

Update to the Subcommittee on Global Health

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Berlin

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Deutscher Bundestag

Ausschuss für Gesundheit

Ausschussdrucksache

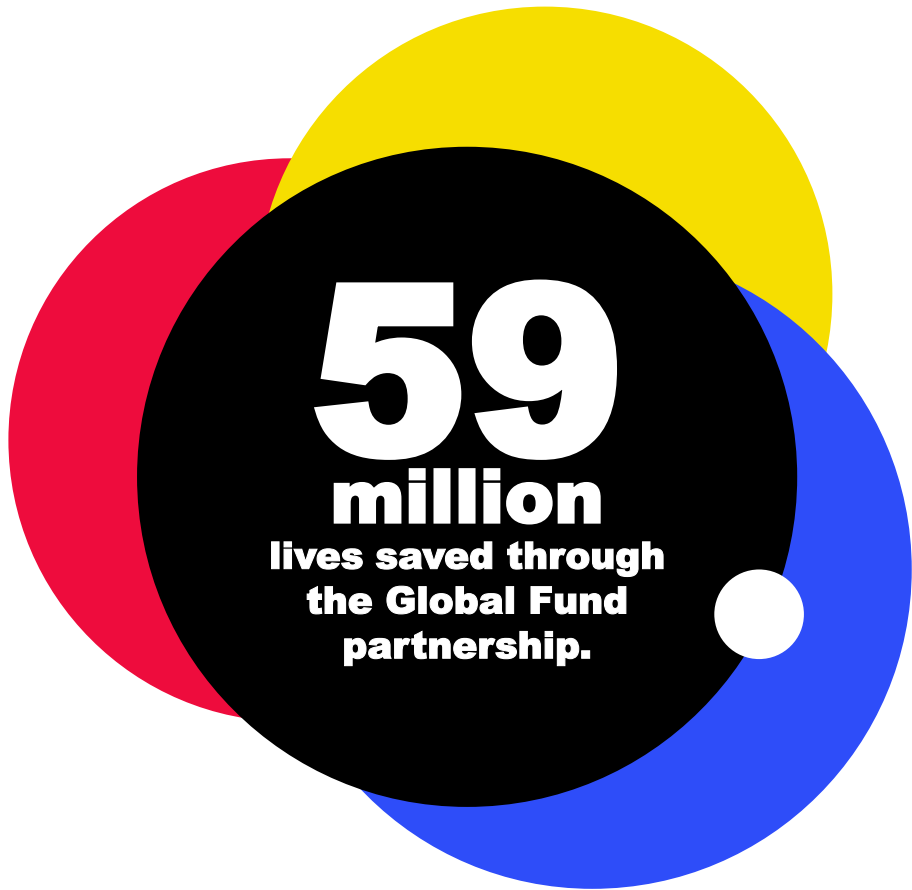
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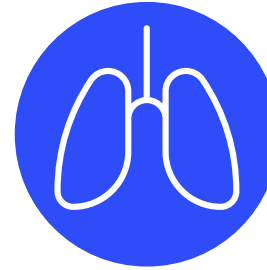
2023 Results Reports

Key results



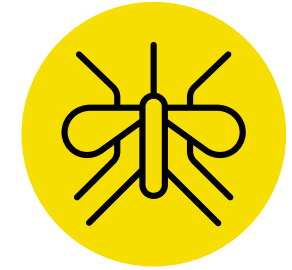
24.5 million

people on
antiretroviral therapy
for HIV in 2022.



6.7 million

people treated
for tuberculosis
in 2022.



220 million

Mosquito nets
distributed to fight
malaria in 2022.

The **combined death rate** from AIDS, TB and malaria was **cut by 55%** in countries where we invest.

In the 2023-2025 cycle, **126 countries** receive an allocation based on their disease burden and economic capacity.

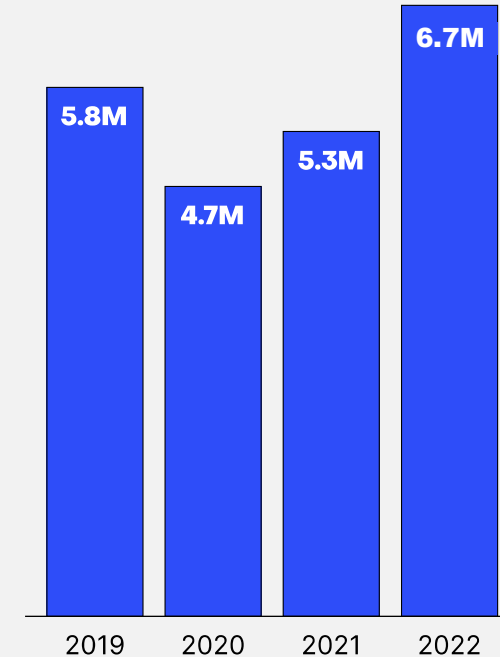
Severe impact of COVID-19 on TB programs and recovery



People treated for TB

Between 2021 and 2022, the number of people treated for TB in the countries where the Global Fund invests rose by about 26%, with those treated for drug-resistant TB rising by 8.6%.

People Treated for TB



The graph includes countries with comparable results in all four years. Therefore the total results in 2019-2022 might be lower than the total number of services seen in the other parts of this report and in the interactive online platform. The results for 2019-2021 might also be slightly different from what was published in previous years due to retrocorrection.

Despite strong progress and rebound from COVID-19 we are off track to achieve SDG 3 targets

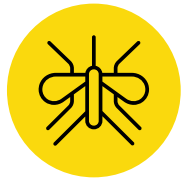
... sustained action is needed to avoid rebound in infections & deaths



- New infections fueled by inequalities
- Growing threats to human rights



- Case finding challenge, inequitable access
- MDR-TB/AMR



- Drug & insecticide resistance
- Climate change impact



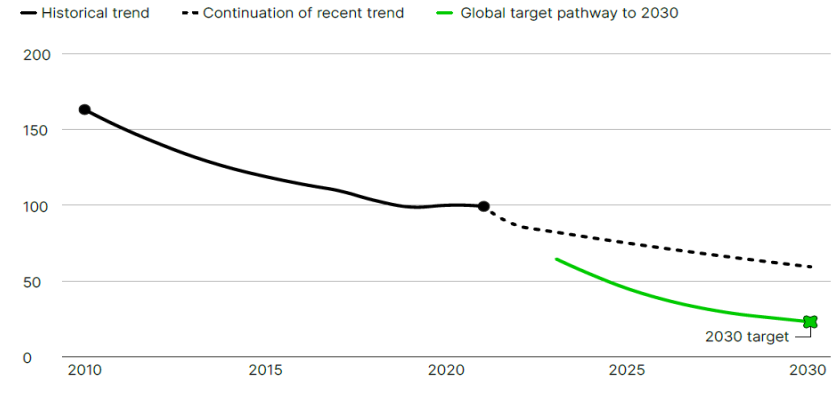
- COVID-19 added pressure on already strained health systems in LMICs but capabilities built over the years for infectious diseases could be mobilized quickly
- Growing demand from countries



- Indebtedness, fiscal pressures threaten domestic health funding

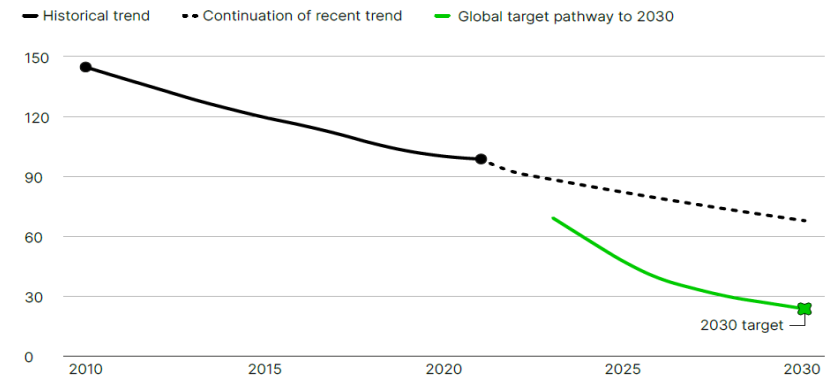
Combined mortality rate: progress towards global targets

In countries where the Global Fund invests



Combined incidence rate: progress towards global targets

In countries where the Global Fund invests



Challenges and flexibility/innovations

A challenging context...



Setbacks through COVID-19.

Polycrisis – conflicts/wars, food insecurity, erosion of gender equality and human rights, impact of climate change

Resistance - increasing resistance to malaria drugs and insecticides are jeopardizing treatment and vector control efforts; MDR-TB remains a health threat; HIV treatment interruption can lead to resistance.

Flexibility and innovations

Thanks to the support of Germany and other donors, **strong programmatic rebound** post COVID-19.

Flexibility and adaptation. Countries in crisis now represent 30% of our grants.

Recent emergency funding deployed: Afghanistan, Mozambique, Somalia, Pakistan, Malawi.

Human rights standards in all grants and investments x10 since 2017; **gender equality marker** introduced.

Market Shaping and innovation pipeline, working with partners: cost of Bedaquiline -55% for MDR-TB, GeneXpert TB cartridges -20%, ART -20%.

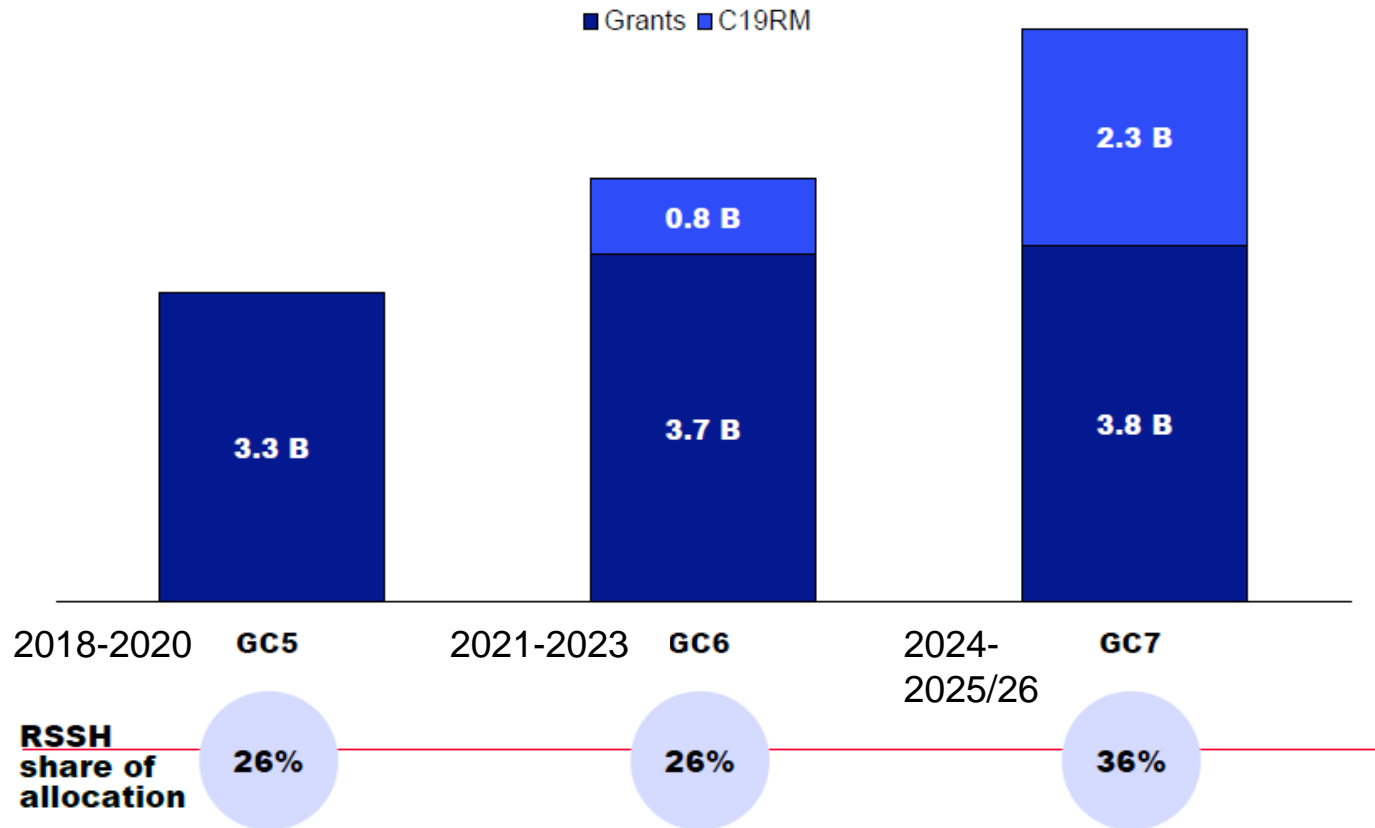
New tools such as dual active ingredient nets for malaria, mobile Xrays with AI, PrEP incl. the new vaginal ring.

Significant additional investments in formal & community health systems, as well as pandemic preparedness and response (PPR) to increase resilience for current and future pandemics (cf. next slide)

Capitalize on GF investments in systems for health

Building on 20 years of experience supporting more resilient and sustainable systems for health (RSSH)

Total investments in RSSH-PPR: GC5-GC7 (US\$ billion)



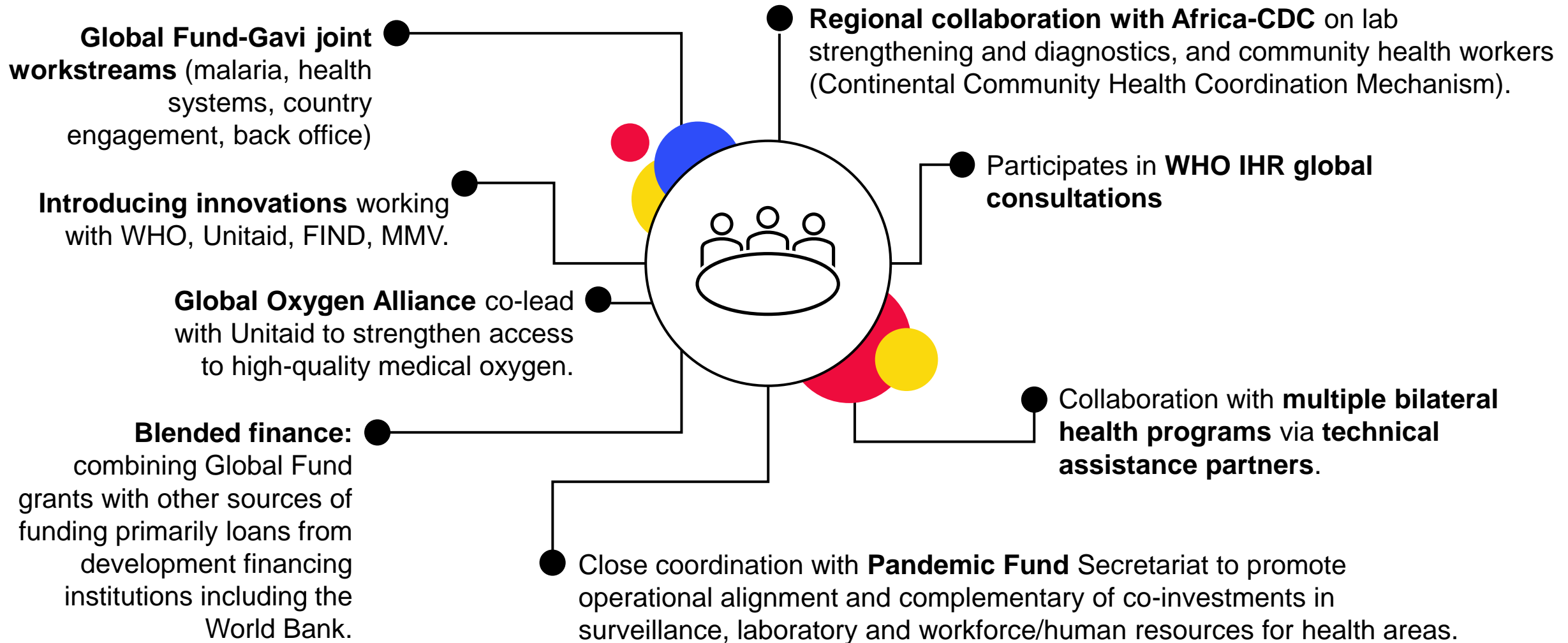
The Global Fund is the world's largest multilateral provider of RSSH grants and one of the primary investors in health systems, currently investing US\$2 billion a year in formal and community health systems through HIV, TB and malaria grants, direct RSSH grants and the COVID-19 Response Mechanism (C19RM). We are seeing the **most significant increase in investments in systems for health** for the next 3 years in the history of the Global Fund.

Grants and the COVID-19 response were programmed in an integrated way to support PPR for countries, with clear focus on the following areas:

- Human resources for health, including community health workers and community systems
- Laboratory systems
- Supply chain and waste management
- Early warning surveillance and response
- Oxygen and respiratory care systems

Coordination across PPR financing players

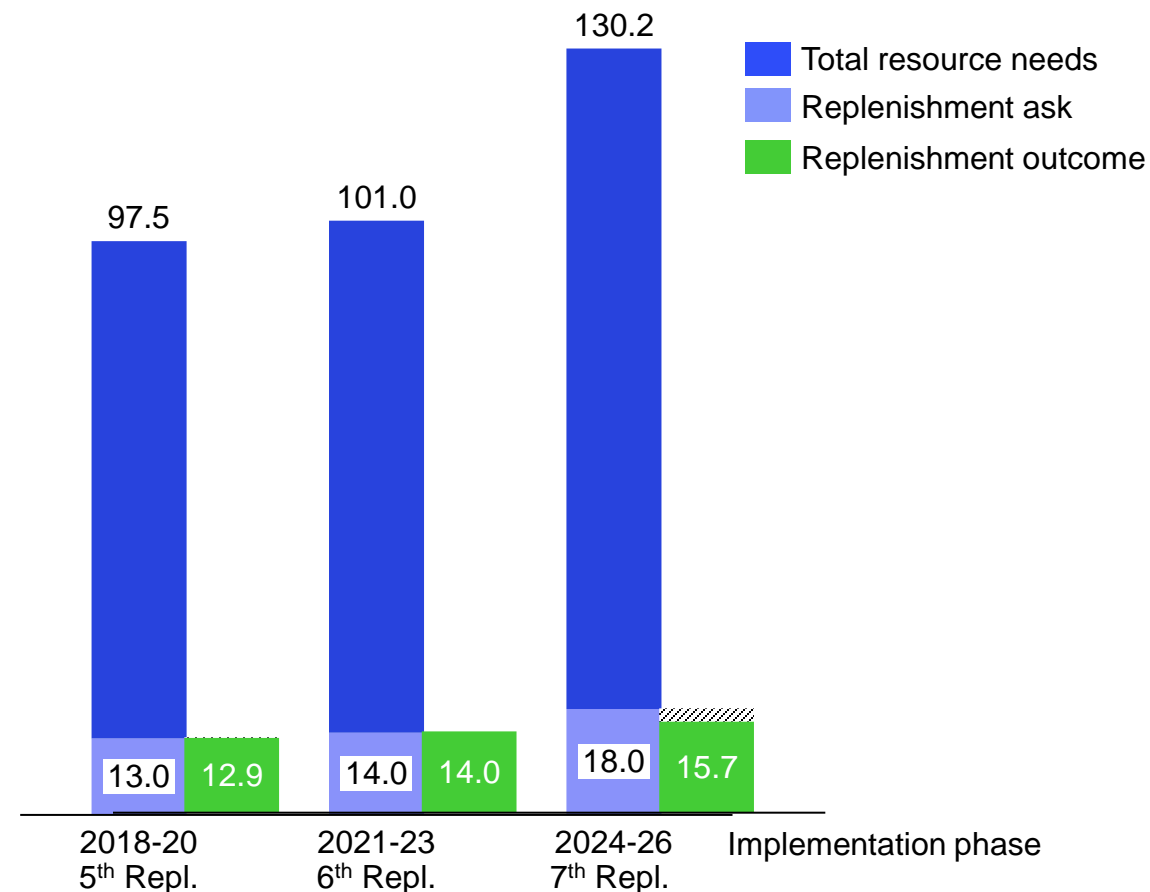
The Global Fund coordinates with other agencies across the PPR continuum, for example:



Overall Trend of Resource needs and Recent Replenishment outcomes

- Total resource needs refer to resources needed to achieve SDG 2030 targets (across the three diseases in Global Fund supported countries)
- Based on Global Plans from technical partners (WHO, UNAIDS, Stop TB Partnership)
- The 7th Replenishment outcome represents a 12% increase over the 6th Replenishment - while resource needs and the Replenishment ask increased by 29%

Overall evolution of resource needs* Last three implementation periods, US\$ billions



Notes: data excludes pledges in the context of the COVID-19 response through our COVID-19 Response Mechanism

Road to the 8th Replenishment



7th Replenishment

(2024-2026 implementation)

- Target of **US\$ 18 billion**.
Outcome: US\$ 15.7 billion (with US\$13.128 billion for country allocations and US\$400 million for catalytic investments for 2023-2025).
- Responded to **COVID-19** swiftly and adapted throughout its different phases.



8th Replenishment

(2027-2029 implementation)

- **Q1/2 2025: preparatory meeting and launch of the Investment Case**
- **Q3/4 2025: pledging conference**
Implementation phase will bring us to 2029

Investment case coordinated with partners

- It will remain **anchored in SDG 2030 ambition** with methodology **aligned and based on global plan models** from technical partners (WHO, UNAIDS, Stop TB Partnership, RBM...)
- **Technical partners** (WHO, UNAIDS, Stop TB Partnership, RBM...) **are part of our Investment Case Modeling Guidance Group**

Determining needs

We look at:

- **Total needs** based on **global plans** (stood at \$130.2 billion for 7th Repl. in countries where we invest)
- Projected **domestic resources** available and spurred in part through our co-financing requirements
- Projected **non-GF external funding** available (eg PEPFAR and others)
- The **share of the remaining gap** the GF estimates it can cover

Considerations for the 8th Repl. investment case

- Key building blocks for **health and community systems**, as well as **PPR**
- Roll-out of **new tools** beyond vaccines for **comprehensive control** efforts in line with WHO recommendation. Modelling scale and impact of innovations with UNITAID
- The **impact of climate change** on HTM, especially malaria as particularly climate sensitive, and adaptation of key building blocks of health systems to become more resilient to global warming

Thank you



The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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