

# STEP UP THE FIGHT

## INVESTMENT CASE SUMMARY

SIXTH REPLENISHMENT 2019



**ENDING THE EPIDEMICS OF HIV, TUBERCULOSIS AND MALARIA  
BY 2030 IS WITHIN REACH, BUT NOT YET FULLY IN OUR GRASP.  
WITH ONLY 11 YEARS LEFT, WE HAVE NO TIME TO WASTE.**

**WE MUST**

**STEP UP**

**THE FIGHT**

**NOW.**

# STEP UP THE FIGHT

**We have the opportunity to rid the world of three diseases that have killed millions of people and ravaged communities on every continent. We have the chance to take a massive step toward achieving Sustainable Development Goal 3: health and well-being for all.**

It can be done. We know we can end the epidemics of HIV, tuberculosis and malaria. Even without a vaccine or cure for HIV, we can eliminate it as a serious public health threat. Despite TB's persistence, many countries have reduced it to a relatively rare disease. Almost every year, new countries are certified malaria-free – Paraguay and Uzbekistan celebrated this milestone in 2018.

But after years of remarkable progress in the fight against HIV, TB and malaria, new threats have pushed us off track. Right now, we are not on trajectory to reach the Sustainable Development Goal (SDG) target of ending the epidemics by 2030. Wavering political commitment, shortfalls in funding and increasing insecticide and drug resistance have slowed progress and enabled the diseases to gain ground.

The human toll is unacceptable: Nearly 1,000 adolescent girls and young women are infected with HIV every day. A child still dies every two minutes from malaria. And TB is now the world's leading killer among infectious diseases.

We must step up the fight, by increasing resource commitments and innovation, by scaling up prevention and treatment. If we don't, we will go backwards. As we have repeatedly witnessed, any complacency or weakening of resolve lets HIV, TB and malaria resurge at alarming rates.

Stepping up the fight should not be seen as a choice, but as the fulfilment of a promise. Every member state of the United Nations committed to the SDGs in 2015, pledging to deliver health and well-being for all, to achieve universal health coverage, and to build a more prosperous, equitable and sustainable world. Our success or failure in achieving the SDG target of ending three epidemics by 2030 will be one of the clearest tests of that commitment.

The Global Fund plays a vital role in achieving this target and in accelerating progress towards universal health coverage. While governments and communities must take the lead in tackling the epidemics, and in building inclusive health systems, those suffering the greatest disease burdens and lacking financial resources and capacities need external support. The Global Fund partnership is a proven mechanism for maximizing impact.

Now is the time to deliver on our promise. Now is the time to step up the fight.

**WE MUST  
STEP UP THE FIGHT  
TO GET BACK ON TRACK  
TO END THE EPIDEMICS  
AND WE MUST DO SO  
NOW.**

## STEP UP OR SLIP BACK?

The Global Plans for AIDS, TB and malaria set in 2015 charted an ambitious but realistic course to end the epidemics by 2030. We have achieved remarkable progress. Antiretroviral therapy saved millions of lives from AIDS. Innovative drugs and diagnostics for TB gave us new weapons against an age-old disease. Insecticide-impregnated mosquito nets, cost-effective diagnostics and new therapeutics massively reduced the death toll from malaria.

We now face a decisive moment. Do we step up the fight, or do we allow ourselves to slip back? New threats mean there is no middle ground. Either we act now to protect and build on the gains we have made, or we see those achievements eroded, infections and deaths resurge, and the prospect of ending the epidemics disappear.

If we don't prevent teens, particularly girls, from getting infected with HIV, the massive increase in the youth population in Africa will lead to more new infections than at the height of the epidemic in the early 2000s. If we don't tackle the stigma and discrimination that fuels the epidemic among marginalized key populations, we will never stop new infections. One out of four people infected with HIV still doesn't know they have it. Only half of HIV positive children receive antiretroviral therapy.

After years of steady declines, malaria cases are on the rise. Mosquitoes in Africa are developing resistance to the most common insecticides used to treat mosquito nets, and in the Mekong region we are seeing growing resistance to the world's most successful malaria drug. We face the possibility of not being able to protect or treat effectively those most vulnerable to malaria – particularly children under 5, who represent two-thirds of all malaria deaths.

More than 10 million people fall ill with TB every year, and nearly 40 percent of those are "missed" – meaning they go untreated and unreported, and can continue to spread the disease to others. Drug-resistant TB makes up one-third of all global deaths from antimicrobial resistance, posing a potentially catastrophic risk to global health security. Only 25 percent of those afflicted with multidrug-resistant TB are diagnosed and treated. TB kills more people than any other infectious disease, mainly the poor and marginalized.

We must step up the fight to get back on track to end the epidemics. And we must do so now.

## MEET MOUSTARIDA



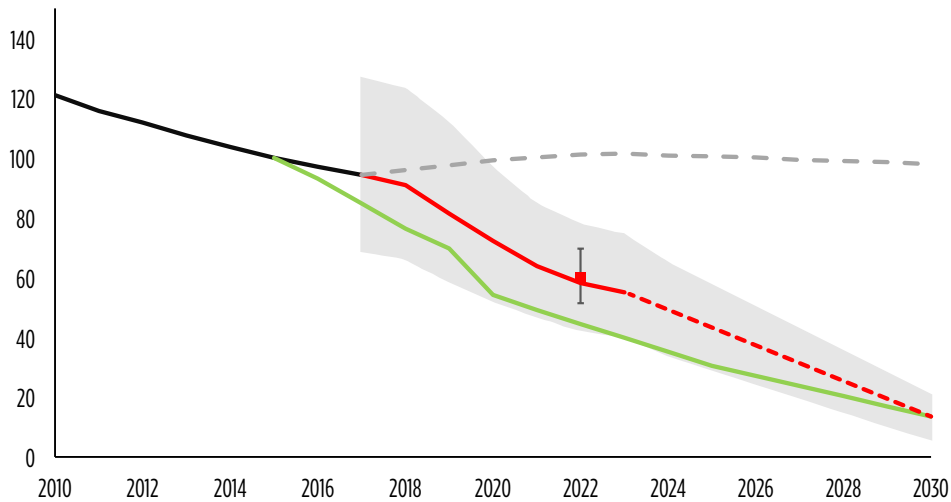
**HISTORY HAS SHOWN  
MALARIA'S ABILITY  
TO RESURGE**

**Moustarida, age 3, is one of more than 4 million children under 5 in Niger alone to receive seasonal malaria chemoprevention (SMC).**

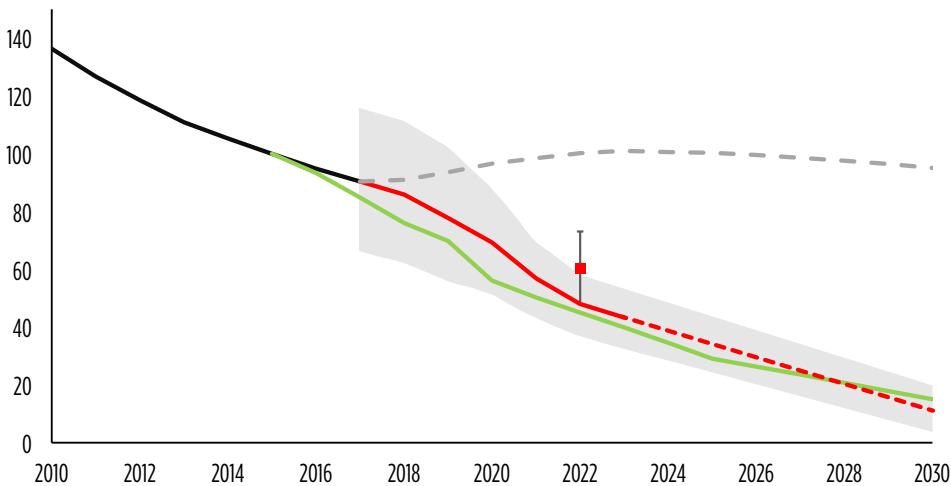
During the rainy season, when malaria strikes the most, community health workers dispense SMC to protect young children from the disease. This cost-effective, targeted intervention can reduce cases by more than 50 percent. Effective control of diseases like malaria frees health systems to manage other demands and prepare for future threats. But malaria cases are rising in some countries after years of decline; history has shown malaria's ability to resurge even after years of successful control. As the leading international funder of the malaria response, the Global Fund is investing in new tools, data generation, partnerships and innovations – including piloting new mosquito nets to combat insecticide resistance in Africa.

# DECISION POINT 2019

## INCIDENCE RATE



## MORTALITY RATE



Lines are first normalized to 100 in 2015 for each disease, and then combined with equal weighting across the three diseases, separately for incidence and mortality rates.

- Actual estimates of incidence or mortality
- Global Plans pathway to 2030 incidence or mortality targets for HIV, TB and malaria
- Modelled results for this Investment Case
- - - Extrapolation of Investment Case trends into future
- Uncertainty for Investment Case and future trends
- Global Fund strategy targets for 2022 with uncertainty bars
- Constant coverage: impact of sustaining services at current levels

The charts highlight the different paths we can take in the countries where the Global Fund invests. The black lines show what we have achieved thus far in terms of reducing disease incidence and mortality. The green line is the trajectory set out in the Global Plans for the three diseases – the path we should be on. The gap between the black lines and the green lines clearly shows that we are already off track to meet SDG 3: “health and well-being for all”. Even more concerning, the dashed grey line shows the rebound in incidence and mortality if we simply continue current levels of treatment and prevention.

Finally, the red line shows what we could achieve with a fully funded Global Fund. Alongside sustained levels of other external funding and significantly scaled-up domestic financing, plus more innovation, more intensive collaboration and more rigorous execution, this would enable delivery of the Global Fund strategy targets for 2022 and put us on a trajectory toward attaining the SDG 3 target of ending the epidemics by 2030.

# MORE INNOVATION, COLLABORATION, AND IMPACT

**Getting back on track to end the epidemics and deliver the broader SDG 3 targets will require all the actors involved, including multilateral and bilateral partners, governments, civil society and the private sector, to raise their game, accelerating innovation, coordinating and collaborating more efficiently and executing programs more effectively.**

We need more innovation in diagnostics, prevention, treatment and delivery models. Only through innovation can we counter the threat of resistance, extend our reach to the poorest and most marginalized, enhance treatment outcomes for the most severe cases, and tackle the root causes of concentrated epidemics. Only through innovation can we stretch every resource to maximize impact.

We need greater collaboration. The World Health Organization-led Global Action Plan's commitment for the key multilaterals to "Align, Accelerate and Account" together must be translated into concrete actions.

We must extend this drive for more coordinated action to encompass key bilateral partners, and to include governments, civil society and the private sector. Only through intensive collaboration can we defeat the epidemics and deliver universal health coverage.

We need a relentless focus on improving execution, using more granular and timely data. Better data helps identify the most effective interventions and target programming more effectively, implementing stronger controls to manage costs and risks, adopting best practices in patient-centered care and community engagement, and leveraging economies of scale by scaling-up proven interventions rapidly. Only through continuously improving execution can we overcome the inevitable resource constraints.

More innovation, more intensive collaboration and more rigorous execution are essential. But we also need more money.

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**ONLY THROUGH  
INNOVATION CAN  
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RESOURCE TO  
MAXIMIZE IMPACT**



## MEET ANASTASIA



**EASTERN EUROPE'S  
BURDEN OF  
MULTIDRUG-RESISTANT TB  
IS THE HIGHEST  
IN THE WORLD**

**Anastasia is 17 and she's in the fight of her life. She has multidrug-resistant tuberculosis.**

TB is today's most deadly infectious disease, and deaths from drug-resistant TB account for about one-third of all antimicrobial resistance deaths worldwide. And while certain groups are more vulnerable, Anastasia's case demonstrates TB can strike anyone, anywhere. TB incidence in Anastasia's home country of Belarus – and the rest of Europe – is relatively low, but Eastern Europe's burden of multidrug-resistant TB is the highest in the world. In Belarus, nearly 38 percent of new TB cases are MDR. By comparison, the global average is just over 4 percent. We are not on track to meet the goal of ending TB by 2030. But if we step up now, we can achieve a decisive change in trajectory. In the fight against TB, now is the moment.

# THE GLOBAL FUND NEEDS AT LEAST US\$14 BILLION

The Global Fund needs to raise at least US\$14 billion to fund programs to fight the three diseases and build stronger health systems in the next three-year cycle.

**To get back on track, and achieve the red lines set out in the charts, we need to step up total funding from all sources from the US\$66 billion in the current cycle to at least US\$83 billion for the next three-year cycle, an increase of US\$17 billion.** Although scientific and process innovations will deliver significant efficiency and effectiveness improvements (and these are factored into the projections), gaps in coverage, demographics, and insecticide and drug resistance mean that current levels of funding will not suffice.

Most of the increase will come from increased domestic funding. The Global Fund's Investment Case projects that domestic funding for programs to fight HIV, TB and malaria over the period 2021-2023 will grow to US\$46 billion, an increase of 48 percent over the current cycle. These figures are based on co-financing commitments made in the current cycle and broader political commitments to health system development.

Translating these commitments into cash will require sustained political leadership and rapid development of health financing mechanisms.

The Global Fund's Sixth Replenishment target of US\$14 billion represents an increase of US\$1.8 billion, or 15 percent over the US\$12.2 billion raised during the Fifth Replenishment period.<sup>1</sup>

A replenishment of at least US\$14 billion would enable the Global Fund to continue to play our leading role in the fight against HIV, TB and malaria, acting as a catalyst for domestic resource mobilization and accelerating progress toward universal health coverage.

This Investment Case recognizes that there are budget constraints and competing priorities. Yet this level of investment represents the minimum required to achieve the Global Fund strategy goals for 2017-2022 and get back on track towards ending the epidemics – the red lines on the earlier charts. Compared with the targets set in the Global Plans – the green lines on the charts – this level of funding would meet 82 percent of the global need. More investment – whether through the Global Fund, from increased domestic resource mobilization, or increases in other forms of external assistance, would narrow the gap between the red lines and the green lines on the charts, accelerating the end of the epidemics, and reinforcing the trajectory towards universal health coverage.

**TRANSLATING THESE  
COMMITMENTS INTO CASH  
WILL REQUIRE SUSTAINED  
POLITICAL LEADERSHIP  
AND RAPID DEVELOPMENT  
OF HEALTH FINANCING  
MECHANISMS.**

<sup>1</sup>The Global Fund measures overall funding in U.S. dollars, but pledges and contributions are made in multiple currencies. The total amount raised for the Fifth Replenishment period from 2017-2019 is US\$12.2 billion, using exchange rates as of 31 December 2018.



## MEET GOODNESS & NQABILE



**Goodness Mbatha and Nqabile Mbatha are more than mother and daughter, and their bond is clear to all who meet them.**

When Goodness got pregnant with Nqabile at 23, she knew she was living with HIV. She was infected with the virus when she was raped at 19. She enrolled on treatment to prevent passing HIV to Nqabile and succeeded. Goodness is determined to once again support her daughter to stay free of the virus. At 16, Nqabile is part of a demographic that is at high risk of HIV. Every day, roughly 200 young women and teen girls are infected with HIV in South Africa. To end high HIV infections among young women and girls in the country, the Global Fund partnership is investing in programs that challenge harmful gender norms, discrimination, and violence against women. Support from mothers like Goodness is vital to achieving that goal.

**EVERY DAY, ROUGHLY 200  
YOUNG WOMEN & TEEN GIRLS  
ARE INFECTED WITH HIV  
IN SOUTH AFRICA**



**US\$14 BILLION**

**FOR THE GLOBAL FUND WOULD...**

**HELP GET THE WORLD BACK ON TRACK TO END HIV, TUBERCULOSIS AND MALARIA:**

**SAVE 16 MILLION LIVES** between 2021 and 2023, reducing the mortality rate by **52 percent** across the three diseases by 2023, relative to 2017 levels.

**AVERT 234 MILLION INFECTIONS OR CASES** reducing the incidence rate by **42 percent** across the three diseases by 2023, relative to 2017 levels.

**REDUCE THE DEATH TOLL** across the three diseases to **1.3 million** in 2023, down from **2.5 million** in 2017, and from **4.1 million** in 2005.

**ACCELERATE PROGRESS TOWARD SDG 3 AND UNIVERSAL HEALTH COVERAGE:**

**STRENGTHEN HEALTH CARE SYSTEMS** through directly investing approximately **US\$4 billion** to build capacities such as diagnostic tools, surveillance systems, supply chain management and training for health care workers, and accelerating the shift toward patient-centered, differentiated models of care.

**SPUR DOMESTIC INVESTMENT OF US\$46 BILLION** toward ending the three diseases and strengthening health systems through co-financing requirements, and technical assistance on health financing.

**REINFORCE HEALTH SECURITY** by helping build more resilient health systems, with stronger surveillance, diagnostic and emergency response capabilities, and by directly tackling key threats to global health security, such as multidrug-resistant TB.

**TACKLE INEQUITIES IN HEALTH** including gender- and human rights-related barriers to access, by working with partners, including civil society and affected communities, to build more inclusive health systems that leave no one behind.

**YIELD A RETURN ON INVESTMENT OF 1:19** with every dollar invested resulting in **US\$19** in health gains and economic returns, further contributing to the achievement of the overall SDG agenda.

A fully funded Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.

## MEET CHANG CHAI

**THE SOLUTIONS REQUIRE  
ACTION AND ENGAGEMENT  
AT ALL LEVELS**

**Chang Chai is a construction worker from Myanmar living on the outskirts of Chiang Mai, Thailand. He's the go-to guy for health information in the settlement of about 10 migrant families.**

Documented migrants can enroll in health insurance plans, and Global Fund partners such as MAP Foundation employ migrant field officers to raise awareness about HIV and TB testing and treatment services. The complexity and vulnerability inherent in migrant life make it challenging to ensure health coverage for all. The solutions require action and engagement at all levels – from volunteer community leaders like Chang Chai, to robust civil society organizations like MAP and national policies that support achieving universal health coverage.

# THE GLOBAL FUND PARTNERSHIP BUILDS ON A ROBUST TRACK RECORD OF IMPACT

**Since its creation in 2002, the Global Fund partnership has had extraordinary impact:** In the countries in which the Global Fund invests, more than 27 million lives have been saved. The number of people dying from AIDS, TB and malaria has been slashed by one-third. In 2017 alone, results in countries where the Global Fund invests include 17.5 million people on antiretroviral therapy for HIV; 5 million people with TB treated; and 197 million mosquito nets distributed.

The Global Fund delivers this impact with partners including bilateral partners such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Agence Française de Développement, the UK's Department for International Development, Germany and Japan; key multilateral and technical partners such as WHO, UNAIDS, the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaïd and Gavi, the Vaccine Alliance; private sector partners such as PROJECT (RED); foundations such as the Bill & Melinda

Gates Foundation; implementing countries; civil society groups; and people affected by the diseases.

By pooling resources and engaging a diverse set of actors, the Global Fund has scale, flexibility and leverage. The advantages of scale are demonstrated by the hundreds of millions of dollars of savings the Global Fund achieves through pooled procurement. The flexibility is shown by the way the Global Fund has pivoted to meet the challenge of HIV infection rates among adolescent girls and young women in Africa, and the threat of malaria drug resistance in the Mekong. The leverage is evidenced by the 41 percent increase in co-financing commitments that governments have signed up to in the current grant cycle and the benefits to the broader health system of Global Fund-supported programs to reinforce supply chains.

## **NOW IS THE TIME TO STEP UP THE FIGHT**

The original goal of the Global Fund was simply to stop the catastrophic loss of life from AIDS, TB and malaria. Our success has led us to greater aspirations.

Now we aim not just to save lives, but also to end the epidemics – and by doing so to save countless future lives. Furthermore, by tackling HIV, TB and malaria through building resilient, sustainable and inclusive health systems, we pave the road toward universal health coverage.

To achieve these goals we must step up the fight. If we continue on the current path, we will slip back, with immense loss of life, growing economic burden and overwhelming strain on health systems. We must innovate more, collaborate more, and execute more effectively. And we must invest more resources in the Global Fund to enable us to play our vital role as catalyst and leader in the fight against AIDS, TB and malaria. 2030 is only 11 years away.



**IN THE COUNTRIES WHERE  
THE GLOBAL FUND INVESTS,  
MORE THAN  
27 MILLION LIVES  
HAVE BEEN SAVED**

## MEET AFTAB ANSARI



**Aftab Ansari left his village in northern India to work as a diamond cutter in Mumbai.**

But his dreams for a better life for his family suffered a blow when he got drug-resistant tuberculosis. Too weak to work, Aftab was forced to spend his savings, sell his wife's jewelry and withdraw his children from school to buy food and pay the rent on his two-room home. He grieved to see his children, 6 and 8, go to bed hungry some nights. To pay bills he took out loans, and sank US\$2,000 in debt, equivalent to ten months' salary. Aftab, 32, is today back at work and paying his debts after completing the treatment that cured his TB. Infectious diseases like TB put an enormous financial burden on households worldwide, particularly in lower-income countries, draining billions in medical costs and lost productivity.

**INFECTIOUS  
DISEASES LIKE TB  
PUT AN ENORMOUS  
FINANCIAL BURDEN  
ON HOUSEHOLDS  
WORLDWIDE**

**TO ACHIEVE THE SDG 3 TARGETS OF ENDING THE EPIDEMICS**

**AND CREATING RESILIENT HEALTH SYSTEMS**

**TO DELIVER HEALTH AND WELL-BEING FOR ALL**

**WE MUST**

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**THE FIGHT**

**NOW.**



# STEP UP THE FIGHT



## THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

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