

Defeating HIV, TB & Malaria

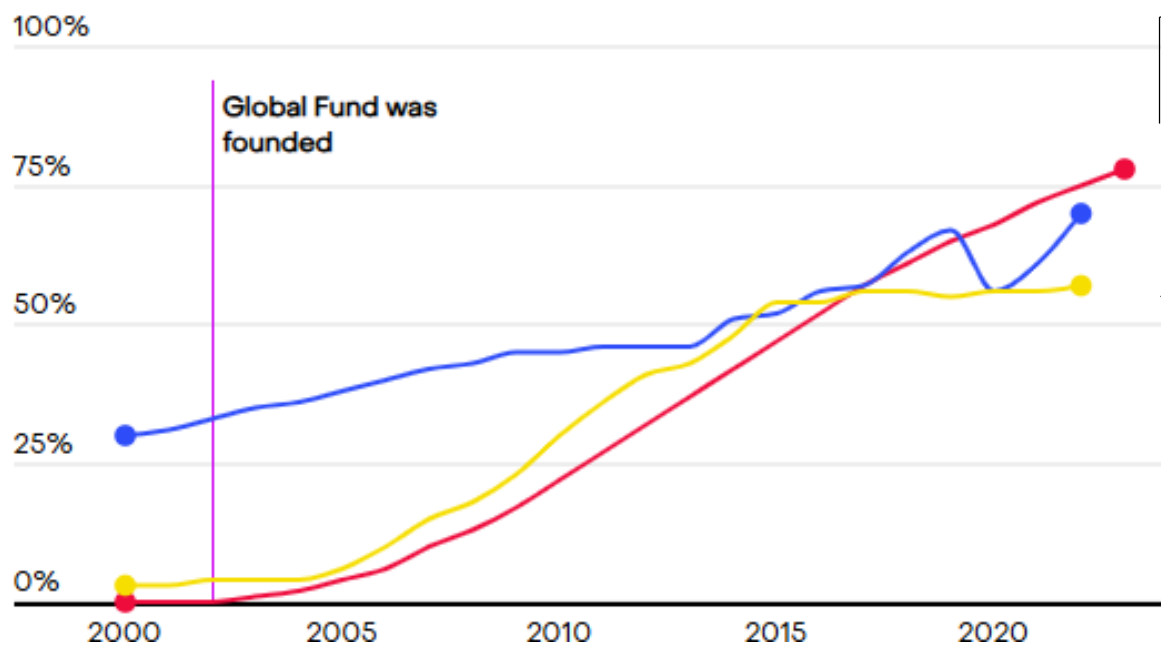
52nd Board Meeting

20 – 22 November 2024, Lilongwe, Malawi

We are at a critical intersection with work remaining *and* new tools and innovations to help us get there

Coverage of treatment and prevention interventions

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



Need to accelerate and sustain momentum **now**



Progress is stalling, need to **act with urgency**



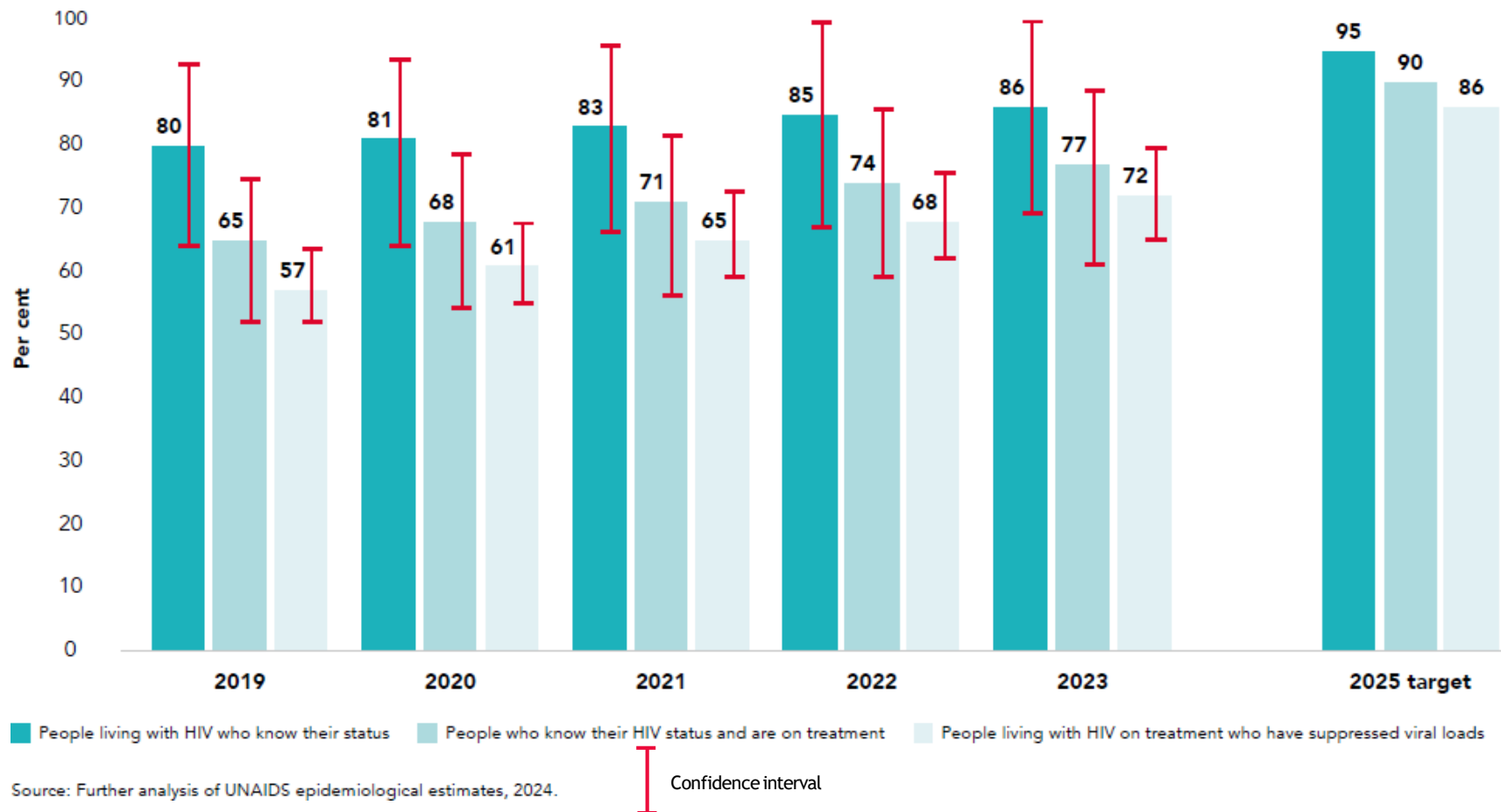
RSSH investments as a **force multiplier** for resilient, country & community led responses, with climate and conflict threatening progress



HIV at a crossroads

Massive progress in achieving the 95-95-95 targets*, but not equitably across populations

Figure 3.1 Testing and treatment cascade among people living with HIV, global, 2019–2023

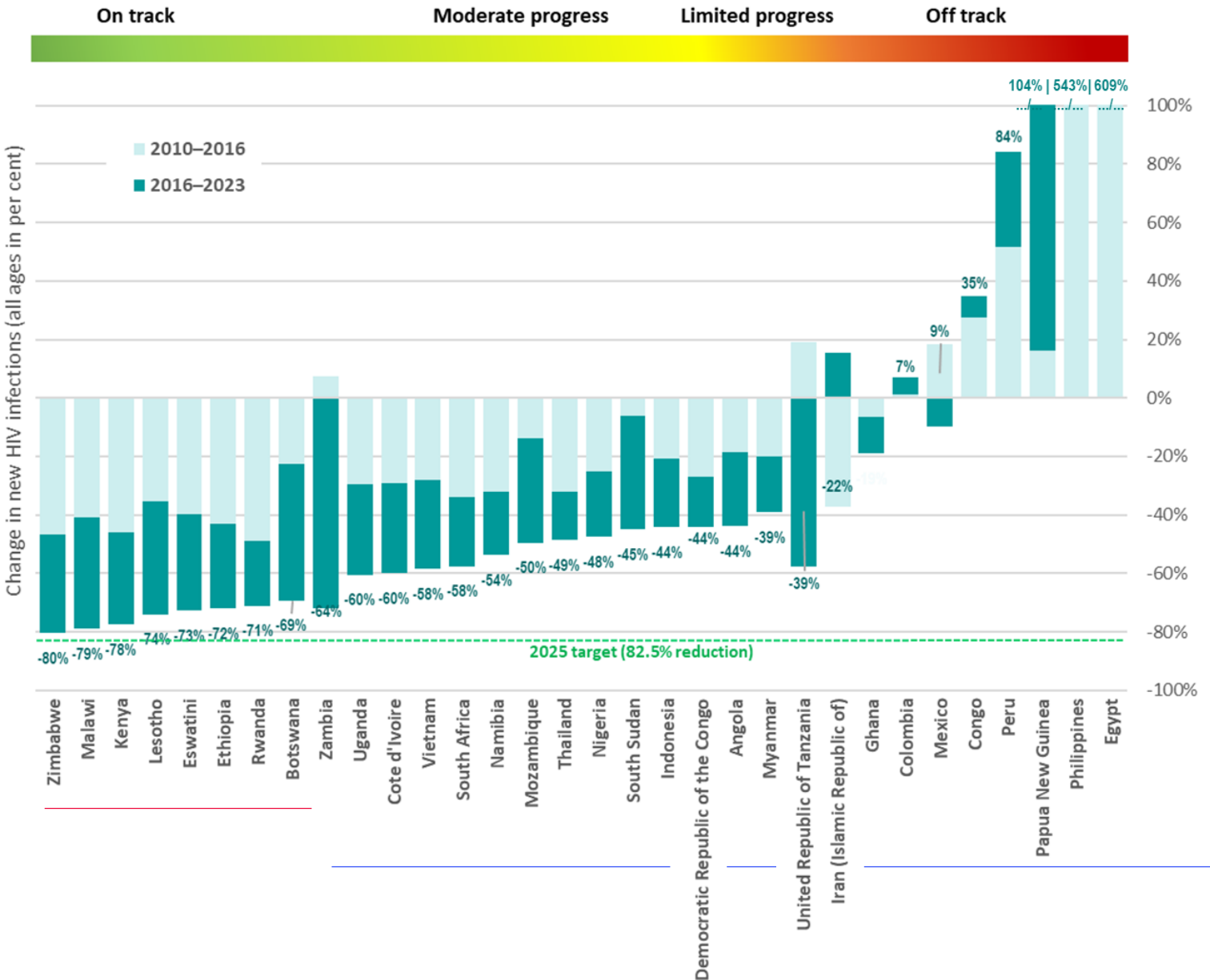


Progress varies:

- ✓ All ages: 86%-89%-93%
- ✓ Women (15+ years): 91%-91%-94%
- ✓ Men (15+ years): 83%-86%-94%
- ✓ Children: 66%-86%-84%
- ✓ Key populations: limited & variable quality data

*Progress also noted in Technical Review Panel (TRP) Observations report – “...significant improvement in HIV proposed programming with countries adopting the UNAIDS targets of 95-95-95.” **The TRP noted “A significant number of countries with generalized epidemics showed improving cascades and there was increasingly greater focus on key populations in concentrated epidemics” https://www.theglobalfund.org/media/13448/trp_2023-observations_report_en.pdf

There is variation across countries in reducing new HIV infections

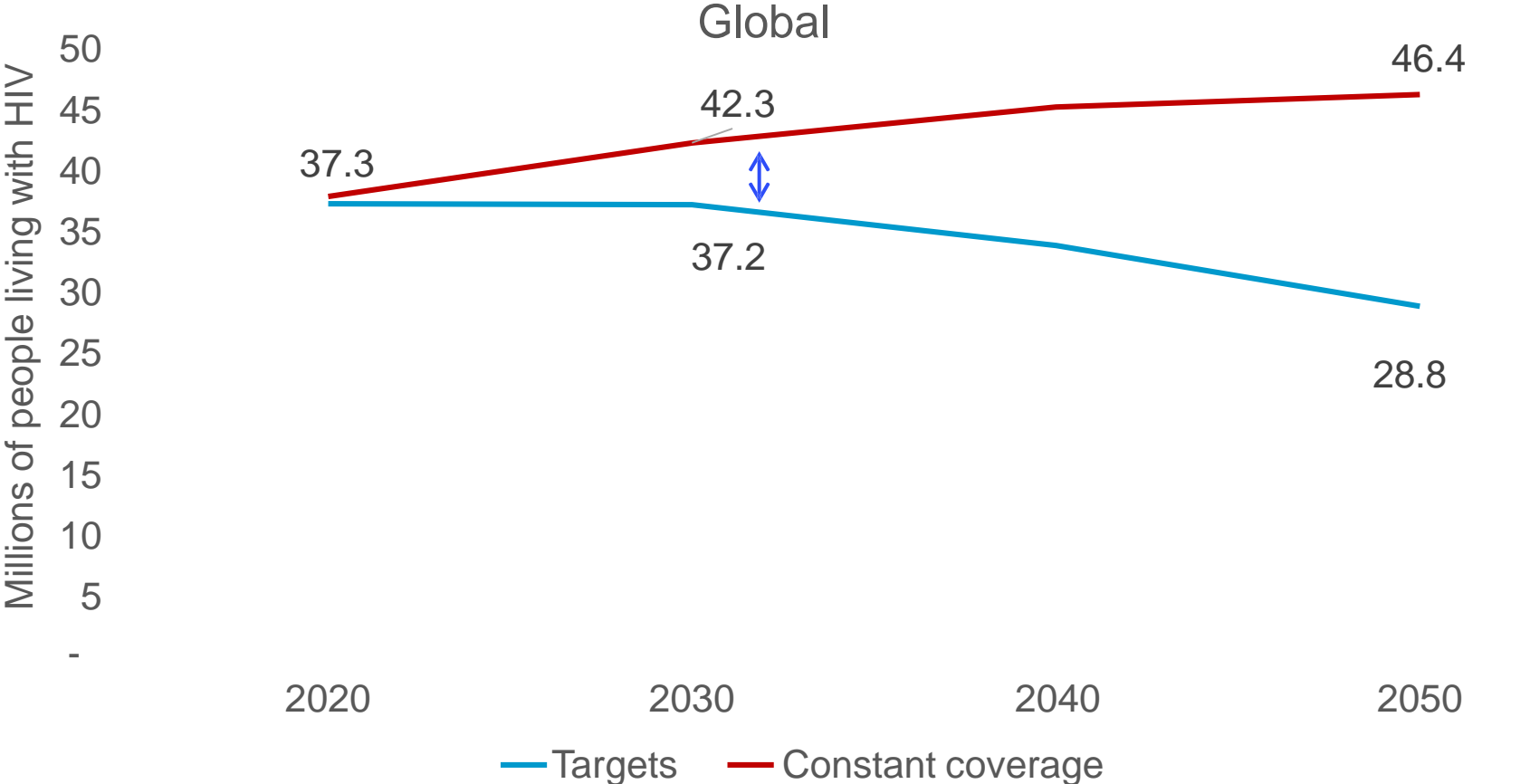


Eight Global HIV Prevention Coalition focus countries have **reduced annual number of new HIV infections** by at least **66%** since 2010.

The **majority of countries** need to **accelerate** to achieve 2025 targets.

With varied progress, accelerating *now* will save lives and resources – making the response more sustainable

5 million more people needing ART by 2030 adds \$190m/year at present-day costs



If 1.3 million people continue to acquire HIV every year, the response will be vastly more costly and complex by 2030

With no change, some countries will double the number of people who need treatment by 2030

Red projection at current effort

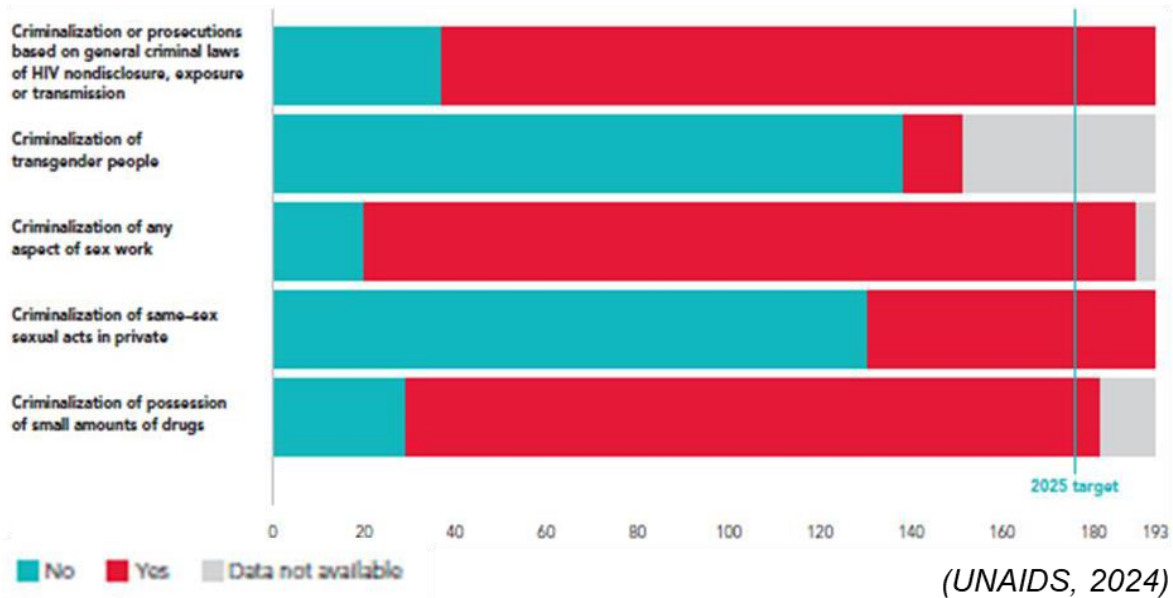
Blue projections if countries meet 2025 prevention, treatment and enabler targets

Source: UNAIDS communication, May 2024

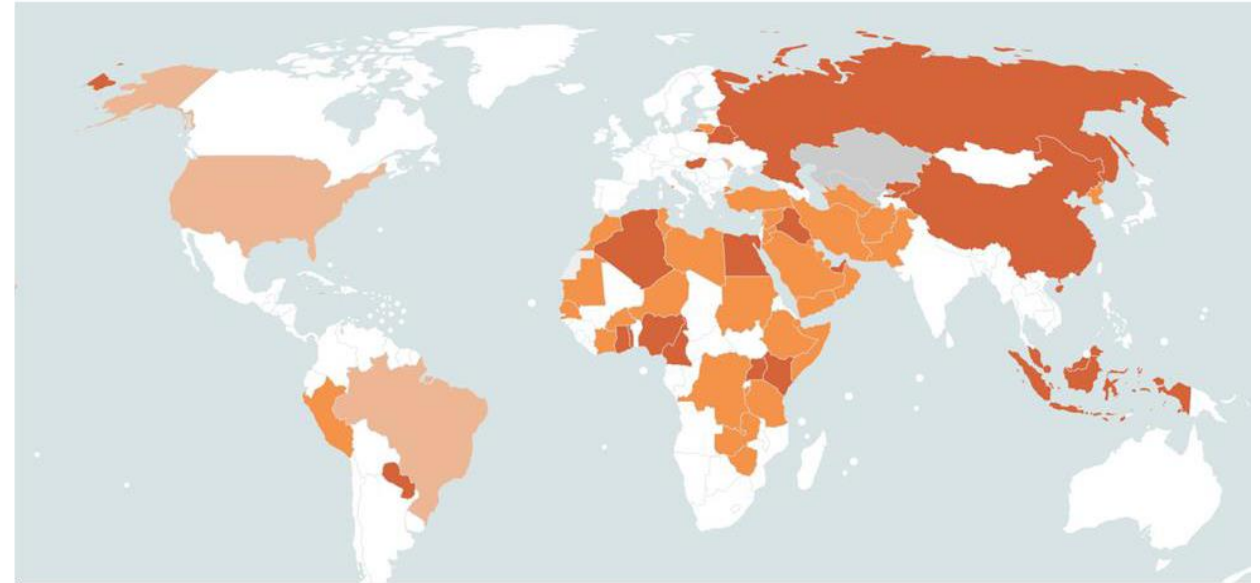
And the need to act is even more urgent in the current context

Closing civic space, increasing human rights and gender barriers undermining access to HIV services in many settings, alongside concerted backlash

of countries with punitive or discriminatory laws (2024)



Legal barriers to freedom of expression for the LGBT community



Lagging behind on 10-10-10 targets

49% of transgender people, 40% of people who use drugs, 26% of sex workers, 16% of men having sex with men report having **experienced stigma and discrimination**

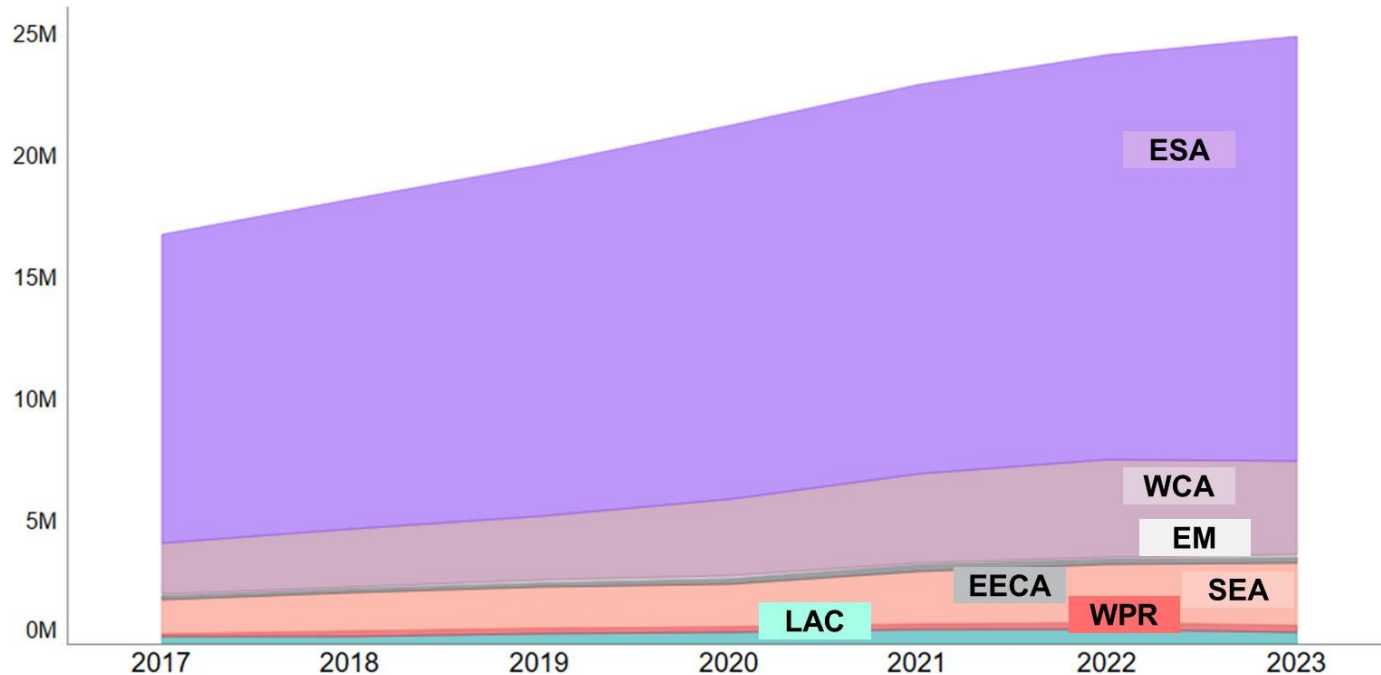
13% of ever-partnered women (15–49) **experienced intimate partner sexual or physical violence** in the previous year

Civil society is under severe attack in 118 of 198 countries and territories

(Civicus Monitor 2023)

GF Partnership performance is strong with innovation, integration and resourcing needed to maintain & sustain momentum at this crossroads

Progress of portfolio for # people on ART for GF-supported programs | 2017-2023



HIV KPIs: 2023 portfolio results/ targets & performance

PLHIV who know their status 86% (target: 90%)	ART coverage 79% (target: 81%)
Viral Load Suppression: 94% (target: 92%)	KPs reached with prevention programs: 47% (target: 54%)
AGYW reached with prevention prog.. 25% (target: 25%)	Elimination of vertical transmission: 87% (target: 94%)
PLHIV on ART who initiated TPT: 42% (target: 46%)	

Risk Outlook – HIV Program Quality Risk

Residual Risk (Trajectory)	Moderate (Steady)
Risk Appetite	Moderate
Target Risk	Moderate
Target Risk Timeframe	June 2024

Outlook

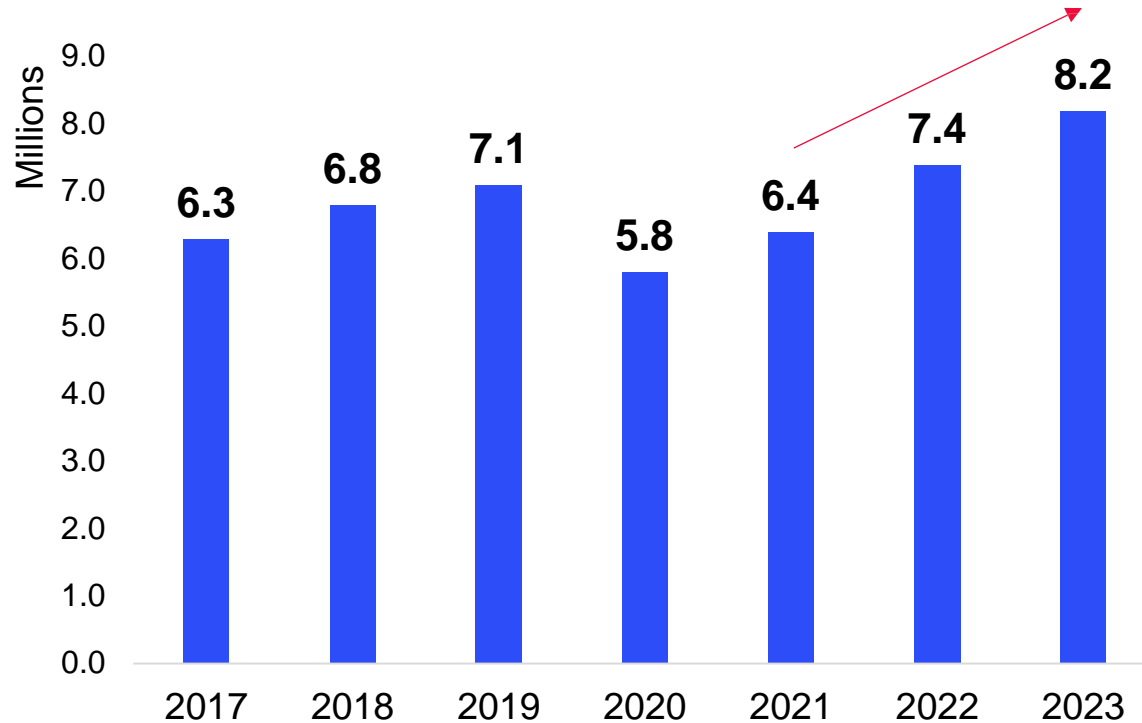
- The PQ-HIV risk level stabilized at Moderate in Q1 2024, driven by the strong performance of care and treatment programs.
- The risk trajectory remains steady, however challenges ahead cannot be underestimated and need to be acted upon urgently to sustain the gains.



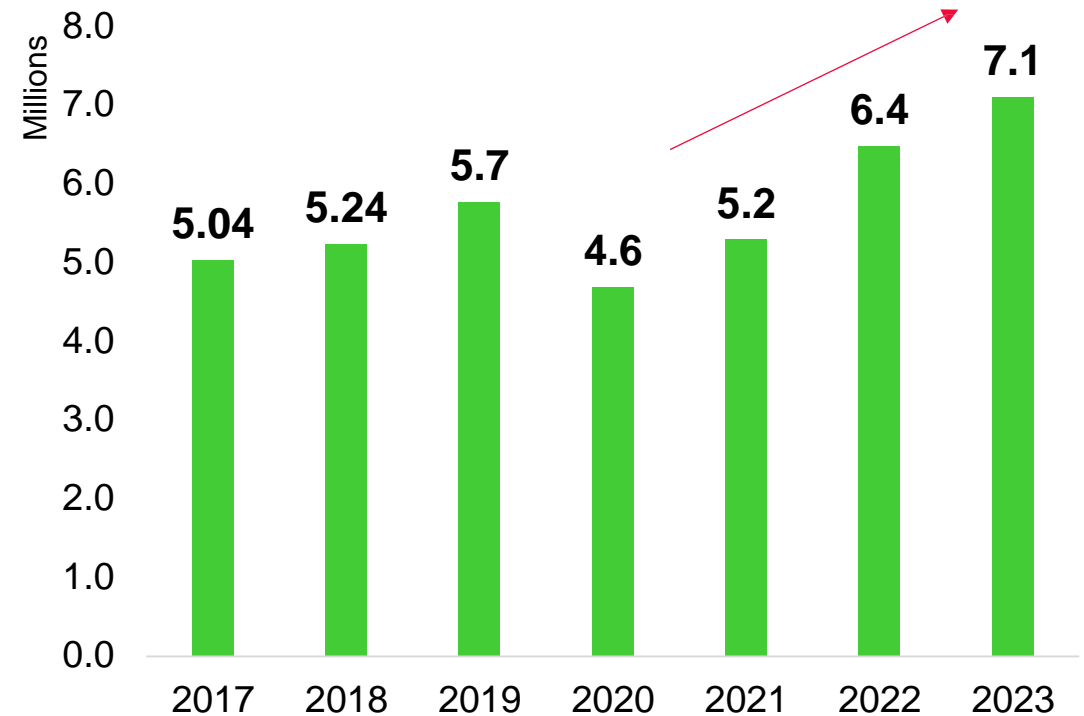
Sustaining Momentum in TB

Significant progress with the highest number *ever* of TB notifications and people on treatment in 2023

Trend in Global TB Notifications*

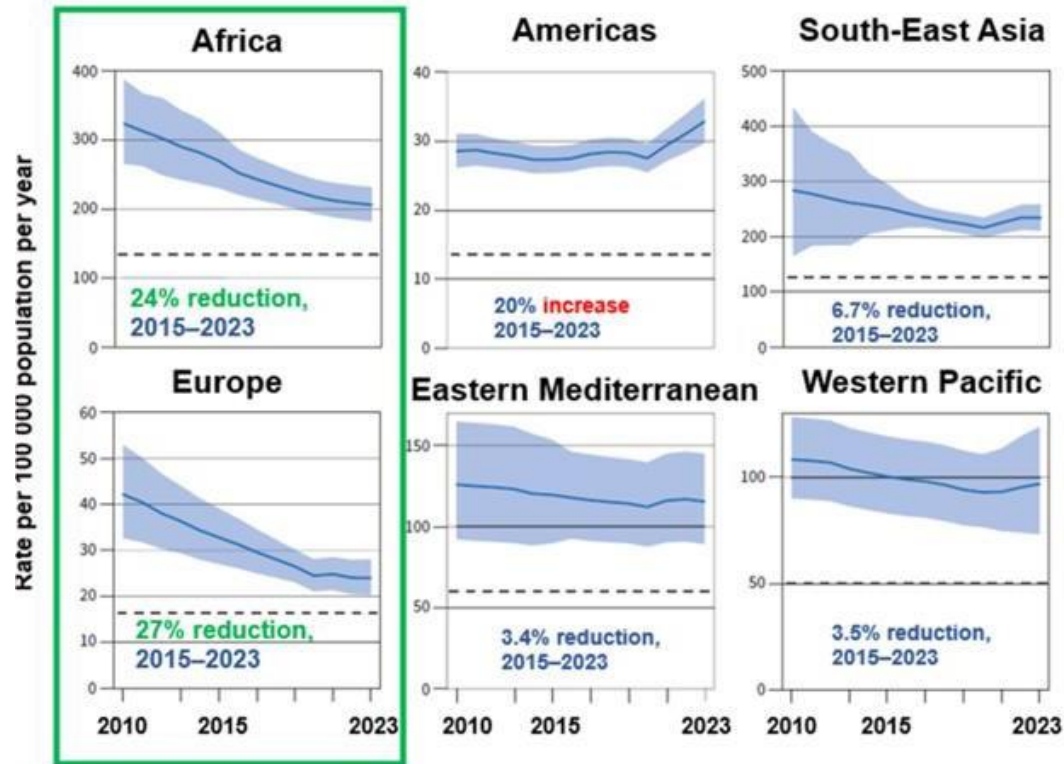


Trends in GF supported countries

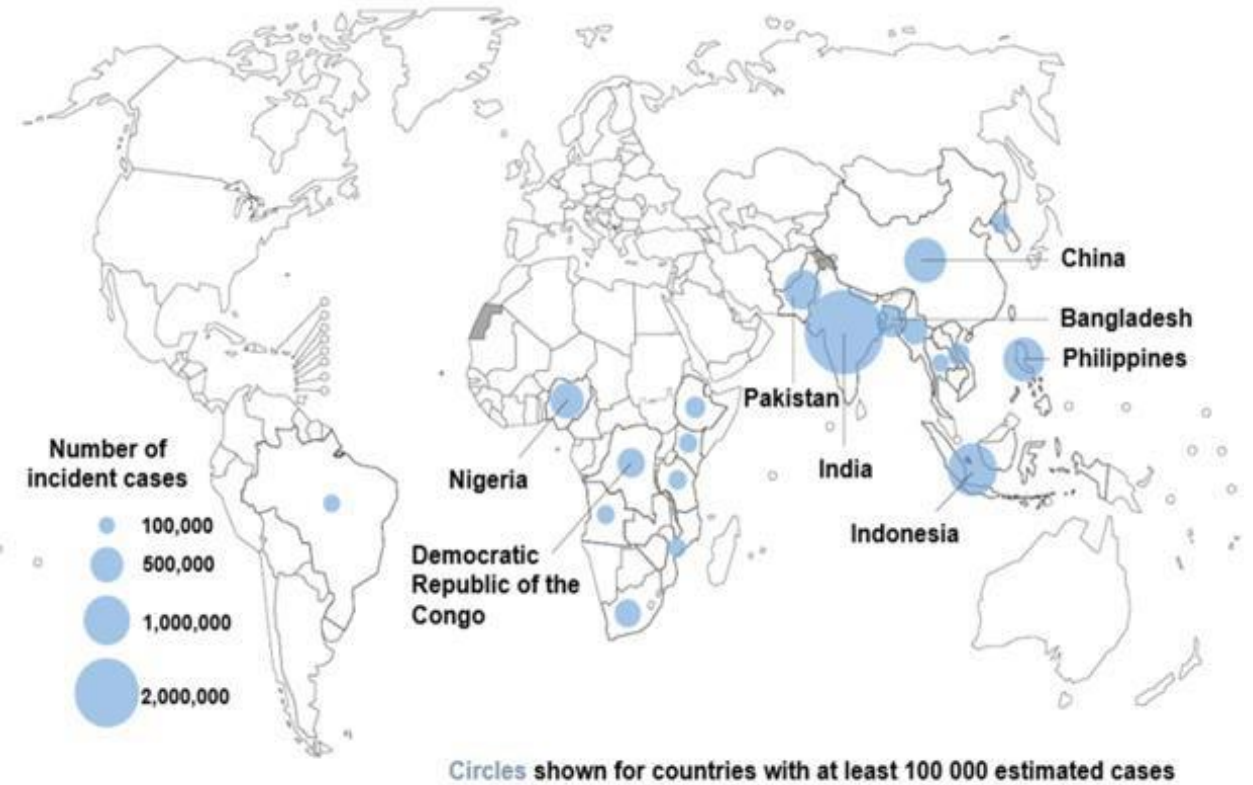


*Rapid increases due to country-led leadership, engaging the private sector and scaling-up to community-based approaches***

With greatest progress in Africa and Europe, burden remains highest in Asia despite increased domestic efforts



Reductions are substantial with work remaining to achieve 2025 targets



Five countries account for 56% of the worldwide total: India (26%), Indonesia (10%), China (6.8%), the Philippines (6.8%) and Pakistan (6.3%)

Progress remains uneven by population - END TB Targets *cannot* be met without addressing inequities in access

Global TB burden is 25 times higher among KVP than general population* - in response, GF partnership must *continue*:

- **Improving integration**, with combined, targeted screening and prevention measures, as well as treatment support is critical to progress.
- **Scaling up community-based programs** and getting services to people through Community System Strengthening (CSS) to ensure program reach and quality.
- **Ensuring targeted, gender-differentiated norms** by investing in the unique needs of key populations while addressing harmful gender norms

Programs to address human rights barriers have increased over successive cycles but remain under resourced: e.g. 2.4% of the TB allocation for GC7 (to date)



*Litynsienko S, Magwood O, Wu S, Wei X. Burden of tuberculosis among vulnerable populations worldwide: an overview of systematic reviews. Lancet Infect Dis. 2023 Dec;23(12):1395-1407. doi: 10.1016/S1473-3099(23)00372-9. Epub 2023 Sep 8. Erratum in: Lancet Infect Dis. 2023 Nov;23(11):e467. doi: 10.1016/S1473-3099(23)00625-4. PMID: 37696278; PMCID: PMC10665202.

***With* innovations, equity-informed approaches are critical to address barriers in accessing TB care**

Moldova's TB program, uses peer counseling, video-supported treatment (VST), and community-led monitoring to improve TB treatment adherence and patient satisfaction. The "I Like VST" app allows patients to record their treatment, report side effects, and access support, significantly reducing out-of-pocket costs and time.

Bringing services closer to communities



The BDB initiative aims to reduce human rights related barriers to TB services by addressing stigma, discrimination, legal access and integrating human rights into national TB programs in **12 countries***.

Addressing human rights and gender related barriers

TB People and community-based paralegals supported by the Global Fund in **Kyrgyzstan** work with the prison system to ensure that upon release people can regain their property and realize other rights, including access to health care.

Greater focus on key and vulnerable populations



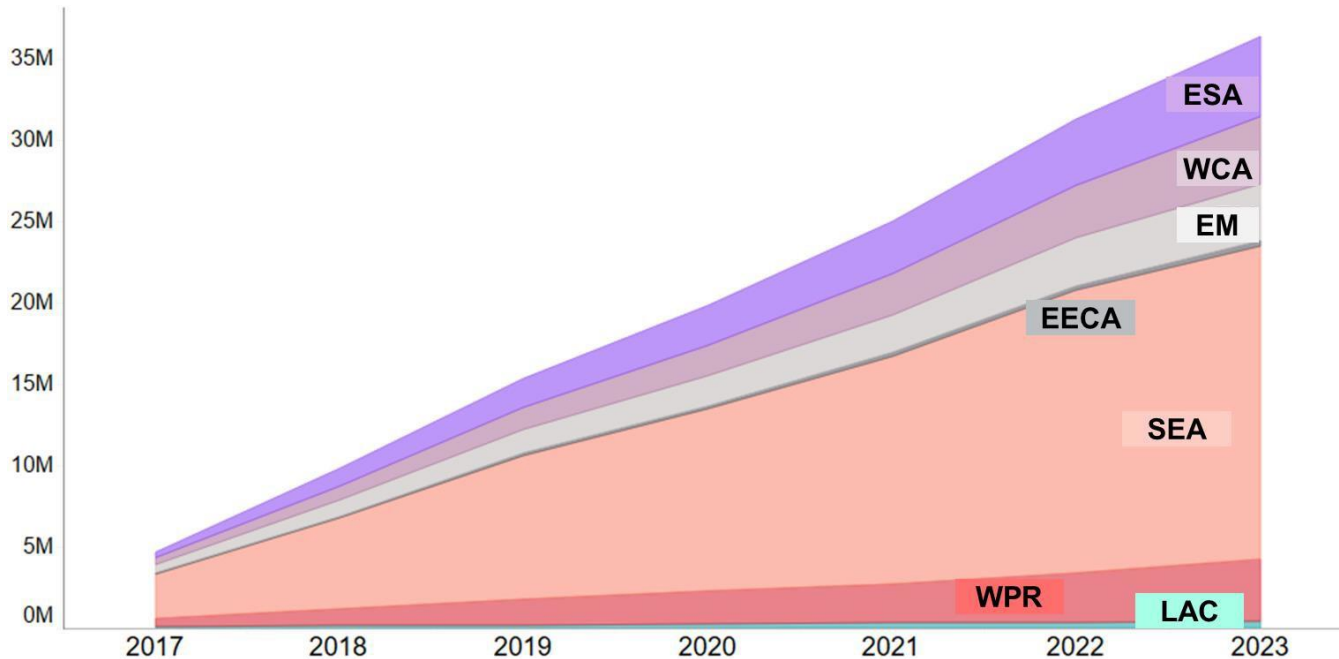
I-Monitor ATM+ Kenya Empowers communities to monitor and improve HIV, TB, and malaria services, using peer feedback and data-driven advocacy. The program, has 5,600 users

Empowering community led monitoring

*12 Breaking Down Barriers countries (GC7 Catalytic Investment): Bangladesh, Cameroon, Democratic Republic of Congo, Ghana, Indonesia, Kenya, Mozambique, Nigeria, Philippines, South Africa, Uganda, Ukraine

GF Partnership performance is strong with innovations, advocacy and resourcing needed to bend the curve

Progress of portfolio between 2017 and 2023 for # of TB notifications



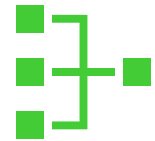
TB KPIs: 2023 portfolio results/targets

TB notifications 4.54m* (target: 4.53m*)	●	TB TSR (all forms): 88% (target: 91%)	●
DR-TB cases on treatment: 86% (target: 98%)	●	DR-TB TSR: 71% (target: 73%)	●
TB contacts on TPT 1.91m (target: 3.56m)	●	ART coverage for HIV+ TB patients: 89% (target: 97%)	●

*India grant results not available at time of KPI reporting : it will impact the overall results but not the KPI performance

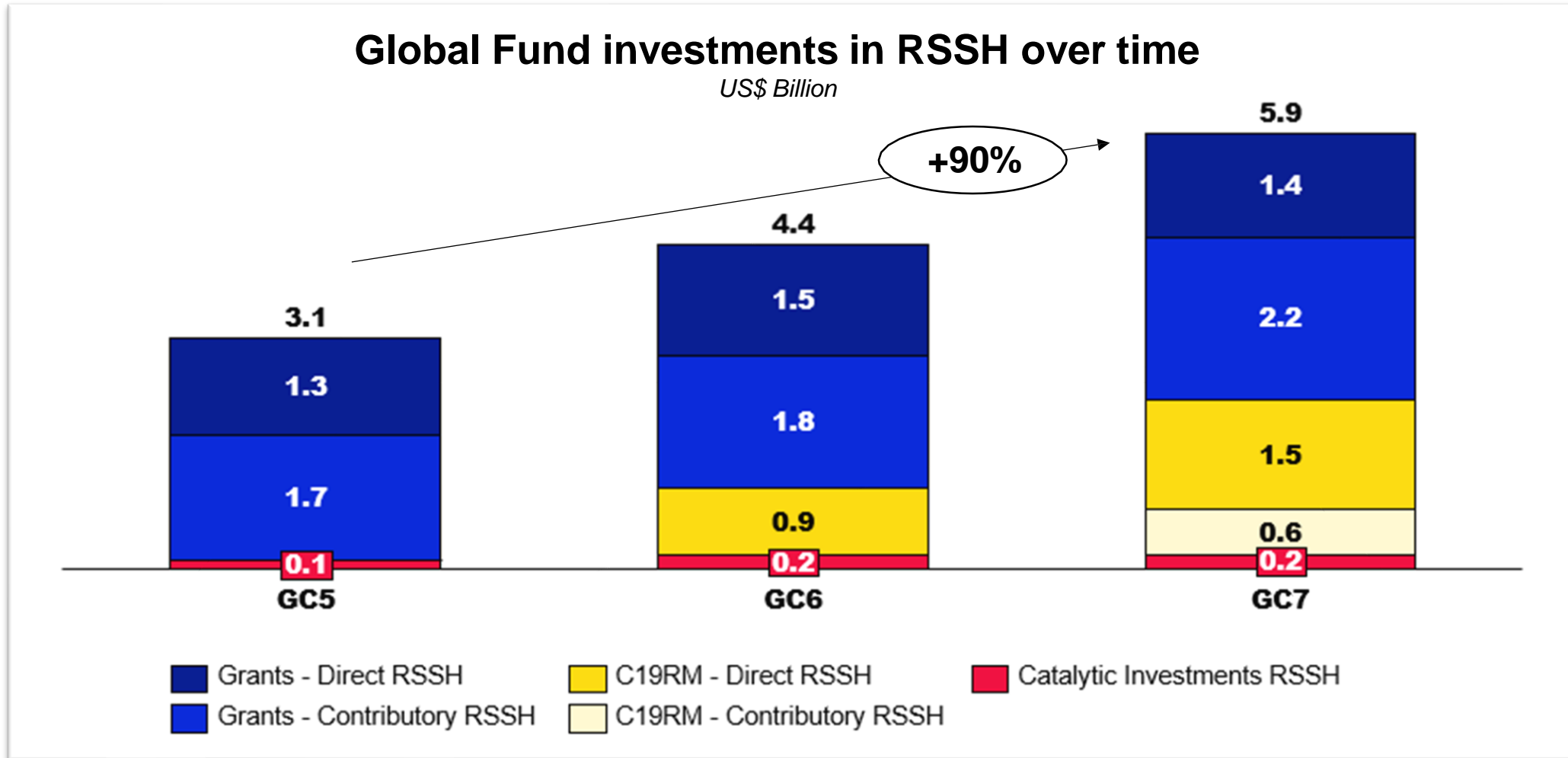
Risk Outlook – TB Program Quality Risk

Residual Risk (Trajectory)	High (Decreasing)	Outlook	<ul style="list-style-type: none"> Reducing the PQ-TB risk level to Moderate by mid-2025 is possible but likely to be challenging. Ending TB requires adequate funding to expand and maintain access to quality diagnosis and treatment, and active involvement of the private sector and communities. Further risk mitigation will be contingent on additional funding to address coverage gaps seen in GC7.
Risk Appetite	High		
Target Risk	Moderate		
Target Risk Timeframe	June 2025		



**RSSH to catalyze impact
of the fight against HTM
and beyond**

The Global Fund is investing the largest amount *ever* in RSSH – about 40% of grant investments during the GC7 period



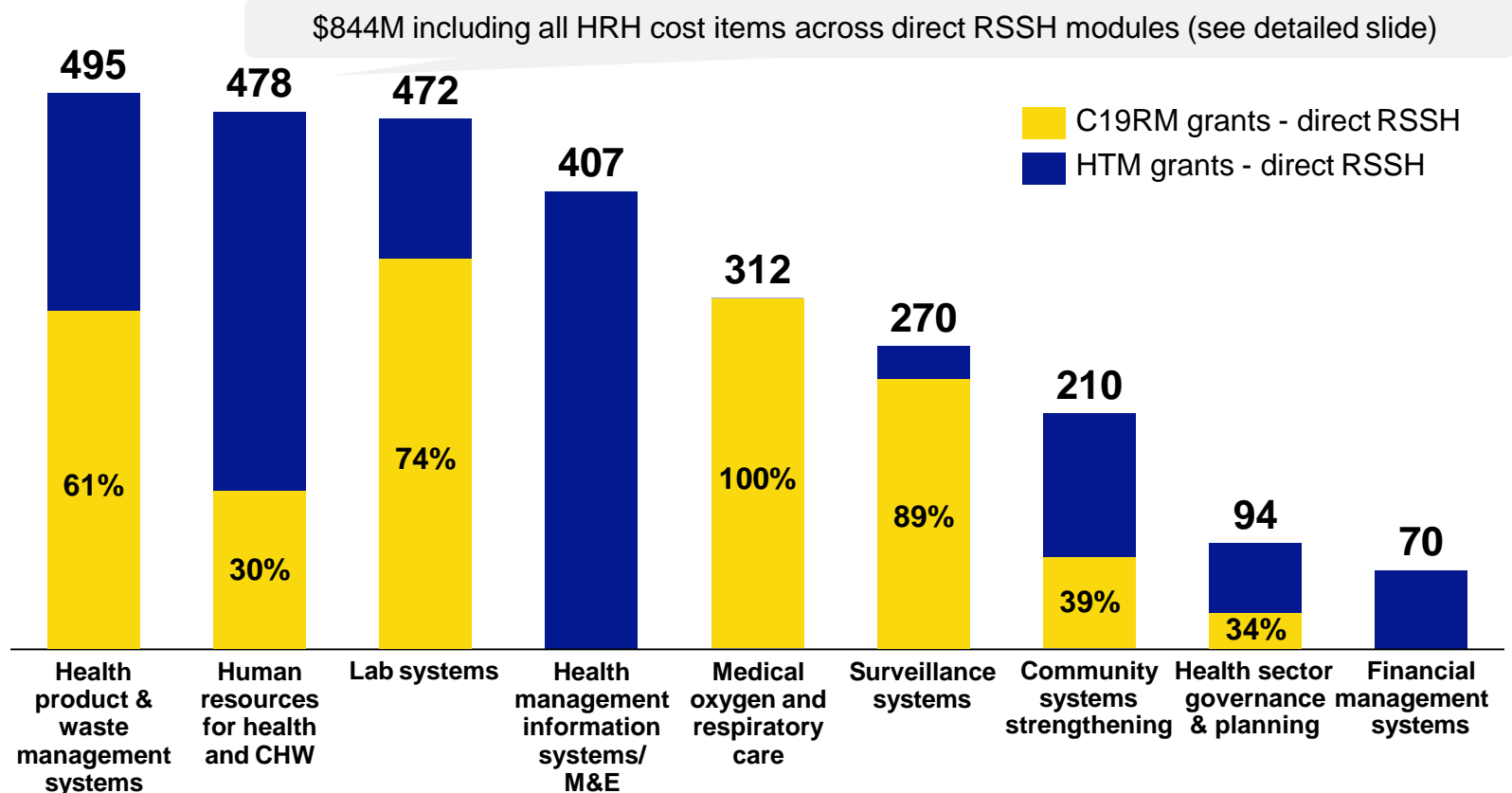
Figures are based on the recently endorsed Global Fund Strategy Committee methodology that integrates direct investments in RSSH and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses. GC5 and GC6 Contributory RSSH are based on the previous methodology, while GC7 used the new approach endorsed at the July Strategy Committee.

RSSH investments are concentrated in Sub-Saharan Africa & across key areas to catalyze HTM responses

- **C19RM enabled a significant scale-up** of lab, surveillance, and oxygen, which we will build on in GC8
- Investments in **Sub-Saharan Africa** account for over three-quarters of total direct RSSH investments

Direct RSSH by area, GC7 Allocation Period¹

excluding contributory, US\$ millions



Acronyms: CHW: Community Health Workers; M&E: Monitoring & Evaluation; GC: Grant Cycle

¹ Based on signed budgets as of 8 October 2024. Method underestimates RSSH. Estimates for HRH & CHW and medical oxygen & respiratory care in particular are conservative as they do not include 30 additional related funding outside of the specified modules/ cost inputs. For the purposes of presentation: (a) 2 interventions relating to 'HMIS & M&E' moved to 'Surveillance' to present a fuller picture; (b) financial management systems includes infection prevention and control; (c) community systems strengthening includes 'C19RM: Gender-based violence prevention and post violence care'



Global Fund Partnership