug-resistant TB and HIV-positive TB patients on antiretroviral therapy during TB treatment.

22. The Global Fund's current approach to results reporting was implemented in 2017.

23. UNAIDS (<https://aidsinfo.unaids.org>); WHO Global Tuberculosis Programme (www.who.int/tb/data); WHO Global Malaria Programme (<https://iris.who.int/bitstream/handle/10665/374472/9789240086173-eng.pdf?sequence=1>).

24. The Urgency of Now: AIDS at a Crossroads — 2024 global AIDS update (https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf); Global Tuberculosis Report 2023; World malaria report 2023 (<https://iris.who.int/bitstream/handle/10665/374472/9789240086173-eng.pdf?sequence=1>).



Glossary

AMR

Antimicrobial resistance: AMR occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. Drug-resistant TB is the seventh leading cause of AMR-related mortality globally.

ARVs

Antiretroviral drugs: Medication that allows people living with HIV to live healthy lives, and that prevents them from passing the virus on to others.

BPaLM

The WHO-recommended 6-month all-oral, injection-free treatment regimen for drug-resistant TB, composed of four medicines – bedaquiline, pretomanid, linezolid and moxifloxacin.

C19RM

COVID-19 Response Mechanism: Through C19RM, the Global Fund supports countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and to initiate improvements in health and community systems.

COEs

Challenging operating environments: Countries or regions characterized by poor governance, disasters or conflict and requiring flexible approaches to deliver needed services and medicines.

Co-financing

Additional domestic financing of health and HIV, TB and malaria programs. See the Global Fund Sustainability, Transition and Co-financing Policy.

DALYs

One disability-adjusted life year (DALY) represents the loss of the equivalent of one year of full health. DALYs for a disease – like HIV, TB or malaria – are the sum of the years of life lost to due to premature mortality and the years lived with a disability due to prevalent cases of the disease in a population.

Dual AI nets

Dual active ingredient insecticide-treated mosquito nets: Dual AI nets are coated with two insecticides – pyrethroid and chlorfenapyr – making them more effective against insecticide-resistant mosquitoes than conventional nets.

Gavi

Gavi, the Vaccine Alliance.

IPCC

Intergovernmental Panel on Climate Change.

IPTp

Intermittent preventive treatment of malaria in pregnancy: A preventive regimen in which an antimalarial drug is given at specific intervals to at-risk pregnant women with the goal of reducing illness and death.

Key populations

People who experience a greater epidemiological vulnerability to HIV, TB and malaria, and may have reduced access to services due to a combination of biological and socioeconomic factors.

PEPFAR

U.S. President's Emergency Plan for AIDS Relief.

Plasmodium falciparum

The deadliest species of Plasmodium that causes malaria in humans.

PMI

U.S. President's Malaria Initiative.

PPM

Pooled Procurement Mechanism: A key initiative that the Global Fund uses to aggregate order volumes on behalf of participating grant implementers to negotiate prices and delivery conditions with manufacturers.

PrEP

Pre-exposure prophylaxis: The use of antiretroviral medicines to prevent HIV among people who are HIV-negative.

RAI

Regional Artemisinin-resistance Initiative. RAI was launched in 2013 in response to the emergence of drug-resistant malaria in the Greater Mekong Subregion.

Revolving Facility

A Global Fund financial mechanism that uses advanced market commitments, including volume guarantees, to drive more affordable access to quality-assured health products and accelerate health product introductions and innovations at greater scale.

SDG 3: Sustainable Development Goal 3

SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. Target 3.3 of SDG 3 aims, by 2030, to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.

SMC

Seasonal malaria chemoprevention: The intermittent preventive administration of a curative dose of antimalarial medicine to children at high risk of severe malaria living in areas with seasonal transmission.

Triple elimination

An initiative supporting the elimination of mother-to-child transmission of three diseases – HIV, syphilis and hepatitis B.

UNAIDS

United Nations Joint Programme on HIV/AIDS.

USAID

U.S. Agency for International Development.

WHO

World Health Organization.



**The Summary & Key Results is
part of the Results Report 2024.
Scan to access the full report:**



The full suite of the Results Report 2024 includes:



HIV:
State of the Fight

Health and
Community Systems



Tuberculosis:
State of the Fight

Colliding Crises



Malaria:
State of the Fight

Investing for Impact

Left: The Cyaruzinge community youth group sing and dance at their community hall in Gasogi Sector in Kigali, Rwanda, during an educational session on child marriage, HIV prevention among adolescent girls, and sexual and reproductive health.
The Global Fund/Brian Otieno

The Results Report 2024 was published in September 2024.



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**Results
Report
2024**

**VI
E**

This chapter is part of the Results Report 2024.

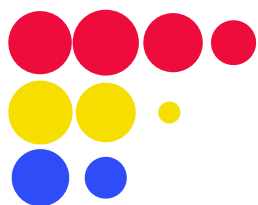
2023 was another year of significant progress in the fight against HIV, tuberculosis (TB) and malaria. In countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, our partnership has cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.



Online Report

Scan for an interactive version of this report.

State of the Fight



HIV

This chapter captures the latest information available on the fight to end AIDS. In 2023, Global Fund-supported HIV programs prioritized high-impact interventions for people with the greatest need for prevention, testing and treatment. However, to end the disease by 2030, we must significantly scale up investment, strengthen political will and tackle human rights and gender-related barriers to health.



Rin Srey Mey works for Cambodian Women for Peace and Development. She helps raise awareness about testing for HIV and other sexually transmitted infections. Here, she addresses the wait staff at a restaurant in Phnom Penh, Cambodia.

The Global Fund/Maika Elan/VII

The challenge

The world has made remarkable progress in the response to HIV. New HIV infections have declined in most regions since 2010, with the fastest declines seen in high-burden countries. Access to lifesaving HIV treatment has reduced the annual number of AIDS-related deaths globally by 51% since 2010. Innovations in medicines are boosting treatment outcomes, and in 2023 the global percentage of people living with HIV who are virally suppressed increased to 72%, up from 39% in 2015.

As more countries achieve or approach the United Nations Joint Programme on HIV/AIDS (UNAIDS) 95-95-95 targets (by 2025, 95% of people living with HIV know their HIV status, 95% of people who know they are living with HIV are on treatment, 95% of people who are on treatment are virally suppressed), sustaining these gains is a considerable challenge. We must build on this hard-won progress and significantly scale up investment, strengthen political will and tackle human rights and gender-related barriers to health if the world is to meet the 2030 Sustainable Development Goal 3 (SDG 3) target of ending AIDS as a public health threat.

Although we have incredibly effective tools to prevent and treat HIV and ensure people living with the virus can lead long and healthy lives, too many people are still being left behind in the fight against HIV. Key populations, such as gay men and other men who have sex with men, sex workers, trans and gender diverse people, people who inject drugs, people in prison, and their sexual partners continue to be disproportionately affected by HIV. Stigma and discrimination persist in many countries, and repressive laws and policies erode human rights and obstruct access to HIV services.

Many adolescent girls and young women continue to be at risk of acquiring HIV, particularly in sub-Saharan Africa. This increased HIV risk is driven by poverty, pervasive gender inequalities and discrimination, which prevent girls and young women from making decisions about their bodies and their lives. Transmission of HIV from mothers to babies continues to occur in many countries due to ongoing gaps in access to services that eliminate transmission. Additionally, children are far less likely than adults to receive treatment for HIV due to gaps in early diagnosis and rapid linkage to treatment.

In 2023, the Global Fund partnership remained steadfast in the face of these challenges. We continued to invest in country-owned and country-led HIV programs that focused on reaching those most in need. But we must accelerate progress. Now is the time to increase investment and innovation and break down barriers to

prevention, testing and treatment. By taking bold action, the world can still end AIDS by 2030.

The Global Fund's response

The Global Fund provides 28% of all international financing for HIV programs. Since the Global Fund was founded in 2002, we have invested US\$26.6 billion in HIV programs and US\$5.5 billion in HIV/TB programs as of 30 June 2024.

The Global Fund prioritizes high-impact HIV interventions for people with the greatest need for HIV prevention and care. We focus on supporting countries to ensure HIV services and programs are people-centered, promote human rights and gender equality, and are delivered in ways that maximize uptake, use and impact. Equity, sustainability, program quality and innovation are core principles that shape the design and delivery of our HIV investments.

We work as a partnership at local and global levels. In many countries where we invest, we work with governments, civil society and community-based organizations. At the global level, we work with a diverse set of partners, including UNAIDS, the World Health Organization (WHO), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other bilateral partners to accelerate the response to HIV and strengthen our investments in the fight against the disease.

HIV prevention

The Global Fund's investments in HIV prevention programs and products have grown significantly, from US\$705 million over the 2018-2020 period to more than US\$870 million over the 2021-2023 period. Our investments in HIV prevention over this period focused on the urgent need to close gaps in access to the interventions that have the greatest impact on reducing new HIV infections.

The Global Fund supports countries to reduce new HIV infections by delivering targeted HIV prevention programs that are tailored to individual risks, needs and local contexts. We support community organizations that are on the frontline of delivering HIV prevention and testing, including HIV self-tests. And we invest in systems that bring key commodities such as condoms, lubricants and clean injecting equipment to the last mile, improving their availability in hot spots, such as bars and brothels, where HIV prevention is needed most. The Global Fund also invests in systems to strengthen and expand the delivery of HIV prevention in community settings, and to ensure that the voices of communities who need HIV prevention are heard.

Global Fund investments not only drive progress in tackling HIV, but also contribute to building strong, equitable and resilient health and community systems.



Pre-exposure prophylaxis (PrEP) plays an increasingly important role in HIV prevention. According to UNAIDS, the number of people using PrEP has continued to increase, from 200,000 in 2017 to over 3.5 million in 2023, with the largest increases seen in Eastern and Southern Africa. Global Fund investments in PrEP are rapidly expanding.

Taking oral PrEP pills can be challenging for some people due to inconvenience, fear of stigma, a low sense of HIV risk, incomplete knowledge or misconceptions about side effects. New PrEP formulations can overcome some of these obstacles as they offer increased convenience and privacy, which can help people to use PrEP effectively during periods of potential exposure to HIV.

In 2023, the Global Fund supported the procurement and delivery of oral PrEP and the dapivirine vaginal ring. Once inserted, the ring, which contains antiretroviral medicine, is kept in place for one month before being replaced with a new one. It has enormous potential for preventing new HIV infections among women, and the Global Fund is the most significant buyer of this new option for women.

The Global Fund is also funding the procurement of a long-acting, injectable form of PrEP, called injectable cabotegravir. The promise of this form of PrEP as part of a comprehensive approach to HIV prevention is becoming a reality, and the Global Fund is committed to expanding access to it.

Condoms and lubricants are the mainstays of HIV prevention and of the prevention of other sexually transmitted infections and unintended pregnancies. Throughout the 2021-2023 period, the Global Fund invested US\$147 million in condom programming. Expanding condom access continues to be a high priority for the Global Fund and a further significant increase in investment is planned for the 2024-2026 period.

HIV testing

In 2023, the Global Fund supported countries to scale up HIV testing to reach people with the greatest need in new ways. This included the expansion of partner and family testing and social network-based testing.

HIV self-testing can be more convenient and more private, and in 2023 10 million self-test kits were procured through the Global Fund's Pooled Procurement Mechanism (PPM) – five times more than the 2 million tests procured in 2020. The Global Fund is also supporting countries to scale up dual HIV/syphilis rapid diagnostic tests, significantly increasing procurement volumes to 12 million in 2023, up from 7 million tests in 2022. This is a critical step toward achieving the global goal of triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B.

HIV treatment, care and support

HIV treatment suppresses the virus to a point where it becomes undetectable and untransmissible, enabling people living with HIV to enjoy a healthy and long life. In countries where the Global Fund invests, the number of people living with HIV who were receiving HIV treatment continued to grow in 2023: 78% of people living with HIV were on HIV treatment, a significant increase from 22% in 2010.



A young girl tests negative for HIV in the village of Daiguérié, Cameroon. Global Fund support helps provide HIV self-tests to rural and hard-to-reach communities across the country.

© UNICEF/UNI405817/Dejongh

In 2023, the Global Fund, together with partners and generic pharmaceutical manufacturers, secured a price reduction of 25% for generic tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD), the preferred first-line HIV treatment. These price reductions allow governments to invest in other critical areas of their HIV programs, helping to save more lives and reduce new infections.

Since 2021, the Global Fund has invested in countries to introduce and scale up dolutegravir-based antiretroviral formulations for the treatment of children with HIV. These formulations improve clinical outcomes, have high tolerability and are available as low-cost generics in most countries where the Global

Fund invests. The Global Fund has delivered dolutegravir products designed for children to 50 countries through the PPM.

Key populations

The Global Fund is one of the leading funders of HIV programs for key populations, with our investments focused on closing gaps in access to HIV prevention, treatment and care. The participation and leadership of key populations are essential for effective HIV programs, and our investments support civil society organizations to plan, implement and monitor services.

In some countries, HIV services for key populations can still be discriminatory, stigmatizing or hard to access. Laws

An outreach worker for Nai Zindagi Trust, a community-based organization in Sukkur, Pakistan, provides clean needles, condoms and other essential health services for people who inject drugs.

The Global Fund/Vincent Becker



and policies that criminalize homosexuality (such as the Anti-Homosexuality Act passed in Uganda in 2023), sex work, drug possession, drug use, HIV status and gender expression present severe barriers to HIV prevention and treatment services. They also erode human rights and undermine progress in the fight against HIV.

To overcome obstacles in access, the Global Fund supports service delivery approaches for key populations that encompass clinical and community settings and that recognize the different needs of each key population. When key population-competent services are provided, and, given the restrictive environments in which key populations programs are often implemented, the safety and security of service providers and users are protected, prevention and treatment gains for key populations can be achieved. However, strong political will and increased funding for key population-focused programs are critical to achieve the reduction in new infections needed to end AIDS as a public health threat by 2030.

Adolescent girls and young women

Globally, 210,000 new HIV infections were estimated among adolescent girls and young women (aged 15-24 years) in 2023. Gender inequalities, discrimination and violence increase HIV risk for girls and young women and often prevent those living with HIV from accessing lifesaving health care. HIV programs must recognize and respond to these deep-rooted gender issues and ensure that young women can participate in decisions about their health.

Despite improvements over the past decade, HIV prevalence among adolescent girls and young women living in sub-Saharan Africa is three times higher than among adolescent boys and young men. Among other initiatives, the HER Voice Fund – supported by the Global Fund in partnership with ViiV Healthcare and Y+ Global – provides grants and capacity-strengthening assistance to support adolescent girls and young women's participation in advocacy and policy processes. It also fosters their collaboration in shaping policies, laws and programs that affect them. In 2023, the fund supported over 20,000 girls and young women in the region to participate in over 800 key decision-making bodies.

Increasing women and girls' access to and use of integrated HIV prevention and sexual and reproductive health services is an important component of Global Fund-supported HIV prevention programs in Eastern and Southern Africa. In Lesotho, the Global Fund invests in HIV prevention programs that in 2023 reached 41,200 adolescent girls and young women. Through these programs, more than 16,000 adolescent girls and young women were offered HIV tests, while almost

5,500 adolescent girls and young women initiated oral PrEP. In 2023, 3.9 million adolescent girls and young women were reached with Global Fund-supported HIV prevention services.

Mothers and children

Programs focusing on eliminating transmission of HIV from pregnant and breastfeeding women living with HIV to their babies have averted more than 3.4 million new HIV infections among children since 2000. In Global Fund-supported countries, the percentage of pregnant women living with HIV receiving treatment for their own health and to prevent transmission of HIV to their babies reached 84% in 2023, compared to 49% in 2010.

Global Fund investments support continued care for mothers and infants during breastfeeding, early infant HIV testing and diagnosis, and rapid linkage to treatment for children who test positive. Working with partners, the Global Fund is supporting countries to develop and deploy an integrated approach to triple elimination and to test and treat for syphilis and hepatitis B.

Equity, human rights and gender equality

In the face of an alarming erosion of human rights and gender equality in many countries in 2023, the Global Fund partnership continued to serve communities in countries where laws and policies create obstacles for people in need of HIV prevention, testing and treatment. We will continue our efforts to support their access to the health services they need.

In 2023, progress assessments for the Global Fund's Breaking Down Barriers initiative, which confronts human rights barriers to HIV services, reported that people from key populations who participated in Breaking Down Barriers programs were more likely to demand and secure their health-related human rights. Health care providers and law enforcement agents who received training or education on human rights through Breaking Down Barriers were more likely to uphold rights-based services. Between 2017 and 2023, all countries involved in Breaking Down Barriers made progress in removing human rights barriers to HIV services.

Progress

In countries where the Global Fund invests, AIDS-related deaths have declined by 73% since 2002 and new infections by 61%. The HIV mortality rate has reduced by 81% since 2002, and the incidence rate has declined by 73%. In 2023 84% of people living with HIV knew their status, up from 68% in 2015. 78% of people living with HIV were on lifesaving HIV treatment, compared to 22% in 2010. 72% of people living with HIV had a suppressed viral load – a significant increase from 15% in 2015.

This remarkable success reflects the tremendous power of the Global Fund partnership and is the result of investment and innovation in HIV prevention and testing, together with increased HIV treatment coverage. Several Global Fund-supported countries are achieving significant milestones on the path to epidemic control: Botswana, Eswatini, Kenya, Malawi, Rwanda, Zambia and Zimbabwe have reached their 95-95-95 testing, treatment and viral load suppression targets. Burundi, Cambodia, Lesotho and Namibia are also close to doing so.

Efforts in many countries to address HIV as part of a broader health and development agenda, encompassing maternal and child health, are accelerating progress toward triple elimination of HIV, hepatitis B and syphilis. Since 2015, 17 countries have reached one or more of the targets for elimination of mother-to-child transmission of syphilis and/or HIV. Fewer people dying from AIDS-related causes means fewer children are left orphaned by the disease. In countries where the Global Fund invests, the number of children orphaned by AIDS decreased by 26% between 2010 and 2023.

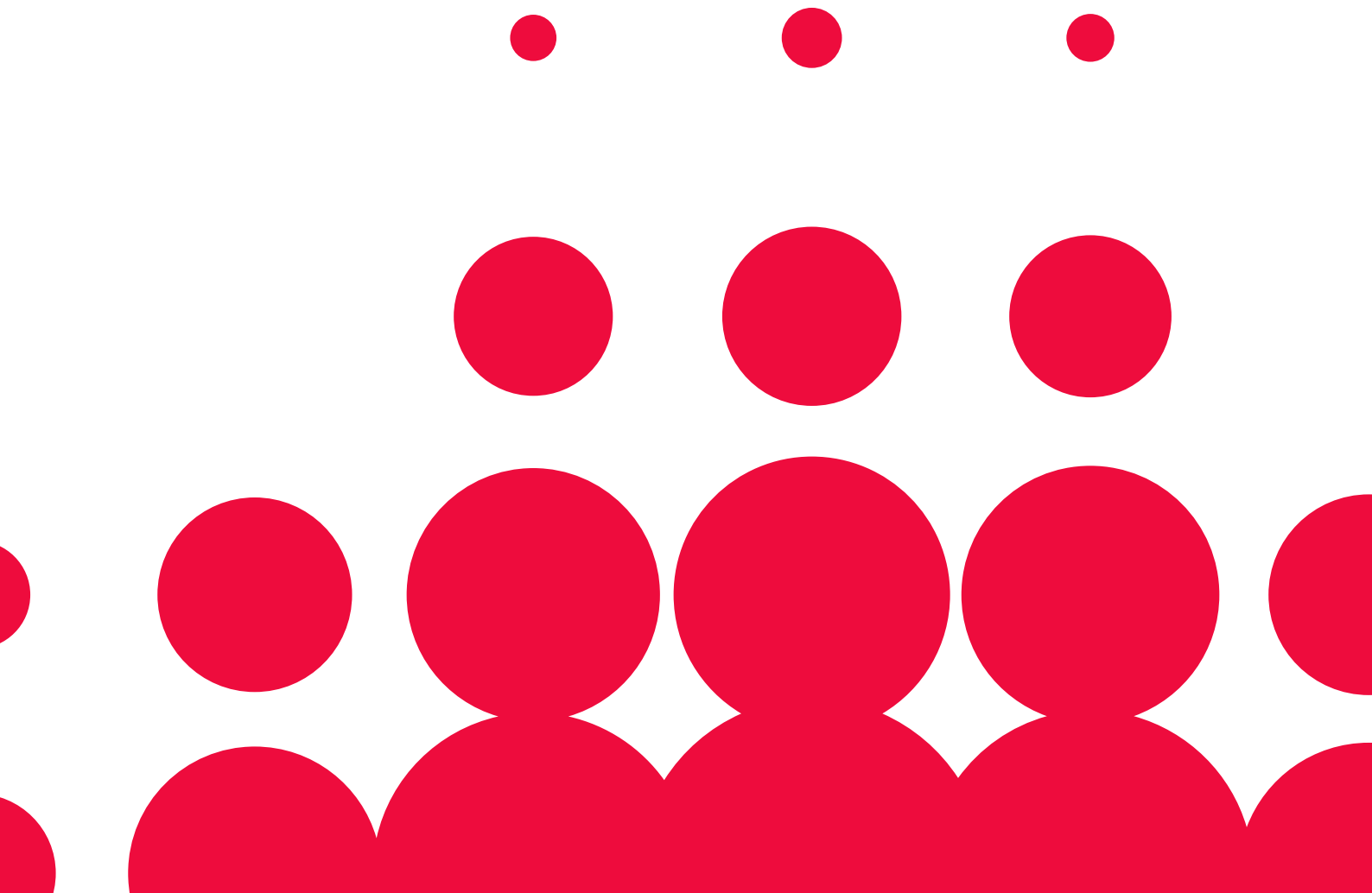
Antigua and Barbuda, Barbados, the Cook Islands, Namibia, Saint Kitts and Nevis and Singapore recently repealed laws criminalizing same-sex relations. Several other countries where the Global Fund invests, including

the Central African Republic, India and Kazakhstan, have strengthened existing laws to protect the rights of some groups of vulnerable people.

Our response to HIV strengthens health systems

Global Fund investments to tackle HIV not only drive progress against the disease, but also contribute to building strong, equitable and resilient health and community systems.

In many countries, HIV laboratory systems, health workforces and service delivery facilities were among the first to respond to the COVID-19 pandemic. Furthermore, investments in training health care workers, improving laboratory infrastructure and integrating HIV services into broader health systems have been vital for supporting sustainable impact in HIV care. These investments underpin long-term care of people living with HIV, particularly as they age and develop other illnesses such as noncommunicable diseases and co-infections. These investments have strengthened the capacity of health systems to address both HIV and sexual and reproductive health needs and offer comprehensive antenatal care for pregnant women. Holistic and well-coordinated systems can improve overall health outcomes, support the aging cohort of people living with HIV, and enhance the quality of life for people with multiple health needs. ●



**In countries where the
Global Fund invests:**

Key Results for 2023

53.8M

HIV tests were taken
(including 13.1 million by
priority and key populations).
People living with HIV with
knowledge of their status
increased from 68% in 2015
to 84% in 2023. Global target:
95% by 2025.

17.9M

People were **reached
with HIV prevention
services** in 2023, including
8 million people from key
populations and 8.5 million
young people.

25M

People were on **antiretroviral
therapy for HIV** in 2023,
up from 17.5 million in 2017.
Coverage increased from 22%
in 2010 to 78% in 2023. Global
target: 90% by 2025.

925K

**Voluntary medical male
circumcisions** were
conducted for HIV
prevention in 2023.

72%

Of people **living with HIV**
had a suppressed viral load
in 2023, up from 15% in 2015.
Global target: 86% by 2025.

322K

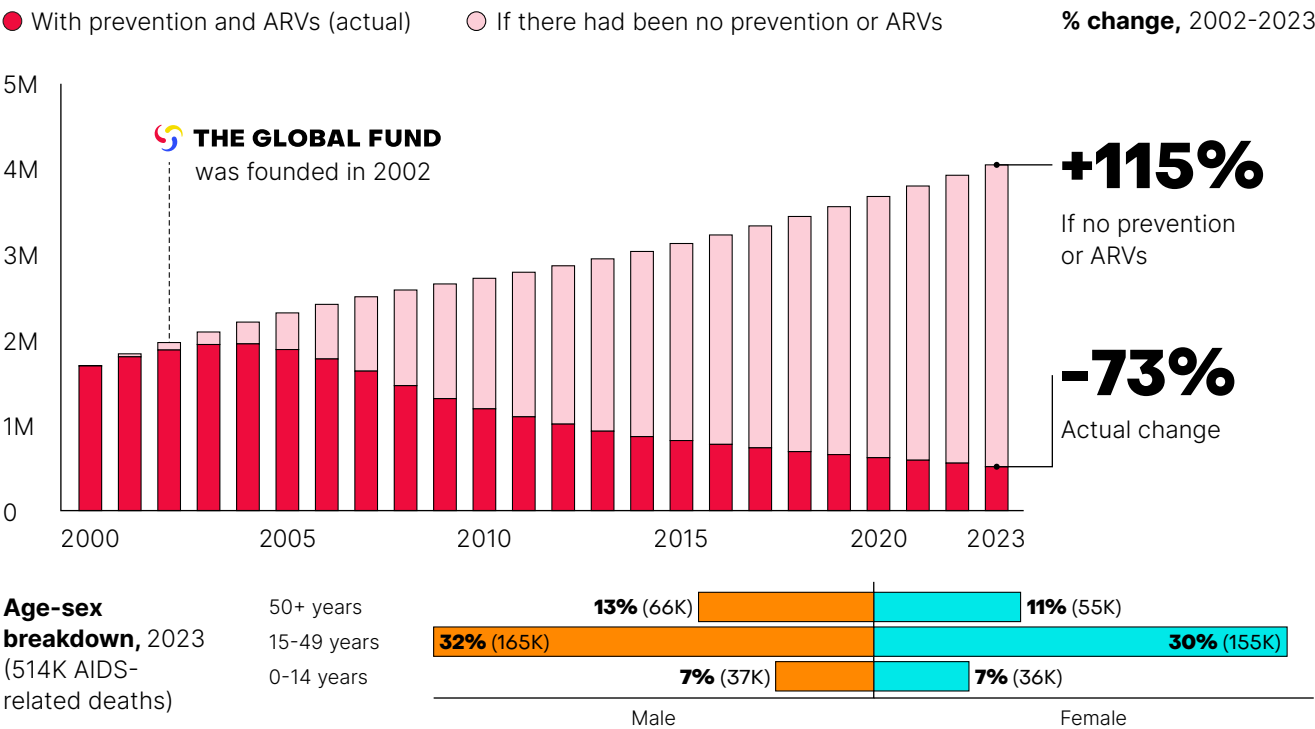
People **initiated oral
antiretroviral pre-exposure
prophylaxis (PrEP)** in 2023.

695K

Mothers living with HIV
received medicine to keep
them alive and prevent
transmitting HIV to their
babies in 2023. Coverage
increased from 49% in 2010
to 84% in 2023. Global target:
100% by 2025.

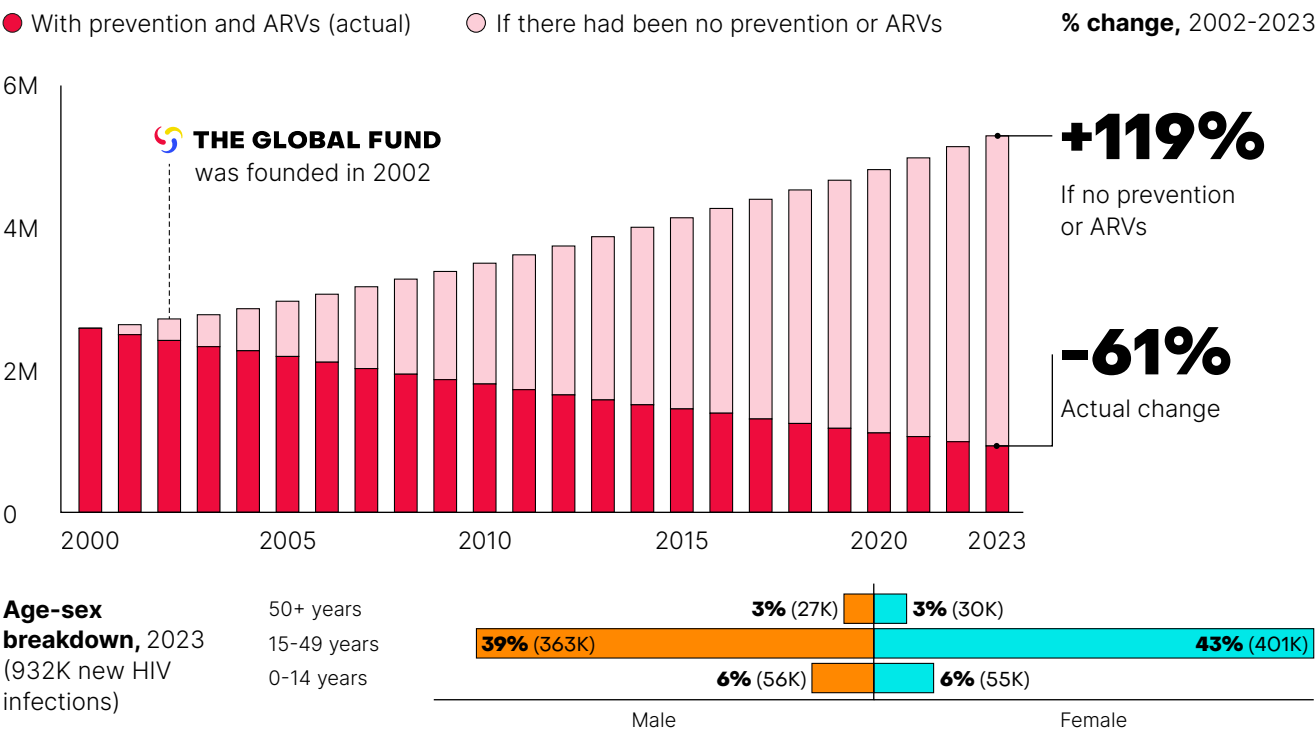
Trends in AIDS-related deaths

In countries where the Global Fund invests



Trends in new HIV infections

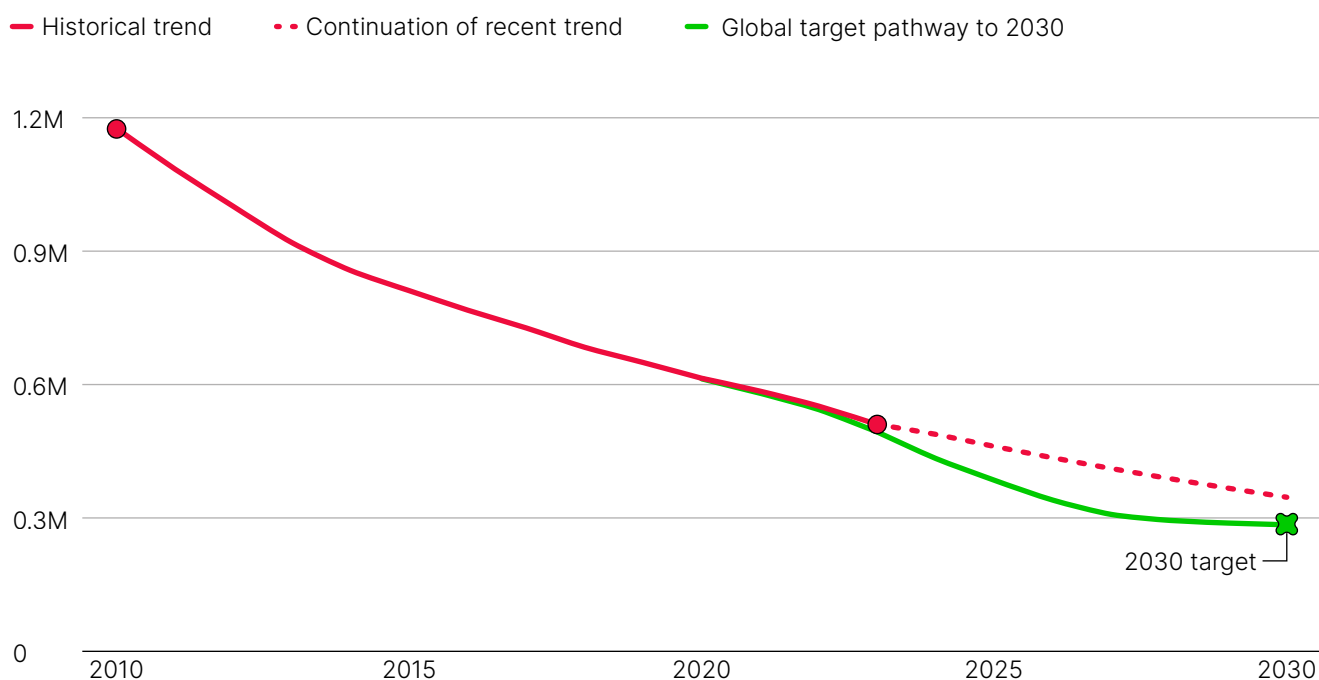
In countries where the Global Fund invests



HIV burden estimates from UNAIDS, 2024 release. Estimation of “no prevention or ARVs” trends from Goals Model, Asian Epidemic Model (AEM) and AIDS Impact Model (AIM).

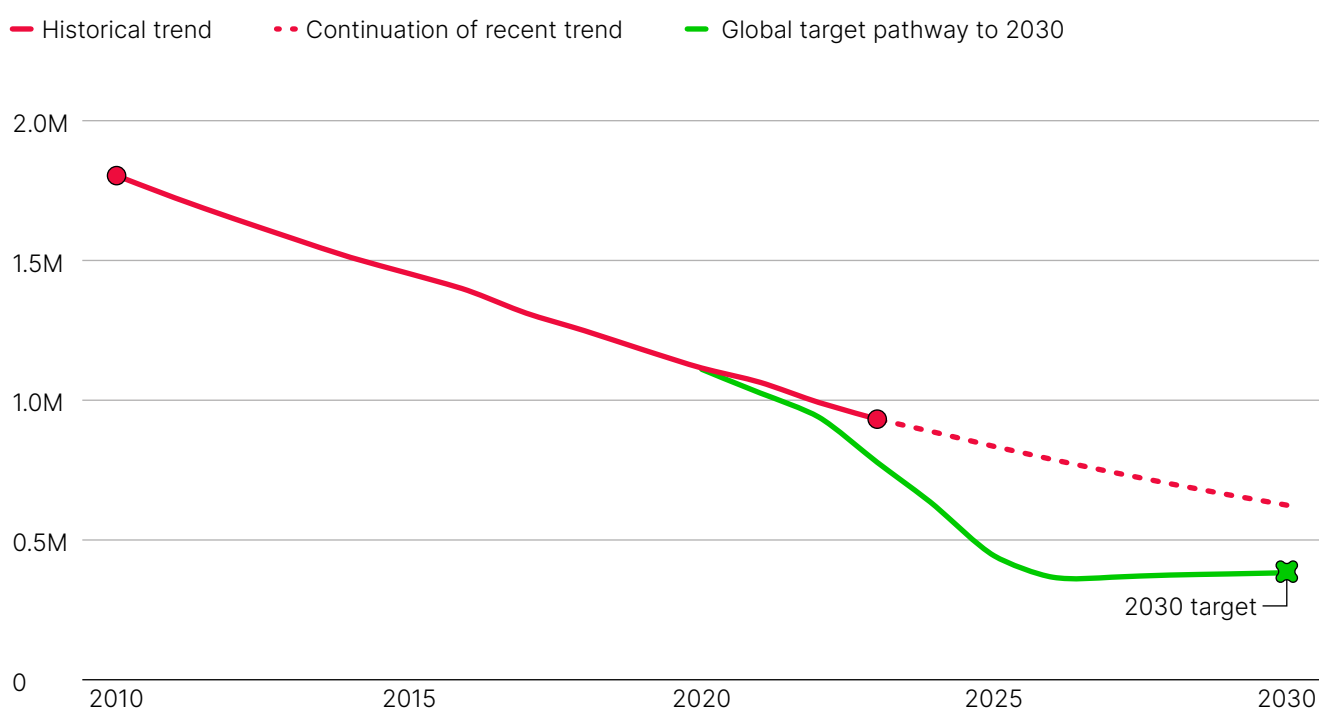
AIDS-related deaths: progress toward the UNAIDS target

In countries where the Global Fund invests



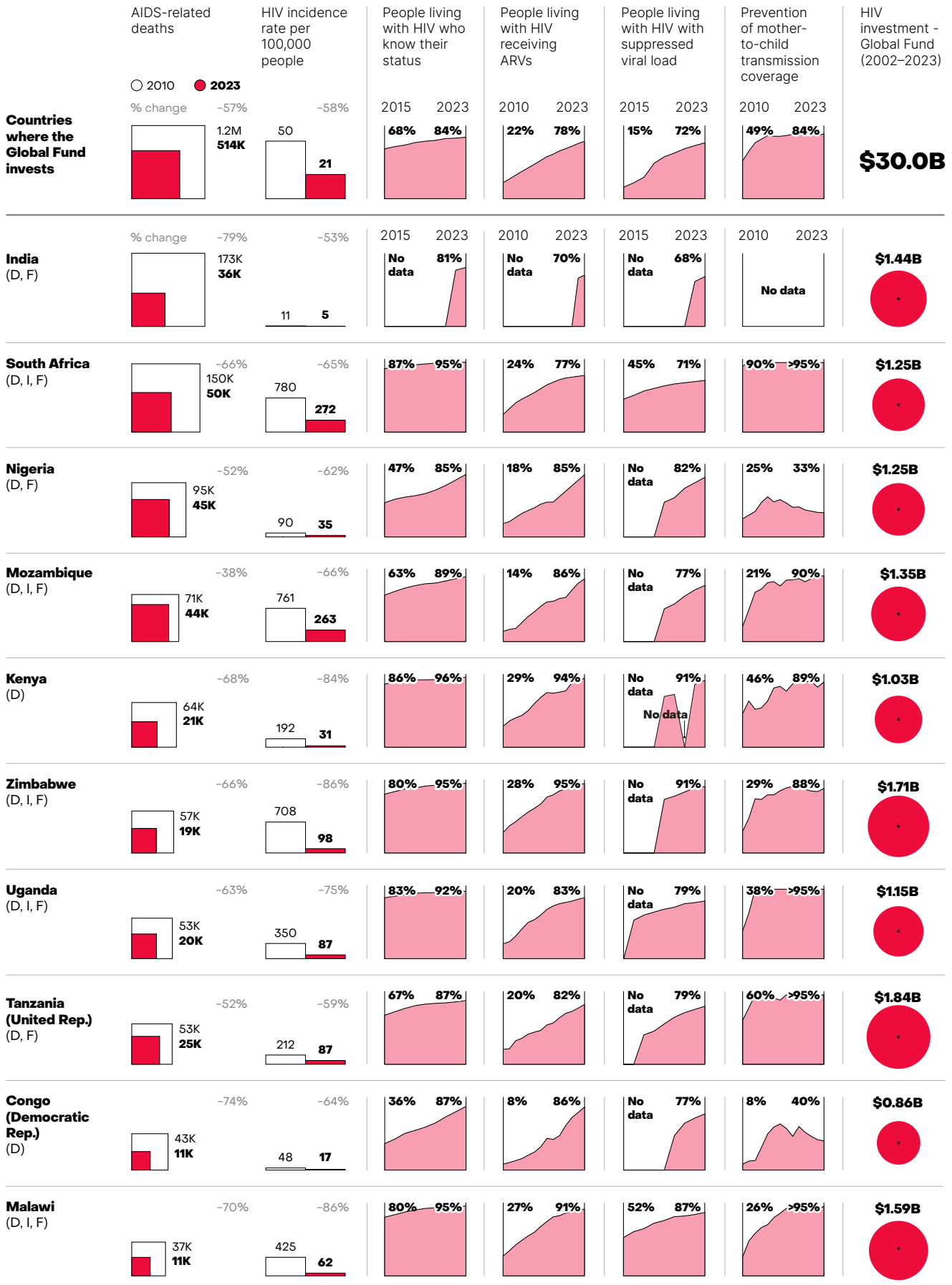
New HIV infections: progress toward the UNAIDS target

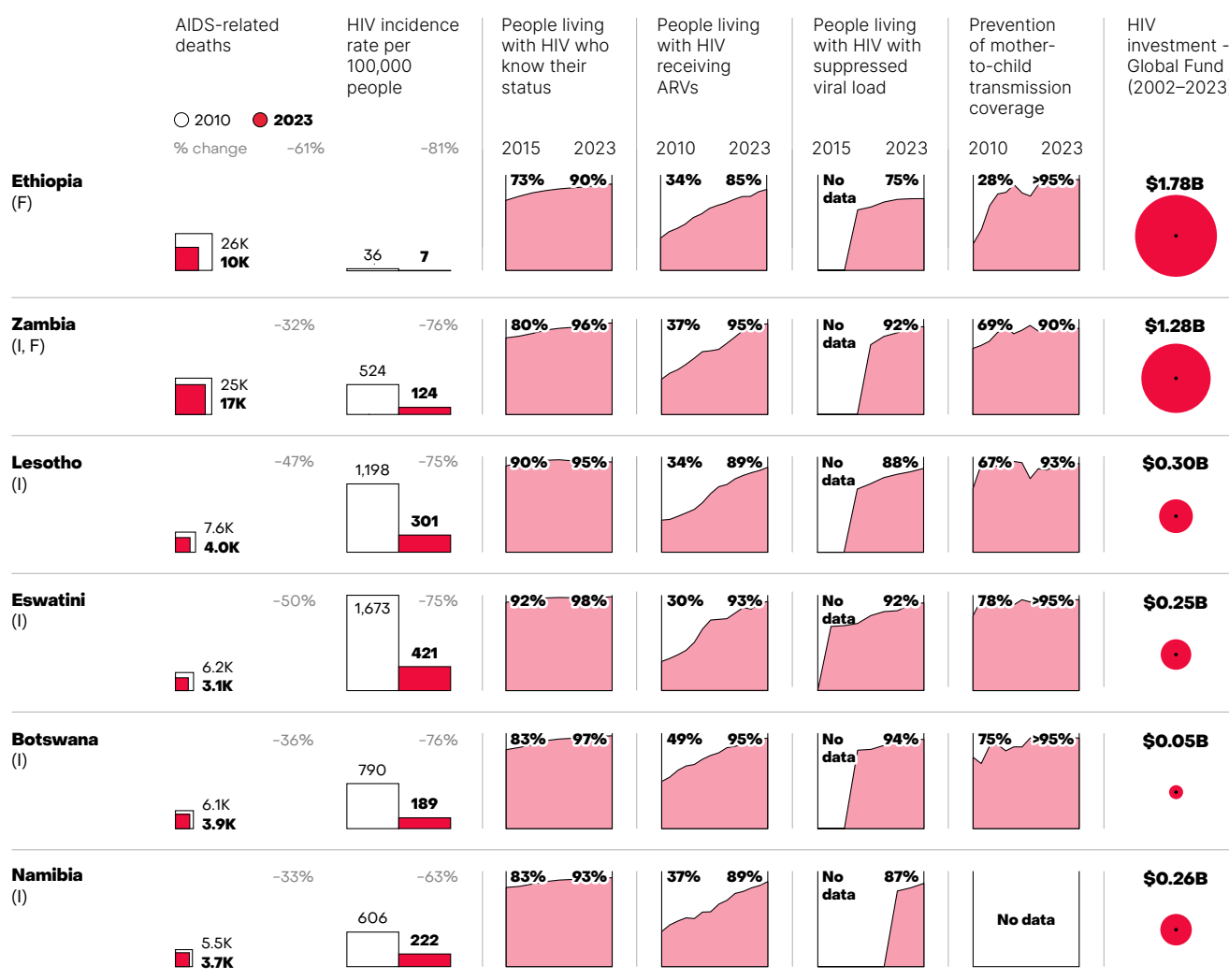
In countries where the Global Fund invests



"Continuation of recent trend" projection is based on the continuation of 2017-2023 trends. "Global target pathway to 2030" is based on the target from UNAIDS 2025 targets to end AIDS, 2021 update. Countries that have recently received Global Fund HIV and AIDS funding and have reported programmatic results over the past two cycles.

Investment and impact: HIV





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

All data is based on estimates published in the UNAIDS 2024 release <http://aidsinfo.unaids.org/>, other than Global Fund disbursements, which are available on the [Global Fund Data Explorer](#). The denominator for the three 95s is People living with HIV.

1. Countries listed on this page were selected based on three criteria:

- Being among the top-10 countries with the highest number of AIDS deaths in 2010 (D).
- Being among the top-10 countries with the highest HIV incidence rate in 2010 (I).
- Being among the top-10 countries that received the largest amount of funding from the Global Fund from 2002 to end December 2023 to support HIV programs (F).

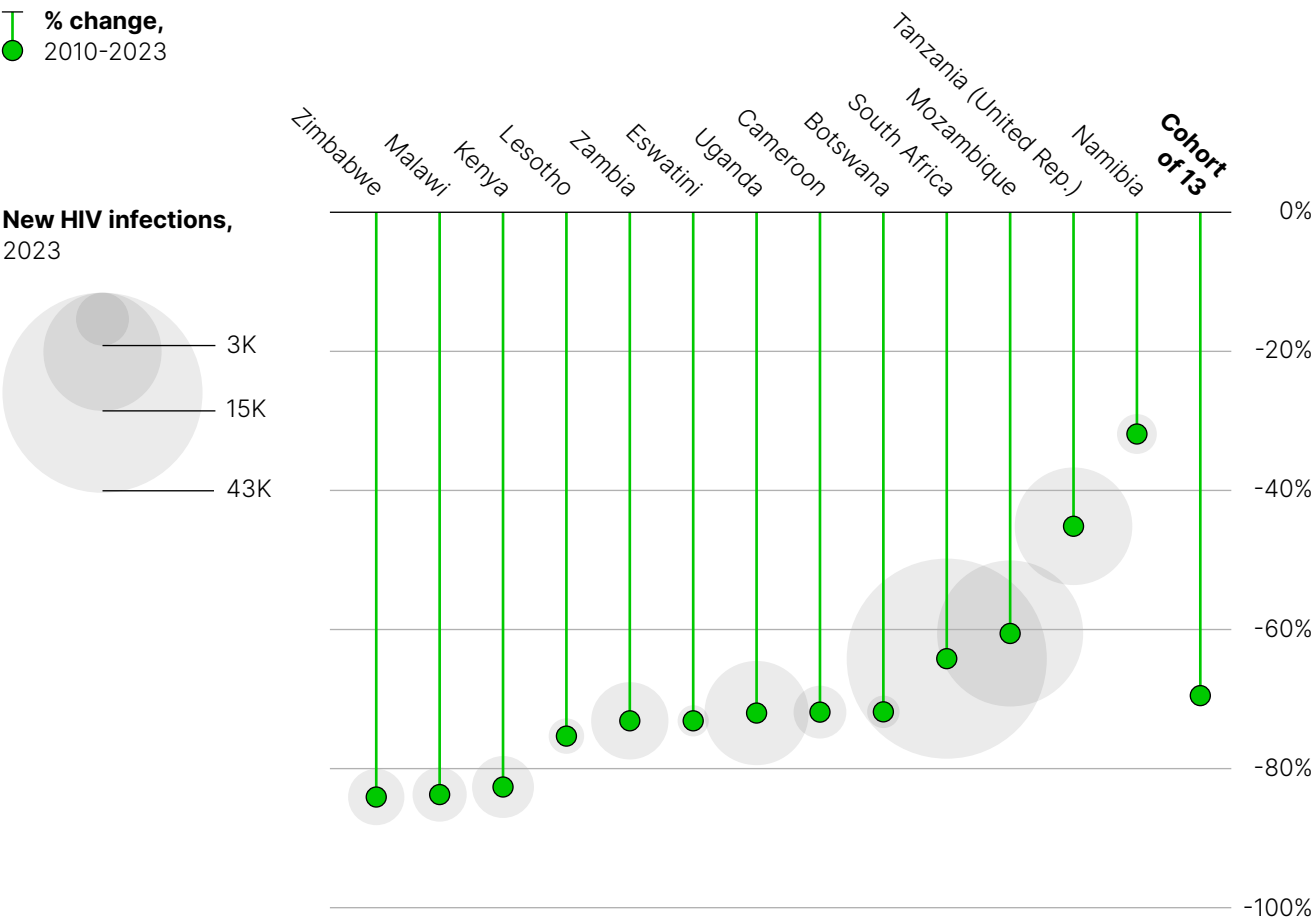
Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as “Global Fund-supported” include countries that have recently received Global Fund funding for HIV programs and have reported programmatic results over the past two cycles, excluding countries only receiving funds through the nongovernmental organization (NGO) rule. Global Fund-supported countries received US\$30 billion from 2002 to end-December 2023 to support HIV and AIDS and a portion of HIV/TB programs. Additionally, they received US\$1.9 billion in cross-cutting support across the three diseases, resulting in a total of US\$31.9 billion. Countries/programs previously supported by the Global Fund had received US\$1.3 billion since 2002, resulting in a total disease-specific investment of US\$31.2 billion.

3. In line with the Global Fund [results reporting methodology](#), these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.

Reduction in HIV incidence rate among women aged 15-24

% change 2010-2023 in 13 priority countries

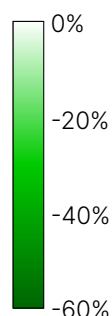


Source: HIV burden estimates from UNAIDS, 2024 release.

Investments in HIV treatment and prevention interventions focused on adolescent girls and young women and their male sexual partners have led to significant decreases in HIV incidence in several countries in sub-Saharan Africa with a high HIV burden. In 2023, there were approximately 117,000 new HIV infections among adolescent girls and young women in 13 focus countries in sub-Saharan Africa. Although still high, this represents a 69% reduction in the HIV incidence rate for adolescent girls and young women in these countries since 2010. In 2023, 2.6 million adolescent girls and young women were reached by Global Fund-supported HIV prevention programs in the same 13 countries.

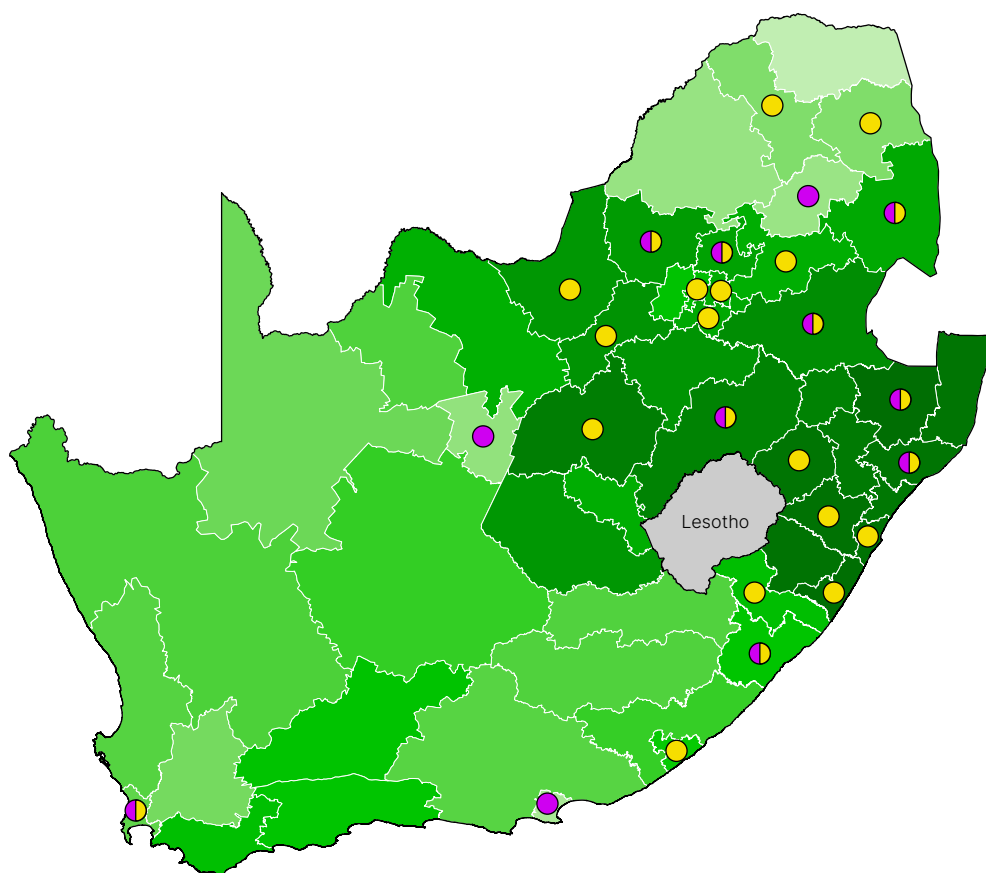
Reduction in HIV incidence rate among women aged 15-24 in South Africa

% change, 2017-2023



Districts supported by, in addition to the South African government:

- Global Fund
- PEPFAR
- ● Global Fund and PEPFAR



South Africa District HIV Estimates: <https://www.hivdata.org.za/>.

Over the past decades, South Africa's exemplary leadership and commitment have led to great progress in the fight against HIV. South Africa has the largest antiretroviral therapy program in the world, and between 2010-2023 has seen HIV incidence fall by 58%. The Global Fund works closely with the government and civil society organizations, including communities affected by HIV, to contribute to the country's robust HIV treatment programs and to scale up locally tailored interventions. Sustained investments in HIV prevention for adolescent girls and young women and their male sexual partners across the country – including improving access to condoms and PrEP, along with psychosocial support, health promotion at community and sporting events and comprehensive sexuality education – have complemented national HIV prevention efforts.

The scale-up of HIV testing and treatment since 2010 has been the principal driver of reductions in HIV incidence in adolescent girls and young women. Increased condom use in the past decades has also had a significant impact on reducing and maintaining lower HIV incidence. In addition, the scale-up of voluntary medical male circumcision has reduced the number of new infections in men, thereby reducing transmission to young women. The Global Fund's investments in high-impact HIV prevention interventions, including condoms and PrEP, is increasing.¹

1. The Effect of HIV Programs in South Africa on National HIV Incidence Trends, 2000–2019. Johnson, Leigh F. et al. JAIDS Journal of Acquired Immune Deficiency Syndromes 90(2):p 115-123, June 1, 2022. DOI: 10.1097/QAI.0000000000002927.

A mother who benefitted from prevention of mother-to-child transmission services in Kayongena village, Namibia, is visited by a health worker.

Ministry of Health and Social Services, Namibia



Namibia

Case Study

At the forefront of the HIV response for mothers and children

Like in many countries in sub-Saharan Africa, women in Namibia are disproportionately impacted by HIV. But a focused, ongoing campaign has put the country on the forefront of fighting the disease – particularly for mothers and children.

Namibia has embraced WHO's triple elimination initiative, which aims to end mother-to-child transmission of HIV, hepatitis B and syphilis – deadly pathogens in a region home to nearly two-thirds of the world's HIV burden and two-thirds of new hepatitis B infections.

These efforts have paid off. The rate of mother-to-child transmission of HIV has gone down by 70% over the last two decades. In 2023, 92% of HIV-positive pregnant and breastfeeding women were on antiretroviral therapy, and 98% of babies born to mothers living with HIV were born free of the disease. Namibia is also the first African country to reach more than half of the infants born in 2022 with a timely dose of the hepatitis B vaccine at birth – one of WHO's key metrics for success toward eliminating mother-to-child transmission of hepatitis B.

This year, WHO recognized Namibia's landmark progress on both diseases – a standout in the region.




Over the next three years, the Global Fund will continue to invest in Namibia's fight to end mother-to-child transmission of all three diseases, with targeted support for integrated and primary health care services for women and families.

This includes community-based efforts to ensure mothers and infants are tested and treated; training and mentorship programs for health workers to integrate HIV, hepatitis B and syphilis testing into antenatal care; awareness campaigns so that pregnant women and breastfeeding mothers know about and can access PrEP; early infant diagnosis and follow-up HIV testing for infants; and more.

Namibia's achievement underscores the power of a comprehensive approach to health care, and of investing in strong health and community systems that can address pernicious, preventable diseases and maternal, newborn and child health together. ●



The full suite of the Results Report 2024 includes:

Summary & Key Results	Health and Community Systems
 HIV: State of the Fight	Colliding Crises
 Tuberculosis: State of the Fight	Investing for Impact
 Malaria: State of the Fight	

Left: Guy Dagnini, a community health worker with Alliance Côte d'Ivoire, shares information on preventing HIV with peer educators at a drop-in center in Grand Bassam, Côte d'Ivoire. Globally, transgender people are disproportionately impacted by HIV and AIDS. Alliance Côte d'Ivoire, a Global Fund partner, is working to close this gap in the country.

The Global Fund/Anush Babajanyan/VII

Back cover: Ion Popescu in the medical ward at Penitentiary no. 4-Cricova in Moldova. Popescu used drugs for 30 years and spent 18 years in and out of prison. He attended a rehabilitation program at Penitentiary no. 4-Cricova and hasn't used drugs since. He volunteered for the prison's clean needle exchange program, providing clean needles to other inmates to help protect others from HIV. "I became someone the other guys in prison could trust," he says. "I would listen to them and share my own story." Moldova has made great progress delivering harm reduction services for people living in prisons, including access to condoms, clean needles and syringes. Prisoners are offered HIV tests every six months, and over the last five years there has only been one case of HIV transmission among Moldova's entire prison population of approximately 6,000 people.

The Global Fund/Ioana Moldovan/VII

The Results Report 2024 was published in September 2024.



**The Global Fund to Fight
AIDS, Tuberculosis and Malaria**

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**Results
Report
2024**

Tuberculosis

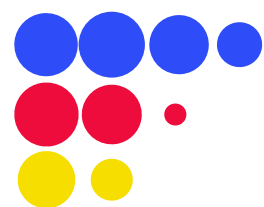
This chapter is part of the Results Report 2024.

2023 was another year of significant progress in the fight against HIV, tuberculosis (TB) and malaria. In countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, our partnership has cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.



Online Report

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State of the Fight

Tuberculosis

This chapter captures the latest information available on the fight to end tuberculosis (TB). In 2023, TB programs supported by the Global Fund recorded a complete recovery from COVID-19-related disruption. However, TB continues to be fueled by inequity. We must accelerate the global TB response to get the world on track to end the disease by 2030.

The challenge

An estimated quarter of the world's population is infected with the bacteria that causes TB. While not all these people will develop TB – many will. In 2022, 10.6 million people fell ill with TB. Of those, 7.5 million were newly diagnosed, meaning about 3 million were missed by health systems. Despite being preventable and curable, TB claimed approximately 1.3 million lives in 2022. Behind these numbers are stories of the injustice that fuels this disease – over 80% of TB cases and deaths affect the most marginalized people in low- and middle-income countries. We are currently off track to reach the Sustainable Development Goal 3 (SDG 3) target of ending TB as a public health threat by 2030. Historically, TB has suffered from inadequate financial resources and global attention, despite being one of the world's deadliest diseases.

But the outlook for TB is changing, and our partnership is fighting back and making great gains. In 2023 TB programs supported by the Global Fund recorded a complete recovery from COVID-19-related disruption, with more people with TB found and treated than ever before. The significant recovery and acceleration in screening and testing we saw from 2022 has been sustained, and efforts to find undiagnosed people have accelerated. Taken together with a widening rollout of innovations and tools to enhance efficiency, strengthened commitments at the national and international level and progress in diagnostics, drugs and vaccine development – there is real hope that we can end TB.

Today, the challenge for the TB community is to maintain that momentum. We must remain laser-focused on bridging the gaps that persist. 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.

We must also confront growing threats such as existing and emerging drug-resistant strains of TB. Without implementing effective diagnostics and expanding the reach of treatment programs, we risk a worldwide upsurge in antimicrobial resistance (AMR). This would effectively give free rein to pathogens that are impervious to lifesaving medical tools – such as antibiotics and antivirals – and are a severe threat to global health security. People with TB are heavily impacted by bacterial coinfections, and drug-resistant TB is the seventh leading cause of AMR-related mortality globally.

The Global Fund's response

In 2023, the Global Fund partnership continued to support countries to deliver equitable, people-centered, cost-effective TB interventions that address vulnerabilities, barriers and gaps in quality of and access to services.

The Global Fund provides 76% of all international financing for TB. As of 30 June 2024, we have invested US\$9.9 billion in programs to prevent and treat TB and an additional US\$1.9 billion in TB/HIV programs. Our investments prioritize:

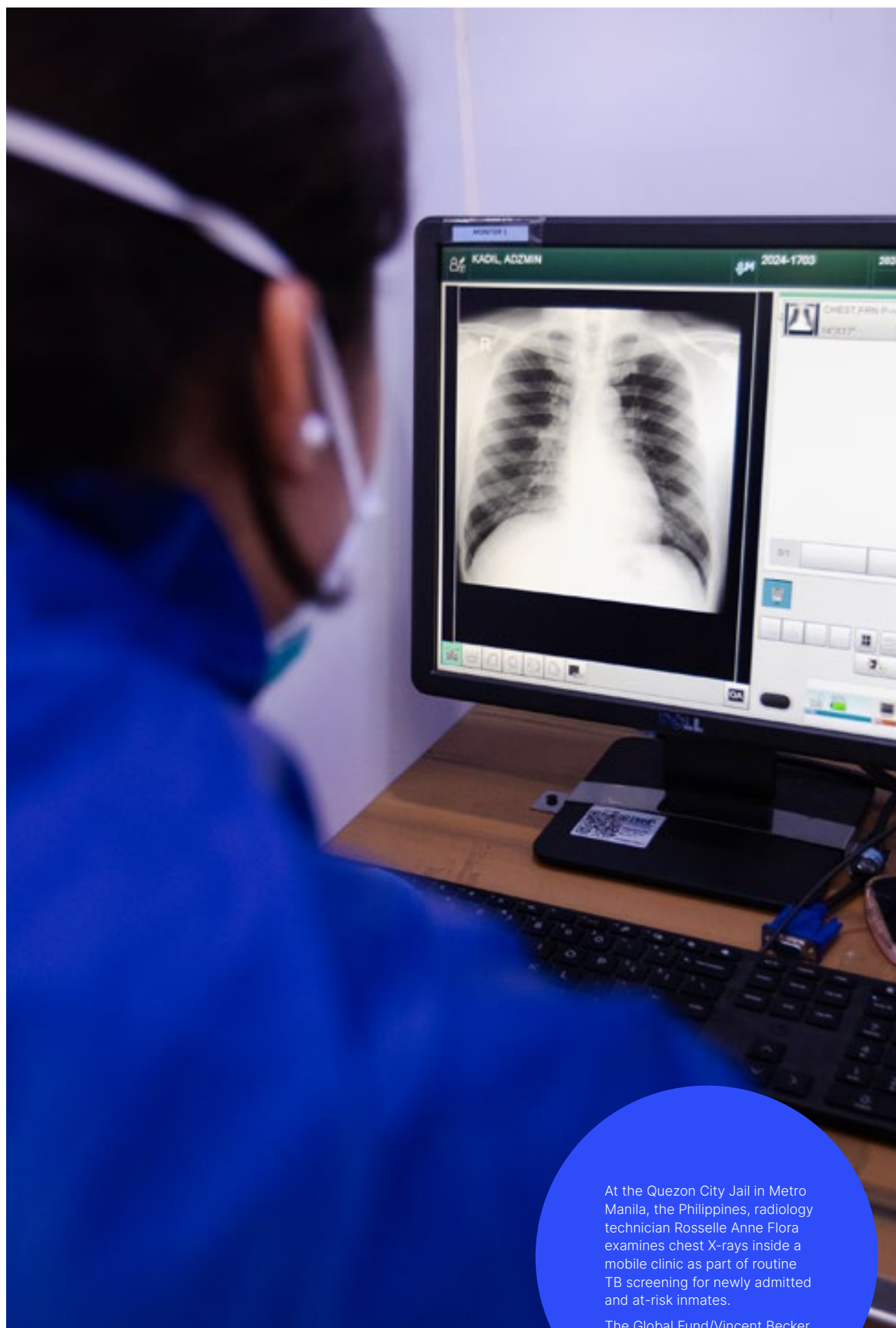
- Finding and treating “missing” people with TB and drug-resistant TB.
- Decentralizing TB services to involve more health facilities at the community level and engaging the private sector.
- Scaling up TB prevention for close contacts of people with TB and vulnerable and at-risk groups, such as children under 5 and people living with HIV.
- Screening people living with HIV for TB and routine testing for people with presumptive and diagnosed TB.
- Market shaping and introducing new tools, such as computer-aided detection software powered by artificial intelligence (AI) and digital chest X-rays.
- Widening access to more sensitive screening and diagnostics, enhancing efficiency and investing in rapid molecular diagnostics for both drug-sensitive and drug-resistant TB.
- Supporting the rollout of more efficient/shorter treatment regimens.

Underpinning all these efforts is our ongoing drive to strengthen health systems. Stronger health and community systems will allow us to not only successfully fight TB but also to be well prepared for future health threats.

We work as a partnership at local and global levels. In many countries where we invest, we work with governments, civil society and community-based organizations. At the global level we work with partners including the Stop TB Partnership, Unitaids, the U.S. Agency for International Development (USAID), the World Health Organization (WHO) and the Bill & Melinda Gates Foundation.

Equity, human rights and gender equality

People who require lifesaving TB services are often confronted with barriers that deprive them of their human rights and access to treatment. These include TB-related stigma and discrimination, harmful laws, bad policies and practices, gender inequality and gender-based violence.



At the Quezon City Jail in Metro Manila, the Philippines, radiology technician Rosselle Anne Flora examines chest X-rays inside a mobile clinic as part of routine TB screening for newly admitted and at-risk inmates.

The Global Fund/Vincent Becker



TB survivor Samuel Maina at his home in Murang'a County, Kenya.

The Global Fund/Brian Otieno

People most affected by TB also face deep social inequities that have made them vulnerable to the disease in the first place. People living in crowded conditions, informal settlements, prisons, or refugee camps; people living with HIV; people living in extreme poverty; and people who are undernourished all face a particularly high risk of TB infection. Compounding this are the prohibitive costs related to TB treatment, which can often amount to “catastrophic costs” (defined as >20% of household income or expenditure), or an amount which is simply impossible for individuals and families to sustain. Almost 50% of all TB patients face catastrophic costs.

Gender can also be a key factor in determining TB vulnerability and outcomes. Men have increased exposure to risk factors such as smoking, alcohol consumption and drug use, as well as risks from working in gendered occupations such as mining or blasting. Harmful gender norms around masculinity, such as the need to appear physically and emotionally strong, may prevent or delay health-seeking. Pervasive gender inequality, stigma and discrimination can also delay or block women’s access to TB care, meaning women often need permission to seek care and lack the financial autonomy to do so. Adolescent girls tend to be more susceptible to TB than adolescent boys. Extrapulmonary

The Global Fund invests in TB programs that address structural barriers, human rights and gender equality.

TB is more common in women than men and more difficult to diagnose. Cultural norms can also prevent women from undergoing sputum tests, and they may delay seeking treatment due to particularly severe TB stigma.

These often-overlapping barriers to accessing TB services create an environment that excludes people from TB diagnosis and treatment. Stigmatization, discrimination and illness can also trigger significant mental health challenges.

As essential conditions for ending TB, human rights and gender equality are squarely on the global agenda. At the second high-level meeting of the UN General Assembly on the fight against tuberculosis in 2023, member states reiterated their commitment to ending TB-related stigma and to implementing people-centered TB services. The Global Fund embeds these principles in our work by investing in TB programs that address barriers, human rights and gender equality. The establishment of the Gender Equality Fund in 2023 initiated a new chapter in our partnership with TB Women through which we aim to strengthen support for women's leadership and engagement in the TB response and work to ensure that TB policies and programs better meet the needs of women and girls.

We continue to scale up investments in our Breaking Down Barriers initiative, which now supports 24 countries as they confront injustice and work 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. A progress assessment of Breaking Down Barriers in 2023 reported scale-up from initial baselines in every country and program area. For example, 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.

Progress

Working with governments, the private sector, health workers, civil society and communities, the Global Fund partnership has reduced TB deaths by 36% between 2002 and 2022. Without these efforts, TB deaths would have increased by 129% and TB cases by 38% over the same period. The tuberculosis mortality rate has reduced by 54% since 2002, and the incidence rate has declined by 28%.

The number of people newly diagnosed with TB in 2022 was 7.5 million. This spike in diagnoses is the highest number since WHO began global TB monitoring in 1995, and it is likely that this figure includes a backlog of cases that went undetected during the COVID-19 pandemic. Never have so many people with TB been diagnosed and put on lifesaving treatment. The global number of people provided with TB preventive treatment in 2022 was 3.8 million, up from 2.9 million in both 2020 and 2021, although there is still a considerable way to go before we can achieve the UN high-level meeting target that aims for 90% of those at risk of TB to be provided with preventive treatment by 2027.

Across the countries where the Global Fund invests, 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 AI capabilities in screening, such as AI-powered computer-aided detection software and digital chest X-rays.

In 2023, the growing range of available prevention and treatment options continued to strengthen the Global Fund partnership's TB response. These include 3HP, a cost-effective, short-course TB preventive treatment, and the latest shorter treatments, including BPaLM combination therapy for drug-resistant TB. This WHO-recommended treatment is a 6-month all-oral, injection-free treatment regimen composed of four medicines – bedaquiline, pretomanid, linezolid and moxifloxacin – and represents a huge milestone in drug-resistant TB care. The Global Fund also prioritized improved treatment options for children affected by TB. Our investments supported the procurement of a short, 4-month drug-susceptible TB regimen for children with non-severe TB; pediatric fixed-dose combination drugs; and child-friendly formulations of drug-resistant TB medications.

In 2023, our market-shaping efforts with key partners resulted in a 20% reduction in the cost of Cepheid's diagnostic test cartridges for TB, as well as improved service and maintenance arrangements. This is expected to expand access to millions more high-quality TB tests for people living in low- and middle-income countries where the demand is most pressing. Significant price reductions were also achieved for two other key TB commodities – the price of 3HP was reduced by 30% and the price of Johnson & Johnson's bedaquiline was reduced by 55%.

Global efforts to end TB rely on strong political will. Following the first high-level meeting of the UN General Assembly on the fight against TB in 2018, in September 2023, governments came together at a second high-level meeting on TB to double down on their commitments and set new targets for 2023-2027. These include reaching at least 90% of people with TB with prevention and care services; using WHO-recommended molecular rapid tests as the first method of diagnosing TB; providing social benefits packages to all people with TB; committing to decisive and accountable global leadership, including regular UN reporting and review; licensing at least one new TB vaccine; and closing funding gaps for TB implementation and research by 2027. Results for 2023 show that in countries supported by the Global Fund, the number of TB cases treated is close to reaching 100% achievement of the UN high-level meeting annual target at aggregate level.

The power of this multilateral action is being matched by national engagement in many countries where the Global Fund invests. The unprecedented progress across TB programs is being driven by countries committed to building a healthier future for their people. In countries with the heaviest TB burdens – for example India, Indonesia, Nigeria and the Philippines, which together account for almost 50% of the world's TB cases – we are seeing strong political commitments and domestic financing for TB prevention, diagnosis and treatment.

Greater levels of ambition are also being demonstrated through updated national strategic plans to end TB. Health systems are being strengthened through improved diagnostic capabilities, expanded access to essential prevention medicines, and shorter and more effective TB treatment regimens. Engagement with the private sector has resulted in notable increases in the number of TB patients treated in the private sector who gain access to quality diagnosis and treatment. Across countries, there are also significant concerted efforts to address the underlying conditions that put certain people at higher risk for TB infection.

Further positive results have been registered in Africa, where a steady decline in TB incidence and the number of TB deaths have been recorded in recent years. In Africa, TB deaths fell by 38% and the TB incidence rate fell by 23% between 2015 and 2022, and the continent is estimated to have passed the 2020 incidence rate and death reduction milestones of the WHO End TB Strategy. The proportion of estimated people with TB who are also living with HIV has also continued to decline, and the global targets for TB preventive treatment for people living with HIV was surpassed, largely due to the work in Africa. The progress in the fight against TB in Africa is extremely encouraging, especially given that the region has 23% of the global TB burden and some of the highest TB incidence rates and number of people living with both TB and HIV.

In 2023, efforts extended to address post-tuberculosis lung disease (PTLD). This hidden, negative after-effect of TB affects approximately 40% of individuals treated for and cured of TB. In collaboration with partners, the Global Fund supported Kenya, Malawi, Tanzania and Uganda to integrate PTLD in national TB programs. The aim is to improve the quality of TB care and reduce TB's individual, social and economic burden by building a baseline for programmatic post-TB treatment care and support, screening for recurrent TB and other bacterial infections, and administering pulmonary rehabilitation.

Over 100 years since the development of the now minimally effective Bacille Calmette-Guérin (BCG) vaccine, there is real hope that game-changing TB vaccines may soon be available. There are at least five vaccines in phase III efficacy trials and work is underway to develop next-generation vaccines based on mRNA and other promising platforms. With sustained effort and financing of TB vaccine research and development, it is possible that a new vaccine will be available this decade, with some ready to be licensed as early as 2028.

Our response to TB strengthens health systems

The Global Fund's investments in TB programs globally are not only beating back 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. In the countries where the Global Fund invests, 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



Community health worker Shasthya Shebika goes door-to-door in Barura village, Bangladesh, screening people for TB symptoms and collecting sputum samples for further testing. BRAC, an international development organization and Global Fund partner, works to end TB across Bangladesh, including by supporting community health workers.

BRAC

and treatment of deadly diseases, including TB, and contributing to pandemic preparedness.

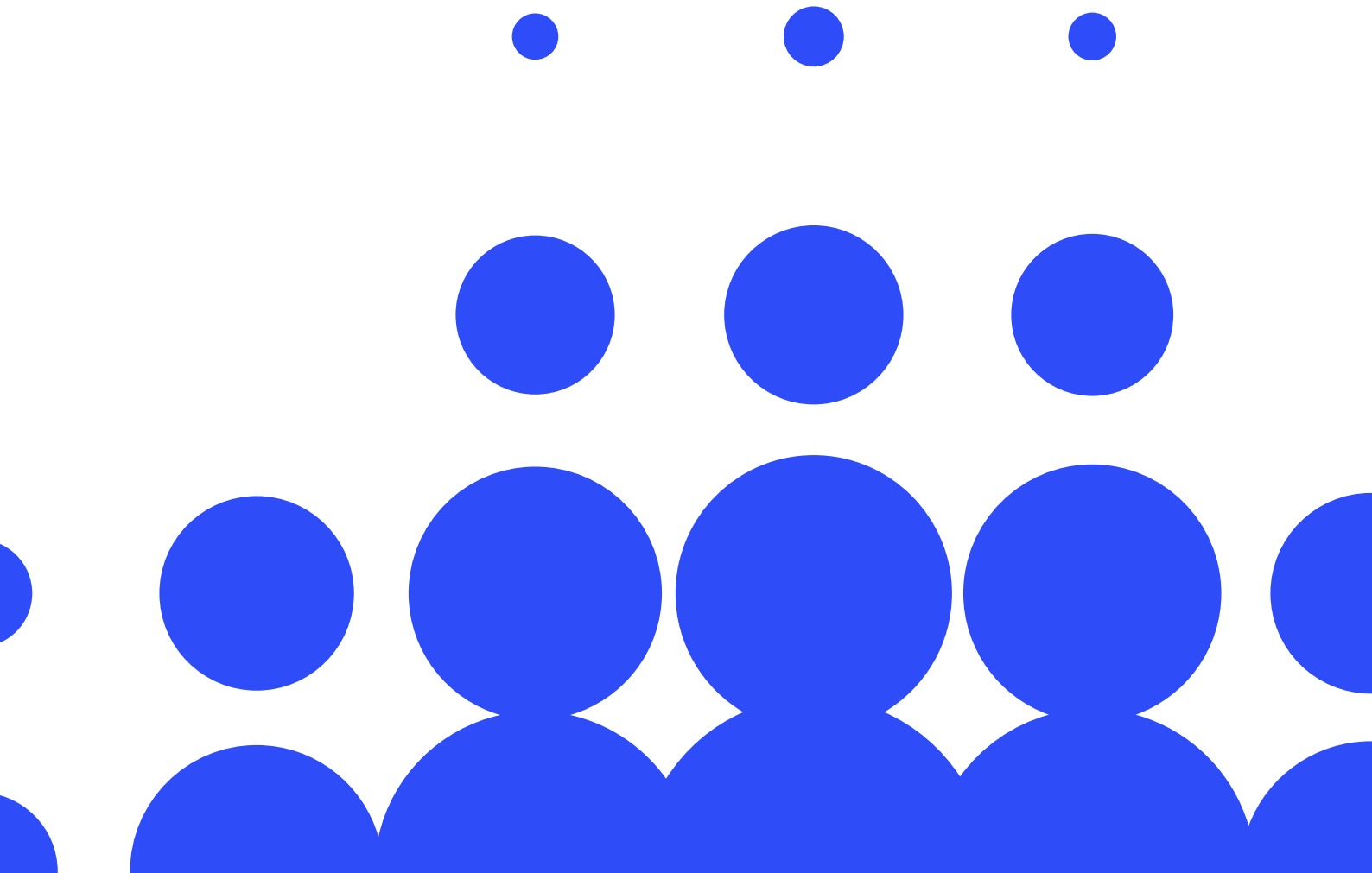
The optimization of surveillance and data systems to track TB is improving the tracking of other disease outbreaks, while improvements in health care waste practices and occupational health risks in the context of TB enhances these practices across all health care delivery. There are also significant positive offshoots of our investments in streamlined sourcing and procurement of TB medical products – these same supply chains are used for vital medical supplies – bringing more quality-assured health products to more people in shorter timeframes.

TB programs supported by the Global Fund are also facilitating and optimizing the work of health care workers beyond TB-specific interventions. For example,

community health workers providing TB care in remote locations are trained to identify and report other unusual medical symptoms, thereby providing an early warning system for outbreaks of infectious diseases.

When the Global Fund supports countries to integrate gender, equity, human rights and people-centered approaches into TB programs, the impact of this extends far beyond the TB response, making health systems more inclusive and comprehensive.

Fighting TB is boosting overall health systems, which helps sustain the gains we are making in our TB response and builds countries' resilience and readiness to confront future health threats. ●



**In countries where the
Global Fund invests:**

Key Results for 2023

7.1M

People were **treated for TB** in 2023.

353K

People with **HIV and TB were on antiretroviral therapy** during TB treatment in 2023; coverage of antiretroviral drugs in people with HIV and TB increased from 45% in 2010 to 91% in 2022. Global target: 100% among detected cases.

70%

TB treatment coverage increased from 45% in 2010 to 70% in 2022, and the TB treatment success rate reached 88% in 2021. Global targets for coverage and treatment success rates: 90% by 2025.

2M

People **exposed to TB** received preventive therapy in 2023.

121K

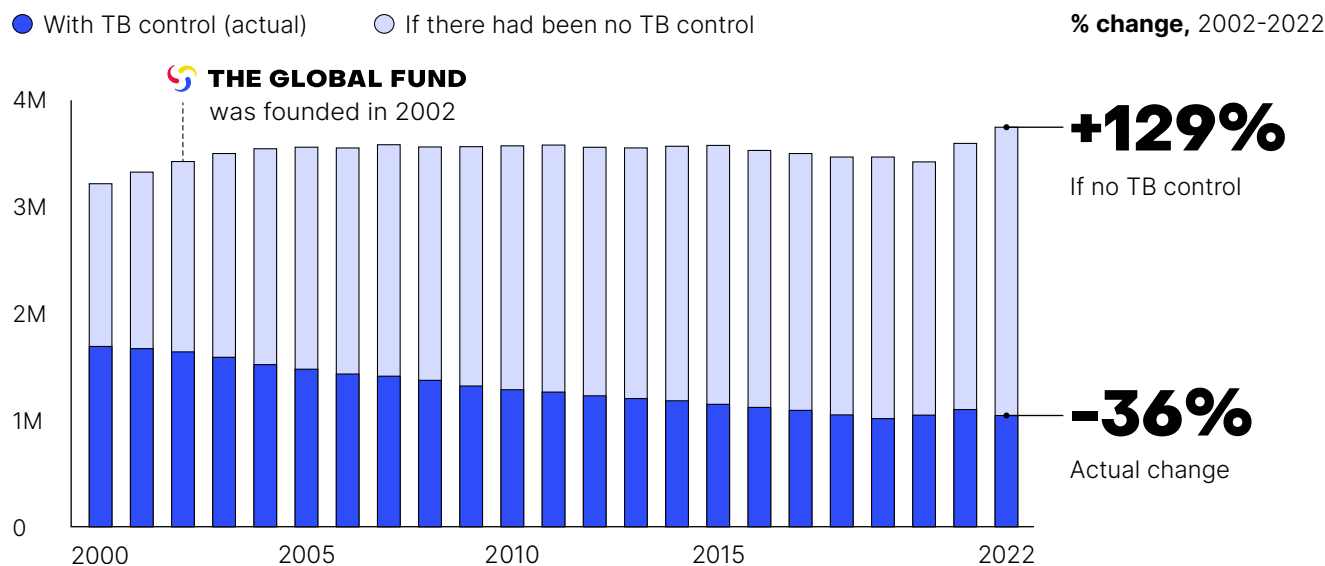
People were on **treatment for drug-resistant TB** in 2023; treatment coverage reached 33% in 2022 and the multidrug-resistant TB treatment success rate increased from 51% in 2010 to 70% in 2020. Global targets: 90% multidrug-resistant TB treatment coverage and success by 2025.

1.7M

People **living with HIV** on antiretroviral therapy initiated TB preventive therapy in 2023.

Trends in TB deaths (excluding HIV-positive)*

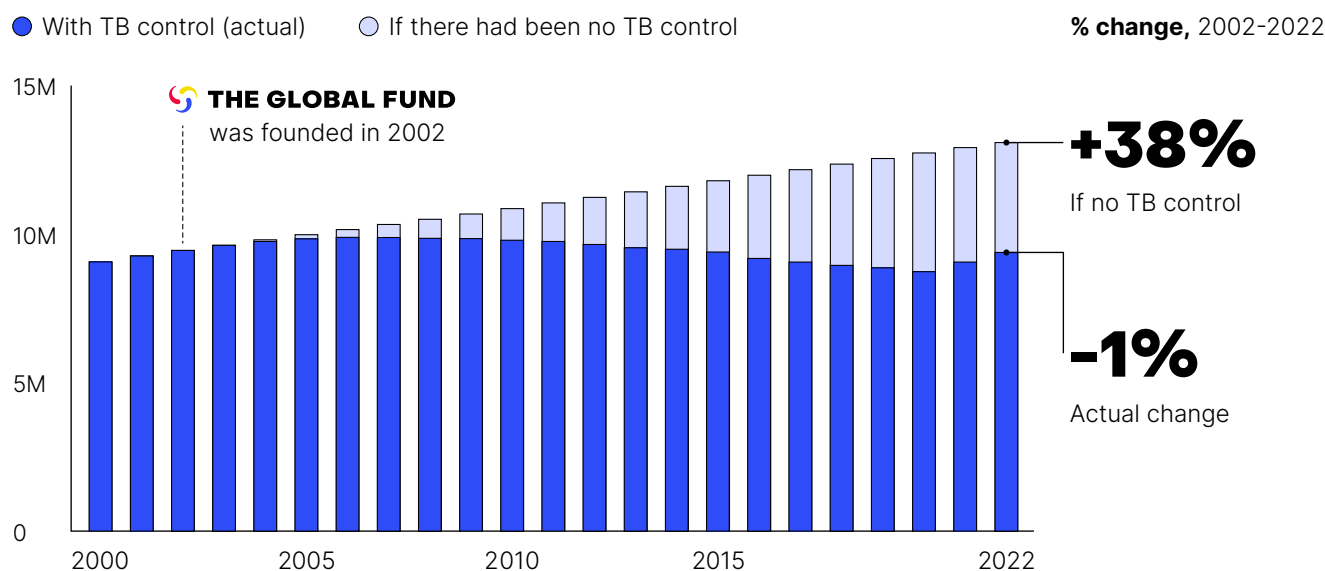
In countries where the Global Fund invests



*While major control efforts for malaria and HIV began with the launch of the Millennium Development Goals in 2000, TB control efforts began much earlier. The counterfactual and actual results therefore diverged from each other much earlier, making this graph look considerably different than its HIV and malaria counterparts.

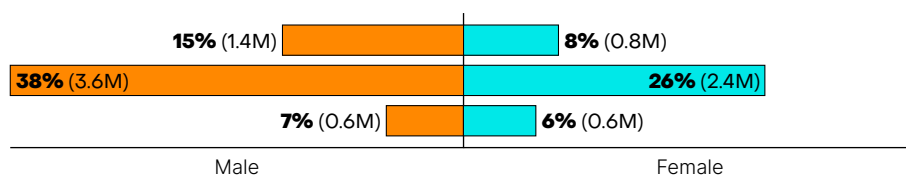
Trends in new TB cases (all forms)

In countries where the Global Fund invests



Age-sex breakdown, 2022
(9.4M new TB cases)

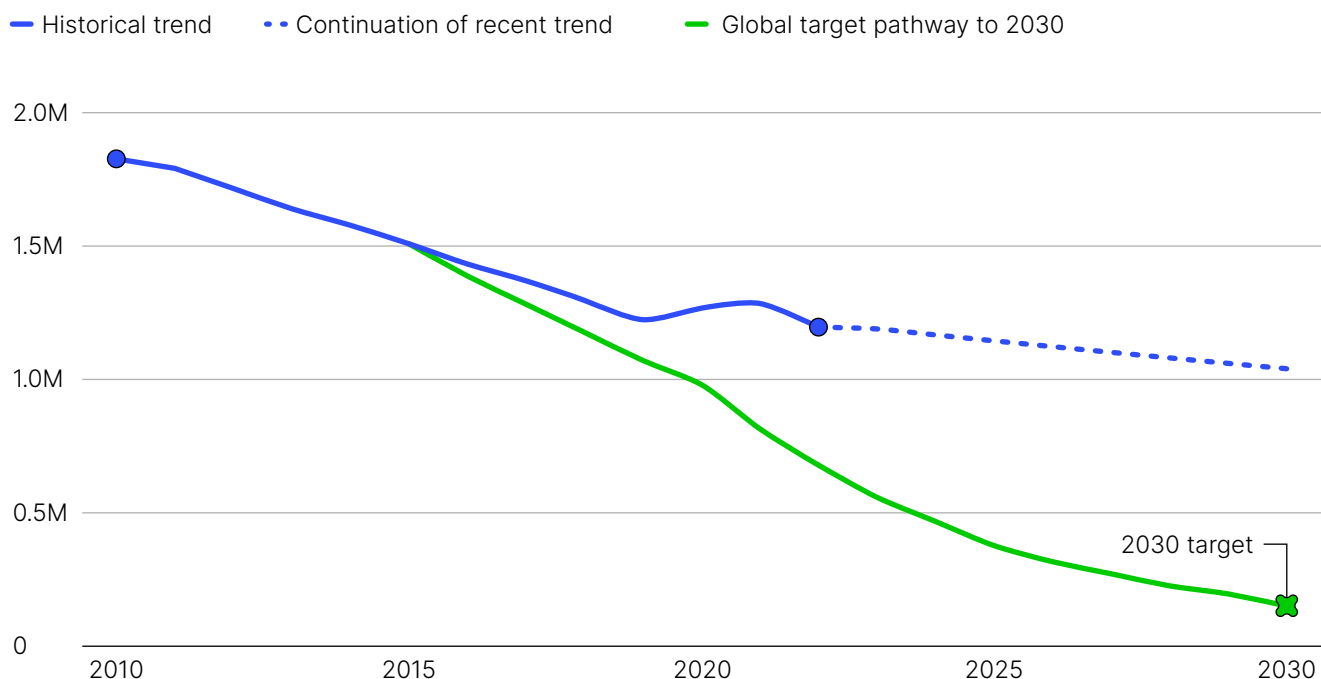
55+ years
15-54 years
0-14 years



The TB burden estimates are from the WHO Global Tuberculosis Report 2023. The estimation of "no TB control" trends for TB deaths from WHO and for new TB cases is based on the assumption of a constant trend in new TB cases since 2000.

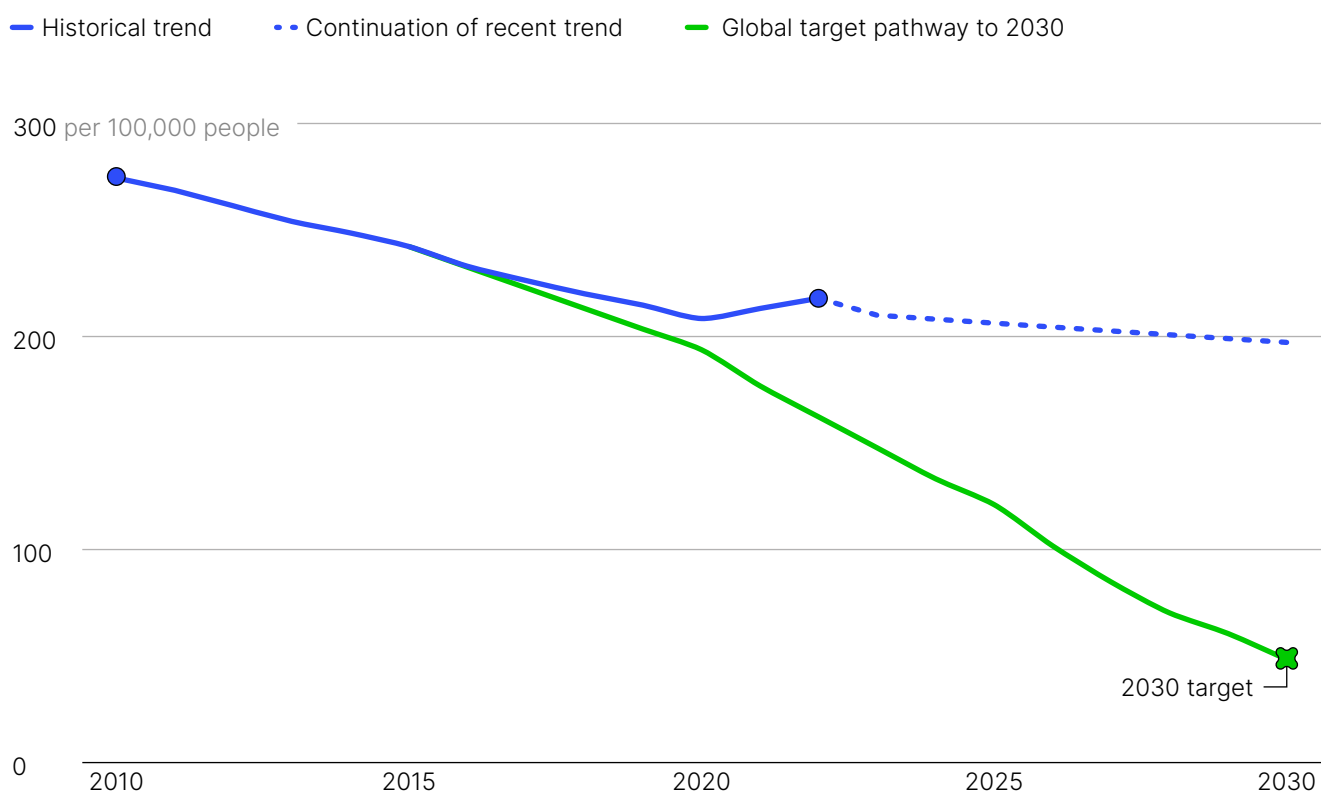
TB deaths: progress toward the WHO target*

In countries where the Global Fund invests



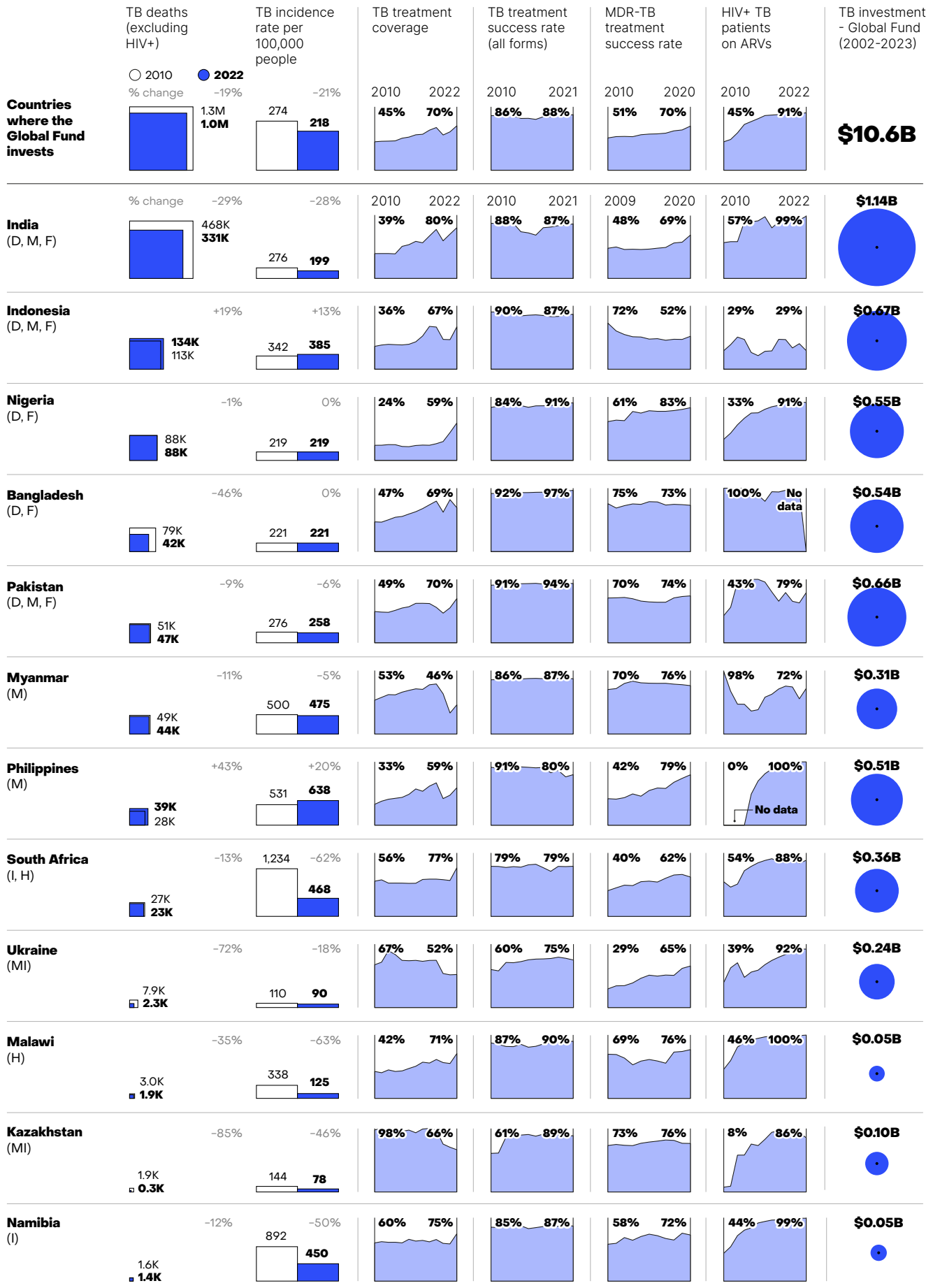
TB incidence rate: progress toward the WHO target

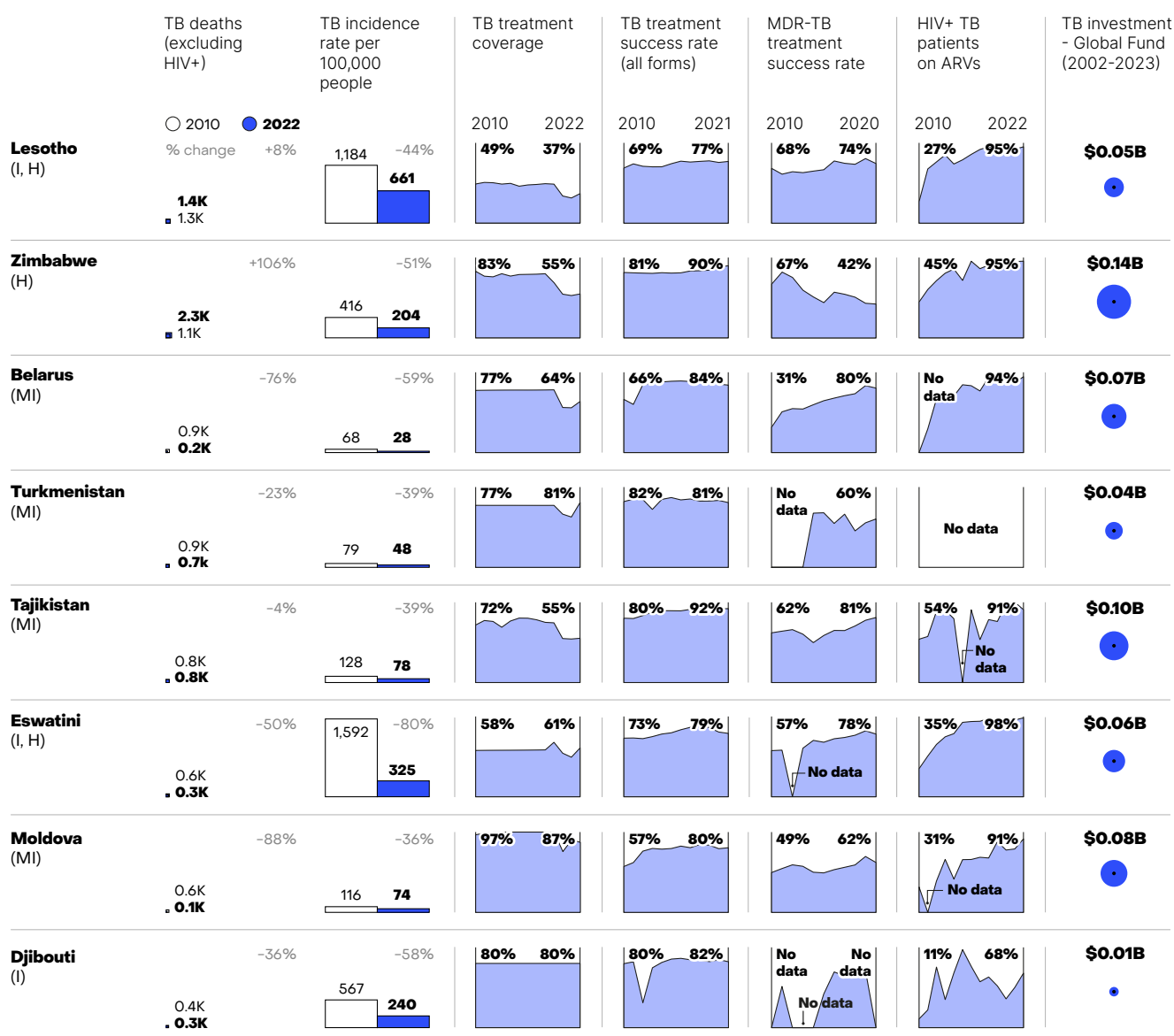
In countries where the Global Fund invests



*TB deaths include HIV-positive. "Continuation of recent trend" projection is based on reverting to pre-COVID-19 (2014-2019) trends. "Global target pathway to 2030" is based on targets from the WHO End TB Strategy. Countries that have recently received Global Fund TB funding and have reported programmatic results over the past two cycles.

Investment and impact: TB





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

All data is based on estimates published in the Global Tuberculosis Report 2023 <https://www.who.int/tb/data/en/>, other than Global Fund disbursements, which are available on the [Global Fund Data Explorer](#).

1. Countries listed on this page were selected based on six criteria:

- Being among the top-5 countries with the highest number of TB deaths (excluding HIV+) in 2010 (D).
- Being among the top-5 countries with the highest TB incidence rate in 2010 (I).
- Being among the top-5 countries with the highest number of MDR-TB cases in 2022 (M).
- Being among the top-5 countries with the highest ratio of estimated number of MDR-TB to estimated number of new TB cases in 2022 (MI).
- Being among the top-5 countries receiving the highest amount of funding from the Global Fund from 2002 to end December 2023 to support TB programs (F).
- Being among the top-5 countries with the highest estimated HIV prevalence among incident TB cases in 2010 (H).

Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as “Global Fund-supported” include countries that have recently received Global Fund funding for TB programs and have reported programmatic results over the past two cycles. These countries received US\$10.6 billion from 2002 to end December 2023 to support TB programs and a portion of joint HIV/TB programs. Additionally, they received US\$2.0 billion in cross-cutting support across the three diseases, resulting in a total of US\$12.5 billion. Countries/programs previously supported by the Global Fund had received US\$808 million since 2002, resulting in a total disease-specific investment of US\$11.4 billion.

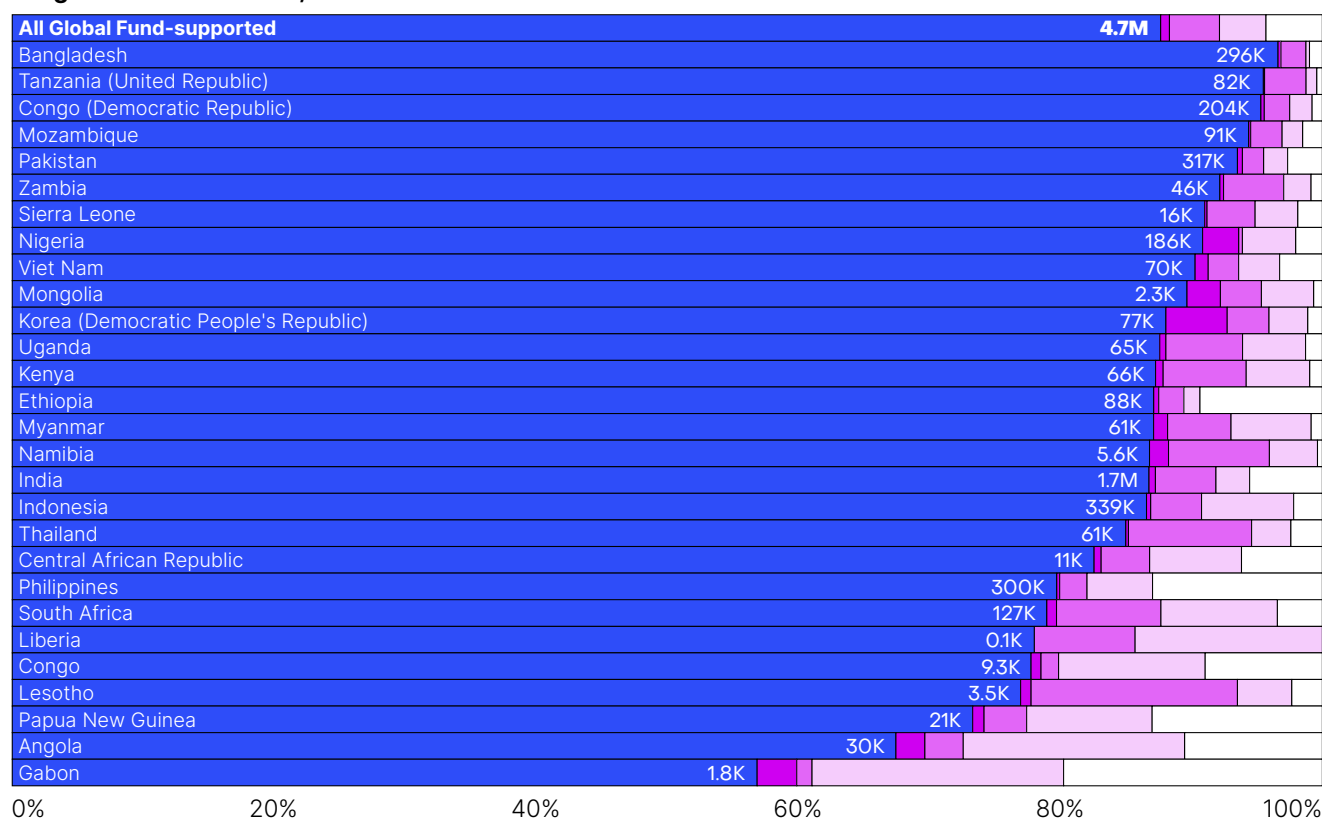
3. In line with the Global Fund [results reporting methodology](#), the charts reflect the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.

TB treatment outcomes

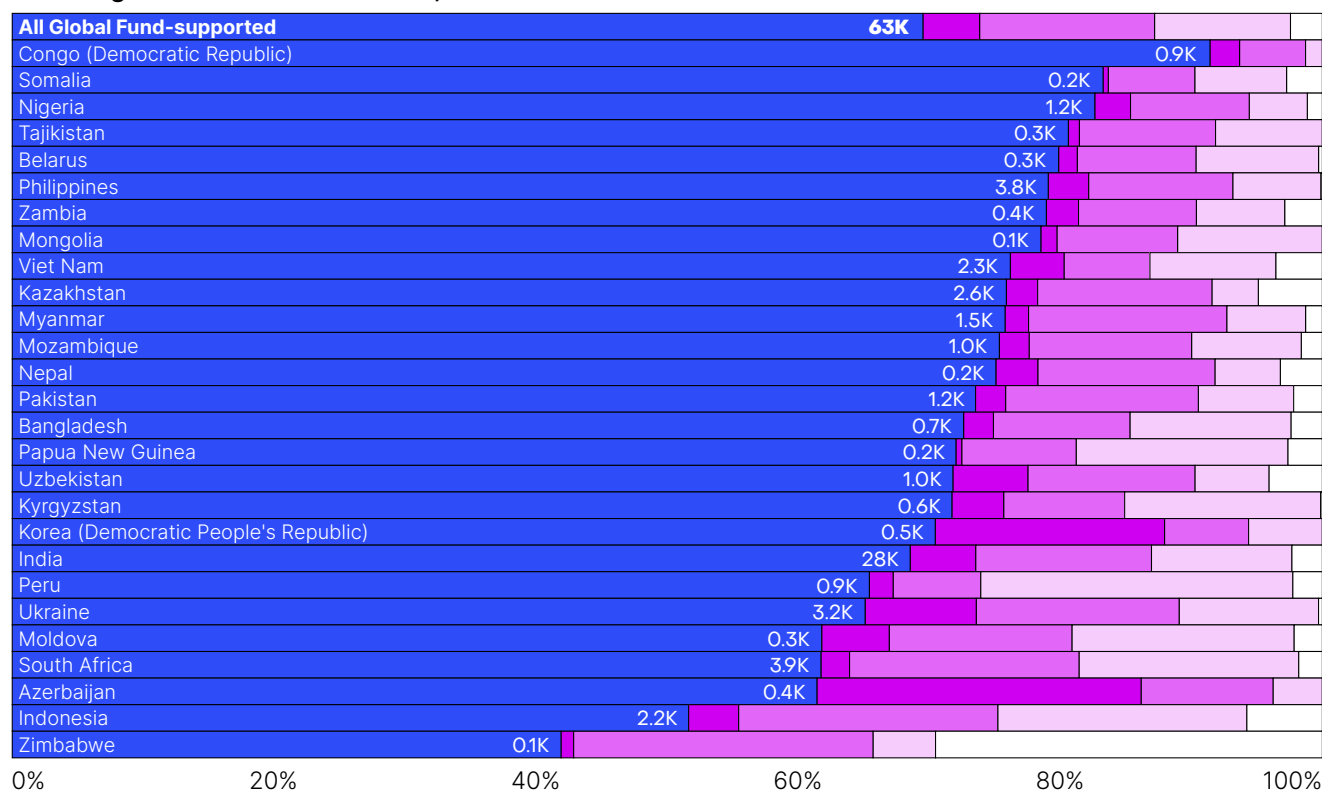
In WHO high-burden countries supported by the Global Fund

● Treatment successful ● Failed ● Died ● Lost to follow-up ○ Not evaluated

Drug-sensitive TB cases, 2021



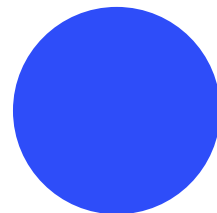
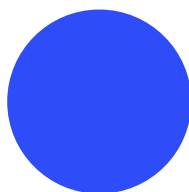
Multidrug-resistant (MDR) TB cases, 2020



TB treatment outcomes for new and relapse TB cases, WHO list of high-burden countries. Source: WHO Global Tuberculosis Report 2023. No MDR-TB treatment outcome data is available for Angola.



A TB patient collects his medicine inside Penitentiary no. 16 in Chişinău, Moldova.
The Global Fund/Vincent Becker



Case Study

Chest camps bring TB services to people across the country

Pakistan has made significant strides in its fight against TB. In 2023 alone, 475,000 people were treated for TB – about 50,000 more than in 2022.

Still, Pakistan ranks fifth among countries with a high burden of the disease, with millions of people living in areas without easy access to TB testing and care. Clinics with the tools to accurately diagnose TB are often too far away from people living in rural areas.

In 2014, Mercy Corps, an international humanitarian organization and Global Fund partner, launched chest camps: mobile health facilities that bring TB and health care services to people living in some of the most remote parts of Pakistan.

The camps provide a place where people – particularly women and children – living in far-flung communities can safely gather to meet, exchange news and access health services they might otherwise go without.

Over the past decade, Pakistan's chest camps have evolved to meet changing health needs across the country.

In 2022, catastrophic floods blocked roads that connected people in remote communities to hospitals and clinics. Chest camps became health camps: 40 vans – equipped with X-ray machines, diagnostic equipment, medicines and teams of health care providers – navigated little-used roads to reach communities isolated by floods.

Mercy Corps and partners are also incorporating the latest tools and technology to make the camps more targeted and effective.

AI tools help identify “hotspots” and prioritize locations where chest camps will reach more people who might have TB. AI is also used to read X-rays and identify people who should receive additional testing – which often means that TB is caught and treated much earlier.

With the Global Fund's support, Mercy Corps holds 600 camps per month across 110 districts. Recently, the organization procured 25 portable X-ray machines that providers can bring down narrower roads to reach rural communities – and bring TB services to more people than ever before. ●

A chest camp in Chak 168 GB Sirāj, about an hour's drive from Faisalabad, Pakistan.

The Global Fund/Vincent Becker





The full suite of the Results Report 2024 includes:

Summary & Key Results

Health and
Community Systems



HIV:
State of the Fight

Colliding Crises



Tuberculosis:
State of the Fight

Investing for Impact



Malaria:
State of the Fight

Left: Laboratory scientists Ismail Tofiq and Bakr Hamadamin run blood tests to check TB patients' kidney and liver function in Erbil, northern Iraq.

The Global Fund/Ashley Gilbertson

Back cover: Liz Tatiana Mereles and her 9-year-old son Tiago Masi enjoy a quiet moment together after their X-ray and TB test at CAMSAT in San Felipe, Asunción, Paraguay. Liz has four children. Flooding in Asunción has forced them from their home eight times over the past 13 years; they have had to stay with family or lodge in temporary housing for up to six months at a time. CAMSTAT's San Felipe Health for All Mutual Aid Center is part of a national TB awareness campaign that aims to provide people like Liz and her family with a safe, convenient, comfortable place to test for TB.

The Global Fund/Johis Alarcón/Panos

The Results Report 2024 was published in September 2024.



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AIDS, Tuberculosis and Malaria**

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**Results
Report
2024**

Malaria

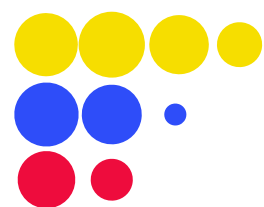
This chapter is part of the Results Report 2024.

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Online Report

Scan for an interactive version of this report.



State of the Fight

Malaria

This chapter captures the latest information available on the fight against malaria. In 2023, the Global Fund partnership accelerated the equitable deployment of tools for malaria prevention, testing and treatment and continued to build strong, climate-resilient health systems. The Global Fund partnership is fighting back to defeat this daunting global health challenge and build on the significant progress that we have made since 2002.



Drosella, a community health worker, conducts home visits to test families and children for malaria in Mubuga, southern Rwanda. Community health workers are on the front lines of health care and disease response in rural and hard-to-reach communities – often, they are familiar, trusted people who are an integral part of the communities they serve.

The Global Fund/Brian Otieno

The challenge

Nearly half the world's population is at risk for malaria. In 2022, there were 249 million malaria cases worldwide – 94% of them in sub-Saharan Africa. Without access to treatment, these infections can be deadly. In malaria-endemic areas, families with young children face the grim reality that their child may not survive a malaria infection. In 2022, 76% of the 608,000 malaria deaths worldwide were in children under 5.

Ending malaria by 2030 remains a daunting challenge. Obstacles – climate change, inequitable access to prevention, testing and treatment services, humanitarian crises, conflict, inadequate funding to bridge critical gaps in prevention coverage, and growing resistance to antimalarial drugs and insecticides – hinder our way forward.

Of the three diseases at the core of the Global Fund's mission, malaria is the most affected by climate change. Malaria transmission is intricately connected with temperature and rainfall patterns. Extreme weather events can also cause rapid spikes in malaria cases. Extreme heat and drought can cause displacement of populations to higher transmission areas, making them more vulnerable to malaria. With every passing year, the effects of climate change will make ending malaria as a public health threat more difficult.

To meet the Sustainable Development Goal 3 target of ending malaria as a public health threat by 2030, countries are aiming to meet a set of global targets to reduce malaria case incidence and mortality rates by at least 90% by 2030 compared to 2015 levels. Malaria must also be eliminated in at least 35 countries, and a resurgence of malaria in all countries that are malaria-free must be prevented. The gap between these milestones and reality has been widening over the last several years.

But the Global Fund partnership is fighting back to defeat this daunting global health challenge and build on the significant progress that we have made since 2002. We are investing to build strong, climate-resilient health systems and accelerate the equitable deployment of tools for malaria prevention, testing and treatment. We strive to bring innovative and effective tools to populations, bridging the gap to the last mile. Global Fund investments to fight malaria support country-owned and country-led health programs that are tailored to reach those most in need and strengthen the entire health system.

The Global Fund's response

With support from Global Fund grants, countries are designing and implementing health programs to defeat malaria and ensure a healthier, safer and more equitable future for all.

The Global Fund provides the majority – 62% – of all international financing for malaria programs and we have invested more than US\$19.1 billion in malaria programs as of 30 June 2024.

To end malaria, we must accelerate access to lifesaving tools to those who need them most, especially children under 5 and pregnant women in malaria-endemic countries. In 2023 the Global Fund expanded access to powerful tools to prevent and treat malaria, including insecticide-treated mosquito nets, seasonal malaria chemoprevention for children at high risk of malaria, intermittent preventive treatment of malaria for pregnant women, indoor residual spraying, and antimalarial medicines. With the aim to provide quality, people-centered care that maximizes resources and impact, our investments also focused on sub-national tailoring of the malaria response – including the implementation of the activity-based contract model to reach the last mile during mosquito net distributions in the Democratic Republic of the Congo, or support to community health workers who can access hard-to-reach communities in malaria-endemic areas.

We work as a partnership at local and global levels. In many countries where we invest, we work with governments, civil society and community-based organizations. At the global level, we work with a diverse set of partners, including the U.S. President's Malaria Initiative, the World Health Organization (WHO), the Bill & Melinda Gates Foundation, the RBM Partnership to End Malaria and others to accelerate the response to malaria and strengthen our investments in the fight against the disease. Together with Gavi, the Vaccine Alliance (Gavi), we invest to build resilient health systems and work to ensure that countries deploy the most appropriate set of tools in the fight against malaria – including vaccines. Unitaid and the Global Fund have invested together in innovations like seasonal malaria chemoprevention and dual-insecticide mosquito nets.

Equity, human rights and gender equality

For many countries, assessing and addressing human rights and gender-related barriers to malaria services are becoming a critical focus within their control or elimination programs. Initiatives like the Malaria Matchbox Toolkit – which more and more countries are prioritizing in the current grant cycle – and other equity assessment tools assist countries in identifying populations, groups, or individuals most affected by malaria.

In Uganda and Kenya for example, the Global Fund's Breaking Down Barriers initiative aims to support countries to scale up evidence-based programs that remove equity, rights and gender-related barriers to malaria services, with the aim to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. Breaking Down Barriers assessments show that by 2023, both countries had integrated human rights and gender considerations into their national malaria strategies and program implementation. Malaria Matchbox assessments identified at-risk populations and highlighted underserved areas. Community leadership, through dialogues, facilitated resource allocation closer to communities, enabling timely identification of challenges and locally driven solutions.

Prevention

Malaria prevention underpins malaria control efforts and is the most effective way to dramatically reduce cases and deaths. The Global Fund invests in trusted prevention tools including insecticide-treated nets, seasonal malaria chemoprevention (SMC), intermittent preventive treatment of malaria in pregnancy (IPTp) and indoor residual spraying.

The Global Fund supports the rollout of SMC campaigns – primarily in the hardest-hit countries across the Sahel – a cost-effective and targeted intervention for young children that can reduce malaria cases by more than 70%. In 2023, 44.6 million children received SMC, a 20% increase on the previous year. In 2023, the Global Fund invested US\$86.4 million in SMC.

Through IPTp, the Global Fund supports administering preventive malaria medicines to pregnant women as part of antenatal care. In 2023, 15.5 million pregnant women received this preventive treatment in countries where the Global Fund invests.

New dual-insecticide mosquito nets

Insecticide-treated mosquito nets are a cornerstone of malaria control, and their widespread use has been instrumental in the dramatic decline in global malaria incidence. But they have historically relied on a single class of insecticides, called pyrethroids. Over the past two decades, mosquitoes have developed increasing resistance to pyrethroids, reducing the nets' performance.

To tackle this challenge, the Global Fund has been investing in the rollout and scale-up of game-changing dual active ingredient (dual AI) insecticide-treated mosquito nets, which combine two different classes of insecticides to ensure that mosquitoes resistant to one type are still killed by the second. These cost-effective

and impactful new nets – which can reduce malaria cases by an estimated 45% relative to other net types – are absolutely key to getting back on track in the fight against malaria.

Years-long market-shaping efforts by the Global Fund and partners have had an enormously positive impact on ensuring equitable access to dual AI nets – making sure that those who need one, get one.

With support from the Bill & Melinda Gates Foundation, the Global Fund has established a Revolving Facility to support market-shaping interventions across the three diseases and underwrite associated risks. The Revolving Facility's first use case was to accelerate the sustainable scale-up of dual AI nets, securing lower prices and favorable terms with suppliers following the Global Fund's initial catalytic investments. This means access to these lifesaving tools can be scaled up even further than initially hoped. As a result of our collaboration and proactive engagement with in-country implementers, the rollout of these lifesaving new nets has also been much faster than anticipated. The latest forecast projects that dual AI nets will comprise 59% of insecticide-treated mosquito nets in the current grant cycle.

As the number of dual AI nets being used increases year on year, the subsequent financial savings to the health system will also increase, underlining the long-term financial and public health benefits of this new tool.

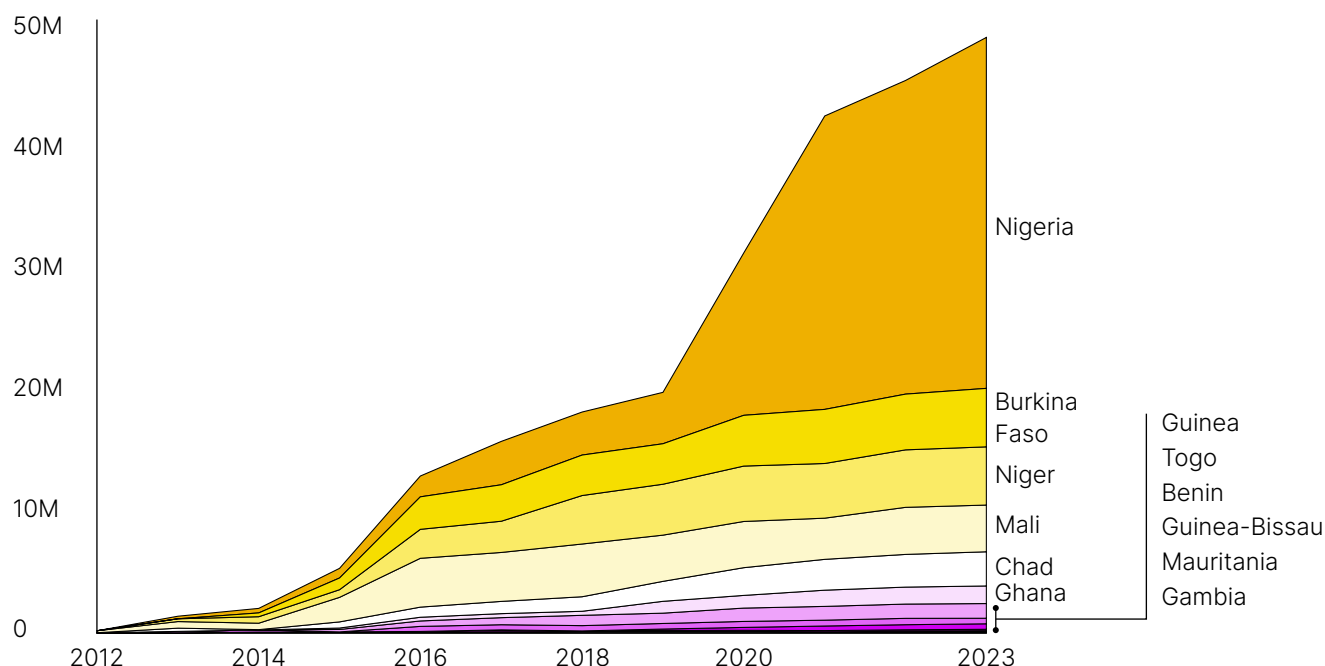
In September 2023, Niger was the first country to place an order for dual AI nets in the Global Fund's new grant cycle. Niger, alongside other implementing countries, is susceptible to the global factors that are rapidly changing the malaria landscape. It has documented high intensity pyrethroid resistance throughout the country; it is one of the top 50 countries most vulnerable to climate change; and in July 2023, a coup toppled the government and closed its borders. Against all odds, in March 2024, the first dual AI nets procured under the new Global Fund grant cleared customs. The significant scale-up of dual AI nets that is now underway across the continent will mean that national programs can deliver the best protection possible for those most vulnerable to malaria.

Malaria vaccines

To accelerate progress in the fight against malaria, we must continue to innovate and make use of every effective tool available. Two malaria vaccines are currently recommended by WHO – RTS,S and R21. Leveraging the power of our partnership with Gavi and Unitaid, we co-funded RTS,S pilot implementation through routine immunization programs in Ghana, Kenya and Malawi starting in 2017 to accelerate the

Children covered by seasonal malaria chemoprevention

In countries where the Global Fund invests



Source: WHO World Malaria Report 2023, Medicines for Malaria Venture. This graph shows total national results, which are higher than the result reported by the Global Fund for 2023 (44.6 million children were covered by seasonal malaria chemoprevention in the countries where we invest). This difference is because the data reported by the Global Fund include the results that were directly reported by the implementers to the Global Fund. Data reported by the Global Fund are limited to children aged 3-59 months and only capture the results of the specific areas of the countries supported by the Global Fund and in accordance with the implementation plan in each country. The graph includes total national results, which, in some countries, include a wider age group and/or a different result counting methodology.

introduction of a new malaria prevention tool. The pilots reached 1 million children and demonstrated RTS,S safety, feasibility and impact when introduced in areas with moderate-to-high transmission and as part of a comprehensive malaria control strategy. In 2024, both malaria vaccines are being introduced into routine child immunization schedules across Africa.

Together with WHO and technical partners, the Global Fund is actively supporting malaria-endemic countries in decision-making to determine the best mix of malaria interventions based on their unique national context. We support ministries of health to develop national malaria strategies and plans that prioritize interventions based on systematic, evidence-based processes. The highest impact of malaria vaccines will be achieved when introduced as part of a mix of WHO-recommended, lifesaving malaria prevention efforts that the Global Fund heavily invests in, like SMC and insecticide-treated mosquito nets. Importantly, both vaccines prevent around 75% of malaria episodes in vaccinated children when given in areas of highly seasonal transmission where SMC is also provided.

Testing and treatment

Timely testing and early treatment for people affected by malaria is fundamental to preventing deaths and decreasing transmission. With the support of our suppliers, in 2023 the Global Fund was able to achieve some price decreases or maintain pricing for the majority of our antimalarial treatments despite increases in raw material costs, securing a stable supply for patients across countries. We are also working across the partnership to ensure equitable access to new diagnostics and treatments.

The Regional Artemisinin-resistance Initiative (RAI): Progress through partnership, precise targeting of malaria interventions and robust funding

When artemisinin-resistant *P. falciparum* malaria emerged in the Greater Mekong Subregion in the early 2000s, an urgent and coordinated response was needed. In 2014, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) to address this threat, which posed a danger to the region and to high-burden areas elsewhere in the world. In the decade to 2022, reported cases of *P. falciparum* in Cambodia, the Lao People's Democratic Republic (Lao PDR), Myanmar,

Market-shaping efforts by the Global Fund and partners have had an enormously positive impact in accelerating equitable access to dual-insecticide nets.

Thailand and Viet Nam have been reduced by 92%, and estimated deaths from all types of malaria have been reduced by 88%. In 2022, Cambodia, Lao PDR, Thailand and Viet Nam reported fewer than 500 *P. falciparum* malaria cases each and only two malaria deaths. This is thanks to intensive regional collaboration among the countries and the Global Fund's investment of more than US\$700 million in eliminating malaria in the sub-region.

Keys to the success of RAI have been the regional approach, bringing together a diverse group of committed governments, health practitioners and policymakers, scientists, development partners, civil society and private-sector partners to eliminate malaria in the Greater Mekong Subregion; and a community-level network of more than 35,000 malaria workers who provide services in the communities they know best, including those that are hard-to-reach.

Between 2024 and 2026 that partnership aims to consolidate this progress, eliminate *P. falciparum* 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.

But challenges remain: Reported cases in Myanmar have increased and accounted for more than 95% of the total in 2023. Thailand has also seen an increase from 2021-2023. Cases are increasingly concentrated in areas of dense forest and in border regions, especially on the Myanmar-Thai border, showcasing the vulnerability of malaria control efforts when interrupted. A robust approach is required to keep the region on track.

Progress

Working directly with governments, the private sector, health workers, civil society and communities, the Global Fund and partners have reduced malaria deaths by 28% between 2002 and 2022. Without these efforts, malaria deaths would have increased by 90% and malaria cases by 79% over the same period. The mortality rate – deaths per 100,000 population at risk – has been more than cut in half between 2000 and 2022 (143 per 100,000 population in 2000 to 56 in 2022). Since 2002, the malaria incidence rate in countries supported by the Global Fund has dropped by 29%, even though the population in those countries has increased by 43%.

Countries most affected by malaria are committing to robust and sustainable progress against the disease. In March 2024 in Yaoundé, Cameroon, ministers of health from African countries with the highest burden of malaria committed to accelerated action to end deaths from the disease. They committed to provide stronger leadership and domestic funding for malaria control programs; to ensure further investment in data technology; to apply the latest technical guidance in malaria control and elimination; and to enhance malaria control efforts at the national and sub-national levels.

The Global Fund is also supporting malaria elimination efforts in 21 countries in Asia, Africa and Latin America. In 2024 Cabo Verde was certified malaria-free by WHO, the latest on the list of 46 countries that have eliminated malaria since 2010.



Malaria medications ready to be given to patients at the Boane Health Centre in Mozambique.
The Global Fund/Tommy Trenchard/Rooftop

Our response to malaria strengthens health systems

The Global Fund's investments in the fight against malaria are making far-reaching contributions to strengthening health and community systems, making them more resilient, sustainable and inclusive.

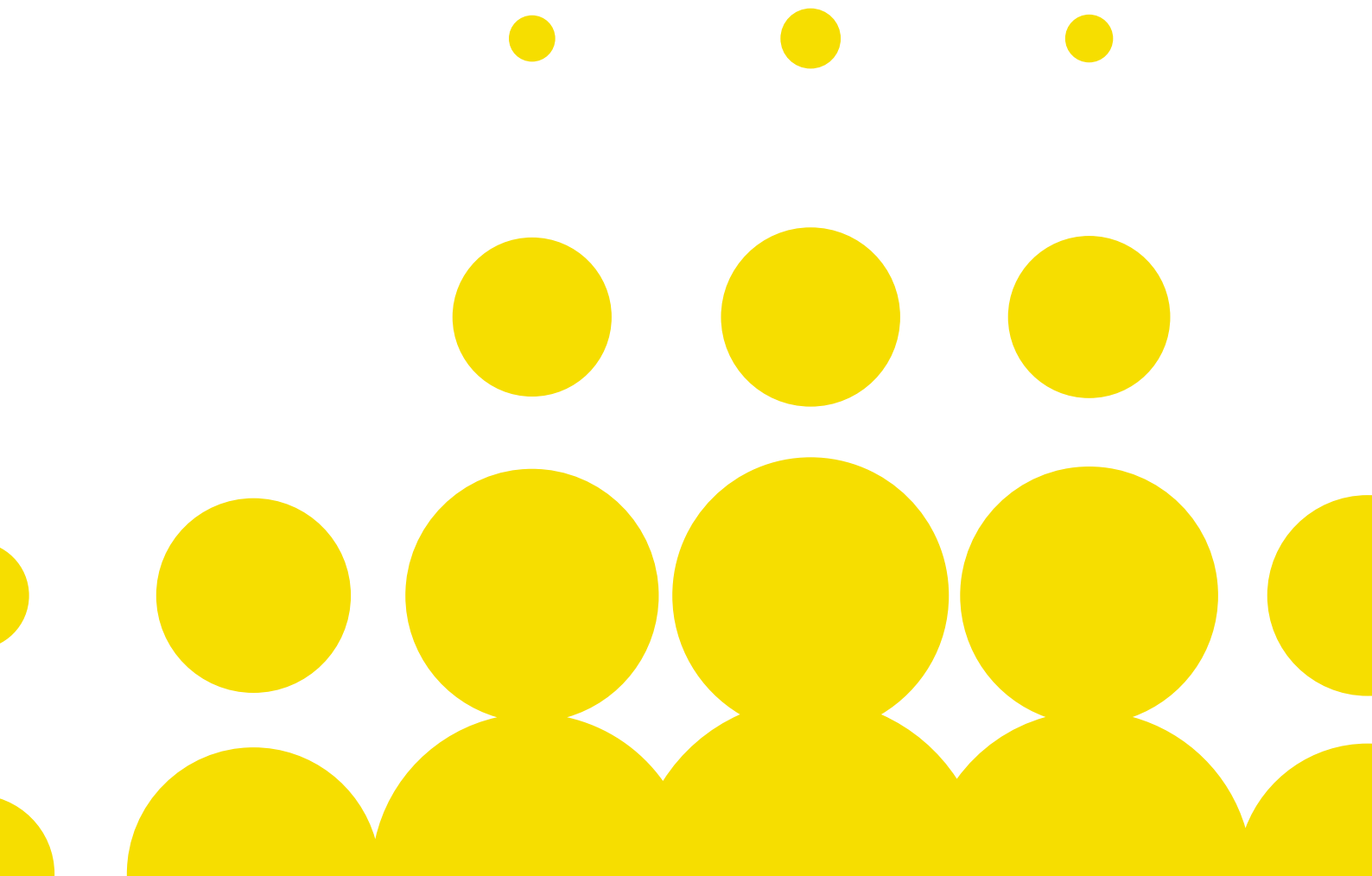
Underpinning the lifesaving tools to fight malaria are strong and resilient health and community systems – and health workers are at the heart of these systems. By investing in the community health workers who bring malaria prevention and care services to the people who need them most, the Global Fund partnership strengthens the health system as a whole.

Community health workers in countries where the Global Fund invests are trained to diagnose and treat multiple diseases beyond malaria. Through integrated community case management (iCCM) for example, community health workers receive training and support to be able to diagnose, treat and provide referrals for three common childhood diseases: malaria, pneumonia and diarrhea, expanding access to essential health care for children in hard-to-reach settings. Making testing and treatment a priority works toward strengthening health systems more broadly. For example, in many rural health facilities

most heavily afflicted by malaria, the sheer volume of malaria cases is often overwhelming and does not leave room to deliver other important health services. Reducing the burden of malaria in these areas is therefore a powerful way to free up health system capacity. This makes the health system more resilient and better able to meet the needs of the community it serves. The Global Fund has invested more than US\$1.5 billion in community health workers since 2020. Over the 2024-2026 period, we are investing over US\$900 million in community health workers, a 32% increase on the previous three-year period.

The Global Fund also invests in additional elements of health systems strengthening to support the malaria response, including health products management, warehouse and distribution systems, monitoring and evaluation, digitalization of health information systems and continuous quality improvement across the continuum of community and facility-based services.

Taken together, these investments in the health workforce and the broader health system strengthen our global response to malaria, ensuring both prevention and care reach the most vulnerable populations. ●



**In countries where the
Global Fund invests:**

Key Results for 2023

335M

Suspected cases of malaria
were tested in 2023.

44.6M

Children received **seasonal
malaria chemoprevention**
in 2023.

171M

Cases of malaria were
treated in 2023.

15.5M

Pregnant women received
preventive therapy in 2023.

227M

Mosquito nets were
distributed to protect families
from malaria in 2023.

7.9M

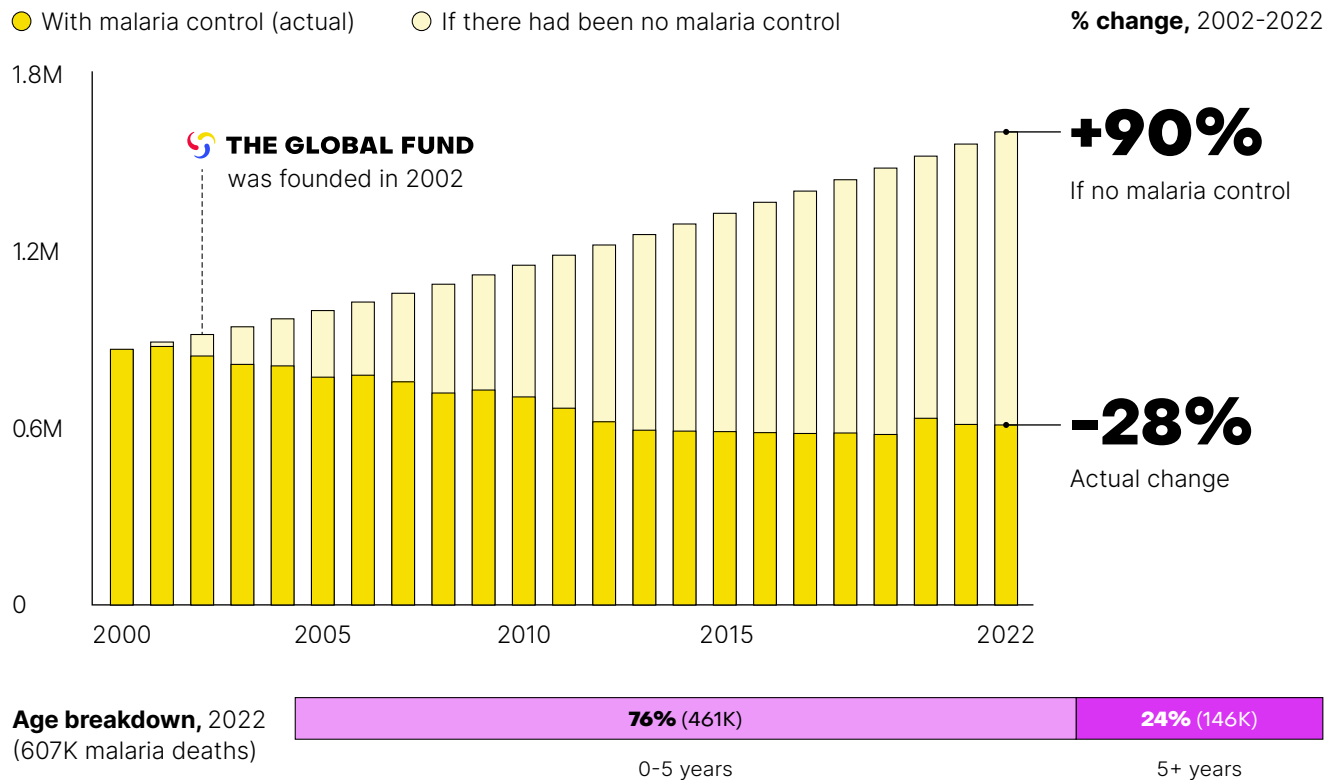
Structures were covered
by indoor residual spraying
in 2023.

57%

Coverage of the **population
with access to a long-lasting
insecticide-treated net**
increased from 30% in 2010
to 57% in 2022, and coverage
of the population using a net
increased from 26% in 2010
to 50% in 2022. Global target:
Universal access to vector
control for populations at risk.

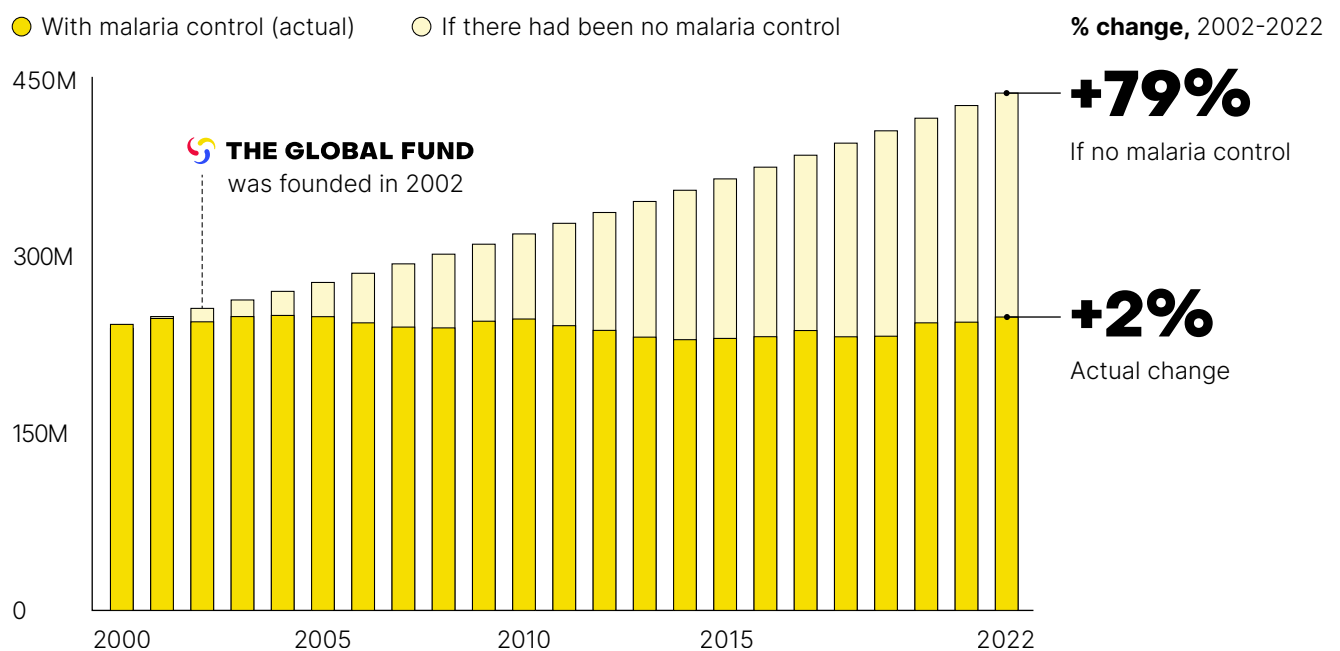
Trends in malaria deaths

In countries where the Global Fund invests



Trends in malaria cases

In countries where the Global Fund invests

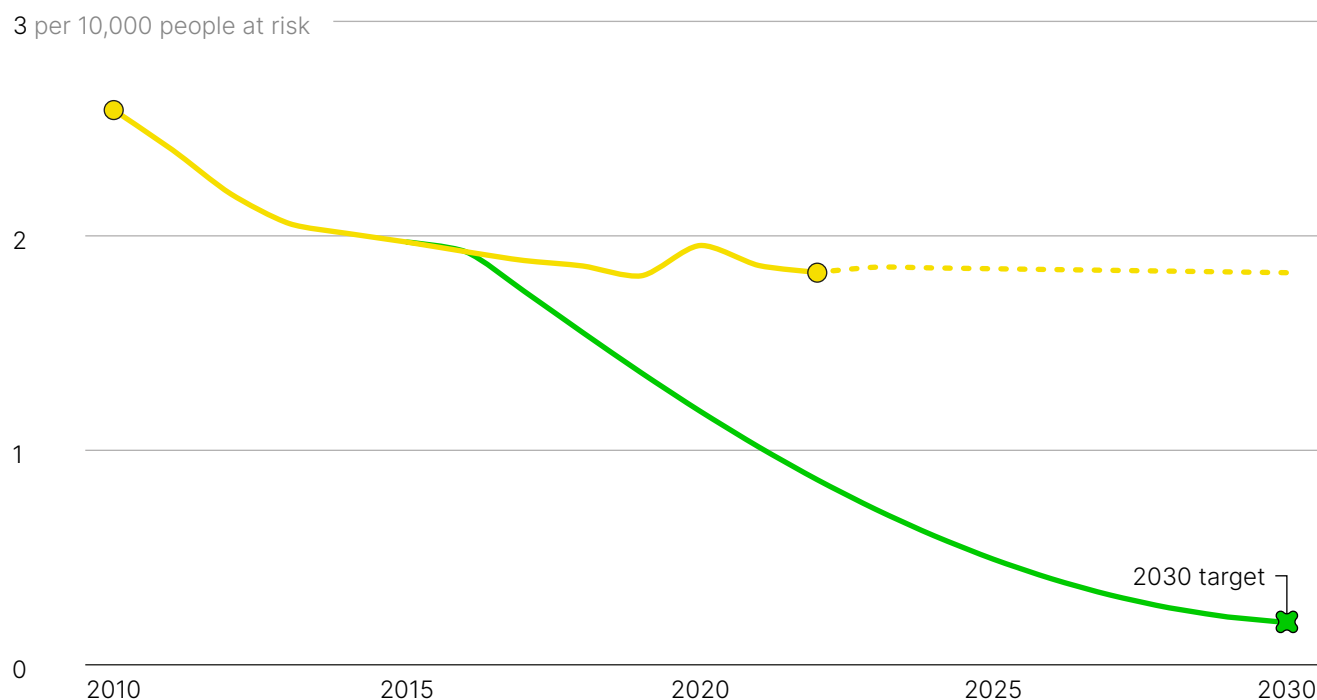


Malaria burden estimates and estimation of "no malaria control" from WHO World Malaria Report 2023.

Malaria mortality rate: progress toward the WHO target

In countries where the Global Fund invests

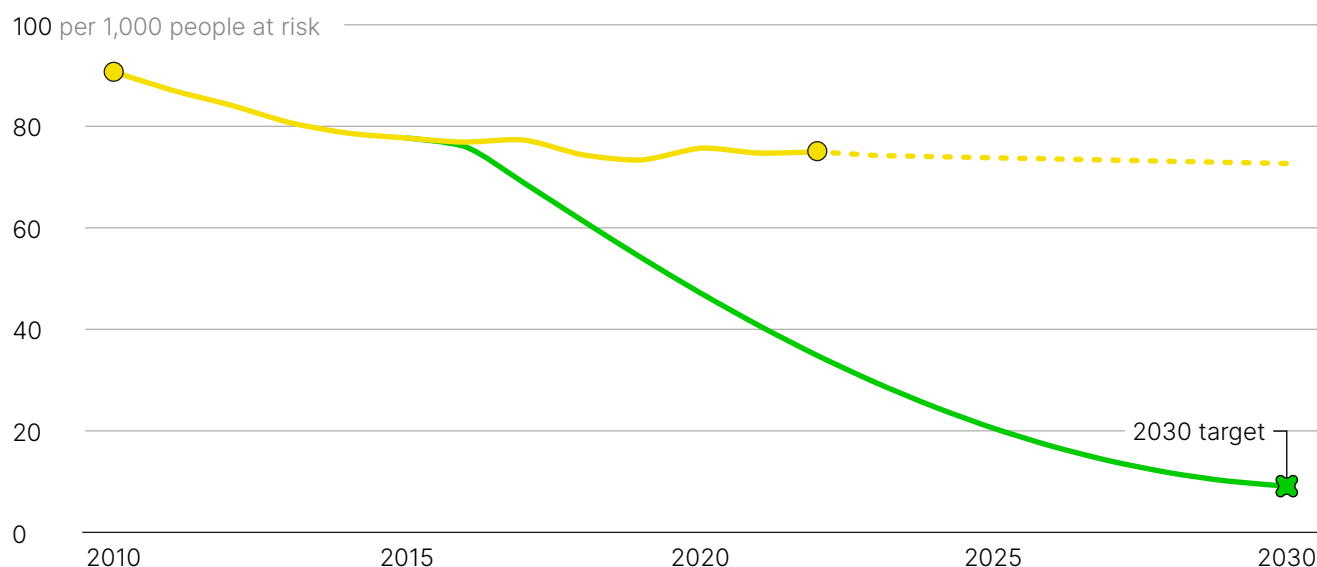
— Historical trend - - Continuation of recent trend — Global target pathway to 2030



Malaria incidence rate: progress toward the WHO target

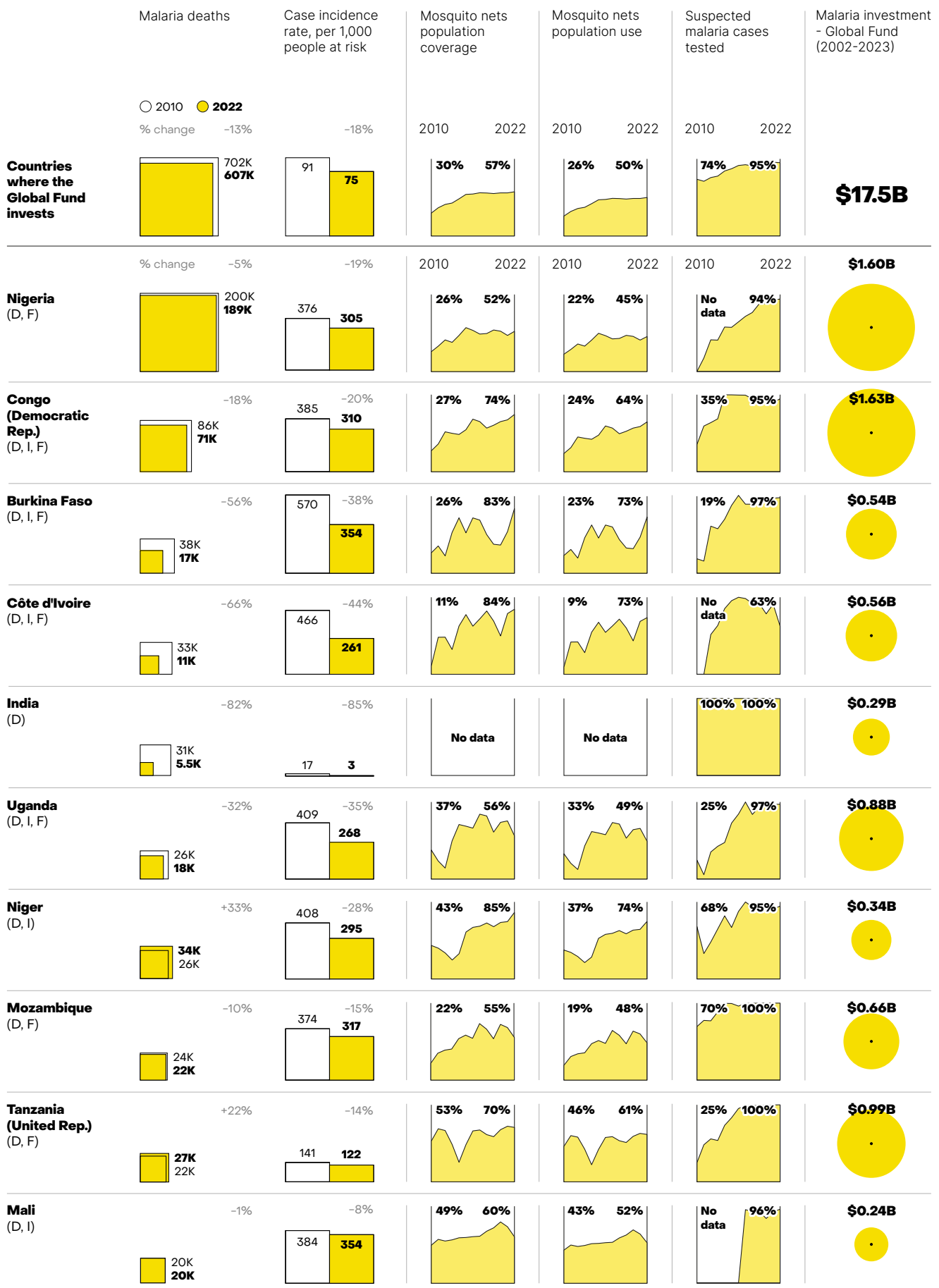
In countries where the Global Fund invests

— Historical trend - - Continuation of recent trend — Global target pathway to 2030



"Continuation of recent trend" projection is based on reverting to pre-COVID-19 (2014-2019) trends. "Global target pathway to 2030" is based on targets from the WHO Global Technical Strategy for Malaria. Countries that have recently received Global Fund malaria funding and have reported programmatic results over the past two cycles.

Investment and impact: Malaria





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

Data are based on estimates published in the World Malaria Report 2023 <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2023>; World Malaria Atlas Project data for mosquito net access and use in countries for which estimates are available <https://malariaatlas.org/>; and Global Fund disbursements, which are available on the Global Fund Data Explorer.

1. Countries listed on this page were selected based on three criteria:

- Being among the top-10 countries with the highest number of malaria deaths in 2010 (D).
- Being among the top-10 countries with the highest malaria incidence rate in 2010 (I).
- Being among the top-10 countries that received the highest amount of funding from the Global Fund from 2002 to end December 2023 to support malaria programs (F).

Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

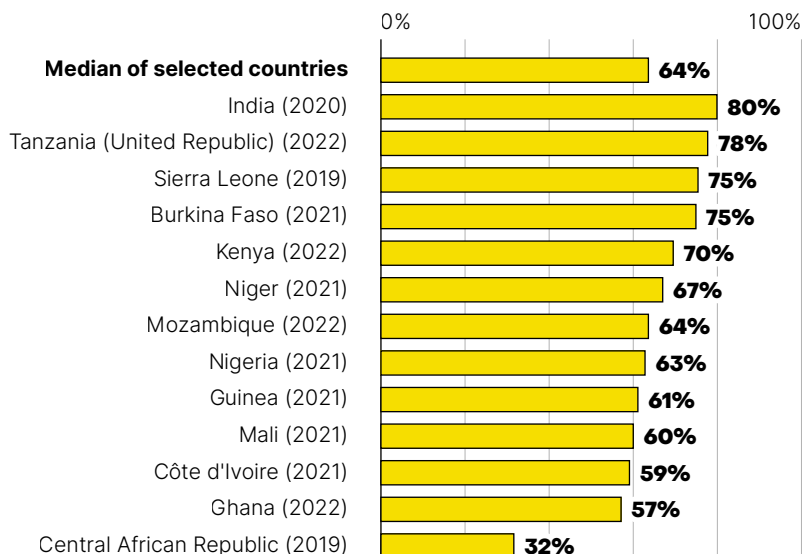
2. The aggregate numbers presented as "Global Fund-supported" include countries that have recently received Global Fund funding for malaria programs and have reported programmatic results over the past two cycles. These countries received US\$17.5 billion from 2002 to end December 2023 to support malaria programs. Additionally, they received US\$1.9 billion in cross-cutting support across the three diseases, resulting in a total of US\$19.4 billion. Countries/programs previously supported by the Global Fund received US\$1.1 billion since 2002, resulting in a total disease-specific investment of US\$18.5 billion.

3. In line with the Global Fund [results reporting methodology](#), the charts reflect the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.

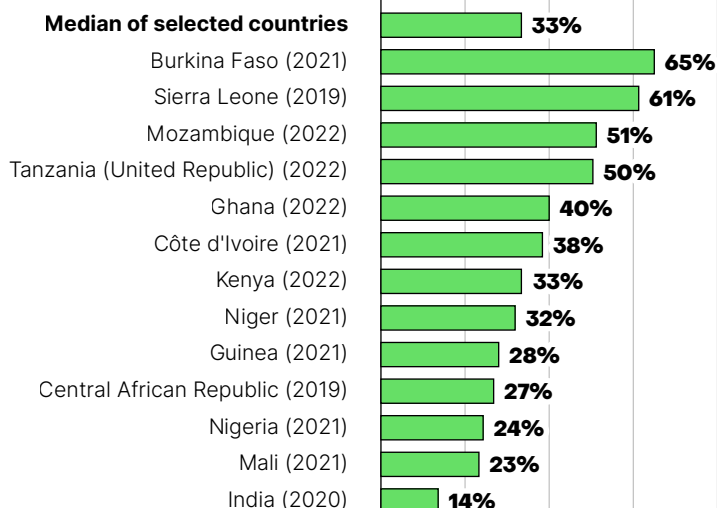
Coverage of malaria treatment (%)

Children aged under 5 years with fever in last 2 weeks:

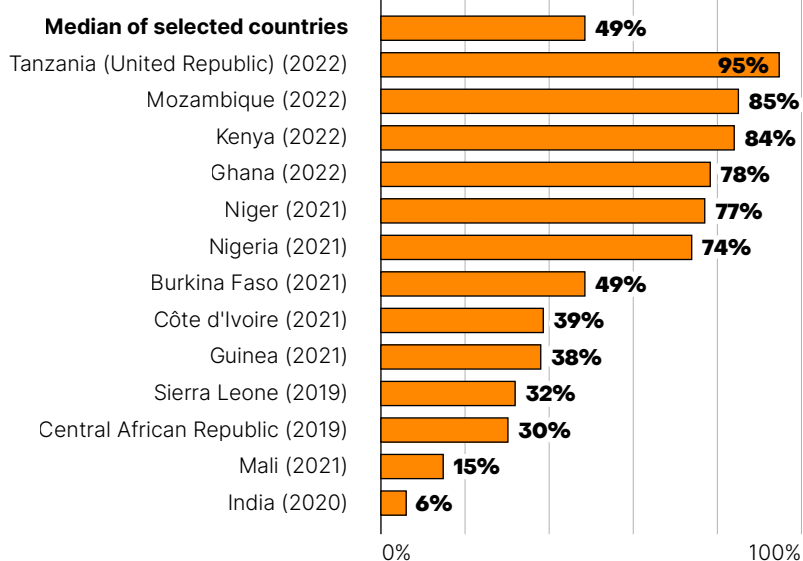
Children for whom advice or treatment was sought



Children who received a finger or heel stick



Children who received an artemisinin-based combination therapy (ACT) among those who received any antimalarial

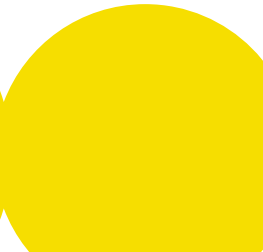
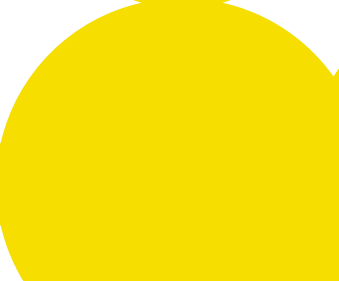
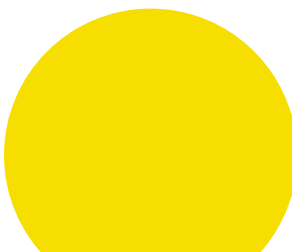
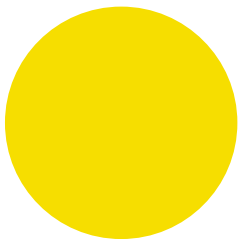
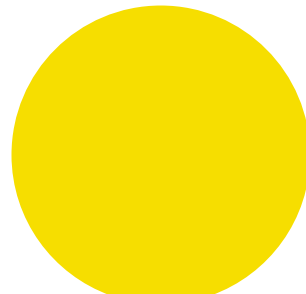
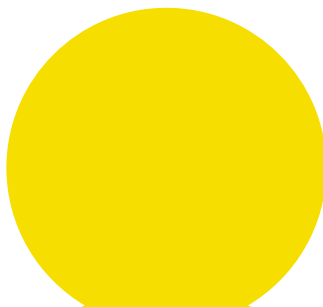
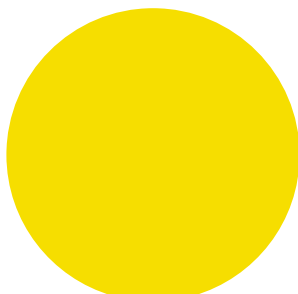
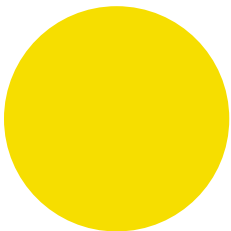
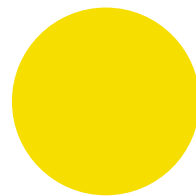
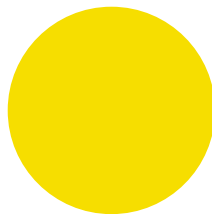
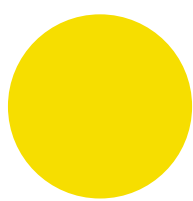


Countries selected based on criteria used for the Investment and impact: Malaria chart and available data. "Selected countries" refers to median of countries included here. Source: Household surveys <https://mics.unicef.org/> and <https://www.statcompiler.com/en/>.



Karima brought her son Nahim across the border from Nigeria for treatment at the CSI Nyelwa in Maradi, Niger, when he showed signs of malaria. Children under 5 are particularly vulnerable to the disease.

The Global Fund/David O'Dwyer





Melissa and Tomnjong with their children Gabriella and Tony-Jason in Soa, Cameroon. The family sleeps under dual active ingredient insecticide-treated mosquito nets to protect themselves from malaria. Community health worker Amélie (in blue) provides them with home-based care, including malaria testing and referring Tony-Jason to the local clinic where he was vaccinated against malaria when he was 6 months old.

The Global Fund/Vincent Becker

Cameroon

Case Study

Fighting to protect mothers and children from malaria on all fronts

The entire population of Cameroon – 27 million people – are at risk for malaria.

The disease is particularly devastating for pregnant women and young children. When a pregnant woman is infected with malaria, her baby can be born severely underweight, resulting in health complications and even death. In 2022, an estimated 12.7 million pregnant women in Africa, or 1 out of 3, were diagnosed with the disease.

And malaria is evolving. Climate change is changing the geography of the disease, and increasing resistance means that nets treated with certain chemicals no longer offer the protection they once did.

Cameroon is at the forefront of a collaborative effort to develop, invest in and deploy lifesaving tools to counter these new threats, and build on the country's progress fighting malaria over the last decade.

Cameroon's government, with support from the Global Fund, Gavi, the U.S. President's Malaria Initiative, community partners and others, is working to roll out the newest mosquito nets, preventive treatment for young children and pregnant women, the new malaria vaccine as well as community-based testing and treatment services.

New dual AI mosquito nets are coated with two insecticides, making them more effective against mosquitoes that have built up resistance to standard nets.




This year, the Global Fund supported a mass distribution campaign in the Southwest region, a particularly challenging area that has experienced insecurity since 2017. In just seven days, 1.2 million new dual AI nets were distributed directly to people's homes.

And in January 2024, Cameroon became the first country in the world to incorporate the new RTS,S malaria vaccine into its routine national child immunization program. The Global Fund worked together with Gavi and Unitaid to fund the initial pilot programs for the vaccine.

By combining the latest tools in the fight against malaria, mothers and children in Cameroon now have multiple layers of protection against the disease. ●



The full suite of the Results Report 2024 includes:

Summary & Key Results	Health and Community Systems
 HIV: State of the Fight	Colliding Crises
 Tuberculosis: State of the Fight	Investing for Impact
 Malaria: State of the Fight	

Left: Health workers help identify people with malaria who are symptom-free and administer treatment in Sanxay District, Attapeu Province, in the Lao People's Democratic Republic. This preventive strategy – called targeted drug administration – paired with regular testing and mosquito nets, can keep malaria from spreading throughout communities.

WHO/Enric Catala

Back cover: JinJin, a 16-year-old member of an Indigenous tribe in Palawan, the Philippines, visits a halfway house in Sitio Pinagar, Barangay Ransang, for a routine malaria test. Every month, JinJin travels more than two hours alone on foot through dense jungle to meet community health workers at the halfway house – named because it is located halfway between mountainous regions inhabited by Indigenous tribes and the closest medical clinic. In 2022, JinJin experienced fever and headaches, prompting her to travel to the halfway house for malaria testing. When she tested positive for malaria, she stayed for three days for daily observed treatment.

The Global Fund/Vincent Becker

The Results Report 2024 was published in September 2024.



**The Global Fund to Fight
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**Results
Report
2024**

Health and Community Systems

This chapter is part of the Results Report 2024.

2023 was another year of significant progress in the fight against HIV, tuberculosis (TB) and malaria. In countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, our partnership has cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.



Online Report

Scan for an interactive version of this report.

Health and Community Systems

This chapter captures the latest information available on the Global Fund's work to build resilient and sustainable health and community systems. In 2023, the Global Fund accelerated investments to support countries to fight HIV, tuberculosis (TB) and malaria, strengthen health and community systems, and build pandemic preparedness.

The challenge

The fight against HIV, TB and malaria relies on strong health and community systems to deliver prevention and treatment services to those who need them, including in the most remote areas. In countries where the Global Fund invests, many health and community systems remain underfunded and underdeveloped. These gaps in health coverage not only undercut the progress we make in the fight against HIV, TB and malaria, but also leave countries underprepared to tackle current and future health threats. Globally, more than 4.5 billion people are not fully covered by essential health services, and over 2 billion people face catastrophic costs for necessary medical treatment. To ensure everyone enjoys robust health and well-being, it is essential to amplify our efforts toward achieving the Sustainable Development Goal of universal health coverage (UHC) for all.

The COVID-19 pandemic wreaked extraordinary damage on lives, livelihoods, societies and economies. As population growth and climate change put increasing pressure on global ecosystems, the emergence of another pathogen of pandemic potential is a looming threat. The path forward is clear: We must invest in health systems to curb disease outbreaks before they become full-blown crises. Whatever the next pandemic may be – an emerging zoonotic disease, antimicrobial resistance (AMR), or diseases like malaria that are surging in new places – the surest way to curb its spread is by investing vigorously in health and community systems.

The Global Fund's response

Over the last two decades, the Global Fund partnership has made great gains against HIV, TB and malaria, saving 65 million lives. That progress has been underpinned by our investments to build strong and resilient health and community systems. As the world's largest multilateral grants provider for health and community systems in low- and middle-income countries, we invested US\$1.8 billion¹ in this area in 2023 alone. Now, we are making the most significant increase to these critical investments in our history: We are investing approximately US\$6 billion² between 2024-2026 to support countries in their efforts to build pandemic preparedness and response, deliver better health outcomes across all diseases and work toward achieving UHC.

A new analysis³ shows that in the last two decades, investments by the Global Fund partnership have significantly accelerated progress toward achieving UHC. The global UHC service coverage index score increased from 45% in 2000 to 68% in 2021. This improvement is largely (61.2%) driven by the scale-up of antiretroviral therapy coverage. In addition, the scale-up of TB treatment and coverage of insecticide-treated nets were ranked as the 5th and 6th main drivers of this overall progress. Furthermore, reducing the burden of HIV, TB and malaria contributes to freeing up service capacity and resources in health and community systems, bolstering progress toward achieving UHC.

1. This includes direct investments in resilient and sustainable systems for health (RSSH), C19RM, and contributions to RSSH through investments in the fight against HIV, TB and malaria.

2. This figure is based on the recently endorsed Global Fund Strategy Committee methodology that integrates direct investments in resilient and sustainable systems for health (RSSH) and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed grant budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses.

3. Tracking Universal Health Coverage: 2023 Global monitoring report. World Health Organization and the International Bank for Reconstruction and Development/The World Bank, 2023. <https://www.who.int/publications/i/item/9789240080379>.

We must invest in health systems to curb disease outbreaks before they become full-blown crises.

Through our investments to reduce the burden of HIV, TB and malaria and build key components of health and community systems, the Global Fund has supported many countries to build critical elements of their response to infectious diseases for more than 20 years. In 2023, our core areas of investment focused on strengthening human resources for health; strengthening health systems designed, led and organized by communities; bolstering supply chains and using our market-shaping capabilities for better procurement and delivery of medicines and health products; expanding and strengthening laboratory and diagnostics capacities; expanding access to medical oxygen; improving surveillance systems; and strengthening digital health and health information systems. In addition, approximately US\$2.1 billion⁴ of our COVID-19 Response Mechanism (C19RM) funds are now being reinvested in long-term health and community systems strengthening and pandemic preparedness and response capacities.

Health workforce

There is currently a severe global health workforce shortage, especially in low-income countries, with a projected shortfall of 10 million health workers by 2030. The situation is particularly acute in Africa, which has only 4% of the global workforce despite bearing a quarter of the global disease burden and responding to the highest number of health emergencies every year.

In addition, health workers must often contend with difficult working conditions, including inadequate salaries and gender inequities. Women make up 67% of the health workforce, yet they frequently occupy lower-status and lower-paid positions. They also face bias, discrimination, sexual exploitation, abuse and harassment.

Community health workers also face numerous challenges. Over 3.8 million of these essential health workers are active globally, extending their critical services to remote and low-resource settings. Often members of the communities in which they work, community health workers build trusting relationships

with the people they serve, provide advice and guidance, diagnose and treat diseases and monitor health outcomes. However, many are not fully remunerated, recognized or integrated into health systems.

Over the last two decades, the Global Fund has been working with countries to redress these imbalances and invest more in health workers. The funding that the Global Fund allocates to human resources for health represents the largest share of health and community systems investments across funding cycles. In 2023, the Global Fund invested US\$857 million in human resources for health. Over the 2024-2026 period, we are investing over US\$900 million in community health workers, a 32% increase on the previous three-year period. We invest in community health workers to enable them to be well trained, remunerated, equipped, counted and protected, and to be fully integrated in primary health care teams. Our investments support innovative ways to deliver workforce training and development, including through digitalization and accreditation training courses.

The Global Fund is also supporting 16 African countries to advance strategic planning processes and dialogue around human resources for health, shifting progressively from disease-specific support to integrated workforce planning, with a focus on primary health care workforce development.

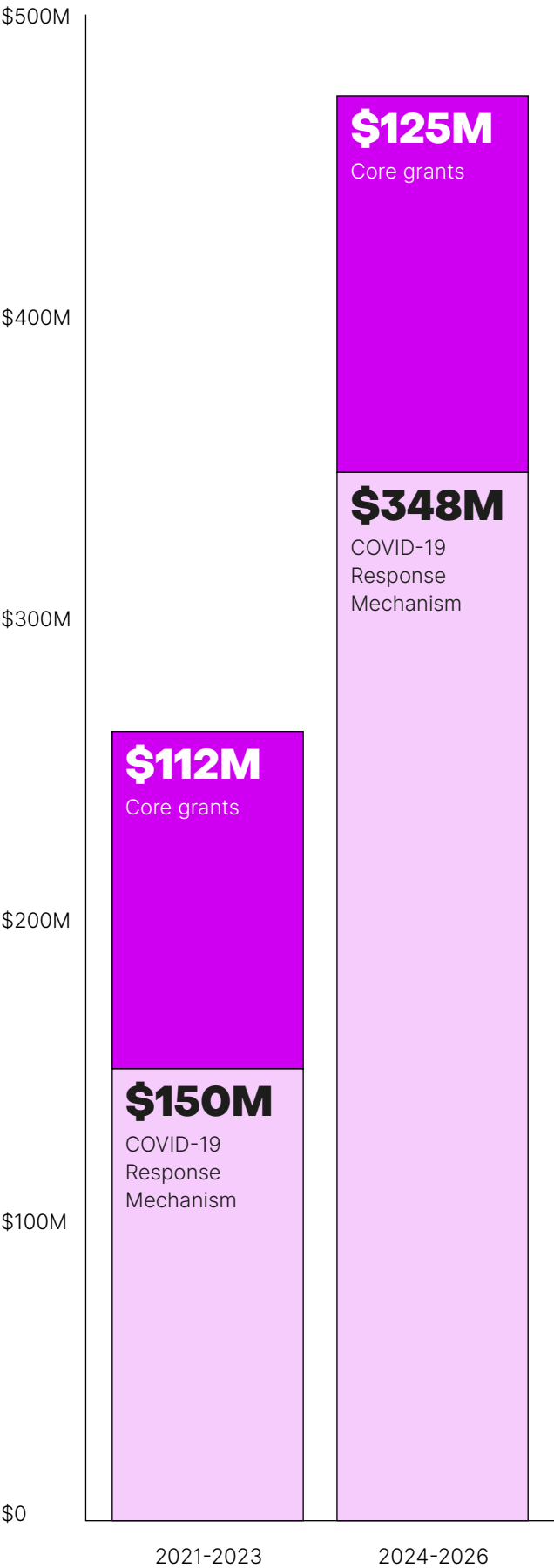
The Global Fund is investing nearly US\$28 million in technical assistance through the Building Integrated Readiness for Community Health (BIRCH) project to provide technical assistance to ministries of health and community-led organizations to strengthen community health programs. In 2023, BIRCH provided technical assistance to 10 African countries. As of December 2023 BIRCH is scaling up to 23 African countries – which is building the foundation for a US\$100 million catalytic investment supported by the Johnson & Johnson Foundation and the Skoll Foundation to strengthen and finance community health worker programs in eight African countries.

Community systems

The Global Fund's investment and implementation approaches are underpinned by strong and sustained engagement with the communities most affected by HIV, TB and malaria. Our investments in strengthening community systems prioritize the engagement and leadership of these communities to ensure that their technical expertise, unique perspectives and lived experiences inform the disease responses that we support.

4. Based on signed budgets for 2024-2025 for C19RM, includes centrally managed limited investments (CMLIs) for the same period.

Investments in laboratory systems



Well-functioning community health systems seek to enhance community engagement and participation, facilitating the creation of interlinked and coordinated systems that can deliver health services to people who need health care but who do not have access to formal health programs. Global Fund investments strengthen community systems around the world to address local needs and reach the most marginalized and vulnerable people with equitable and quality services. The Global Fund Strategy 2023-2028 prioritizes investments in long-term, tailored capacity building of community-led and community-based organizations, networks and groups, to strengthen links and improve service continuity between community-led activities and formal health care provision.

We support community-led monitoring to improve services for marginalized and vulnerable people and address related health and human rights concerns. For example, community-led monitoring of barriers that people living with HIV have faced in accessing treatment has contributed significantly to an increase in viral load suppression (when the amount of HIV in a person’s blood becomes so low that it is undetectable).

Market shaping across the value chain

The Global Fund partnership invests in strengthening health product value chains, from supply to delivery, to source and deliver optimal, quality-assured medicines and health products – including critical medicines, tests, and mosquito nets – promptly where they are needed. These investments ensure adequate planning and management of the selection, purchase, delivery, warehousing and distribution of products, while our market-shaping capabilities are leveraged to secure the best available prices and conditions.

Over the past two decades, the Global Fund partnership has played a critical role in shaping markets to support this objective. Each year, around US\$2.5 billion in country grants are used to procure health products, including medicines for HIV, TB and malaria as well as prevention tools and diagnostic equipment. We have used the scale of our Pooled Procurement Mechanism to shape markets by encouraging manufacturers to meet global quality requirements, to secure increased supply capacity for low- and middle-income countries, and to lower health product prices, contributing to efficient and effective implementation of country programs. In 2023, the Pooled Procurement Mechanism managed US\$1.34 billion in orders across 81 countries.

The efforts of our partnership have accelerated access to a range of critical HIV, TB and malaria commodities, including antiretroviral medicines (ARVs) for people with HIV. By the end of 2023, 30.7 million people around the



Employees working at the National Health Laboratories and Diagnostic Services in Uganda. For the last two decades, the Global Fund has helped strengthen laboratory services to support the surveillance and management of HIV, TB and malaria.

The Global Fund/Brian Otieno

world were on ARVs, including 25 million in countries supported by the Global Fund. This expansion has been driven by over two decades of work building a sustainable market for first-line HIV treatment options. By 2023, the Global Fund and partners had negotiated breakthrough ARV pricing at under US\$45 per person per year. In 2002 when the Global Fund started to finance ARVs, they had an annual per person cost of over US\$10,000.

To complement and further leverage our procurement scale for market shaping, the Global Fund adopted the Next Generation (NextGen) Market Shaping framework in 2022. This framework outlines specific interventions to drive equitable access to affordable and quality-assured health products and services in support of the Global Fund's 2023-2028 Strategy with a focus on innovation, capacity building for regional manufacturing and regional procurement, and strong and sustainable supply chains.

Through the NextGen Market Shaping approach, the Global Fund has established new tools to support market-shaping efforts, including a Revolving Facility and an Access Fund. Using the Revolving Facility, the Global Fund can provide volume guarantees to suppliers to secure improved access terms for critical health products. In 2023, the Facility was used to secure sustainable prices for new and more effective dual active ingredient insecticide-treated mosquito nets. Through the Access Fund, the Global Fund will be able to support countries to introduce innovative products by providing co-financing for the purchase of the product.

The Global Fund's market-shaping efforts also extend from supply and procurement to delivery downstream. To support countries to strengthen supply chain systems and accelerate the transition toward sustainability, the Global Fund invested US\$202 million in 2023 and is investing US\$308 million in 2024. This funding will strengthen supply chain infrastructure for warehousing,

distribution, data management and waste management. In addition, we are working with national governments to build governance structures that bolster effective regulation, coordination of end-to-end supply chain operations, long-term strategic planning and accountability mechanisms.

Laboratories, diagnostics and surveillance systems

Over the past two decades, the Global Fund has invested in building laboratory infrastructure and ensuring that laboratories are well equipped with equipment and personnel to support the fight against HIV, TB, malaria and other diseases. In 2023, we invested US\$142.4 million in expanding and strengthening laboratory and diagnostics capacities. This included expanding and strengthening laboratory and diagnostics capacities to test for and detect pathogens; and integrating capacities across different diseases, information systems and support services to enhance diagnostic service delivery. Our investments are contributing to health systems resilience and are building greater capacity to respond to pathogens of pandemic potential.

The Global Fund has accelerated investments to improve surveillance systems to strengthen early detection and reporting capabilities for all hazards, including climate-sensitive diseases. The aim is to enhance epidemic intelligence capacities that will inform risk monitoring and public health actions. Our investments foresee improved data systems with better integration, management, analysis, and use by public health emergency data hubs and national public health institutes at every level of the health system. In 2023, the Global Fund invested US\$98.6 million in surveillance systems to strengthen early detection and reporting capabilities for all hazards.

Digital health and health information systems

To scale our efforts to combat HIV, TB and malaria, the Global Fund invests in digital health to expand access to and improve screening, diagnosis and treatment. Our investments drive the use of information and communications technology enablers – including people, data, artificial intelligence (AI), electricity, connectivity and digital-friendly policies.

The Global Fund is one of the largest investors in digital health in low- and middle-income countries. Between 2021 and 2023, we invested more than US\$150 million a year to strengthen health and information systems and improve data availability and quality. This includes integrating vertical program, community and private sector health data reporting, digitalizing patient-level data, aggregating data reporting and strengthening health data use at all levels so that countries and communities can make evidence-based public health

decisions. These investments are already delivering results, bridging gaps in health care delivery from the first mile to the last mile.

Equity, human rights and gender equality

We support country-owned and country-led health programs that reach those most in need and strengthen entire health systems, protecting and enhancing peoples' health and well-being. Our investments reach remote and vulnerable populations, including those marginalized by poverty, stigma, discrimination or criminalization. Our groundbreaking Breaking Down Barriers initiative confronts human rights barriers to HIV, TB and malaria services. The impact of this initiative extends far beyond the individual disease response, contributing to more inclusive and comprehensive health systems. Since 2017, the Global Fund has invested more than US\$200 million through Breaking Down Barriers to support programs to remove human rights and gender-related barriers to services in 24 countries. By funding these comprehensive programs, we support communities to fight back against the erosion of human rights and promote gender equality.

Pandemic preparedness

The Global Fund is uniquely positioned to prepare for and confront the next health emergency. Our two decades of experience fighting some of the world's deadliest infectious diseases have equipped us with unique capabilities in health systems strengthening and pandemic preparedness and response in low- and middle-income countries. When the COVID-19 pandemic hit, the Global Fund was one of the first to respond. Thanks to our speed and agility and the generosity of our donors, we quickly established C19RM, through which we have awarded over US\$5 billion to date to support low- and middle-income countries respond to COVID-19, mitigate the pandemic's impact on HIV, TB and malaria programs, and strengthen health systems.

As the emergency phase of the COVID-19 pandemic waned, the Global Fund strategically adapted the focus of C19RM funding to reflect countries' evolving priorities and to accelerate investments in health and community systems. The Global Fund has made US\$2.1 billion of C19RM funding available to directly strengthen health and community systems and enhance pandemic preparedness and response.

In 2023, countries pivoted to use C19RM funding to design pandemic preparedness measures and implement their national action plans for health security. The Global Fund is working directly with countries to strengthen their capacities to prevent, prepare for and respond to existing and emerging infectious diseases, such as cholera, Ebola, and mpox.

Accelerating investments in health systems through C19RM

Our C19RM reinvestments in strengthening health and community systems and building pandemic preparedness focus on five priority areas:

Human resources for health and community systems strengthening

Key investments include human resources for health planning, management and governance, community health workers training, and strengthening the quality of community health service delivery and specialized training areas, such as training field epidemiologists. We are investing US\$349 million in human resources for health in 95 countries to cover the period between 2021 and 2025.

Laboratory systems

We are investing in infrastructure and equipment to ensure compliance with biosafety and biosecurity standards, specimen referral and transport systems, laboratory information systems and national laboratory governance and management. This new round of investments has also facilitated significant scale-up of laboratory-based surveillance activities such as genomic sequencing. We are investing US\$495 million in laboratory systems across 89 countries to cover the period between 2021 and 2025.

Health product and waste management systems

We are expanding our investments in integrated and sustainable health product management systems and in infection prevention and control. These include investments that promote ethically, environmentally sustainable procurement processes that support safe removal of health care waste. We work directly with countries to develop and strengthen national waste management systems. For example, since 2021, Global Fund investments have been supporting policy development and tools for effective medical waste management in Burkina Faso. In addition, we invest in infection prevention and control to support countries in preventing outbreaks. In 2024 we are supporting Nigeria's first-ever national infection prevention and control training, which incorporates surveillance for health care-associated infections and AMR. We are investing US\$441 million to support health product and waste management systems, including infection prevention and control, to cover the period between 2021 and 2025.

Surveillance systems

These investments are supporting early warning systems by enhancing community and event-based surveillance and digitalizing these systems for indicator-based reporting, such as expanding district health information systems for epidemic-prone disease reporting. Investments are also improving governance

and strengthening the health workforce through field epidemiology training programs within national public health emergency operations centers and public health institutes. We are investing US\$400 million in surveillance systems strengthening in 94 countries to cover the period between 2021 and 2025.

Medical oxygen and respiratory care

As the largest funder for medical oxygen, the Global Fund invests in expanding access to medical oxygen through the installation of pressure swing adsorption plants for bulk oxygen generation; medical gas piping for the distribution of oxygen within health facilities; oxygen delivery; and equipment and devices for measuring oxygen levels in patients. Oxygen can save lives threatened by severe HIV, TB, and malaria; improve the quality of care for newborns, pregnant mothers and children; support patients during surgery and chronic diseases; and is a pillar of pandemic preparedness and response to respiratory pathogens. Other support includes technical assistance to countries for end-to-end procurement, installation, and capacity building. For example, in 2023, the Global Fund invested US\$41.7 million to support Kenya to strengthen and expand its oxygen infrastructure and ecosystem. Our investment supported the procurement of 22 oxygen-producing plants and 14 liquid oxygen bulk-storage tanks, medical oxygen piping, and medical oxygen cylinders across all 47 counties. We are investing over US\$564 million in medical oxygen across 83 countries to cover the period between 2021 and 2025.

A recent analysis has shown that Global Fund oxygen investments in 14 priority countries (Burkina Faso, Cameroon, Ethiopia, Ghana, Guinea, Indonesia, Liberia, Malawi, Mozambique, Nigeria, Sierra Leone, Tanzania, Zambia and Zimbabwe) are estimated to provide lifesaving oxygen access to around 22 million people between 2024 and 2026. These investments are expected to save around 520,000 lives and avert more than 10.1 million* disability-adjusted life years (DALYs).

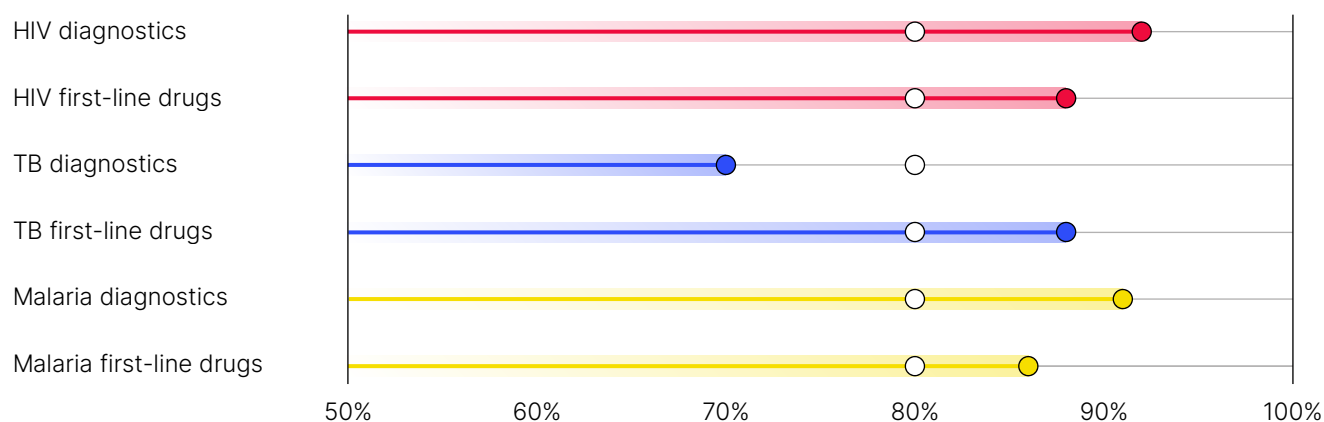
A sustained investment of US\$1.2 billion in the next two years could fulfill all the oxygen access gaps in the 14 countries, with a total return on investment estimated at US\$7.6 billion* in DALYs averted. Oxygen investment is critical since the analysis shows that more than 556,000 lives will be lost in 2026 if commitments to achieve 100% oxygen access in the 14 priority countries are not made. By 2026, oxygen investments are estimated to yield returns between 4 and 34 times the value invested, depending on the priority country. Two-thirds of the net benefits of meeting the remaining oxygen access gap are in children under 5.

*An earlier version of this report recorded lower estimates of disability-adjusted life years (DALYs) and return on investment related to DALYs from Global Fund's investments in medical oxygen. This version has been amended to capture the correct estimates.

Average on-shelf availability

Countries with ongoing supply chain transformations

○ Target ●●● Result



Based on results from the fourth round of supply chain spot-checks executed in semester one 2024 for 26 countries: Angola, Bangladesh, Burkina Faso, Burundi, Cameroon, Congo (Democratic Republic), Côte d'Ivoire, Ghana, Guinea, India, Indonesia, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Niger, Nigeria, Pakistan, the Philippines, Senegal, Tanzania (United Republic), Togo, Uganda, Zambia and Zimbabwe. On-shelf availability is measured as the percentage of health facilities with tracer products available on the day of the visit or reporting through electronic logistics management information systems (eLMIS) compared to the total number of health facilities where the tracer products are expected to be available.

Antimicrobial resistance

A Lancet study found that almost 5 million deaths were associated with AMR in 2019, including 1.27 million deaths directly attributed to resistance. Drug-resistant TB is the seventh leading cause of AMR-related mortality globally.⁵

The Global Fund has a critical role to play in the fight against AMR. We are the largest external source of financing for drug-resistant TB in low- and middle-income countries. Our investments in health and community systems are building capacities to tackle AMR. We are strengthening laboratory systems for stronger infection prevention and control and investing in equipment, reagents, genomic testing, and microbiology – as well as routine and early warning surveillance systems.

Freeing up health care capacities by fighting HIV, TB and malaria

Besides our direct investments in health and community systems, our investments in the fight against HIV, TB and malaria have freed up resources and capacities, making health and community systems

better able to respond to other diseases. An assessment of our HIV investments up to the end of 2023 found that these investments have freed up 1.66 billion hospital days that would have otherwise been used for HIV-related activities and averted 1.36 billion outpatient visits, generating US\$85 billion in cost savings and enabling health facilities to tackle other health priorities.

Financial sustainability and domestic resource mobilization

The Global Fund works with countries as they develop a long-term and realistic path for transitioning from Global Fund support. Our approach to financial sustainability is detailed in our Sustainability, Transition and Co-financing Policy,⁶ which incentivizes countries to progressively increase domestic financing for health and the three diseases as well as absorb specific program costs by making a proportion of grants contingent on domestic financing performance. This strengthens health systems, maintains and scales up service coverage, and accelerates the fight against the three diseases. A minimum of 15% – up to 30% in some countries – of Global Fund allocations are subject to these co-financing requirements. ●

5. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. The Lancet, 2022. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02724-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext).

6. Guidance Note: Sustainability, Transition and Co-financing. The Global Fund, 2022. https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf.

Collecting wastewater samples for testing in Maputo, Mozambique.
The Global Fund/Tommy Trenchard/Rooftop



Mozambique

Case Study

Wastewater reveals health threats before they spread

Wastewater holds critical information about how germs circulate within both human and animal populations. Wastewater is a cost-efficient, non-invasive tool that provides a community-wide picture of bacteria and viruses – and reveals health hazards well before they begin to impact the community.

As part of C19RM, the Global Fund established Project STELLAR: a project to strengthen laboratory systems, including wastewater surveillance programs, that can help health officials map COVID-19 infections and assess the disease's impact safely, and in good time. Mozambique was selected as one of four pilot countries.

Today, the Wastewater Environmental Monitoring Program at Mozambique's National Institute of Health combines laboratory and environmental research and testing to provide near real-time information on dangerous pathogens.

When laboratory scientists catch a glimpse of SARS-CoV-2, the virus that causes COVID-19, circulating in wastewater, they can act quickly – alerting health officials and helping decision-makers pinpoint the threat and prevent the disease from spreading.

The program will soon expand beyond COVID-19 – scanning for known diseases and keeping watch for health threats that could emerge at any time.

Rain and floods – which are becoming more variable and extreme as the climate changes – increase the risk of illnesses like cholera. In the wake of cyclones, which are common in Mozambique, scientists can test for bacteria that can make people sick and help identify communities that might be at risk. ●

Case Study

Partnering to provide medical oxygen

Access to oxygen is at the root of resilient, responsive and equitable health care systems.

According to the World Health Organization (WHO), as of September 2023, less than 50% of health facilities in low- and middle-income countries had uninterrupted access to medical oxygen – including Syria, where a decade of conflict further complicates the challenge of building and maintaining a safe, reliable oxygen supply.

In response, the Global Fund, the International Organization for Migration and WHO came together through the Global Fund's Middle East Response Initiative to strengthen the country's ability to provide medical oxygen.

In an uncertain, rapidly changing environment, three brand-new pressure swing adsorption plants – oxygen generators – were installed at Homs National Hospital, Dara'a National Hospital and Dummar National Hospital.

Local suppliers were used to transport and assemble the generators and conducted post-installation assessments for quality control. Project BOXER, the part of C19RM that focuses on medical oxygen, provided technical support.

Syria's oxygen plants were procured as part of a US\$1 billion effort by the Global Fund and others to expand access, negotiate for better pricing, and provide governments with what they need to deliver oxygen.

In 2023, that partnership expanded and evolved into the Global Oxygen Alliance: a group of more than 20 health agencies, country leaders and people from communities, working together to ensure better access to medical oxygen. ●






A patient receives medical oxygen at Homs National Hospital in Syria.

The Global Fund/Tafaseel Advertising Agency



The full suite of the Results Report 2024 includes:

Summary & Key Results	Health and Community Systems
 HIV: State of the Fight	Colliding Crises
 Tuberculosis: State of the Fight	Investing for Impact
 Malaria: State of the Fight	

Left: Lady health workers prepare before heading out to provide TB care and other health services to people in their community in Islamabad, Pakistan.
The Global Fund/Vincent Becker

Back cover: As Program Officer for Key Populations at Alliance Côte d'Ivoire, Désiré Gayé Mobauye helps organize training, events and outreach activities to support the LGBTQI+ community in Abidjan. Alliance Côte d'Ivoire trains transgender outreach workers – who lead peer-to-peer discussions about health and other topics – and supports drop-in centers where LGBTQI+ people can gather and share their experiences. People can test for HIV and other sexually transmitted infections, and seek psychosocial support and legal advice. “Human rights are about recognizing people as people,” he says. “I want people to see me as an ordinary person, as a human being, and not as a thing, or an outcast, or a mistake of nature. We all have the right to health.”
The Global Fund/Anush Babajanyan/VII

The Results Report 2024 was published in September 2024.



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**Results
Report
2024**

Colliding Crises

This chapter is part of the Results Report 2024.

2023 was another year of significant progress in the fight against HIV, tuberculosis (TB) and malaria. In countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, our partnership has cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.



Online Report

Scan for an interactive version of this report.

Colliding Crises

This chapter covers the crises that affected our fight against HIV, tuberculosis (TB) and malaria in 2023. These multiple, interconnected and colliding crises that include climate change, conflict and debt, as well as an alarming erosion of human rights, made our efforts to get back on track against the three diseases much more challenging.

Introduction

In 2023, the world was again hit by multiple crises. Even with the waning of the COVID-19 pandemic, we faced other interconnected crises including climate change, conflict, and attacks on human rights, gender equality and civil society. While the impact and dynamics of these crises differ by region and country, the challenges invariably put the poorest and the most marginalized people at greater risk of deadly infectious diseases.

These crises have a direct impact on the progress we make in the fight against HIV, TB and malaria. Sexual and gender-based violence surged across the world.¹

Across Africa, extreme weather events claimed the lives of more than 15,000 people in 2023. In Uganda, the Anti-Homosexuality Act threatens to undermine the progress we have made in the fight against HIV. In Sudan, conflict killed thousands and displaced close to 10 million people.²

The Global Fund partnership acted with agility to support countries and communities to confront these challenges and continue their lifesaving work. We expanded our Breaking Down Barriers initiative to tackle human rights and gender equality challenges. We adapted our interventions to provide agile support through grant flexibilities, reprogramming and provision of emergency funding.

1. Women and girls mired in Sudan crisis suffer surge in sexual violence. UNHCR, 2024. <https://www.unhcr.org/news/stories/women-and-girls-mired-sudan-crisis-suffer-surge-sexual-violence>; <https://data.unhcr.org/en/documents/details/105508>.
2. Sudan: Situation Report. OCHA, 2024. <https://reports.unocha.org/en/country/sudan/>.

The Global Fund partnership acts with agility to support countries and communities to confront challenges and continue their lifesaving work.



Human rights and gender equality

The challenge

Human rights barriers, gender inequality and structural inequities can make people more vulnerable to diseases and make it harder to access HIV, TB and malaria services. The three diseases can also exacerbate inequality, impoverish people, and make them more vulnerable to human rights violations. The rise of interconnected anti-rights and anti-gender movements, alongside shrinking civic spaces, are some of the biggest threats to health and human rights of our time. They have slowed or upended progress toward gender equality for women and girls and rolled back the rights of people in the LGBTIQ+ community. Far too many people are left behind and suffer stigma, discrimination and violence.

In 2023, we witnessed an escalation of the global pushback on human rights and gender. In countries such as Uganda and Ghana, we saw bills that criminalized same-sex relations, impacting access to health services for people who need them the most. Across the world, we saw attacks on trans people and a rollback of sexual and reproductive health and rights. Such laws and discriminatory practices jeopardize the delivery of the Sustainable Development Goal 3 of health and well-being for all.

The Global Fund's response

The Global Fund partnership is powered by equity, determined to ensure a healthier, safer and more

equitable world for all. We support person-centered health programming – including facility and community delivery points. Our sexual and reproductive health and rights approach seeks to challenge policy and legal barriers that prevent people from accessing the health services they need. Our investments in human rights include support for community-led monitoring of human rights violations and a referral system for people affected by those violations that enables them to access health services, social protection and legal services.

In 2023 the Global Fund, alongside partners ViiV Healthcare and GSK, established a new Gender Equality Fund. The fund is delivering resources directly to communities and civil society on the frontlines of the fight for gender equality, supporting them to stem the tide of anti-gender movements and make progress toward equality and better health in their communities. This GBP 6 million fund supports women, girls, trans and gender-diverse people to meaningfully engage in decision-making spaces, tackle the root causes of gender inequality and strengthen locally led movements for gender equality.

Since 2018, the Global Fund has invested in the HER Voice Fund, which supports the leadership of adolescent girls and young women in 13 priority countries in East and Southern Africa. It provides small grants to help adolescent girls and young women participate in advocacy and policy processes, directly shaping policies, laws and programs affecting their lives. In 2023, the HER Voice Fund reached over 68,000 adolescent girls and young women, including trans women, women with disabilities, women who use drugs, women who identify as lesbian, and women who are internally displaced. The fund supported their engagement in over 800 key decision-making bodies.

In francophone West and Central Africa, the Global Fund supports the civil society-led fund Voix EssentiELLES to strengthen women and girls' engagement in Global Fund-related processes and national health policies. In 2023, 40 women and girls' organizations based in Burkina Faso, Côte d'Ivoire and Senegal implemented a range of activities under the themes of sexual and reproductive health and rights, prevention of gender-based violence and the response to HIV, TB and malaria.

Since 2017, Breaking Down Barriers has supported programs to remove human rights and gender-related barriers to services, including programs to address stigma and discrimination, in 24 countries. By focusing on funding comprehensive programs that tackle human rights and gender-related barriers to health services, we support communities to fight back against the erosion of human rights and promote gender equality. Breaking



Farida Sonia Tiemtoré is president of Les Héroines du Faso, an organization that works to protect the rights of women and girls in Burkina Faso. Les Héroines du Faso received support through Voix EssentiELLES, a fund that provides grants to community-based organizations that foster female voices and leadership in decision-making.

The Global Fund/Olympia de Maismont

Down Barriers is an unprecedented investment in health-related human rights. We have increased our investments in this initiative by more than tenfold since 2017, reaching over US\$200 million in 2023.

In 2023, we assessed the progress the initiative is making in removing human rights and gender-related barriers to services. The assessments found that the average score of human rights programming across Breaking Down Barriers countries had increased by 76% for HIV and 256% for TB from the baseline. This means that our programs in these countries have been delivering a more comprehensive set of human rights interventions at a larger geographic scale and population coverage to meet the growing needs of populations in greatest need.

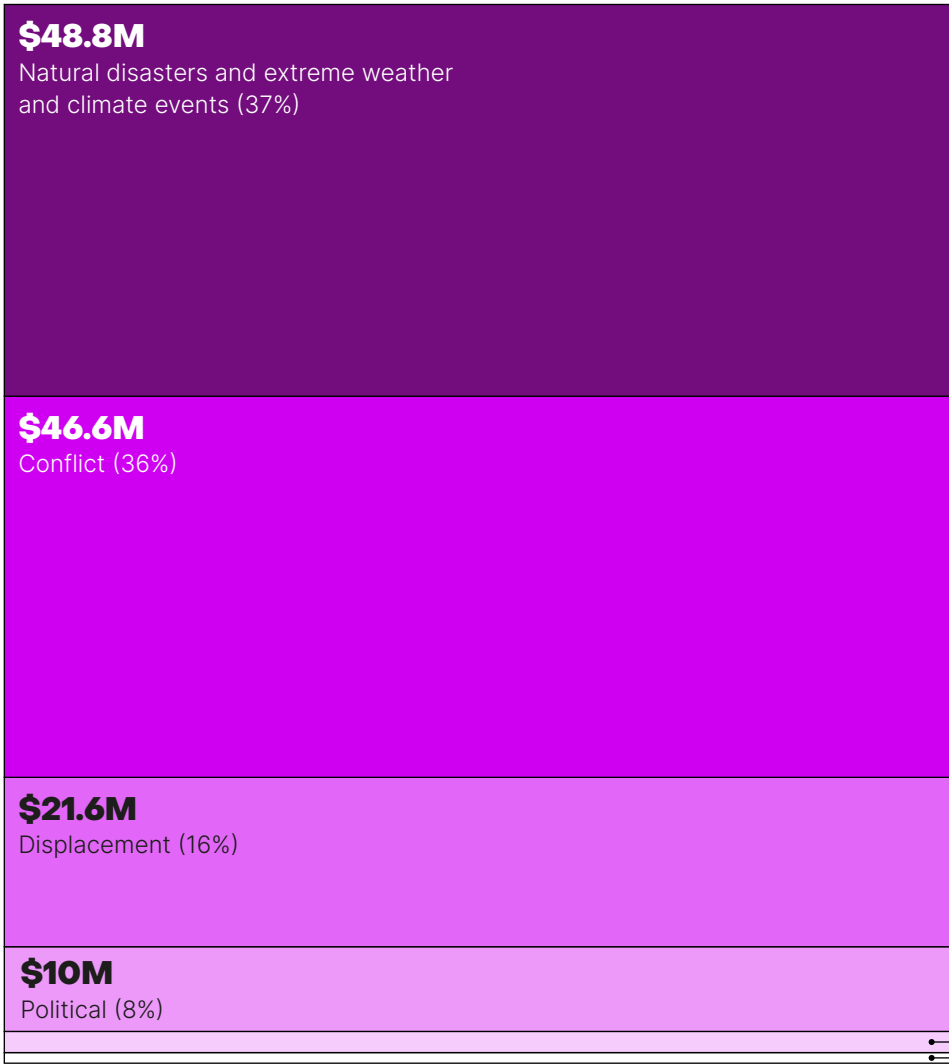
Conflict and humanitarian crises

The challenge

In 2023, the world faced growing conflict and widening humanitarian crises, overlapping with other emergencies and displacing millions. According to the United Nations, the number of people forcibly displaced stood at a record 117.3 million as of the end of 2023. These crises affected the epidemiology and transmission of diseases and are impacting the progress made against HIV, TB and malaria. For instance, as the conflict after the military take-over in Myanmar undermines health services and displaces entire communities, malaria is making a dramatic comeback in Kayin and Kayah states, wiping out years of progress. As conflict escalates, vulnerable people are suffering from increased challenges to access health services.

Emergency funds awarded

\$131.2M



\$3.3M
Ebola pandemic (2%)

\$0.9M
Socioeconomic (1%)

The Global Fund's response

Through innovation, increased flexibility and partnership, the Global Fund seeks to safeguard the gains made against HIV, TB and malaria in countries affected by conflict, while building strong health and community systems that can end the three diseases and prepare the world for future pandemics. To provide a speedier response in humanitarian settings, the Global Fund builds coalitions with partners who have expertise and a comparative advantage in emergencies.

The Global Fund prioritizes health needs in countries affected by humanitarian crises – also referred to as challenging operating environments (COEs). COEs account for approximately one-third of the global disease burden for HIV, TB and malaria and over 34% of the Global Fund's funding allocation over the next three years. We have disbursed US\$22 billion to COEs since 2002.

We put a great focus on equity, sustainability, program quality and innovation while taking determined action to tackle human rights and gender-related barriers to health services. We leverage the fight against HIV, TB and malaria to build stronger and more inclusive health and community systems better able to deliver health services and respond to future health threats. Even in crisis, we must endeavor to leave no one behind. We adapt our model and provide speedier responses, recognizing the need to adapt approaches to each context while maintaining responsible fiduciary oversight of funds and reducing the administrative burden for partners. For example, our COE policy allowed for agile support in Ukraine through grant flexibilities, reprogramming and provision of emergency funding. Investments in the country supported differentiated interventions by civil society and community-based organizations to continue vital HIV and TB programs. Human rights interventions and legal support were adapted to overcome barriers, and laboratory systems were maintained with back-up power generators and essential consumables. In addition, more than US\$25 million in emergency funding meant that essential HIV, TB and opioid substitution treatment services could be maintained for populations in government-controlled areas and in civilian and penitentiary sectors, as well as for internally displaced persons and hard-to-reach communities.

The Emergency Fund

While country allocations are used to support HIV, TB and malaria programs and build resilient and sustainable health and community systems, including

in countries facing protracted crises, the Emergency Fund, established in 2014, provides quick and flexible financing in emergencies to ensure the continuity of existing HIV, TB and malaria programs and services. From 2014 to 2023, support has mainly addressed emergencies triggered by conflict and climate-related disasters, followed by support to address the needs of displaced populations. The Global Fund has approved over US\$130 million through the Emergency Fund in the last 10 years.

Climate change

The challenge

Climate change is the biggest global health challenge of our time. The phenomenon is destabilizing the foundations of human health, deepening inequalities, and leading to the emergence and spread of infectious diseases. The Intergovernmental Panel on Climate Change (IPCC) estimates that 3.3 billion people worldwide are vulnerable to climate change and face greater health risks. The IPCC Sixth Assessment Report (AR6) has starkly highlighted how climate change exacerbates existing health vulnerabilities, leading to more frequent and widespread infectious diseases. A safe and healthy environment is a fundamental human right.³

While the threat of the climate crisis is universal, the speed and severity of the impacts are not. Communities that are the least responsible for climate change are some of the most vulnerable to the damage it causes. These communities often have the fewest resources to manage multiple, compounding climate risks. Additionally, they are often living in countries with a high disease burden. Other vulnerable populations, such as the elderly, children and those with pre-existing health conditions, bear the biggest brunt of extreme weather events.⁴ As climate change continues to intensify, the disparity in health outcomes between privileged and marginalized communities widens, infringing upon human rights and underscoring the urgent need for interventions and an equitable allocation of resources to counter climate change.

Climate change poses a profound threat to the goal of ending AIDS, TB and malaria, saving lives and building a healthier, safer, and more equitable world for all. There is already an almost precise overlap between the communities designated by the IPCC as "highly vulnerable to the effects of climate change" and those

3. Resolution 48/13 adopted by the Human Rights Council on 8 October 2021: The human right to a clean, healthy and sustainable environment. United Nations, 2021. https://digitallibrary.un.org/record/3945636/files/A_HRC_RES_48_13-EN.pdf.

4. Explainer: How gender inequality and climate change are interconnected. UN Women, 2022. <https://www.unwomen.org/en/news-stories/explainer/2022/02/explainer-how-gender-inequality-and-climate-change-are-interconnected>.

Children at the Dubluk Woreda site for internally displaced people in the Borena zone, Oromia region of Ethiopia. According to the United Nations Office for the Coordination of Humanitarian Affairs, nearly 1.3 million people were affected by drought in Ethiopia's Oromia region during the last quarter of 2022, and over 4 million livestock were lost.

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most heavily hit by infectious diseases such as malaria. Climate change could dramatically increase the threat from an existing infectious disease such as malaria, leading to the next global health crisis.

Climate change is a significant driver of extreme poverty and amplifies existing gender inequalities, leading to severe economic and social consequences, particularly for women in highly vulnerable regions. In 2023, Cyclone Freddy in Madagascar, Malawi and Mozambique damaged more than 300 health facilities. In 2024, we are witnessing a relentless sequence of climate-induced disasters, each highlighting the urgent need for robust action. Climate justice requires putting equity, gender equality and human rights at the core of decision-making and action on climate change and safeguarding the health of the planet and its people.

The Global Fund's response

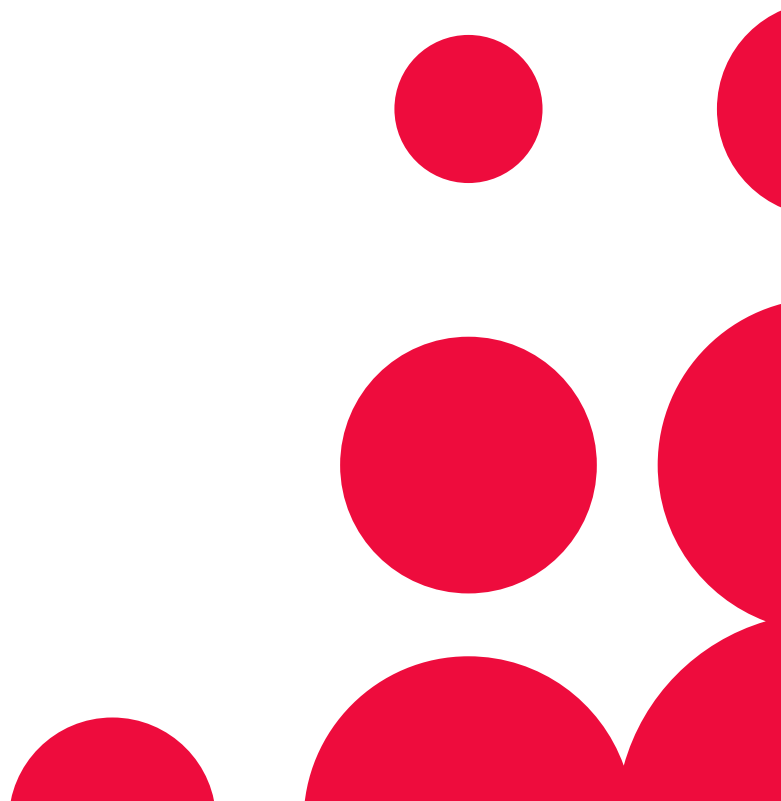
The Global Fund partnership is uniquely positioned to protect the gains humanity has made against malaria, HIV, TB and other infectious diseases. We are strongly committed to supporting the world to prevent future pandemics that may emerge due to the impact of a changing climate. We invest in the nexus between health and climate by supporting low- and middle-income countries to build low-carbon and climate-resilient health systems. We also support the most marginalized communities affected by HIV, TB and malaria, many of whom are also living through extreme weather events. In 2023, the Global Fund announced new strategic partnerships with the World Bank and the Green Climate Fund to accelerate investments in the nexus between climate and health.

Climate change is a key element of the Global Fund Strategy 2023-2028, marking our commitment to address its widespread impact on malaria, HIV and TB and health and community systems. With scale and ambition, the Global Fund can support countries to achieve far-reaching impact in their efforts to address the impacts on health wrought by a changing climate. From 2023 to 2025, 71% of our investments and over 80% of our malaria funding will be directed to the 50 most climate-vulnerable countries, demonstrating the link between vulnerability to disease and climate change.

The Global Fund pursues climate adaptation and mitigation goals to reduce our carbon footprint and protect people from the harmful impacts of climate change on health. To support countries with adaptation, we invest in activities designed to embed climate resilience in health and community systems and climate-proof health facilities and infrastructure. Such investments support disaster risk management for health; vulnerability, risk and impact assessments

and planning; disease surveillance and early warning systems; and climate-sensitive disease control in vulnerable areas. In Mozambique for example, we are supporting the country to develop a new Health National Adaptation Plan, promoting climate resilience and environmental safeguards for health facilities and storage. In the Lao People's Democratic Republic and South Sudan, we are co-financing with the World Bank and other financing partners to collectively invest in climate adaptation measures for resilient health facilities and service delivery in climate disaster-prone areas. In Pakistan, we are supporting the country to build climate-resilient health systems following the devastating floods that took place in 2023.

To bolster mitigation, we support the building of efficient and clean energy solutions in the health sector. We also support the streamlining of supply chains to reduce carbon emissions and lessen the environmental consequences of our partnership's investments. We are investing vigorously in solar projects: In the last seven years, we have supported the solarization of more than 1,000 health centers and storage facilities in 15 African countries, including in Zambia and Zimbabwe. In our grants covering 2024-2026, over 20 countries have included the installation of solar panels on health or storage facilities in their funding requests. We are also exploring ways to reduce the carbon emissions across the value stream of health products, such as mosquito nets, and through the Responsible Procurement Framework. ●



Bangladesh

Case Study

Providing TB services to people displaced by climate change

Bangladesh has one of the largest TB burdens in the world – but the country's response has been consistent and robust. Every year, more than 300,000 people with TB are identified and connected to treatment. Deaths attributed to TB have fallen by 36% since 2015, and the country has sustained a treatment success rate of over 90% for nearly a decade. And yet, the escalating impacts of climate change threaten the country's progress toward eliminating the disease.

Bangladesh is ranked the seventh extreme disaster risk-prone country in the world, according to the Global Climate Risk Index 2021. The country's air quality is among the world's worst. Air pollution is an important risk factor for TB. Bangladesh is vulnerable to cyclones, flooding, extreme heat and rising sea levels. Populations along the coastline bear the brunt of catastrophic storms: homes and essential health infrastructure destroyed by wind, rain and floods, and an increasingly contaminated water supply.

Every year, hundreds of thousands of people move to Bangladesh's capital, Dhaka. According to the International Organization for Migration (IOM), approximately 70% of the people that migrate and settle in the city's poorest areas were forced to leave their homes because of climate-related disasters. In Dhaka, climate migrants live in cramped living quarters with inadequate hygiene – the perfect conditions for TB to spread. In the first six months of 2024, more than 1,060 people who tested positive for TB in Dhaka were new arrivals who left home because of rain and floods.

Bangladesh's National TB Program and BRAC, Global Fund partners in Bangladesh, are adjusting testing and treatment services to meet escalating demand in Dhaka's poorest neighborhoods. This includes increasing case finding activities and supplying preventive medicine for people with TB so that their families and neighbors are less likely to get sick. They are also channeling funds to provide nutritional support to the most vulnerable people in these communities, and procuring mobile X-ray machines that are easy to carry and use in confined spaces.

With resilient, nimble partners, sustained investment and flexible funds to tackle evolving crises, Bangladesh can overcome the challenges posed by climate change and stay on course to end TB. ●

Sirajul Islam wades through a flooded area with his 6-year-old daughter, Sumaiya, near the spot where their family home once stood in the village of Sreeula in Bangladesh. Every year, hundreds of thousands of people in Bangladesh leave their homes because of climate-related disaster and settle in cities, where inadequate hygiene and crowded conditions can fuel the spread of tuberculosis and other diseases.

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Conflict and instability in El Fasher, the capital city of North Darfur, Sudan, is driving hundreds of people from their homes – many have been displaced multiple times in the past decade.

© UNICEF/UNI603188/Jamal

Sudan

Case Study

Supporting people with essential health care in crisis

Conflict in Sudan has resulted in millions of people being displaced from their homes. An estimated 75% of hospitals in conflict-affected areas in the country are unable to treat patients and medical supplies are depleted nationwide. Millions of people are impacted by malnutrition – a key driver of disease – and lack of access to food.

At the same time, Sudan has been grappling with the health impacts of climate change. Considered one of the world's highly climate-sensitive countries, Sudan has been confronted with drought and increasingly unpredictable levels of rainfall. This has fueled mass migration, displacing people within Sudan and across borders in search of more habitable land and reliable sources of clean drinking water.

In response to these colliding crises, the Global Fund has invested in strengthening health systems and fighting HIV, TB and malaria in Sudan and neighboring countries.

Within Sudan, this includes US\$151 million in new grant agreements to provide malaria, HIV and TB services for Sudanese people, including displaced people. In the coming year, Global Fund partners will distribute 14 million mosquito nets across the country.




A US\$20 million investment through the Global Fund's COVID-19 Response Mechanism is being used to safeguard and reinforce the country's health systems, including strengthening medical oxygen and supply chains, supporting mobile health clinics, and providing essential resources for community health workers and community-based organizations so they can reach more people with lifesaving care.

In countries that border Sudan, Global Fund partners – including ministries of health – are working together to prevent and treat HIV, TB and malaria. For example, in 2023, the Global Fund approved US\$890,000 in emergency funds for UNICEF to procure mosquito nets and other health commodities for Sudanese refugees and returnees to South Sudan. That same year, the Global Fund and the UN Development Programme (UNDP) delivered 100,000 mosquito nets for refugee communities in Eastern Chad alone.

To end HIV, TB and malaria, we need to overcome challenges to reach the most vulnerable people with prevention and treatment services – wherever they are. ●



The full suite of the Results Report 2024 includes:

Summary & Key Results	Health and Community Systems
 HIV: State of the Fight	Colliding Crises
 Tuberculosis: State of the Fight	Investing for Impact
 Malaria: State of the Fight	

Left: Lydia and Victor, who are both living with HIV, were forced from their home due to the war in Ukraine. Here, they consult health care providers at the Dermatological and Communicable Diseases Hospital in Chişinău, Moldova.
The Global Fund/Vincent Becker

Back cover: Four-year-old Adil Shaikh Hassan in the Badawa neighborhood of Erbil, Iraq. Adil's father and grandfather tested positive for TB; soon after, Adil tested positive as well. Adil receives a new pediatric formulation for TB – a drinkable, cherry-flavored medicine designed for children. Global Fund partner IOM visits Adil and his family regularly to check on their progress and prevent infection among the rest of Adil's family members.
The Global Fund/Ashley Gilbertson

The Results Report 2024 was published in September 2024.



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AIDS, Tuberculosis and Malaria**

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**Results
Report
2024**

Investing for Impact

This chapter is part of the Results Report 2024.

2023 was another year of significant progress in the fight against HIV, tuberculosis (TB) and malaria. In countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, our partnership has cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.



Online Report

Scan for an interactive version of this report.

Investing for Impact

The Global Fund unites the world to save lives, defeat HIV, tuberculosis (TB) and malaria, and build a healthier, safer, more equitable future for all. We bring together 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. We disbursed US\$5 billion¹ in 2023 to fight deadly infectious diseases, challenge the inequity that fuels them and strengthen health systems in more than 100 countries.

Introduction

Since our inception over 20 years ago, the Global Fund has disbursed US\$65.4 billion to support programs run by local experts in more than 100 countries to fight HIV, TB, and malaria and strengthen health and community systems. We invest globally, with a particular focus on countries with a higher disease burden and a lower ability to finance their response to the three diseases.

In 2023, the Global Fund disbursed US\$5 billion¹ to fight HIV, TB and malaria, support COVID-19 Response Mechanism (C19RM) activities and strengthen the systems for health that underpin any pandemic response. This is the third year in a row of record investments for the Global Fund.

Global Fund financing

We receive most of our funding (94%) from governments, with the rest of the funding coming from the private sector, foundations, and innovative financing initiatives. The Global Fund fundraises in three-year cycles known as Replenishments, where our donors pledge the resources needed to fund the fight against HIV, TB and malaria, strengthen health and community systems and bolster pandemic preparedness.

To date, the biggest contributors to the Global Fund (on a cumulative basis) are the United States, France, the United Kingdom, Germany, Japan, Canada and the European Commission. Following their public pledge announcements, donors make payments over the

1. When including Strategic Initiative disbursements, this figure would amount to US\$5.1 billion.

Replenishment cycle, based on an agreed payment schedule. As of 31 December 2023, the Global Fund partnership secured commitments from 50 public and 29 private donors for a total of US\$15.7 billion announced pledges for the 2023-2025 allocation period. This is the largest amount ever pledged to the Global Fund – with many public and private sector partners demonstrating their ongoing commitment to the Global Fund by significantly increasing their pledges.

Conversion of Seventh Replenishment pledges in 2023 progressed well, with 28% (US\$3.8 billion) of adjusted pledges received in cash, showing donor confidence. The Global Fund has signed agreements with 77% of donors (61 of 79) as of 31 December 2023, the highest proportion of donor contribution agreements signed within the first year. Most public donors (28 of 50) have signed agreements with multiyear payment schedules.

But above all, the investments made by countries themselves in their health systems are the most fundamental contribution to the fight against the three diseases and building stronger health systems. The Global Fund continues to play a strong role in advocating for and catalyzing domestic investments in health.

Financial sustainability and domestic resource mobilization

The economic challenges emerging from the colliding crises that the world is facing today – debt, inflation, climate change, competing development demands, among others – are especially consequential in low- and middle-income countries, where fiscal space is shrinking. In this context, a strong partnership between countries with the highest burden of disease and the Global Fund is more important than ever.

The Global Fund works with countries as they develop a long-term and realistic path to transition from Global Fund support and strengthen the financial sustainability of their health systems. The Global Fund's Sustainability, Transition and Co-financing Policy incentivizes countries to progressively increase domestic financing for health and the three diseases as well as absorb specific program costs by making a proportion of grants contingent on domestic financing performance. This strengthens health systems, maintains and scales up service coverage, and accelerates the fight against the three diseases. A minimum of 15% – and up to 30% in some countries – of Global Fund allocations are subject to these co-financing requirements.

Keeping the issue of domestic health financing on the global health agenda is critical, particularly in Africa, as this is where over 70% of Global Fund resources are invested. The Global Fund's continued support of the African Union (AU) domestic financing agenda has

been central to advocacy efforts for sustainable health financing in Africa. The Global Fund's advocacy efforts have also helped to increase the political visibility of health financing at global, regional and national levels.

As part of the implementation of the AU African Leadership Meeting Declaration, the Global Fund has supported national health financing dialogues in seven African countries (Burundi, Kenya, Malawi, Mauritius, Mozambique, Rwanda and Zambia). The broad aim of the dialogues was to create a platform for inclusive country-led discussions on domestic health financing, which raises the profile of health financing on the political agenda and ultimately leads to accelerated prioritization and implementation of reform policies. The dialogues have led to high-level political commitments to domestic resource mobilization for health and accelerated implementation of health financing reforms.

The Global Fund also integrates its public financial management strategy in the health sector to drive sustainability and improve health outcomes in countries. Public financial management ensures efficient resource coordination, management, and use for impact and better health results. Additionally, the Global Fund collaborates with ministries of finance and health in various countries to accelerate public financial management maturity and enhance country engagement.

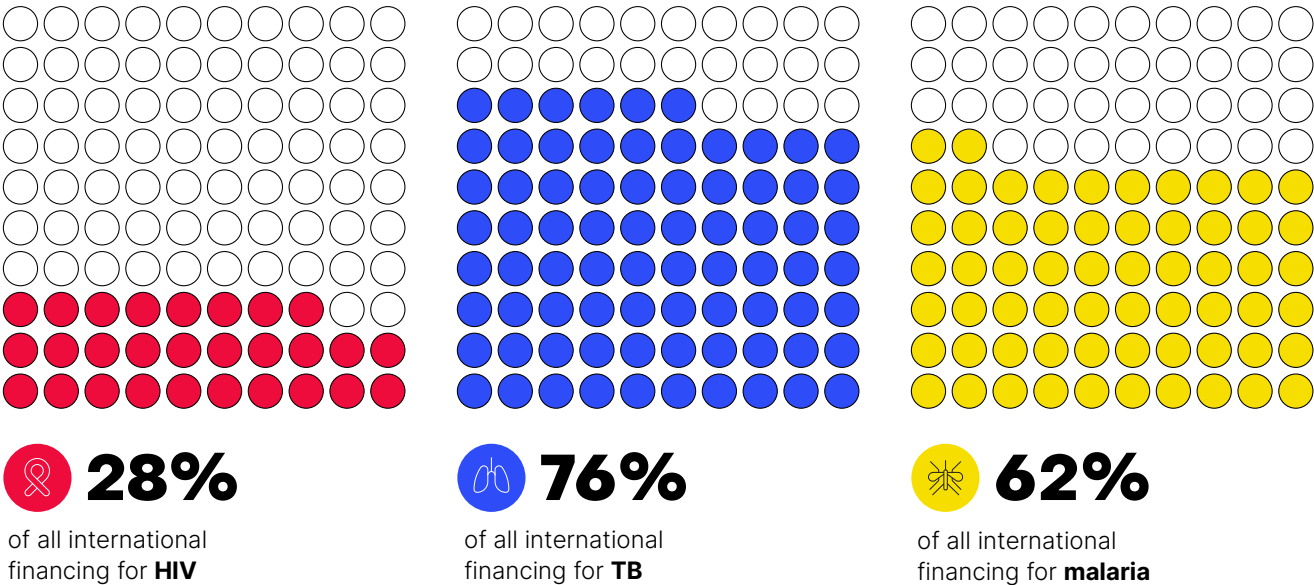
Value for money

Value for money is at the core of our mission to maximize impact against HIV, TB and malaria. The Global Fund supports countries to consider the five dimensions of value for money – effectiveness, economy, efficiency, equity and sustainability – to deliver greater impact and save as many lives as possible. To plan for greater impact from our grants and achieve greater value for money in domestic resource allocation, the Global Fund also supports countries to routinely apply allocative efficiency models and costing tools to inform planning and resource allocation. To encourage the sustainability of country-level disease programs, the Global Fund helps countries choose activities that balance impact and cost. To date, Global Fund strategic initiatives have supported over 200 analyses across 70 countries to find ways to better allocate and utilize limited resources.

Innovative financing

Over the past two decades, significant investments in health – including domestic financing and Global Fund investments – have led to impressive progress in the fight against HIV, TB and malaria. As the Global Fund adapts to a shifting health financing landscape, we are pursuing innovative financial approaches to accelerate the fight against the three diseases while strengthening the resilience and sustainability of systems for health.

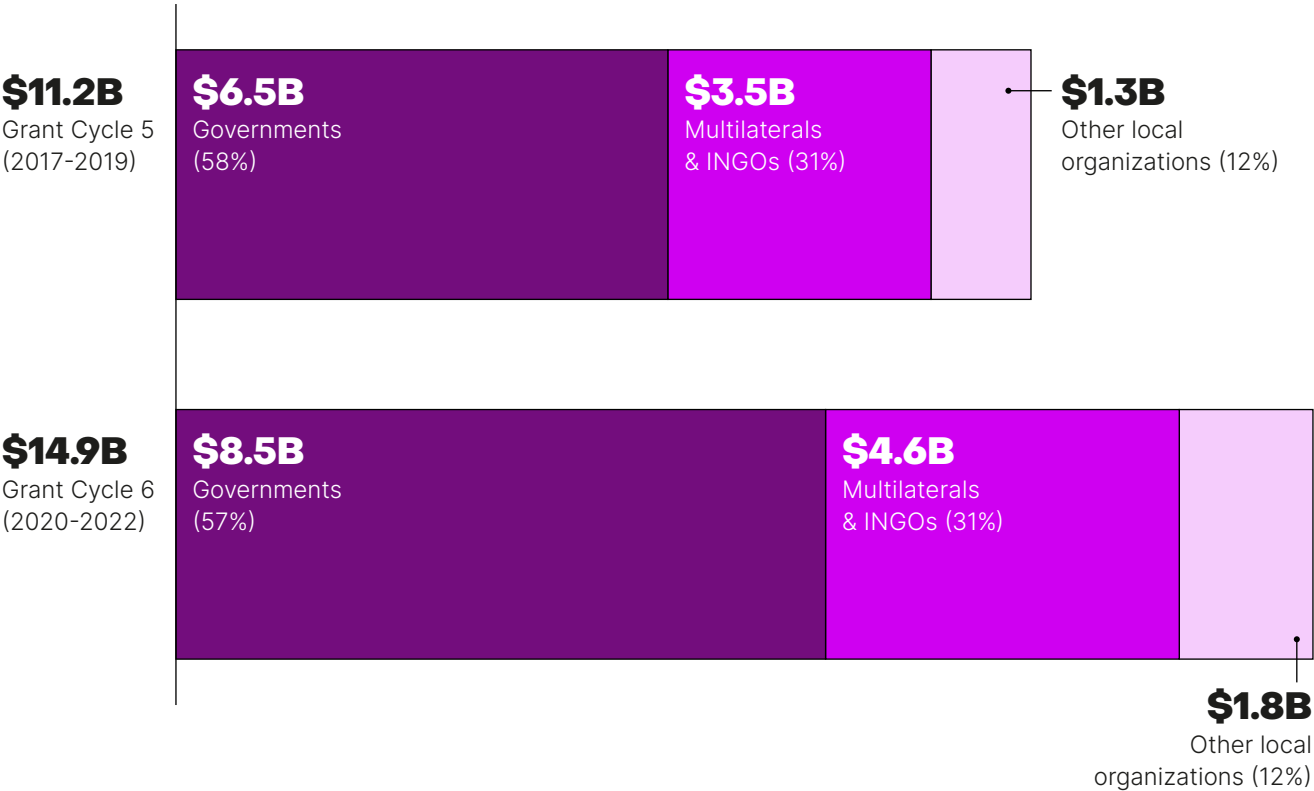
International grants provided by the Global Fund in 2023



This data is provided by UNAIDS (for HIV) and the World Health Organization (for TB and malaria).

Where does our funding go?

Disbursements for HIV, TB and malaria grants and COVID-19 Response Mechanism funding



The sum of the values does not add up to 100% due to rounding. Data for Grant Cycle 6 is as of 30 June 2024.

The IHATA Shelter for Abused Women and Children offers safety as well as programs to educate, uplift and empower vulnerable women in the Cape Flats, Cape Town, South Africa.
(RED)/Jonx Pillemer



Global Fund private sector partners drive impact – and save more lives.

For example, blended finance allows the Global Fund to combine grant funds with multilateral banks (such as the World Bank) and other financial institutions to build stronger, more resilient health systems that are better equipped to fight HIV, TB and malaria, and support critical health interventions – such as expanding treatment, reforming social health insurance schemes, and reaching vulnerable populations with lifesaving care. Blended finance complements traditional Global Fund grant financing and is part of the Global Fund's overall approach to raising additional resources for health. Blended finance also makes it possible to strengthen alignment with other partners, leveraging borrowing to support the health sector and the three diseases, and tailoring the way we invest to suit a country's programmatic priorities and economic situation. In 2023, the Global Fund initiated blended financing transactions in Colombia, Côte d'Ivoire, Haiti, the Lao People's Democratic Republic and South Sudan.

Innovation and private sector partnerships

Private sector catalytic investments and strategic initiatives spur innovation and encourage focused, evidence-based programming approaches to increase our impact in specific priority areas. Private sector and nongovernment partners have contributed over US\$4.3 billion as of February 2024 to expand the reach of Global Fund investments and save millions of lives. This total includes substantial commitments from the Bill & Melinda Gates Foundation and (RED).

Achieving gender equality is particularly important at a time when we are experiencing a global pushback against gender equality and human rights. Through the Gender Equality Fund, GSK and ViiV Healthcare are supporting the influence of women, girls and gender-diverse communities in national strategy, policy and programming related to gender equality and health. In July 2023, they made a combined commitment of GBP 6 million over three years for the Gender Equality Fund, which will help accelerate progress toward gender equality through community engagement and empowerment. The Bill & Melinda Gates Foundation committed to a 1:1 matching agreement for this donation.

The Global Fund's private sector partnerships with ViiV Healthcare and Fondation CHANEL also supported two other successful community-led gender equality and health partnerships that have achieved remarkable results in a short time. In 2023, the HER Voice Fund reached over 68,000 adolescent girls and young women as a result of 94 grants awarded across 13 priority countries (Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe). In 2023 and 2024, Voix EssentiELLES worked with women and girls in Senegal, Burkina Faso and Côte d'Ivoire through 37 grassroots, women-led community organizations, supporting them to engage in decision-making around sexual and reproductive health policies and programs. Voix EssentiELLES will expand to two additional West and Central African countries with funding from Fondation CHANEL.

Digital health is an essential part of building resilient and sustainable health and community systems. In 2023, the Data Science Catalytic Fund supported the digitalization of community health information systems in Burkina Faso, Ethiopia, Rwanda and Uganda. Building on the success of this fund, the Digital Health Impact Accelerator (DHIA) Catalytic Fund was launched in 2024 to further digital health transformation in sub-Saharan Africa. Partners including Anglo American, the Patrick J. McGovern Foundation, Medtronic LABS, Dimagi, Medic, Orange, and Zenysis have contributed to the DHIA's objectives of improving digital data exchange for patient-centered care and catalyzing new solutions

for power and internet connectivity for last-mile health facilities. Insights and successful approaches from countries included in the DHIA – including Burkina Faso, Ethiopia, Rwanda, South Africa and Zimbabwe – will inform the expansion of the initiative across other countries in future grant cycles.

Laboratories – where samples are tested to detect pathogens – are essential elements of strong health and community systems. The Laboratory Systems Integration Fund – supported by The Rockefeller Foundation, the Abbott Fund and IQVIA through (RED) and matched by the Global Fund – has generated US\$54 million to support the development of stronger and well-connected laboratory systems and diagnostics networks to improve service delivery to fight HIV, TB and malaria and respond to future disease threats over the 2024-2026 period. Nine countries have accessed matching funds through the Laboratory Systems Integration Fund, generating an additional US\$17 million in country investment. Nineteen countries have requested technical assistance to help accelerate progress via effective implementation, adoption of innovations and generation of best practices in integrated laboratory systems strengthening. Three regional platforms have been identified and have begun work on addressing cross-cutting issues, reinforcing regional and sub-regional cooperation,

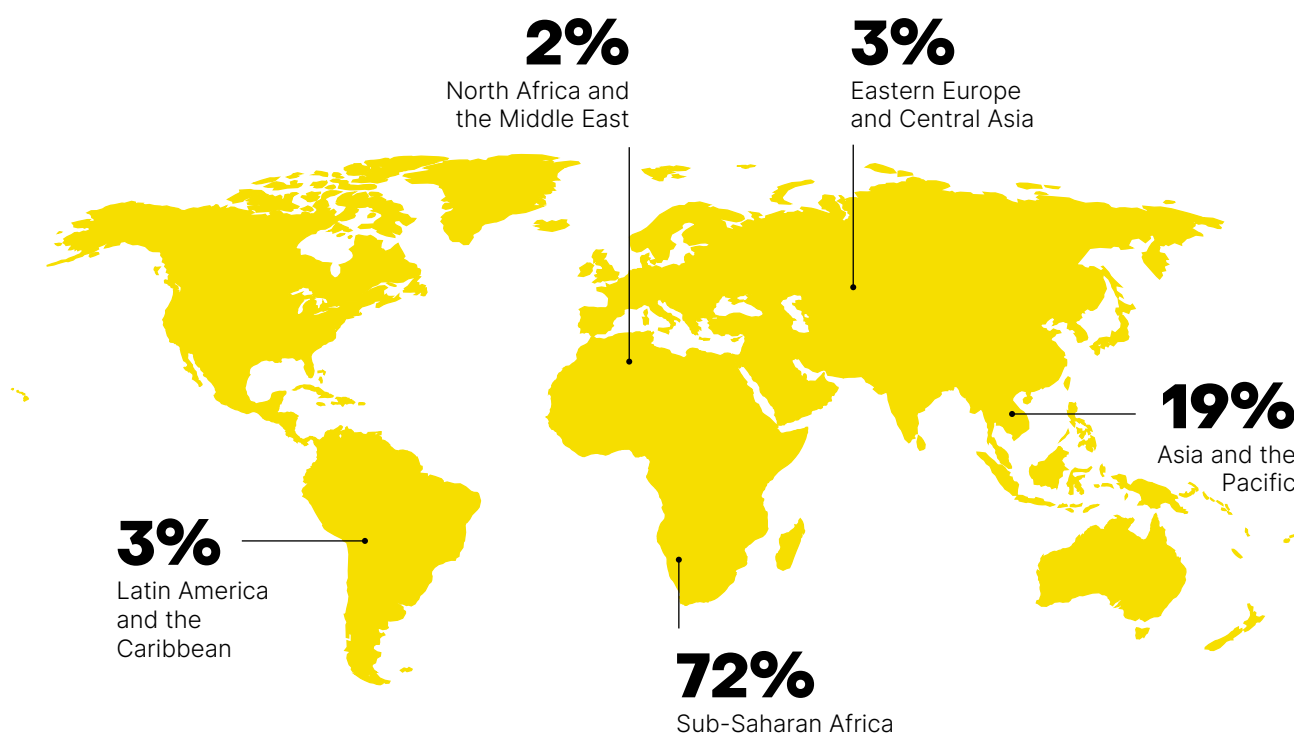
strengthening institutions, and enhancing resource sharing to enable an integrated public health response.

Community health workers are at the forefront of fighting HIV, TB and malaria and other disease threats. The Africa Frontline First Catalytic Fund (AFF) was established in 2023 to enhance community health programs by strengthening systems in eight African countries: Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Liberia, Mali, Senegal and Zambia. The AFF will support national governments in five key areas: financing for long-term sustainability; human resources for health; leadership and governance; digital health; and supply chain. The AFF is a US\$100 million fund supported by the Skoll Foundation and the Johnson & Johnson Foundation.

The Global Fund is actively engaged in advancing maternal, newborn and child health. The Takeda Initiative 2 strategic initiative, launched in 2020, addresses the challenges of access to quality maternal and newborn health care and improves outcomes for HIV, TB and malaria in Nigeria, Kenya and Tanzania. By 2023, over 900,000 women and babies benefited from integrated care, with antenatal care attendance improving by 37% on average. The initiative emphasizes sustainability and patient-centered care.

Global Fund investments by region

In 2021-2024 as of June 2024



The sum of percentages across regions does not add up to 100% due to rounding.

Community health workers Lazare Kafando and Pauline Bimbamba visit homes in Zongo village, Burkina Faso.
The Global Fund/Olympia de Maismont





Nurse Everlyne Esige examines an expectant mother at Vihiga County Referral Hospital in Kisumu, Kenya. Since 2019, a partnership between the Global Fund, Takeda Pharmaceuticals and the Liverpool School of Tropical Medicine has supported training for health care workers to integrate HIV, TB and malaria services into antenatal and postnatal care. In just three years, the program trained 1,200 health care workers in Tanzania, Nigeria and Kenya.

The Global Fund/Brian Otieno/Rooftop

How we operate

Equally important to achieving our vision of a world free of the burden of HIV, TB and malaria is how we invest our resources and how we conduct our business.

The Global Fund partnership is powered by the pursuit of equity and the belief that no one should die from preventable and treatable diseases. Aligned with the Lusaka Agenda, the programs we fund are country-led and country-owned, which means countries take the lead in tailoring their response based on their local contexts. Our model is anchored by partnership, making us a global movement of civil society, governments, private sector partners, technical partners and communities affected by the three diseases in more than 100 countries.

Commitment to transparency

The Global Fund operates with a high degree of transparency and accountability in all our work and has zero tolerance for corruption or misuse of funds. In 2024, we were ranked at the top of the “Good” category of a leading international aid transparency index – Publish What You Fund’s 2024 Aid Transparency Index. This is an increase of more than 10 points since the last review in 2022.

As part of our ongoing efforts to sustain and improve transparency our Data Explorer platform provides up-to-date, free and open access to the Global Fund’s data. In 2023 and 2024, we focused on making detailed documents and data about the performance of our investments easier to find and navigate on the platform.

The Office of the Inspector General (OIG), established in 2005 as an independent entity reporting directly to the Board, safeguards the assets, investments, reputation and sustainability of the Global Fund. Through audits, investigations and advisory work, the OIG promotes good practice, enhances risk management and reports fully and transparently on abuse.

Ethical conduct

The Global Fund has a strict zero-tolerance policy toward any form of abuse. Within the Secretariat, the Ethics Office not only supports ethics-related matters to the Global Fund’s employees, but also offers support on matters related to grant implementers, suppliers, Local Fund Agents and Country Coordinating Mechanisms. It also provides support in relation to the Board, Committees, and advisory bodies. Within the Global Fund Board, the Ethics and Governance Committee ensures that the Global Fund and our stakeholders adhere to appropriate standards of ethical behavior.

Evaluation and learning

In 2024, the Evaluation & Learning Office (ELO) published its first two evaluations, under the oversight of the Independent Evaluation Panel (IEP). The first was the Board-requested Independent Evaluation of the Global Fund Allocation Methodology. The findings from this evaluation have informed the Board-level discussions for the next allocation methodology for Grant Cycle 8. The second evaluation was the End-term Strategic Review (2017-2022). The findings and recommendations of this evaluation are being used to prioritize areas of continued focus for the current Strategy and highlight key considerations for the next Replenishment.

To ensure useful, relevant and actionable evaluations, Global Fund colleagues are engaged across the entire evaluation process, from determining which knowledge areas to prioritize, to understanding the data within its context, to reviewing the evaluation report. The process is guided by the independent evaluation and learning function’s new Standard Operating Procedures, Quality Assessment Framework and the Evaluation and Learning Principles.

Finances

The Global Fund’s 2023 financial statements reflect an effective and efficient use of resources to support programs in more than 100 countries. Operating expenses illustrate optimal budget utilization of 99% for the year 2023, reaching US\$337 million. This is the highest level achieved in the history of the Global Fund. In GC7, our operating expenses² represent 6.2% of our total announced pledges from donors. This is one of the lowest percentages of operating expenses in the global health development space. Full financial data is available in our Annual Financial Report. ●

2. Includes C19RM.



Outside the Sitio Pinagar, Barangay Ransang halfway house in Palawan, the Philippines, members of surrounding Indigenous communities travel for hours on foot through dense, mountainous jungle to receive health care – including malaria tests, nutritional support and pre- and postnatal care.

The Global Fund/Vincent Becker

The Philippines

Case Study

Supporting country- and community-led efforts to end malaria

The end of malaria is in sight in the Philippines.

In 2002, there were an estimated 70,585 cases of malaria and 180 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.

The Global Fund works with the government, private sector partners including the Pilipinas Shell Foundation, Inc., and civil society organizations to fight malaria in Palawan, the last province where the disease is still a threat – focusing on early testing and treatment, distributing insecticide-treated mosquito nets and implementing robust community mobilization campaigns to raise awareness about the disease. Global Fund grants also support health workers and microscopists who visit remote areas to test people for malaria, distribute mosquito nets and hold talks on prevention and treatment with nomadic and Indigenous groups.

Two decades of partnership and investment have brought the Philippines to the brink of elimination – but climate change-fueled drought and storms threaten the country's vision 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 address malaria outbreaks as soon as they crop up.

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. ●

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State of the Fight

Investing for Impact



Malaria:
State of the Fight

Left: Fadila Yunis Omar with Dr. Bashar Hashim Abbas in Mosul, Iraq. Fadila was screened for TB using a mobile laboratory that was parked just outside her home.

The Global Fund/Ashley Gilbertson

Back cover: Stacy Kayihura works in operations at HealthTech Hub Africa in Kigali, Rwanda. Technology and innovation are key drivers in the fight against HIV, TB and malaria – strengthening disease surveillance, transforming testing and diagnosis and revolutionizing treatment. In Rwanda, investments in digital health and technology have been vital in halting the spread of disease and strengthening frontline care. The HealthTech Hub Africa brings together governments, startups and other technological innovations that can support health systems across the continent.

The Global Fund/Brian Otieno

The Results Report 2024 was published in September 2024.



**The Global Fund to Fight
AIDS, Tuberculosis and Malaria**

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