

FULLY FUND THE GLOBAL FUND

GET BACK ON TRACK TO END AIDS,
TB AND MALARIA IN A COVID WORLD

NOVEMBER 23 2021



#GetBackonTrack means

28.5 billion

for
The Global Fund



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In 2019, the Global Fund's 6th Replenishment raised an unmatched amount of funding for a health multilateral organization, with pledges of more than \$USD14 billion to fight HIV, Tuberculosis and Malaria. Donors came to the table and invested because of the Fund's record of delivering results. Its unique partnership approach, which leverages the expertise of other organizations and agencies, its comprehensive engagement of communities most affected by the three diseases, and its country-led funding model set the Fund apart, making it responsive, adaptable, and highly effective.

Just two years later, the world has changed significantly. Put simply: COVID-19 devastated prevention and treatment programs¹. For the first time since the Global Fund's founding, in 2020 the world lost ground in the fight against HIV, Tuberculosis and Malaria.

In Global Fund-supported countries, fewer people were tested for all three diseases. Treatment for TB, drug-resistant and extensively drug-resistant TB declined by 18%, 19% and 37% respectively. The number of HIV-positive TB patients on both anti-retroviral treatment and TB treatment decreased by 16%. The number of people reached by

HIV prevention programs dropped by 11%, while medical male circumcision declined by 27%². Malaria prevention and treatment programs remained relatively stable, but progress in reducing overall cases and deaths stalled. COVID-19 also exacerbated inequities that put key populations at risk and increased barriers to key services for the most marginalized and vulnerable, including people who use drugs, sex workers, men who have sex with men, transgender people, adolescent girls and young women, migrants, refugees and people in prison or closed settings. At the same time, total donor assistance for the fight against the three diseases fell.³

The Global Fund moved quickly to support countries to respond to COVID-19 and its impact on the three diseases, repurposing and leveraging additional funding to support urgent needs and adapt programs. Despite those efforts, the need for action to resume progress in the fight against HIV, TB and malaria has never been greater. **The world faces a choice.**

World leaders can step up to get the world back on track and resume progress towards the 2030 Sustainable Development Goals, while also fighting COVID-19. They can choose to achieve a future where HIV, TB and malaria are not death sentences, and where health systems work for all people, from communities up. We are at a pivotal moment in the response to the three diseases. We have better treatment, diagnostics, and prevention technologies now than ever before, which if rolled out at scale have the potential to change the trajectory of the pandemics. We also have greater evidence of what works to prevent and provide support for people living with and affected by the three diseases, particularly most affected communities. We can create resilience in the face of pandemics and support communities most affected by the three diseases, as well as COVID-19, to thrive. Or we can continue to see progress reverse, as we scramble to rebuild health systems and mitigate the impact of COVID-19 on the response to HIV, Tuberculosis and Malaria.

What will it be?

The Global Fund Advocates Network's demand is clear: we need bold and decisive action. Now is the time for significant investment in the Global Fund to Fight AIDS, Tuberculosis and Malaria, an existing funding mechanism with a proven track record and credibility. COVID-19 has shown us that global-level cooperation and investments are essential to help countries rapidly identify and contain disease outbreaks and respond to, mitigate, and prevent the spread of pandemics when they occur. To be successful, we also need to get back on track towards ending HIV, TB and malaria. To do so, we need to increase investments in strengthening health systems and building resilient community systems that both support effective responses now and create the foundation for responding to future health challenges.

To close the gaps and get back on track, **the Global Fund will need at least \$28.5 billion for the period 2023-2025.** That is about \$3 billion a year for HIV, \$2.4 billion for TB, \$2.6 billion for malaria and \$1.5 billion to create resilient and sustainable systems for health and to support community-led programs that are the foundation of success. It adds up to about 20% of total funding needs for HIV, TB and malaria in Global Fund eligible countries, but it will make all the difference in helping countries and communities lead effective and sustainable responses.



OUR DEMAND IS CLEAR:

**WE NEED BOLD &
DECISIVE ACTION.**

**NOW IS THE TIME
FOR SIGNIFICANT
INVESTMENT IN THE
GLOBAL FUND TO FIGHT
AIDS, TUBERCULOSIS
AND MALARIA, AN
EXISTING FUNDING
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PROVEN TRACK RECORD
& CREDIBILITY.**

AMOUNT NEEDED OVER THREE YEARS: 2023-2025

ALL FUNDS ARE IN USD

	ANNUAL TOTAL RESOURCE NEED IN LOW- & MIDDLE-INCOME COUNTRIES	ANNUAL TOTAL RESOURCE NEED IN GLOBAL FUND ELIGIBLE COUNTRIES	THE GLOBAL FUND'S ANNUAL SHARE
HIV	\$29 BILLION/ YEAR BY 2025 ⁴	\$21 BILLION/ YEAR ⁵	\$3 BILLION ⁶
TB	\$22 BILLION/ YEAR IN 2022 ⁷	\$16.5 BILLION/ YEAR IN 2022 ⁸	\$2.4 BILLION ⁹
MALARIA	\$9.3 BILLION/ YEAR BY 2025 ¹⁰	\$8.4 BILLION/ YEAR ¹¹	\$2.6 BILLION ¹²
STRENGTHENING COMMUNITY-LED RESPONSES			\$1.5 BILLION
			\$9.5 BILLION / YEAR

\$28.5 BILLION TOTAL
(RANGE 26.85-\$30 BILLION)

CLOSING THE GAPS

Over the past few years, the Global Fund has been providing more resources to countries than ever before. But the countries that are most affected by HIV, TB and malaria still face significant and growing gaps in funding their responses. Because the available resources have never matched the need, those funding gaps were already increasing before COVID-19 hit¹⁷. At a time when high-income countries have spent trillions to face the consequences of COVID-19, funding for global health and the Global Fund needs to rise to the challenge. And the demand is there: the Global Fund currently has more than \$5 billion in unfunded, quality demands¹⁸ for the current replenishment period.¹⁹

Our call for \$28.5 billion for the Global Fund is more than double the \$14 billion that the Global Fund raised for its 6th replenishment, but it is a fair assessment of what is needed to help reduce funding gaps in eligible countries. Official development

assistance (ODA) must continue to play a critical role in support for the Global Fund. However, the scale of the funding need will require new and innovative financing strategies that **go beyond traditional aid**. Next to increasing ODA, donor countries must prioritize expanding innovative funding strategies that provide additional resources like Debt2Health, financial transaction taxes, and Special Drawing Rights donations, among others, to help reach this goal.

What is clear, is that **investing more and more effectively now will offset the need for even greater resources in the future.**²⁰

HIV

In June 2021, governments committed in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 to provide \$29 billion a year by 2025 for the HIV response in low- and middle-income countries.¹³ Of that, they agreed to provide \$9.5 billion for human rights-based prevention, including services to empower adolescent girls and young women and meet the primary prevention needs among most affected communities, which continue to be excluded and marginalized; and \$3.1 billion for social enablers, like expanding access to justice and law reform, and improving gender equality. They also committed to fully meet the Global Fund's replenishment needs.

International assistance for HIV responses remains critical: in 2017, for example, international financing comprised 48% of total spending on HIV, most of that in low-

and lower-middle income countries where the need remains high.¹⁴ Governments in low- and middle-income countries provided \$9.57 billion of the \$20.2 billion available, or 47.4%, for HIV responses that year. In 2020, development assistance for HIV declined to \$9 billion, a 3.4% decrease over 2019 levels and 7% decrease over 2017 levels.¹⁵ The Global Fund channeled about 17% of those resources, in line with its historical average of 15-20% of international financing for HIV to country and regional-level HIV responses.¹⁶ But they could do more. **To effectively prevent HIV, treat and support people living with HIV, end inequalities and get back on track \$3 billion per year for the Global Fund is a modest investment.**



TUBERCULOSIS

In 2018, governments pledged to increase global investments in TB to \$13 billion/year by 2022. In the years since, they have not come close to meeting these targets.²⁴ In 2020, a total of \$6.5 billion was available for TB, less than half of the projected need.²⁵ About 85% of those resources were from domestic sources.²⁶ The resource need has since grown significantly in the face of increasing MDR-TB burdens and the impact of COVID-19. Now, the estimated need in 2022 is \$22 billion, of which \$16.3 billion/year is needed in Global Fund eligible countries.²⁷ Revised estimates for TB needs are expected in the coming months.

With the set-backs in TB brought by COVID-19, it is expected these resource needs will grow. The Global Fund is the most significant source of TB funding for

low- and middle-income countries. In 2020, it provided 77% of the less than \$1 billion of total official development assistance available for TB.²⁸ Unless we rapidly scale up investments in TB prevention and treatment, the need will continue to grow. **The Global Fund needs at least \$2.4 billion per year to support the highest burden countries to invest more and more effectively in TB responses.**

MALARIA

The gap between the need for funding and resources available to prevent and treat malaria has more than doubled since 2017, from \$1.3 billion to \$2.6 billion in 2019. The \$3 billion invested in malaria in 2019 fell far short of what is needed to make progress towards global targets.²¹ International health financing accounted for about 70% of all funding available for malaria in 2019; \$1.2 billion of which was channeled through the Global Fund.²² Domestic sources accounted for the rest, with governments of endemic countries providing about \$900 million.²³ By 2025, the Global Technical Strategy for Malaria estimates that the annual need for funding will grow to \$9.3 billion.

Malaria continues to be endemic in the poorest countries, with the poorest and most marginalized populations dispropor-

tionately affected. Resistance to artemisinin, the most widely used treatment, is a growing concern, as is growing resistance to insecticides and the adaptation of behaviors in mosquitoes. The need for significant international assistance remains high. **The Global Fund needs at least \$2.6 billion per year to help close the still significant gaps in coverage for key prevention and treatment interventions, especially among poor and marginalized communities.**



DRM

Our estimates of the need for resources for the Global Fund are based on the assumption that countries that are most affected by the diseases will continue to fund a significant proportion of their own responses, recognizing that those levels will vary considerably depending on income level and capacity. Historically, governments in low- and middle-income countries have provided an average of 50% of all funding available for HIV; 85% for TB; and 30% for malaria.²⁹

The reality is: that might not be possible. Already we are seeing signs that countries might not be able to sustain the increases in co-financing that were anticipated in the Global Fund's last investment case.³⁰

Countries that are facing the worst setbacks in the response to the three diseases are also facing a severe economic crisis. According to the International Monetary Fund, in 2020 the COVID-19 pandemic resulted in declines of 7.0% of GDP in Latin America, more than 6% South Asia, 1.8% in sub-Saharan Africa and 3% or more in many low and middle-income countries of East Asia and the Pacific (excluding China).³¹ What is more, recov-

ery is likely to be slow. Although global economic growth resumed in 2021, the IMF anticipate that the economic impacts of the pandemic will persist at least through 2025.³² It further anticipates that the pandemic will likely lead to an increase in poverty for about 80 million people.³³ In response to the economic collapse caused by the pandemic, developing countries' debt burdens also jumped sharply in 2020.

In this COVID-19 era, when resources for health have been stretched to respond to urgent needs, where economies have been deeply impacted, and where increasing debt burdens are likely to further restrict fiscal space for investment in public goods, the gap between what countries are able to provide and their needs may continue to grow. The Global Fund's upcoming investment case will need to make use of realistic projections for domestic resource mobilization, and co-financing requirements will need to be revised considering the impact of COVID-19 and the potential for continued progress on the three diseases.



COVID-19 brought into sharp relief the critical importance of strong health and community systems. They not only provide the foundation to success in our work to address HIV, TB, and malaria, but they also increase resiliency, the ability to prevent and respond to new and emerging pandemics like COVID-19, and the ability to deliver quality, rights-based health services to all people who need them. Through disease-specific funding, direct country allocations for health systems strengthening and catalytic investments, the Global Fund provides about \$1 billion in specific funding for health and community systems annually.³⁴

Since 2019, the Global Fund has invested about \$827 million in specific programs to strengthen community systems. Almost 90% of this funding was invested in services and programs under or linked to formal health systems, such as investments in community health workers, case management, and health education.³⁵ These programs are critical: they extend the reach of the formal health sector, by building trust with and connecting rural and hard-to-reach communities to care. In the response to COVID-19, community health workers have again played a particularly important role—often combining their work to address HIV, TB and malaria with COVID-19 screening, education, supporting people under quarantine and providing care.

The Global Fund also invests in catalytic opportunities to make progress in the fight against the three diseases by reaching the communities who are most marginalized, excluded, and vulnerable. Organizations that are led and run by communities living with and affected by the three diseases play a particularly crucial role: their work to connect with and support women, people who use drugs, sex workers, transgender people, men who have sex with men, young people, refugees, migrants, prisoners, and others who are often left on the margins of formal health sector responses has transformed the effectiveness of prevention and treatment programs. Their advocacy for changes in laws, policies, and programs

to better meet people’s needs and center equity and human rights, ensure key affected and vulnerable communities are part of health decision-making at every level, and to hold health systems accountable have increased the effectiveness of prevention and treatment efforts.³⁶ And during the COVID-19 pandemic, they have provided critical lifelines to communities otherwise cut off from essential services. Yet community-led organizations are often the least able to access the funding they need. They have received just 10% of all funding for community systems strengthening in the current funding cycle and less than 1% of all funding disbursed since 2019.

As one of the largest multilateral funders of health (about 8% of total funding)³⁷ and the only multilateral health organization whose core strength is deploying disease-fighting interventions at scale, the Global Fund is uniquely positioned to step up its investments in community-led systems strengthening and ensuring effective and resilient systems for health. This is as essential for HIV, TB and malaria as it is for COVID-19. GFAN and its members regularly call for more from the Global Fund in this area, most recently through the Strategy Development process, precisely because it is the best placed to do this work. Its inclusive governance, commitment to human rights, support for evidence-based interventions, local ownership and decades of experience engaging and working with the most marginalized and excluded communities will reinvigorate the responses to HIV, tuberculosis, and malaria, and ensure that responses to new and future pandemics, like COVID-19, are ready to go. As former CDC Director Tom Frieden wrote, “A crucial lesson from preparedness work over the past 20 years has been that the most effective emergency response systems build on robust, scalable systems that respond to everyday events.”³⁸ **While the need is greater, the Global Fund needs at least \$1.5 billion/year for strategic investments to strengthen community and health systems.**



COVID-19

COVID-19 has devastated country-level responses, as governments and others have had to face stark choices about where to invest limited resources and deploy already scarce health workers. Too many countries have had to reallocate funding set aside for the three diseases to emergency efforts to shore up fragile health systems and respond to urgent needs. Early gestures of solidarity led to the creation of COVAX and the ACT-Accelerator, and the use of effective existing mechanisms, like the Global Fund, to drive resources to where they were needed most. Governments should now prioritize making the systemic changes needed to address current pandemics—like overhauling intellectual property rules to ensure equitable access to vaccines and other health commodities—and shoring up existing efforts, including by fully funding them.

Despite this, COVID-19 proved that the Global Fund is up to the

task of distributing more resources, effectively. Its strong relationships with countries and ability to adapt to changing circumstances meant that it was able to quickly mobilize to mitigate the impact of COVID-19 on HIV, TB and malaria programs. Over the past 18 months, it has distributed more than \$2.43 billion to countries to ensure continuity of essential services, protect health workers, and provide emergency support to health systems and communities on the frontline of the responses to COVID-19 and the three diseases.³⁹ Its ability to strengthen health and community systems for a robust response to HIV, TB and malaria has already been expanded to COVID-19.

GFAN wants to see the Global Fund bring to scale the types of responses that were successful via C19RM and ensure it has the necessary, increased funding that is needed over the coming years.

WHAT CAN \$28.5 BILLION DO?



\$28.5 billion for the Global Fund can mean the difference between making significant progress over the next five years or losing ground. If world leaders fully met funding needs, we could achieve HIV epidemic transition, where the number of new HIV infections is less than 3 per 100 people living with HIV, breaking the cycle of transmission.⁴⁰ We could treat more than 40 million people for TB and save 1.5 million more lives.⁴¹ We could eliminate malaria in more than 20 countries.⁴² We could end discriminatory and punitive laws that undermine our ability to reach key affected populations with effective prevention and treatment. And we could create strong health and community systems that underpin effective HIV, TB and malaria responses, accelerate progress towards universal health coverage, and increase their ability to deliver quality, rights-based health services to all people who need them. And in doing so we can strengthen the same systems that are needed for the ongoing COVID-19 response and to address future pandemics. This is the investment that will reap tangible progress in addressing the three diseases and beyond.

The choice for donors is clear. Commit the resources that will deliver decisive action to address HIV, TB and malaria and stronger health and community systems that are grounded in human rights-based, community-led processes that effectively reach the people most affected by the three diseases. Or watch the need grow, while communities living with and affected by the three diseases continue to be left behind.

Countries have a lot of hard choices to make in the coming few years. At the Seventh Replenishment, donors must make the choice that will make a difference: \$28.5 billion for the Global Fund.

- 1 Results Report 2021. Geneva: The Global Fund, 2021.
- 2 Ibid., 5-6.
- 3 Financing Global Health 2020: The impact of COVID-19. Seattle: Institute of Health Metrics, 2021, 13.
- 4 With the right investments AIDS can be over: A US \$29 billion investment to end AIDS by the end of the decade. Geneva: UNAIDS, 2020.
- 5 Ibid. UNAIDS estimates that in Global Fund eligible countries, the need will be \$19.7 billion in 2023, \$21 billion in 2024, and \$22.4 billion in 2025, an average of about \$21 billion/year. Breakdown for Global Fund eligible countries on file with GFAN.
- 6 While estimates of future needs for development assistance for HIV specifically have not been published, over the past several years international financing for health has accounted for about 47% of funding for HIV, of which the Global Fund provided between 20 and 25%. Assuming that international financing would be needed to fill about 50% of the global resource needs in 2025, or about \$14.5 billion, the Global Fund would be responsible for approximately \$2.9 - \$3.6 billion (20-25%).
- 7 The potential impact of Covid-19 on global resource needs for TB and its impact on the TB Global Plan 2018-2022. Geneva: Stop TB Partnership, 2020.
- 8 Ibid.
- 9 While estimates of future needs for development assistance for TB specifically have not yet been published, international financing for TB has been historically low accounting for only 15% of financing available for TB responses. The Global Fund has been responsible for channeling between 60% and 77% of international health financing for TB. There are significant new tools on the horizon for TB that would benefit from strong Global Fund role to rapidly roll-out, but not all have fully costed resource needs for rapid, equitable access developed yet. Assuming continuation of current trends, and assuming that countries will continue to finance about 85% of TB spending domestically, at least \$3.3 billion in international health financing would be needed and the Global Fund would be responsible for between \$2.31-\$2.54 billion (70-77%). \$2.4 billion represents 73% of the need for international financing. Utilizing these historical trends could reasonably be interpreted as undervaluing the role for external financing, including the Global Fund, in the fight against TB (external financing makes up close to 50% of HIV and as much as 70% of malaria funding) and therefore must be seen as an absolute minimum of what is needed for the Global Fund to invest in TB.
- 10 Global technical strategy for malaria 2016-2030, 2021 update. Geneva: World Health Organization, 2021, 25.
- 11 Breakdown of funding for Global Fund-eligible countries on file with GFAN.
- 12 While international financing estimates for malaria specifically have not been developed, in 2019 international financing for health comprised about 70% of available funding for malaria responses, of which the Global Fund channeled about 52%. Historically, the Global Fund has provided between 40 and 50% of donor resources. Assuming the need for international financing at levels of around 70% of \$9.3 billion in needed resources or \$6.51 billion, the Global Fund would be responsible for between \$2.6 and \$3.4 billion (40-52%).
- 13 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted by the UN General Assembly, June 9, 2021, paragraph 66.
- 14 Institute of Health Metrics and Evaluation, 2021, 96.
- 15 Ibid, 96.
- 16 Ibid, Table B-3, Development Assistance for Health by Focus Area and Program Area 1990-2020; Institute of Health Metrics and Evaluation, Financing Global Health, Viz Hub, available at <https://vizhub.healthdata.org/fgh/>, accessed Oct. 4, 2021.
- 17 UNAIDS, 2020; Global TB Report, 2020. Geneva: World Health Organization, 2020; WHO, Malaria, 2021.
- 18 Countries eligible for Global Fund funding are given a maximum amount that can be allocated in a cycle but are encouraged to include requests "above allocation" that are priorities. These additional priorities are reviewed by the Technical Review Panel that reviews all funding applications. Above allocation requests which are deemed to be strategically focused and technically sound are then placed on the Register of Unfunded Quality Demand.
- 19 Register of Unfunded Quality Demand. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria, June 28, 2021.
- 20 UNAIDS, 2020, 4-5.
- 21 World Malaria Report. Geneva: World Health Organization, 2020, 52.
- 22 Ibid, 52.
- 23 Ibid, 52.
- 24 Political Declaration of the UN General Assembly High-Level Meeting on the Fight against Tuberculosis, adopted by the UN General Assembly, October 10, 2018, paragraph 46.
- 25 WHO, TB 2020, p. 131.
- 26 WHO, TB 2020, p. 132.
- 27 Stop TB Partnership, 2020, p 8-9.
- 28 WHO, TB 2020, p. 129.
- 29 Funding for global health 2019: Tracking health spending in a time of crisis. Seattle: Institute of Health Metrics and Evaluation, 2020.
- 30 The Global Fund, 2021, p75.
- 31 World Economic Outlook. International Monetary Fund, July 2021, 1, 6.
- 32 Emmerling, Johannes, Davide Furceri, Francisco Libano Monteiro, Prakash Loungani, Jonathan D. Ostry, Pietro Pizzuto and Massimo Tavoni, Will the Economic Impact of COVID-19 Persist? Prognosis from 21st Century Pandemics. IMF Working Paper No. 2021/119. April 30, 2021.
- 33 International Monetary Fund, 2021, 7.
- 34 The Global Fund, 2021, p 59.
- 35 The Global Fund, 2021, p 64.
- 36 Power to the People, Geneva: UNAIDS, 2019; A Deadly Divide: TB Commitments v. TB Realities, Geneva: Stop TB Partnership, 2020.
- 37 Institute of Health Metrics and Evaluation, Financing Global Health, Viz Hub, available at <https://vizhub.healthdata.org/fgh/>, accessed Oct. 4, 2021. The Global Fund's annual spending of about \$4.4 Billion puts it on par with the World Health Organization.
- 38 "The Global Fund: A Foundation for Health Equity." Statement by RESULTS, Health GAP, Partners in Health, AVAC, Treatment Action Group, and Friends of the Global Fight against AIDS, Tuberculosis and Malaria. Washington, DC. September 9, 2021. <https://results.org/blog/the-global-fund-a-foundation-for-health-equity/>
- 39 Funding approved for COVID-19 Response. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; August 30, 2021.
- 40 UNAIDS, 2020.
- 41 The Paradigm Shift: Global Plan to End TB 2018-2022. Geneva: Stop TB Partnership; 2019, p152.
- 42 WHO Malaria, 2021, p vii.

CREDITS

PROJECT LEAD:

Katy Kydd Wright

EDITING & LAYOUT:

Quentin Batreau and Tara Hogeterp

CONSULTANT AND WRITER:

Shannon Kowalski

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