Results Report 2020
Key Messages and Talking Points

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Key Messages

- The Global Fund partnership has saved 38 million lives since 2002, proof that global commitment and community leadership can force the world's deadliest infectious diseases into retreat.

- Six million lives were saved in 2019 alone, which represents a 20 percent increase in the number of lives saved compared to the previous year – remarkable progress resulting from increased efficiencies in service delivery, success in finding and treating more people with lifesaving medicine, cost savings on health products enabling us to reach more people, and improved collaboration across the Global Fund partnership.

- In 2019, the Global Fund partnership made progress against some of the biggest challenges in the fight against the three diseases: disproportionately high HIV infection rates among adolescent girls and young women; finding "missing" people with tuberculosis; addressing human rights and gender barriers to health services, particularly for key populations; and drastically reducing the cost of key health supplies, enabling us to save more lives.

- But while huge progress was made in 2019, the knock-on effects of the COVID-19 pandemic in 2020 are threatening to derail decades of progress in the fight against HIV, TB and malaria. We cannot let that happen.

- The world must urgently invest to defend progress against HIV, TB and malaria, fight COVID-19, and save lives from all four diseases.

- Achievements in the 2020 Results Report are a result of efforts by a wide array of actors comprising the Global Fund partnership, including implementer governments, multilateral agencies, bilateral partners, civil society groups, people affected by the diseases, and the private sector.

Talking points

HIV:

- The Global Fund provides 21% of all international financing for HIV programs (9% of all available resources) and has invested US$21.2 billion in programs to prevent and treat HIV and AIDS and US$2.8 billion in TB/ HIV programs as of June 2020.

- In countries where the Global Fund invests, AIDS-related deaths have dropped by 61% since the Global Fund was founded in 2002. In absence of HIV prevention and treatment measures, deaths would have increased by 176% in the same period.

- The Global Fund's market shaping strategy has led to enormous savings in ARVs, enabling countries to put even more people on treatment. In 2000, a one-year supply of antiretroviral treatment cost more than US$10,000; now the figure is as low as US$66 per year.

- Working together with PEPFAR and other organizations, the Global Fund has increased our investments in adolescent girls and young women fivefold in the 2017-2019 period, to US$200 million. The Global Fund's matching funds program used US$55 million to mobilize an additional US$140 million for programs to reduce new HIV infections, violence, and unintended pregnancies among 1 million adolescent girls and young women in 13 hardest-hit countries.

- Improved access to lifesaving HIV treatment has achieved dramatic progress, with significant declines in deaths and infection rates and progress to the UNAIDS 90-90-90 targets. Key results for 2019 in countries where the Global Fund invests:

    - 133 million HIV tests taken; HIV-positive people with knowledge of their status increased from 71% in 2015 to 82% in 2019. Global target: 90% by 2020
    - 20.1 million people on antiretroviral therapy for HIV Coverage increased from 48% in 2015 to 67% in 2019. Global target: 81% by 2020.
    - People living with HIV with suppressed viral load increased 41% in 2015 to 59% in 2019. Global target: 73% by 2020.
    - 718,000 HIV-positive mothers received medicine to keep them alive and prevent transmitting HIV to their babies in 2019; coverage increased from 44% in 2010 to 85% in 2019. Global target: 100% by 2020.

- Recognizing that testing and treatment alone will not end the HIV epidemic, the Global Fund is committed to increasing the reach and quality of prevention and care services. Key results for 2019 in countries where the Global Fund invests:
    - 9.9 million people reached with HIV prevention services, including 5 million members of key populations and 3.4 million young people.
    - 1.3 million medical male circumcisions for HIV prevention.

Tuberculosis:

The Global Fund provides 73% of all international financing for TB (9% of total available resources) and has invested US$7.2 billion in programs to prevent and treat TB as of June 2020.

- In countries where the Global Fund invests, TB deaths have dropped by 25% since the Global Fund was founded in 2002. In absence of TB control measures, deaths would have increased by 118% in the same period.

- As the leading international funder of TB programs, the Global Fund is a critical partner in helping to achieve the bold new goal set at the United Nations High-Level Meeting on Tuberculosis in September 2018: finding and treating 40 million people between 2018 and 2022. The gap between TB notifications and TB incidence in 13 focus countries, where the Global Fund invests, fell from 49% in 2014 to 33% in 2018. That progress puts us on track to meet the 2022 goal.

- An initiative supported by the Global Fund, WHO and the Stop TB Partnership showed that six countries in Asia found an additional 555,000 cases of TB in 2018 compared to 2017 results. More than 60% of these patients – approximately 344,000 people – were in India, the country with the highest global TB burden.

- Drug-resistant TB is on the rise and makes up one-third of all global deaths from antimicrobial resistance. The Global Fund is the largest external source of financing for the drug-resistant TB response in low- and middle-income countries and we are working with partners to support introduction of new drugs that provide better and faster treatment of drug-resistant TB, and the uptake of new, shorter TB preventive therapies.

- To increase detection rates, the Global Fund partnership is investing heavily in expansion of diagnostic molecular technology, a transformational approach that increases the speed and accuracy of diagnosis of drug-resistant TB.

- Key results in countries where the Global Fund invests:

    - 5.7 million people treated for TB in 2019. TB treatment coverage increased from 48% in 2010 to 65% in 2018, and the TB treatment success rate reached 85% in 2017. Global targets for coverage and treatment success rates: 90% by 2025.
    - 125,000 people on treatment for multidrug resistant TB in 2019; treatment coverage reached 38% in 2018 and MDR-TB treatment success rate increased from 51% in 2010 to 57% in 2016. Global targets: 90% MDR-TB treatment coverage and success by 2030.
    - 6,107 people with extensively-drug resistant TB on treatment in 2019.
    - 315,000 HIV-positive TB patients on antiretroviral therapy during TB treatment in 2019; coverage of ARVs in HIV-positive TB patients increased from 45% in 2010 to 88% in 2018.

Malaria:

The Global Fund provides 56% of all international financing for malaria programs (37% of total available resources) and has invested more than US$13.2 billion in malaria control programs as of June 2020.

- In countries where the Global Fund invests, malaria deaths have dropped by 46% since the Global Fund was founded in 2002. In absence of malaria control measures, deaths would have increased by 65% in the same period.

- Global malaria death rates have dropped by 60 percent since 2000. But after years of steady declines, malaria cases are on the rise. Funding has plateaued, and drug and insecticide resistance are increasing, risking a resurgence of the disease and loss of hard-won gains.

- To further reduce malaria incidence rates and deaths and recover the momentum in the fight against malaria, investment in the scope and quality of prevention and treatment must be increased.

- The Global Fund has vastly expanded access to long-lasting insecticide-treated nets, which are one of the most cost-effective tools to reduce malaria incidence.
    - In countries where the Global Fund invests, 160 million mosquito nets were distributed in 2019 to protect nearly 320 million people – mainly children – from malaria for three years.
    - coverage of population with access to a long-lasting insecticide-treated net increased from 34% in 2010 to 58% in 2018, and coverage of population using a net increased from 30% in 2010 to 51% in 2018. Global target: Universal access to vector control for populations at risk.

- The Global Fund invests in new partnerships and innovations to continually improve prevention and treatment tools for malaria. In 2019, Ghana, Kenya and Malawi launched pilots of the world's first malaria vaccine in partnership with the Global Fund, WHO, Gavi, the Vaccine Alliance, and Unitaid. The pilots aim to vaccinate around 360,000 children per year in the three countries to assess the vaccine's potential role in reducing childhood deaths and its safety in the context of routine use.

- Through leveraging economies of scale, working with partners and negotiating directly with manufacturers, the cost of an insecticidal mosquito net is now down to less than US$2 and the cost of antimalarial treatment dropped to US$0.58 in 2019 – savings that enabled us to purchase more than 14 million extra nets and treat more than 24 million additional people for malaria.

- The Global Fund invests in targeted preventive therapy that significantly reduces the vulnerability of those most at risk, such as young children and pregnant women.

    - In the hardest-hit countries across the Sahel, the Global Fund supports seasonal malaria chemoprevention (SMC) campaigns, a cost-effective and targeted intervention for young children that can reduce malaria cases by more than 50%. Investments to provide this intervention in the Sahel over four transmission seasons — 2015 to 2018— are estimated to have prevented over 22.5 million malaria cases and 100,000 deaths.
    - In 2019, 11 million pregnant women received preventative therapy in countries where the Global Fund invests.

- Responding to the threat of increasing drug resistance in the Greater Mekong region, the Global Fund continues to invest strongly through the Regional Artemisinin-resistance Initiative (RAI). It is the Global Fund's largest regional grant and seeks to accelerate malaria elimination in the region through rigorous testing. The RAI program shows what can be done through a targeted, multicounty approach: The number of cases has fallen by 71% since 2012, and deaths have plummeted by 91%.

- Key results in countries where the Global Fund invests in 2019:
    - 160 million mosquito nets distributed to protect nearly 320 people – mainly children from malaria for three years.
    - 11 million pregnant women received preventative therapy.
    - 8 million structures covered by indoor residual spraying.
    - 243 million suspected cases tested for malaria.
    - 124 million cases of malaria treated.

Resilient and Sustainable Systems for Health:

- The Global Fund's strategy for 2017- 2022 commits us to supporting resilient and sustainable systems for health and promoting and protecting human rights and gender equality – two critical pillars of universal health coverage. Building inclusive, sustainable

and resilient systems for health is an essential part of the strategy to defeat HIV, TB and malaria and to achieve SDG 3: Health and Well-being for all.

- The Global Fund is the largest multilateral provider of grants to support sustainable systems for health, investing more than US$1 billion a year on: improving procurement and supply chains; strengthening data systems and data use; training qualified health care workers; building stronger community responses and systems; and promoting the delivery of more integrated, people-centered health services so people can receive comprehensive care throughout their lives.

- The Global Fund supports programs that go beyond a narrow focus on HIV, TB and malaria to deliver integrated, people-centered health services to maximize efficiency and improve overall health outcomes.

- The Global Fund, in coordination with other partners, is supporting the rollout and maintenance of electronic, integrated national health management information systems in over 30 countries. The percentage of countries that have fully deployed and functional health management information systems nearly doubled between 2018 and 2019, from 22% to 43%. We are on track to reach our target of 70% by the end of 2022.

- The Global Fund has invested approximately US$123 million to remove human rights barriers in the 2017-2019 allocation cycle through the “Breaking Down Barriers” initiative. The initiative has helped to catalyze increased investments in human rights.

- Removing barriers to accessing health care, helping end violations of human rights and striving to improve gender equality are critical elements of efforts to end the three epidemics. The Global Fund has supported countries including Georgia, Kyrgyzstan, Moldova, Tajikistan and Ukraine to implement the Rights – Evidence – Action (REAct) system, which allows communities to record and respond to human rights violations among HIV and TB key populations.

- The Malaria Matchbox tool, introduced with partners in 2017, is now being used more widely to assess inequities in access to malaria services and address human rights and gender risks and vulnerabilities. In Niger for example, the national response to malaria has increasingly used a gender and human rights lens to strengthen its strategy, including use of the Malaria Matchbox tool.

COVID-19:

- To protect the progress achieved in the fight against HIV, TB and malaria and save lives, we must see the fights against COVID-19, HIV, TB and malaria as one and the same fight.

- Recent modelling by WHO, UNAIDS and the Stop TB Partnership show deaths from HIV, TB and malaria could as much as double in the coming year as a knock-on effect of the COVID-19 pandemic.

- Biweekly Global Fund surveys in more than 100 countries show up to 75 percent of HIV, TB and malaria service delivery has been disrupted. Lifesaving treatment for people with HIV and TB have been interrupted, increasing the risk of drug resistance and deaths. The volume of HIV testing has dropped by 50% in some places and new TB case notifications have dropped by up to 75%, which could lead to a rise in new infections as people unaware of their status continue to transmit the diseases to others. Many countries have been forced to delay mosquito net distribution campaigns, leaving people vulnerable to malaria – most of them children – unprotected. Prevention activities have been cancelled or delayed.

Medical and laboratory staff have been reassigned to the fight against COVID-19. The poorest and most vulnerable people living with HIV are unable to take their ARVs because they don't have enough to eat (the medication must be taken with food).

- The world must act with speed and scale, investing far greater resources than have yet been committed, to counter both the direct impact of COVID-19 and to mitigate the knock-on consequences for HIV, TB and malaria.

- The Global Fund urgently needs US$5 billion over the next 12 months to continue to fight COVID-19, protect health workers and systems for health, and defend progress in the fights against HIV, TB and malaria.

Investing for Impact:

- Since its creation in 2002 the Global Fund has disbursed more than US$45.4 billion in the fight against HIV, TB and malaria and for programs to strengthen systems for health across more than 155 countries, including regional grants, as of June 2020. In 2019, the Global Fund disbursed US$3.5 billion across 150 countries, including regional grants.

- In the Sixth Replenishment Conference in Lyon, France, in October 2019, hosted by French President Emmanuel Macron, donors pledged US$14.02 billion to the Global Fund. That was the largest amount ever raised for a multilateral health organization, and the largest amount ever raised by the Global Fund.

- Following the record-breaking Sixth Replenishment, Global Fund allocations for the next three-year cycle are larger than ever before, comprising US$12.71 billion for country allocations and US$890 million for catalytic investments for the period beginning 1 January 2020 – 23.4% more than for the previous three-year period.

- While public donors continue to be the primary source of funding for the Global Fund with 92% of total pledges in the Sixth Replenishment, private sector partners are playing a more significant role, complementing the contributions of other development partners through funding and innovative solutions.

- National governments are also increasing domestic resource mobilization as they take on more of the challenge of funding the fight against the three epidemics as part of their overall journey towards delivering universal health coverage and the SDG 3 goal of health and wellbeing for all.

- The Global Fund's co-financing policy catalyzes has proved remarkably successful in incentivizing increased domestic investment in health, with co-financing commitments in the current cycle up 46% compared with 2015-2017. Co-financing commitments in the current cycle up 46% compared with 2015-2017. For the implementation period of the 2014-2016 allocation, actual co-financing investment exceeded the overall target (reaching 127% of target).

Results Reporting Methodology:

- To measure impact, the Global Fund uses the official disease burden and impact estimates developed and published by our technical partners, including WHO and UNAIDS. We do not create our own disease burden and impact estimates. Technical partners generate disease burden and impact estimates in consultation with countries using state-of-the-art models and widely accepted data sources, such as routine surveillance, population-based surveys and vital registration systems.

- The disease burden and impact numbers are based on the latest available data from UNAIDS and WHO; in this report, data for HIV are as of 2019, but data for TB and malaria are 2018, as indicated, as the 2019 data from WHO was not yet available at the time of publication.

- The Global Fund's results were calculated using the data for HIV, TB and malaria in countries where we invested in 2019. This means our results are different from the global figures presented in the WHO and UNAIDS reports, which include all data from all countries worldwide.

- The "lives saved" figure in the Global Fund's results is calculated in conjunction with technical partners using the most advanced modeling methods currently available, yielding sophisticated estimates, not scientifically exact figures. The number of lives saved in a given country in a particular year is estimated by subtracting the actual number of deaths from the number of deaths that would have occurred in a 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 and 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 dying with TB was 70%, it would be reasonable to assume that 700 people would have died had there not be the availability of treatment for TB. Therefore, the estimate of the impact of the treatment intervention in this case would be 600 lives saved.

- The Global Fund reports full national results for the countries where we invest, rather than reporting solely on the specific projects or interventions we fund. This reflects a core principle of the Global Fund: that we support national health programs and strategies to achieve national goals. By reporting full national results, we can show the impact of the programs we support together with all partners and demonstrate where countries are on the trajectory toward achieving 2030 targets to end the epidemics.

- The Global Fund is committed to reporting results and impact, and we make data available on the Global Fund website, in reports, information papers and numerous other formats. A full explanation of our results and impact methodology is available on the Global Fund website.