



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

STORIES OF
**INNOVATION
AND IMPACT**

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FISH HELP PREVENTION EFFORTS

Globally 33.4 million people live with HIV. 2 million died in 2008.

The number of people receiving AIDS treatment has trebled with the help of Global Fund-financed programs.



PEER EDUCATION IN TOWNSHIPS

Preventing kids in tough townships from getting and spreading HIV is groundbreaking work. Community projects working within the neighborhood are helping young people take control of their lives by sharing the facts on how to avoid HIV, how to treat it and how to live with it.

Xola Bolsick lives in Khayelitsha, a poor and overcrowded community of almost a million people on Cape Town's outskirts. Unemployment is a scourge and there's little to do. There are high levels of HIV and other sexually transmitted infections, TB, teenage pregnancy, alcohol abuse, crime and gender-based violence.

"At first I used to sleep around," says Xola, referring to his past sexual history with multiple partners. But his life changed when his sister introduced him to Nontuthuzelo, a peer educator from his high school.

Nontuthuzelo advised him to get an HIV test. Xola was surprised when his test showed he was positive. "I could not believe it because all the woman I was with were beautiful; I didn't think I could get it from them."

Thanks to Nontuthuzelo's help Xola is now able to live openly with HIV as a youth leader at church.

Nontuthuzelo was trained by Partners in Sexual Health, a civil society organization close to the people most in need of assistance. She's one of around 800 peer educators in Khayelitsha providing counseling and role models for children in their early teens.

The pilot program in Khayelitsha proved so successful that there are now more than 17,000 peer educators throughout the Western Cape Province, thanks to the combined efforts of community-based groups functioning with Global Fund support.

Global Fund financing of this collaborative program has grown from supporting 60 schools to supporting 150. Another 40 schools are funded by a combination of government, nongovernmental organizations and businesses.

Challenges remain, however, as demand far outstrips available funding and many schools still do not have such programs.



Throughout the world
9.5 million people
needed antiretroviral
therapy (ART) in 2008.

**At the end of 2009,
programs financed
by the Global Fund
were providing ART
for 2.5 million people.
In four countries,
Thailand included, the
government has taken
over the financing
of these programs,
extending the reach of
Global Fund-initiated
treatment to 2.8 million.**



COMMUNICATING TO THE DIGITAL GENERATION

The television commercial shows a happy couple meeting for a drink. But the mood changes when the girl's former boyfriend shows up and talk turns to health risks associated with unprotected sex with previous partners.

This simple drama spotlights that changing sexual partners leads to the risk of AIDS and emphasizes the importance of using a condom. The messages reached three-quarters of the target population of 15 million youths in Thailand when it was shown as a TV spot.

Reaching young audiences is key to controlling the epidemic in Thailand, where 90 percent of deaths from AIDS-related illness occur among young people in their early twenties. To keep up with the diverse and sophisticated technology used by young adults to communicate, national prevention campaigns have gone digital.

Video clips about effective prevention and treatment of HIV were broadcast during peak youth viewing time. The speed at which web-based technology generates messages on mobile phones or other channels reflects the rapid change in attitudes the video clips are designed to convey.

Another 30-second TV clip, "Winner", shows an HIV-positive boy developing into an athlete. The main message was that the quicker you know your status the better you can treat AIDS.

Thailand's strong national response resulted in a large decline in new HIV infections. Millions more adolescents carry condoms thanks to TV campaigns. Global Fund support has also increased awareness of risky sexual behaviors among youth in schools, in the workplace and in the community.

The Global Fund-supported program initially provided ARV therapy and care for all those in Thailand qualifying for treatment. Provision of medicine and support has since been transferred to the Thai National Health Security Scheme. Anyone not covered by the scheme receives treatment through Global Fund support.



2 million children throughout the world were living with HIV in 2008. The majority were infected through mother-to-child transmission.

Global Fund-supported programs have provided treatment to nearly 800,000 HIV-positive women for the prevention of mother-to-child transmission. As many as 45 percent of mothers requiring treatment have been assisted. By increasing support in this area the goal of achieving an HIV-free generation by 2015 can be realized.



HEALTHY INFANTS HELP BREAK STIGMA

Smiling doesn't come naturally to Dr Nafthali Hamata. One in four of the pregnant women who come to his antenatal clinic in the north of Namibia are HIV-positive.

The doctor's face visibly relaxes when he describes the effect of treatment to prevent transmission of HIV from mother to child. In his clinic there's a 95 percent success rate. Before the prevention program started, one child in three was born with the virus.

By encouraging all the women who come to his clinic to get tested, Dr Hamata can ensure HIV in pregnant women is identified and treated. Treatment should start in the earliest stages of pregnancy. Women are also encouraged to give birth in hospital and to take treatment while breastfeeding.

Pregnant women come from far afield for treatment. When they go back home healthy with a healthy child, neighbors and family see the effect of treatment and want to try it themselves.

"They go back home and it seems this is helping the population to reduce the stigma," explains Dr Hamata. "Even [once-reluctant] men are now accepting [antiretroviral] treatment."

Thanks to Global Fund assistance, Namibia provides the ARV drugs for free and is one of the few countries in Africa where they are available to everybody who needs them. Testing and treatment is being carried out in two-thirds of antenatal clinics and the rate of transmission has been drastically reduced.



More than 14 million children, most of them African, have lost one or both parents to AIDS.

Around 4.5 million care and support services have been provided to orphans and other vulnerable children since 2004. Around 1.5 million orphans are currently receiving support from Global Fund-financed programs.



Orphans and other vulnerable children in Lesotho

LEGAL ASSISTANCE FOR HOMELESS KIDS

Tokani Tokan lost his parents. Then relatives took his home. Now he lives with other children – he’s their provider because he’s the oldest.

There are 180,000 orphans and vulnerable children in Lesotho (population 2 million) and most of their parents died of AIDS. The Global Fund supports a variety of organizations working with children, including one which provides legal protection against the practice known as property grabbing.

Tokani is getting help from the Federation of Women Lawyers, which handles legal cases on behalf of minors. Tokani wants his house back and he’s ready to fight for it. The law is on his side.

Inheritance rights are being upheld through Global Fund support to the federation. But rights can only be enforced if people know about them.

The Federation of Women Lawyers translates legal articles into the local language of Sesotho and trains police officers in the laws protecting the rights of women and children.

“The biggest problem is that these children live alone,” says Mathiya Nonayesi, who’s been trained by the federation to talk with children about physical abuse and breaches of their property rights. “Rather than going to school they can go astray.” Their vulnerability heightens the risk of exposure to HIV, and so perpetuates the cycle of infection from their parents’ generation to the next.

Education is the key to a brighter future for these children. The Global Fund helps the government finance high-school bursaries and pays for school uniforms so orphans don’t feel different from the other kids.

For children who have nowhere to turn, the Global Fund has partnered with UNICEF to provide a phone service called “Childline.” Calls are free of charge and the line operates 24/7, manned by social service staff trained to offer advice and - if required - make arrangements for legal and physical protection.



A total of around 9.4 million people annually contract active TB.

TB cases detected and treated will continue to increase from 6 million to more than 10 million by 2012.



TB treatment in Jordan

EXTENDING TREATMENT TO INTERNATIONAL MIGRANTS

The sisters are used to sharing a room – just not in a hospital. They have spent much of their life on the move from one cramped room to another, as their father chased employment across the Middle East at a time when recession made jobs scarce.

Born in Saudi Arabia to Yemeni parents, the sisters' health suffered with all the moving around. They made a brief visit back to Yemen to visit relatives where doctors believe they picked up TB, then on to India, followed by Egypt for their father's next job. Now they are staying put in the Noor Sanitorium in Marfrak, north Jordan, until they are completely cured.

Some countries don't offer TB treatment to non-nationals. Jordan offers it free of charge to everyone. Some migrants travel to Jordan specifically for the high standard of its treatment, particularly in tackling drug-resistant strains of TB.

Standing at a crossroads of the Middle East, Jordan gets support from the Global Fund to provide health care for international migrants as well as for the Palestinian settlers estimated to make up one-third of the population. Prior to Global Fund support less than half of Jordan's TB cases were detected. Now nearly all of them are.

Migrants from countries with higher rates of TB contribute to raise the rate in Jordan. But rather than stigmatizing foreigners as disease bearers, the country offers effective detection and treatment services. Immigrants are screened and everyone can be treated.

Mobile populations are part of contemporary life: one in every 35 people worldwide is an international migrant. Opening up national health services to all within a country's borders is one of the keys to better global health.



TB treatment is long and difficult to stick to for people with no income. If left unsupervised, it is likely that one patient in three will not complete the course.

The Global Fund finances TB treatment through DOTS, the strategy recommended by the World Health Organization that has a defaulter rate of just 5 percent. Global Fund-financed TB programs include income-generating projects to help ensure TB patients are able to support themselves as they are cured.



TB treatment in Peru

SWEET PROGRESS FOR TB PATIENTS

Rosario Aquino gives the melted chocolate a final stir before pouring the molten liquid into molds to cool and set. She won't eat the chocolates herself – they're her livelihood.

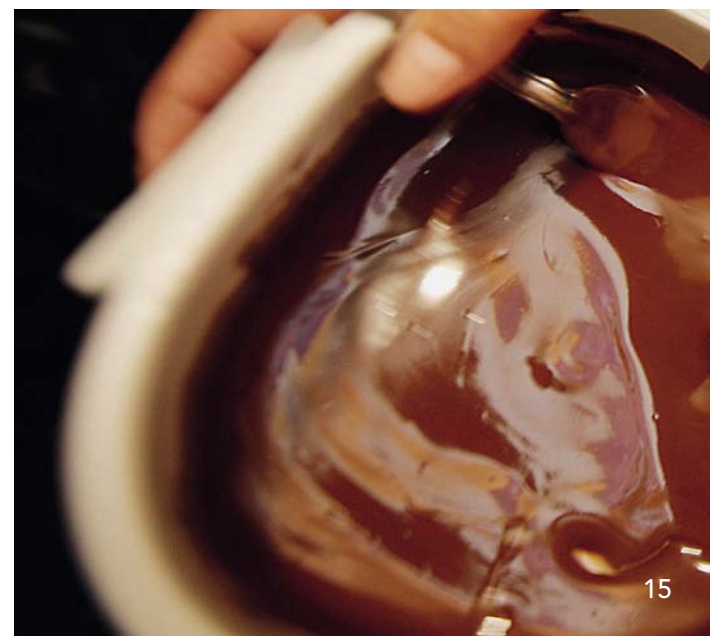
Rosario is a TB patient who started a microbusiness making and selling "chocotejas" – a chocolate-covered caramel popular in Lima. She's one of hundreds of *grandes empresarios* or entrepreneurs who have been given help in starting a microbusiness to regain their health and their self-reliance.

Because TB preys on people with particular immune deficiencies associated with poor diet or prior illness, fighting the disease in many cases also involves fighting poverty.

The *grandes empresarios* of Lima are people with limited access to income through formal employment. Microloans through the Global Fund provide the seed capital for collectives to get started in a small business, allowing patients to remain independent in the face of adversity. Microloans help put food on the table and get people going again after being infected with TB.

Rosario, who uses a wheelchair, smiles at every opportunity and counts her blessings. "It has changed my life. I was so sick I could barely move. I had no money to buy food. Nothing. My friends and I can make 50 percent in profits and can put some food on our tables. We have learned that if we eat well we can fight TB better. I am lucky, I am blessed," she says, smiling.

Peru has the largest Global Fund-supported TB program in the region tailored to respond to the challenges of poverty. One out of every three Peruvians receives social assistance in the form of basic foodstuffs, temporary work or housing. The incidence of new TB cases has steadily declined but the disease continues to pose a public health problem.



Nearly 85,000 new cases of multidrug-resistant tuberculosis (MDR-TB) occurred in Eastern Europe and Central Asia in 2007. This region continues to report the highest proportions of drug-resistant TB globally.

The Global Fund is the major financer of MDR-TB treatment, supporting nearly 30,000 people enrolled in treatment. The threat of MDR-TB can be contained if progress continues at the current rate.



MDR-TB treatment in Georgia

TREATMENT NOW WIDELY AVAILABLE

“Without the help of the Global Fund there is no chance that we could have started MDR-TB treatment.”

That’s Taniel Endeladze’s opinion now that Georgia’s treatment program for MDR-TB is available free to anyone in the country. He has been head of the state TB hospital in Abastumani since the Soviet era. Back then there was no real understanding of drug-resistant TB. (Single or multidrug-resistant TB strains can develop when TB patients are not given or do not complete appropriate treatment. These strains are directly transmissible).

“Sometimes it was one drug, sometimes another. There was no standard time for treatment; people could spend years here. One patient was here for 26 years,” Endeladze recalls. “There was certainly multidrug resistance, but we had no diagnosis for multidrug resistance then,” he adds.

Like many former Soviet countries, Georgia suffered a surge in TB cases during the 1990s with mass movements of people and large numbers of refugees. With financing from the Global Fund, Georgia began its first pilot project for MDR-TB treatment in Abastumani in March 2008. What started with seven patients has grown quickly and the hospital currently has 86 patients in its two MDR-TB wards.

There are three MDR-TB inpatient sites in the country and more than a thousand MDR-TB patients. The cost of treatment is covered by the Global Fund.

Although he has been in charge of the TB hospital for nearly 25 years, Endeladze continues to be full of enthusiasm for his work. “This is my life. Whoever is involved in TB control, it becomes a deep part of your life,” he says. “I worked in TB in the hard times. I would not want to be doing anything else now that we are in far better times.”



Around 90 percent of all malaria deaths are in Africa, most of them children under the age of five.

Global Fund financing has played a decisive role in cutting malaria deaths by more than 50 percent in some countries.



Malaria prevention in Zambia

CLINICS EMPTY OF MALARIA PATIENTS

Mrs Kafirera used to bring her kids into the Mombe Health Center with malaria so frequently that they were well known by clinic staff. When they stopped coming the health officer feared the worst and went to check on them.

The Kafirera family was fine. Since they got their insecticide-treated nets to protect them at night from mosquitoes and their house was sprayed with insecticide, they just don't get malaria any more.

The clinic head, Ignacious Bulongo, says he saw a marked change in the community soon after the nets were distributed and the houses sprayed.

"After the intervention they have stopped coming to the health center and we've made a follow-up. We've gone to visit them. They are healthy. We are just monitoring if they need to be given more mosquito nets in future," says Bulongo.

Mrs Kafirera was so glad to see her family's health improve she agreed to become a community advocate of nets and indoor spraying.

Now that it has fewer malaria patients to treat, the Mombe Health Center can spend more time engaged in outreach work and follow-up, informing people how to stay free from disease.

Global Fund-financed programs have contributed to cutting malaria deaths in Zambia by two-thirds.



200,000 newborns die each year, mostly in Africa, because their mother contracted malaria during pregnancy.

Global Fund-supported programs have distributed 104 million insecticide-treated nets. Initially, priority was given to those most at risk from malaria: pregnant women and children under the age of five. The goal now is to provide nets for all who need them.



PREVENTION FOR PREGNANT WOMEN AND NETS FOR ALL

Rachel Amos is getting a ticking-off from her doctor, Tim Moses. He'd asked her to come back for a second checkup during her pregnancy and she's turned up four weeks late.

Dr Moses warns all pregnant women that they are especially vulnerable to malaria and that the disease could harm their baby. He makes sure they receive preventive treatment and sleep under an insecticide-treated net.

Rachel took preventive treatment against malaria when she was 16 weeks pregnant. She was supposed to come back at 20 weeks, but it took her a while to persuade her husband to allow her to return. Dr Moses gives her the second dose and asks about the net: is she using it? Yes, she and her husband sleep under the net every night. Pregnant women and small children may get priority for insecticide-treated nets to protect sleeping areas but the benefit is shared by the rest of the family.

As nets become more available they are given to all households in areas where malaria is a problem, not just those with pregnant women and small children. Everyone in the district where Rachel lives has been given an insecticide-treated net. Soon everyone in the country will have one.

Nigeria is carrying out the largest distribution campaign for insecticide-treated nets in the history of malaria control. It aims to distribute 62 million nets by the end of 2010. Almost half of those nets will be financed by the Global Fund.



Sub-Saharan Africa faces the greatest health work force challenges with 3 percent only of the world's health workers but 11 percent of the world's population and 24 percent of the global burden of disease.

Global Fund-supported programs have carried out more than 138 million community outreach prevention services for at least one of the three diseases and provided 11.3 million sessions of training for health and community workers.



COMMUNITY HEALTH WORKERS MAKE VITAL DIFFERENCE

Abeba greets Firehiwot warmly and welcomes her into the home. She talks about the health of her family. It's been much better since Firehiwot started visiting, promoting hygiene and removing pools of stagnant water which attract malaria-carrying mosquitoes.

Firehiwot asks after the smallest child, who has a fever. It could just be teething but so that she can be sure, she carries with her a rapid test for malaria – and drugs in case the result is positive.

Five years ago almost half the population had no access to any health care services at all. Ethiopia's response was to train two high-school graduates per village to help extend health services to rural communities. The mobilization of 30,000 "health extension" workers like Firehiwot has contributed to cutting malaria deaths by half.

The Global Fund finances top-up training for health extension workers, as well as the rapid test kits and malaria drugs they carry with them on house calls.

Preventing people from getting sick not only improves their health. It also allows them to earn their living and reduces the strain on the health care system. Putting health in the hands of the community is critical to scaling-up the prevention services that will ultimately eliminate the costs of diagnosis, treatment and follow-up.



Malaria is the cause of nearly one in five child deaths, and inflicts an enormous burden of death and disability on sub-Saharan Africa.

Worldwide, Global Fund-supported malaria programs have financed the spraying of homes more than 19 million times.



Malaria prevention in Swaziland

ELIMINATING MALARIA BY 2015

Simon Kunene plans on retiring in 2015 when malaria's been eliminated in Swaziland. He directs the national malaria program, and is sure of his strategy: spray every house in the country at least once a year with insecticide. The toxin kills the *Anopheles* mosquito which transmits malaria. It's a critical component of an effective prevention program.

"The most important thing to keep malaria down is constantly spraying," says Kunene who's been fighting malaria for more than 20 years. "When do people go to bed? If they watch TV until 11 o'clock they're already bitten a dozen times so bed nets don't help."

He leads an army of sprayers wielding metal canisters. They're trained to use the insecticide safely, wear protective clothing, remove household items, cover furniture with sheeting and allow an airing of two hours before the family can return inside.

There were just three deaths from malaria in Swaziland last year, but Kunene won't be satisfied until there are none. He's seen his country come a long way and this time he's going to finish the job.

In the early 1970s Swaziland had virtually eliminated malaria. The government cut funding and programs, the mosquito bit back and by the mid-1990s there were 100,000 cases.

Since the signing of Swaziland's first Global Fund malaria grant there's been a 70 percent decline in malaria cases. Global Fund finance complements the resources the government is once again investing in malaria prevention.

The massive reduction in malaria cases is not only due to the national prevention program but also to the success of the regional program. The Lubombo region comprising Swaziland, Mozambique and South Africa has been awarded its own multicountry Global Fund grant to help eliminate malaria in the region by 2015.



Ten countries are implementing nationwide malaria elimination programs. Most if not all will achieve zero locally transmitted infections by 2015.

The Global Fund is financing five of the poorest countries in their elimination efforts.



FISH HELP PREVENTION EFFORTS

Parda Hujumarov supervises the women harvesting his rice paddy in Khatlon in the south of Tajikistan. The stagnant water channels used to be a breeding haven for mosquitoes.

The insect spreads malaria by biting an infected person, picking up the malaria parasite and transmitting it to the next person they bite. Parda's workers used to be off sick all the time. Now he gives a nod of satisfaction to see they're all out there working in the afternoon heat.

The puddles underneath his muddy boots are full of tiny fish swimming in the shallow water. They were deliberately introduced to the rice paddy's water channels by the regional malaria control authorities.

Gambusia fish – also known as guppies - prey on mosquito larvae. They're an effective malaria prevention tool in a low-prevalence setting, where just one case of malaria could trigger an outbreak of the disease.

The use of larvivorous Gambusia fish is promoted by almost all affected countries in rice-growing areas. Khatlon's malaria experts breed Gambusia in tanks and ponds and distribute them to farmlands. They've also supervised other control methods.

Parda and his relations sleep under mosquito nets and their houses have been sprayed with insecticide. Malaria is still endemic in their district but the incidence of new cases has dropped dramatically. A decade ago there were around 25,000 cases of malaria in Khatlon. Today there are as few as 100 or so.

Tajikistan has cut malaria cases by 80 percent. The Global Fund provides 100 percent of the financing for the elimination stage of malaria control in the country.



