

# Defeating AIDS, TB and Malaria and Building Systems Together

53<sup>rd</sup> Board Meeting

GF/B53/17

7 – 9 May 2025, Geneva, Switzerland

*For Information*

# Executive Summary

- Since the November 2024 Board update on HIV, TB, Malaria and Resilient and Sustainable Systems for Health (RSSH), the context has shifted significantly.
- Countries, technical and community partners and the Global Fund are collaborating to assess the impact of an evolving health landscape, with a shared focus on protecting access to life-saving health products and services. The modeled projections from partners of HIV, TB and Malaria outcomes highlight significant risks to our mission.
- The Global Fund recently launched adaptation measures to Grant Cycle 6 (GC6) and Grant Cycle (GC7) with countries and partners to ensure continuity of essential programming while deferring some areas of investment to maximize available funding for a broader programmatic reprioritization exercise.
- Programmatic reprioritization efforts will consider each country context, noting that changes have impacted countries and regions differently.
- The Partnership *itself* is under strain and has never been more important to sustain the gains within a new global health architecture to defeat HIV, TB and Malaria while building resilient health and community systems. This will involve responsible transition towards domestic financing and increased integration, while not leaving those most vulnerable behind.

# A rapidly evolving context since our last Board meeting, with growing urgency for the Partnership

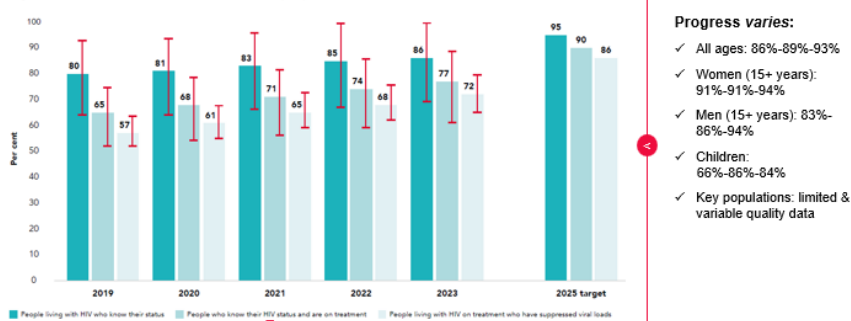
The Global Fund is investing the largest amount *ever* in RSSH – about 40% of grant investments during the GC7 period

Following significant success for 15 years decreasing cases and deaths, progress has *stalled*

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

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 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](https://www.theglobalfund.org/media/13448/trp_2023-observations_report_en.pdf)

While the landscape has shifted significantly since November, our focus to save lives and **defeat HIV, TB and Malaria** has *not*.

And our collective work **investing in resilient health and community systems** has never been more important – we saw that during COVID-19, and we see it now.

The Partnership, which is also changing, will be foundational to **preserving equitable access to life saving services across all sources of funding** – work remains, and we have the fundamentals to progress responsibly *together*.

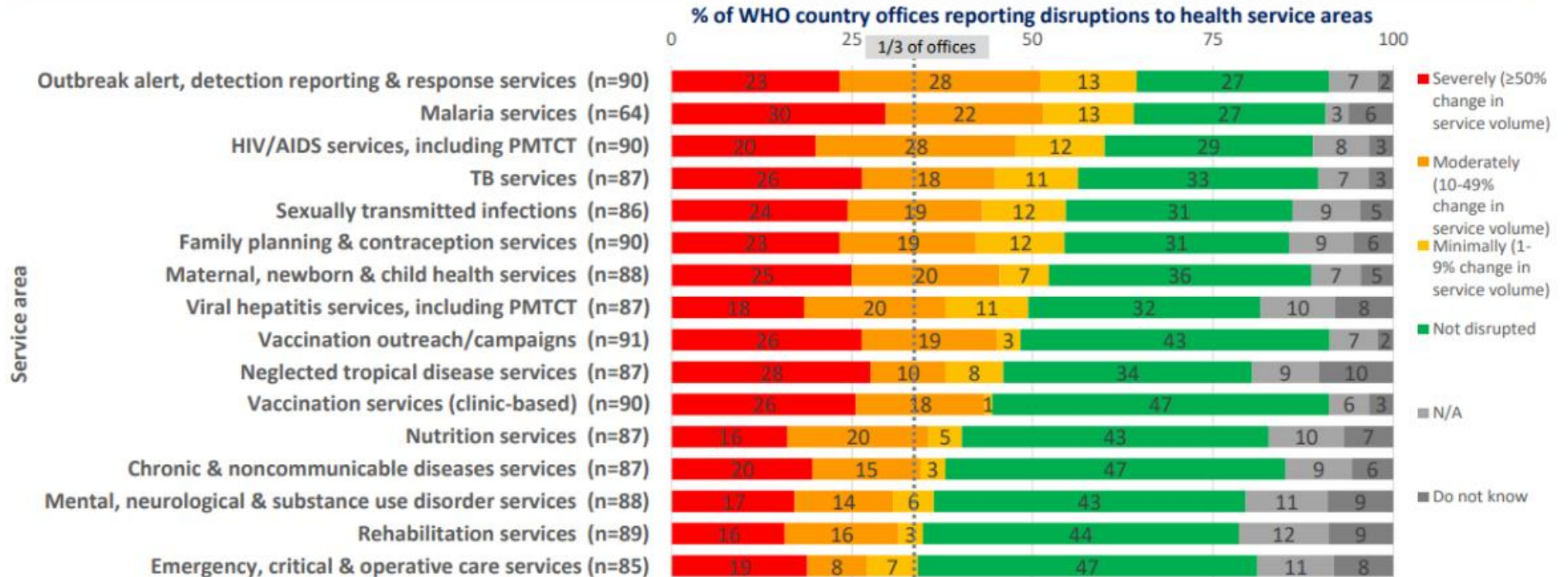
# Preliminary assessment of disruptions from the country level provides critical insights

## ⚠ Extent of service disruptions



- 71% (75 of 106) of WHO country offices reported disruptions to at least one service area
- Service areas most **severely** affected include: malaria, NTDs, vaccination (clinic-based & outreach), TB, and maternal and child health, sexually transmitted infections, family planning, outbreak detection & reporting
- Disruptions for potentially life-saving emergency, critical & operative care are particularly concerning

Partner data combined with GF engagement via PRs, CCMs, & communities has been essential to monitoring impact

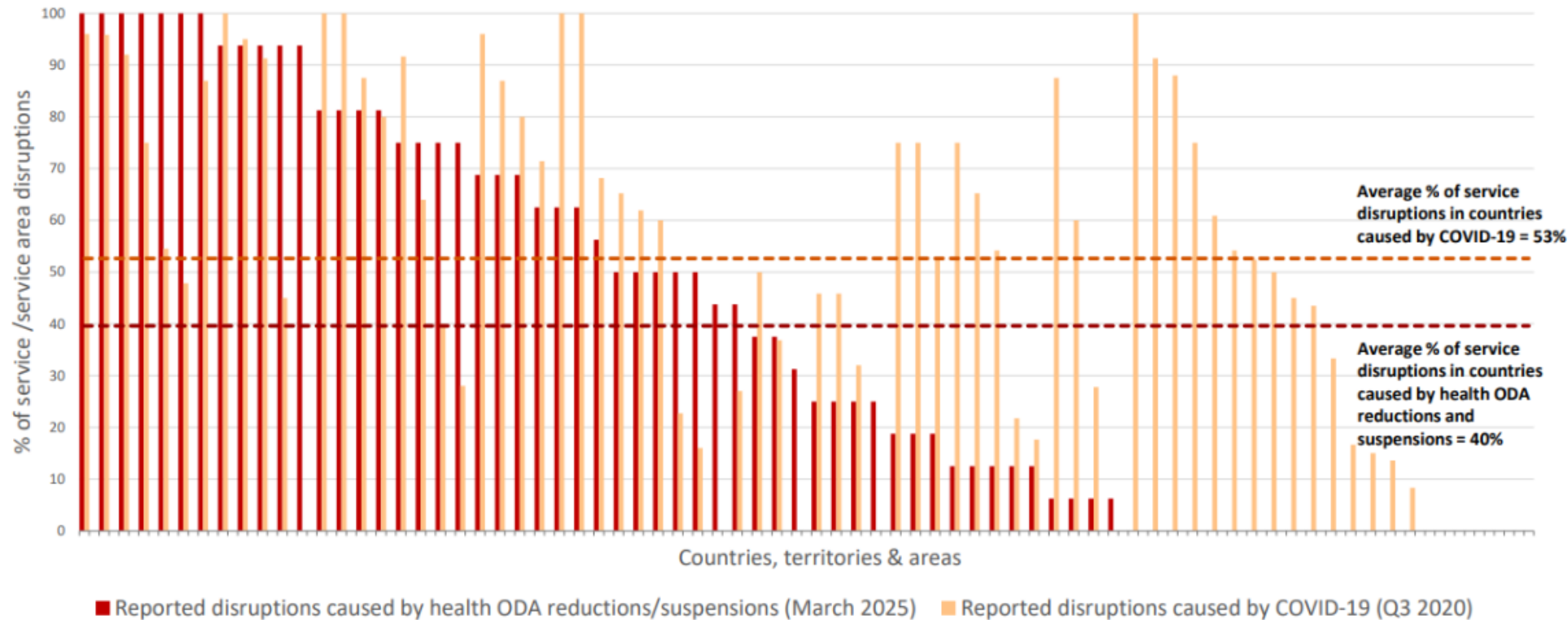


# The Partnership has experience with disruption during crisis – we'll need to build from agile thinking & action

## ⚠ Contextualizing magnitude of disruptions



Magnitude of service disruptions due to current health ODA suspensions and reductions is 3/4 of disruption level at COVID-19 peak (n=74)



**Note:** Figure includes findings from 74 countries for which information on service disruptions are available through both the March 2025 Rapid WHO country office stock take as well as the Q3 2020 [WHO EHS pulse survey during COVID-19](#)

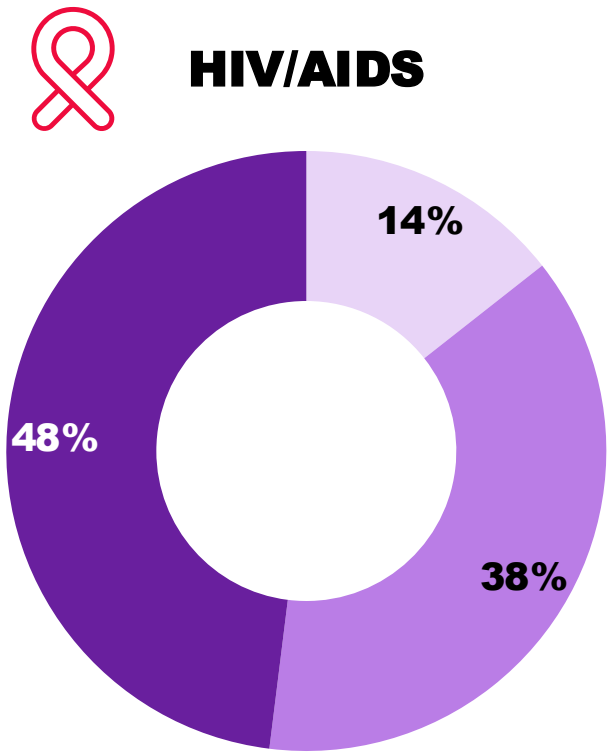
*While not the same context, critical lessons from C19RM can inform GF investment to preserve access to life saving services such as:*

- ✓ Service and health function integration
- ✓ CHWs part of national HRH strategies
- ✓ Simplifying services to most impactful essentials

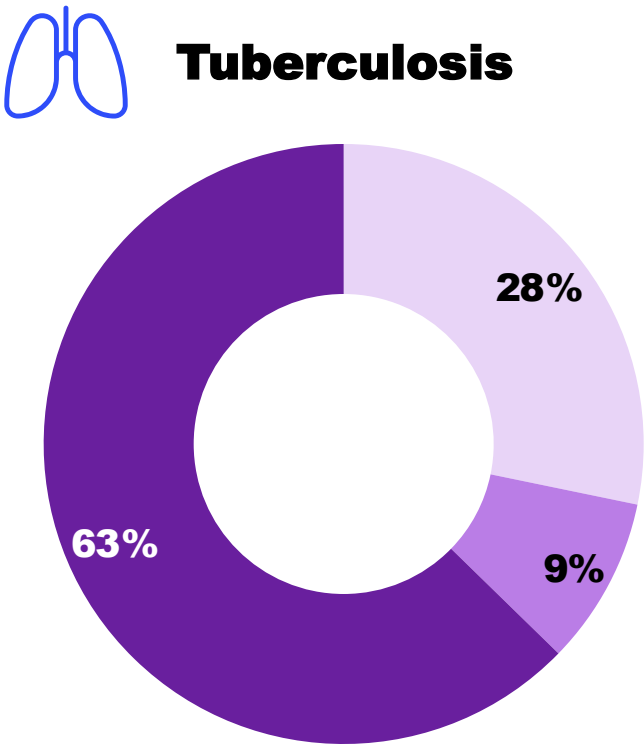
*Non-exhaustive list*

# To responsibly and collectively respond, we need to look across *all* sources of global health financing

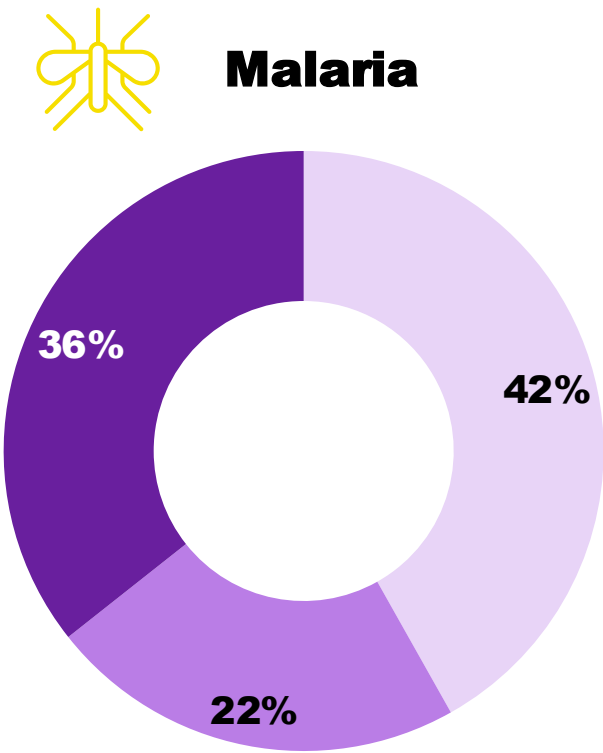
**2023 financing:** Domestic External (non-GF) Global Fund **Cohort:** Countries with a GC7 Global Fund allocation<sup>1</sup>



Source: UNAIDS financial estimates July 2024



Source: WHO Global Tuberculosis Report 2024 data



Source: WHO World Malaria Report 2024 Annex

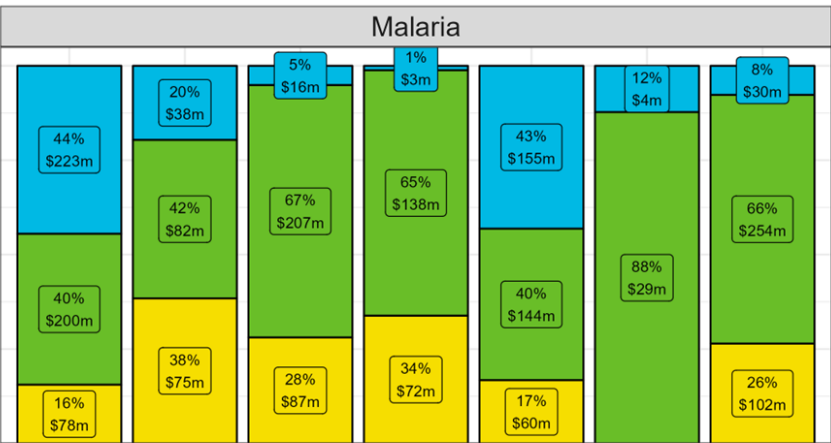
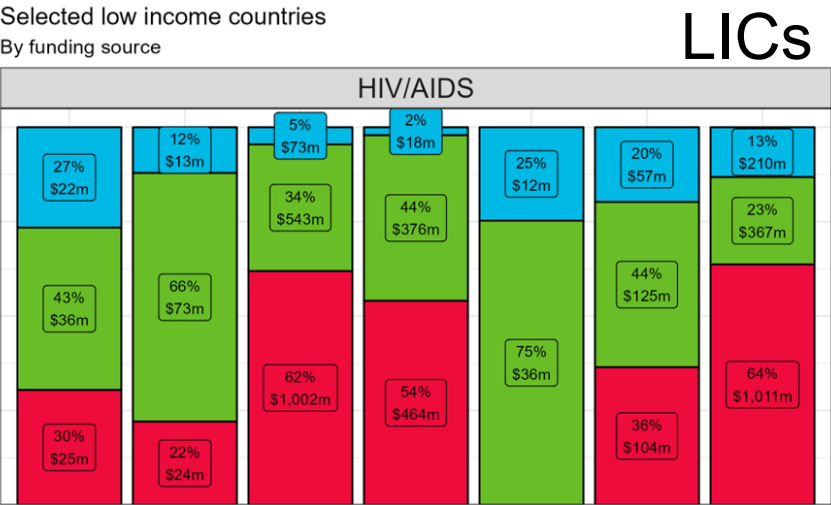
← 31% of GC7 grants are RSSH investments →

1. As is available in the source data, including individual countries within multi-country grants.



# And shifts to increased domestic resourcing will take time in high burden settings for HIV/AIDS and Malaria

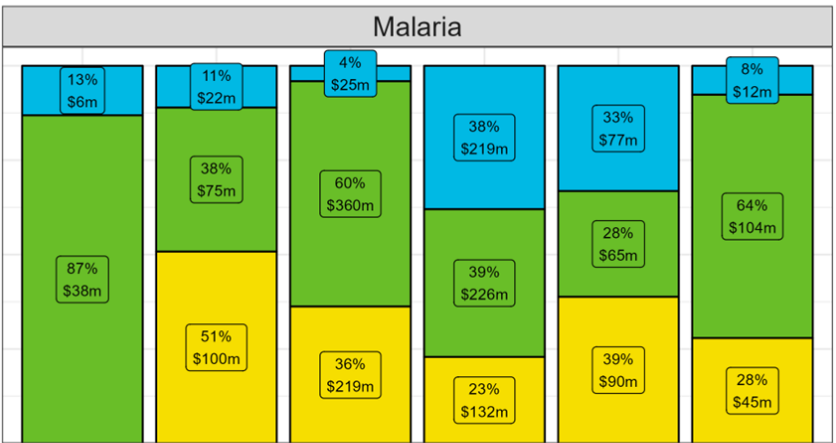
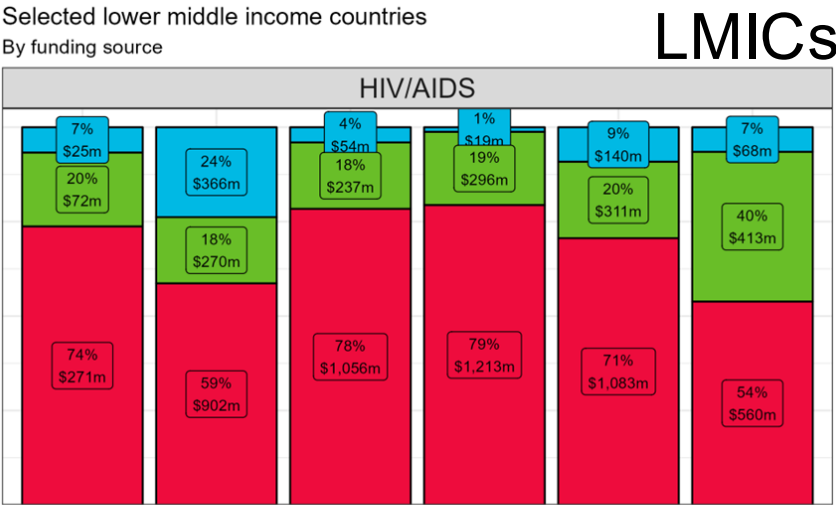
Selected low income countries  
By funding source



Source: Global Fund disbursements 2022-2024  
PMI & PEPFAR disbursements 2022-2024  
Domestic funding from Investment Case modelling 2023 baseline (x3)

Domestic Public  
Global Fund  
PEPFAR  
PMI

Selected lower middle income countries  
By funding source



Source: Global Fund disbursements 2022-2024  
PMI & PEPFAR disbursements 2022-2024  
Domestic funding from Investment Case modelling 2023 baseline (x3)

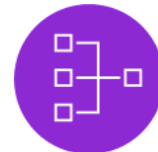
While shifts in external financing are still evolving, **increasing share, quality and focus of domestic financing** is foundational to sustainable, evolved responses.

The Global Fund will be a responsible partner and catalytic investor to support countries and communities in sustaining the gains, in the transition away from external financing.

# As shifts evolve, we're collectively adapting our HTM response to preserve life-saving health products and associated high impact, system investments

**Across *all* diseases, we're monitoring health product availability and mitigating associated supply chain risks with partners**

- **Assessing stock and procurement pipeline data for portfolios most reliant on external funding** to support continuous availability of critical health products. This includes information on GF and non-GF health products (where applicable), across the supply chain, including planned shipments.
- **Leveraging routine PR reporting on supply chain performance metrics to enable close monitoring** and early detection of supply gaps (e.g., on-shelf availability, stocked according to plan) through the PU/DR process to support a comprehensive supply chain analysis for countries at highest risk.
- **Coordinating mitigation measures for information systems, distribution and warehousing services** that have been disrupted along with PRs to develop cost-efficient and sustainable contingency measures to support continuity of critical life-saving services and ensure uninterrupted availability at the point of care.
- **Monitoring global market stability** and assessing short and medium-term implications and any actions required to ensure market sustainability and continued access to affordable, quality-assured critical health products.
- **Enabling increased use of domestic funds for procurement** through exploring the use of PPM/wambo as a reliable procurement channel enabling access to Global Fund negotiated pricing and terms.





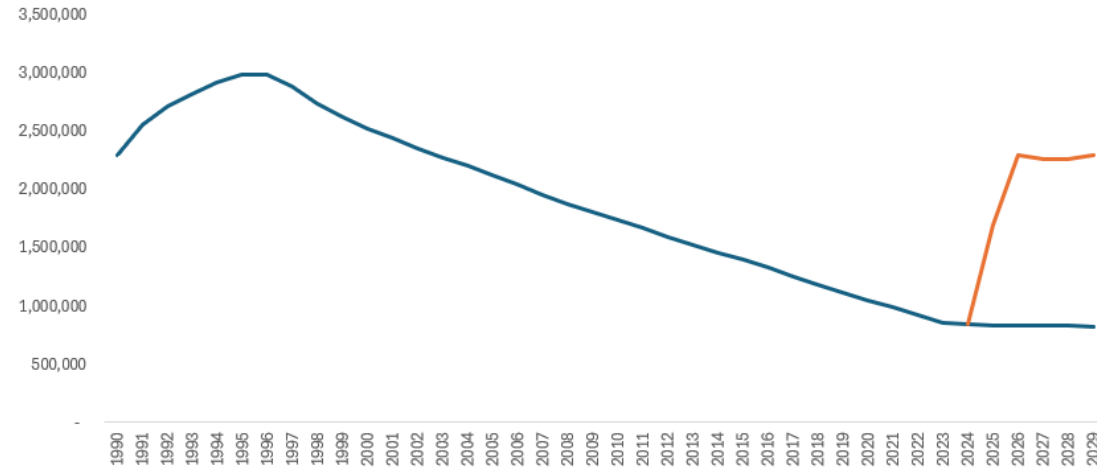
**HIV**



# Modeled impacts of reduced funding are creating a collective sense of urgency

## New HIV Infections & Projections

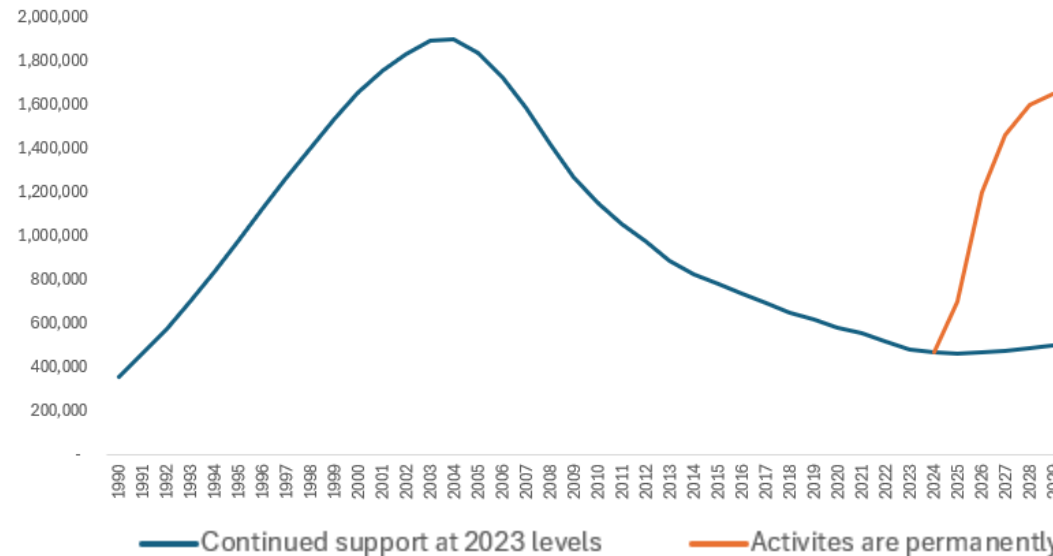
Assuming cuts in HIV funding maintained,  
55 high burden countries, 1990-2029  
UNAIDS, Data for Impact, April 2025\*



**6.6 million**  
additional new  
infections, 2,300 new  
HIV infections per day

## AIDS-related Deaths & Projections

Assuming cuts in HIV funding maintained,  
55 high burden countries, 1990-2029  
UNAIDS, Data for Impact, April 2025\*



**4.2 million**  
additional AIDS-related  
deaths, additional 600  
AIDS-related deaths  
per day



# The impact on service delivery is reported across intervention areas

## HIV prevention & critical enabler interventions are most impacted

- ✓ HIV prevention, including community-based/led HIV prevention services, harm reduction services, AGYW programs
- ✓ Human rights programs to address access barriers
- ✓ Voluntary medical male circumcision
- ✓ Community mobilization
- ✓ GBV services

## Gaps and disruptions in lifesaving HIV treatment reported\* in many countries


- ❑ No major ARV stock-outs reported (pediatric drugs at risk). But even where drugs available, clinic closures impact access to medicines and services.
- ❑ Number of those who are experiencing treatment interruption is not known but is reported widely.
- ❑ Service delivery gaps remain both for treatment and prevention. Although mitigation is underway, granular-level gaps are still unclear.

↑ ————— ↑  
*These are interdependent*

# **With partners, GF is tracking disruption of HIV programs, services and commodities**

 **Leveraging partner monitoring\*** for both global and country-level insights, including on service disruptions, HRH and commodities shortages

 **Engaging with community-led monitoring** in several countries - highlighting disrupted HIV services such as reduced multi-month dispensing of ARVs, condom and harm reduction commodity stock outs, etc.

 **Convening technical partner discussions** through the HIV Situation Room and bi-lateral engagement to identify critical contexts and support needs, including those coming from GF country teams and in-country partners

 **Assessing supply chain & commodity security risks**, reviewing assessments of gaps in procurement and delivery systems to mitigate risks of stock-outs of lifesaving commodities



# Supporting HIV programs adapting to the new landscape – including through service integration

***But rapid and effective integration is challenging:***

REF.NO.ADMN/HIV 03<sup>rd</sup> February 2025

FROM : THE SECRETARY FOR HEALTH, MINISTRY OF HEALTH,  
P.O. BOX 30377, ULONGWE 3

TO : DISTRICT COMMISSIONERS  
**Attention: Directors of Health Services**  
DIRECTOR GENERAL, ALL CENTRAL HOSPITALS

Tel: +256 - 417 - 712260  
PS' Office: +256 - 417 - 712221  
Toll free: 08001180044  
E-mail: ps@health.go.ug  
Website: www.health.go.ug

Office Of The Permanent Secretary  
Ministry of Health  
P.O. Box 7272  
Plot 6, Lourdel Road - Wandegaya  
Kampala, Uganda

IN ANY CORRESPONDENCE OR  
THIS SUBJECT PLEASE QUOTE NO. ADM.141/269/01

7<sup>th</sup> February 2025

RE: **PROVISION OF UNINTERRUPTED HIV SERVICES ACROSS HEALTH FACILITIES**

In reference to the circular dated 28<sup>th</sup> January 2025 and issued with the subject as above, the Ministry of Health wishes to communicate the following measures as part of the contingency plan to respond to the term suspension of support by PEPFAR and its implementing partners.

The ministry instructs that these measures be implemented without delay measures are as follows:

- Redeployment of trained Ministry of Health (MOH) staff for HIV ART dispensing, and targeted viral load monitoring to fill gaps PEPFAR-funded personnel.
- Optimize burden
- Train and eligible
- Train (CAG) target
- Stock and supply
- Facility and health by PEPFAR
- Leveraging partner

14<sup>th</sup> February 2025

To: Senior Medical Superintendents  
Provincial Health Directors  
District Health Directors  
Medical Superintendents  
Doctors In Charge  
Facility In Charges

**SUBJECT: GUIDANCE ON IMPROVEMENT OF SERVICE DELIVERY IN BOTH CENTRAL AND LOCAL GOVERNMENT HEALTH FACILITIES**

As articulated in the National Development Plan IV (NDP IV) and the NRM Manifesto, the Government of Uganda is committed to improving access, equity, and quality of health care services at all levels. One of the key priority actions to achieve this objective is the integration of health care service delivery to ensure efficiencies while optimizing limited resources for better health outcomes.

To enhance service delivery at both central and local government levels, the Ministry of Health directs as follows:

**1. Integration of HIV/AIDS, TB, and Other Chronic Disease Services.**

All Executive Directors of National Referral Hospitals, Directors of Regional Referral Hospitals, District Health Officers, Medical Superintendents of General Hospitals, and Health Facility In-Charges MUST ensure that HIV/AIDS, TB, Hepatitis B, Hypertension, and Diabetes services are fully integrated into the routine outpatient and chronic care services in hospitals and lower-level facilities.

• Stand-alone HIV/TB clinics MUST be phased out and integrated into general outpatient services. The same physicians attending to chronic disease patients (Hypertension, Diabetes, etc.) should also manage HIV/AIDS and TB patients.

**RE: CONTINUITY OF HIV/TB/MALARIA SERVICES ACROSS ALL PUBLIC HEALTH FACILITIES**

The Ministry of Health is committed to ensuring the uninterrupted provision of essential HIV/TB/Malaria services across all public health facilities. This commitment is based on the recognition that, HIV, TB and malaria remain significant public health problems. Following the pausing of US funding to support HIV/AIDS services to countries supported by the PEPFAR programme, the ministry shall ensure that access to effective prevention, treatment, and care continue, to ensure good health outcomes and meeting our public health goals.

Therefore, all public health facilities are directed to:

1. Maintain uninterrupted HIV/TB and Malaria service delivery at ALL facilities, ensuring that testing and treatment remain fully operational. That is, maintain:
  - i. Provision of ARVs to ALL people who need it without charging any costs.
  - ii. Appointment and recipient of care tracking systems including appointment reminders and missed appointment follow ups.

- ✓ **Variability of PHC maturity** to take on large, complex treatment cohorts
- ✓ **Competing needs** across HRH (incl CHW) and health systems components (e.g. lab, data)
- ✓ **Structural barriers including stigma and discrimination impede access** to the most vulnerable and marginalized populations

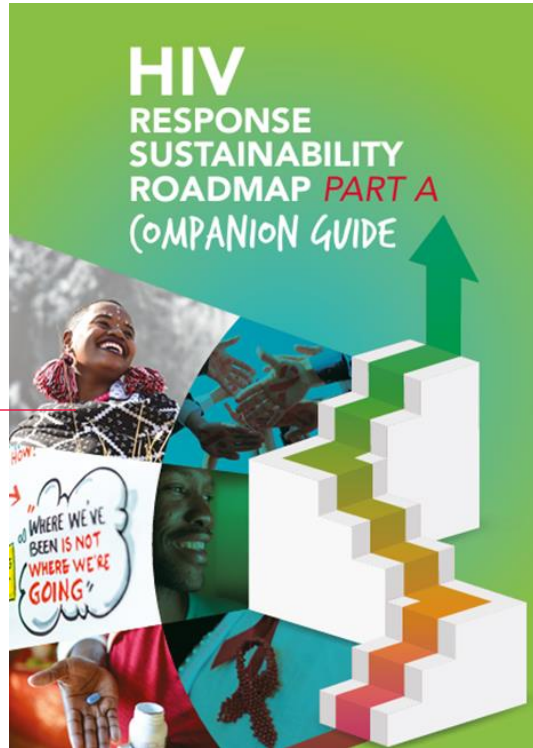
*The Global Fund is supporting service and health function integration based on country readiness and urgency, and stepping up more intentionally for GC7 and GC8 – recognizing need to prioritize RSSH investments in grants and CIs that support integration*



# And domestic financing remains a critical pathway to sustainability, with work remaining

**Existing work to increase sustainability (including financial) needs to adapt and accelerate**

Efforts to analyze country-led sustainability pathways **pre-date** the evolutions in the partnership landscape – focusing on HIV-related policies, finances, systems and services.



UNAIDS publication

**...however this will take time to do responsibly and without risking progress made**

*Unmitigated funding reductions could significantly reverse progress in the HIV response by 2030, disproportionately affecting sub-Saharan African countries and key and vulnerable populations. Sustainable financing mechanisms are crucial to ensure people have continued access to HIV prevention, testing, and treatment programmes, thereby reducing new HIV infections and deaths.*

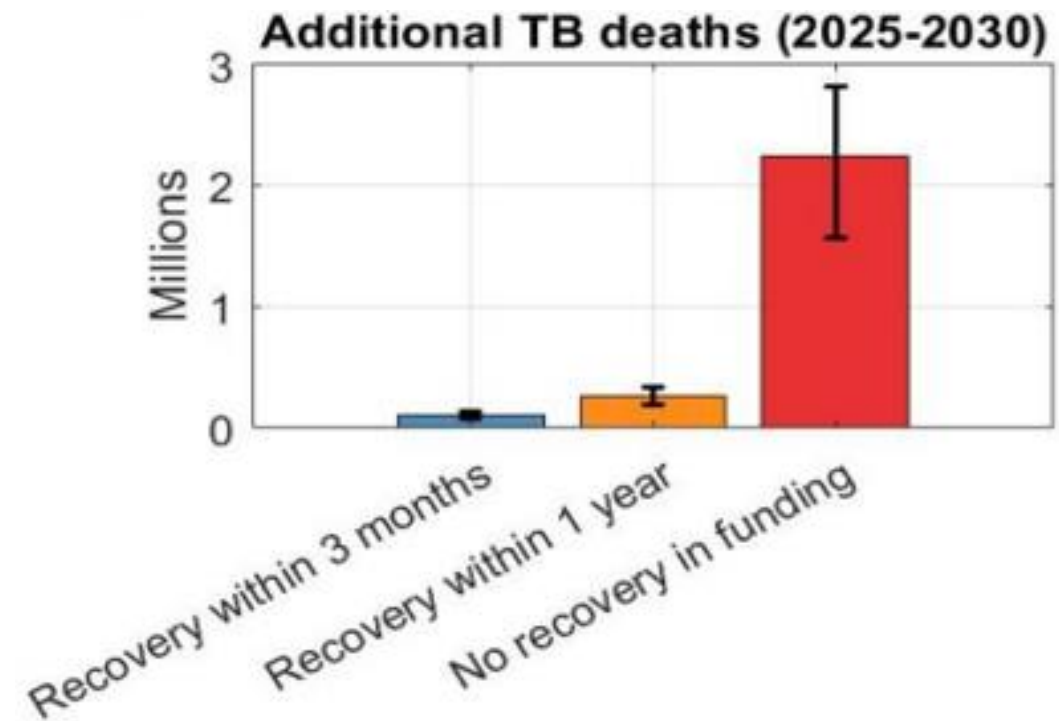
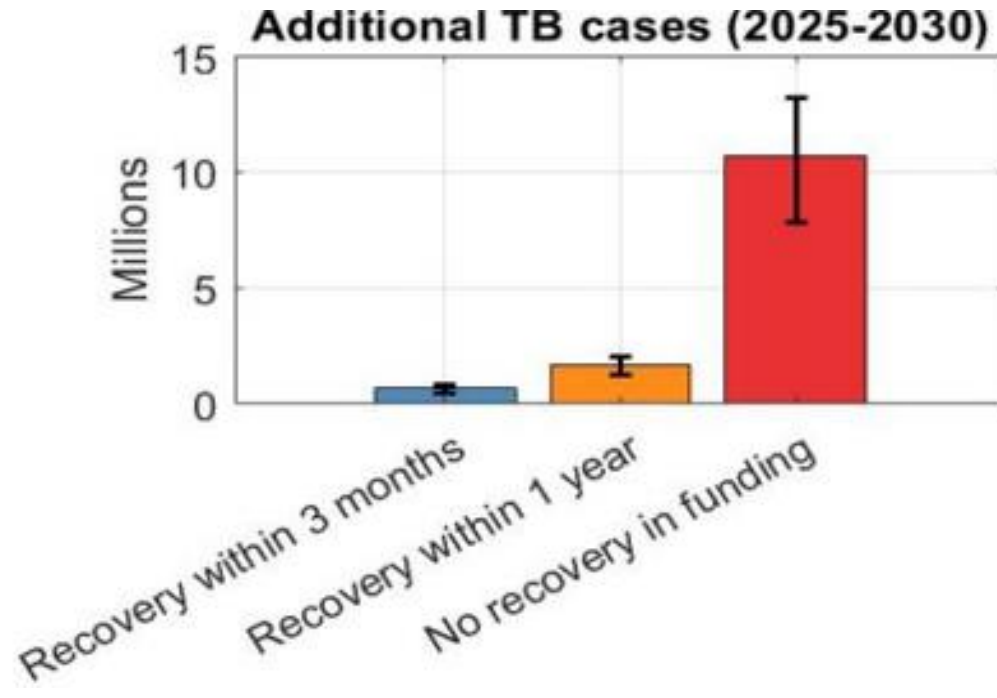
**Impact of an international HIV funding crisis on HIV infections and mortality in low-income and middle-income countries: a modelling study\***



# TB



# Modeled impact of reduced funding demonstrates risk of new cases and deaths increasing substantially by 2030



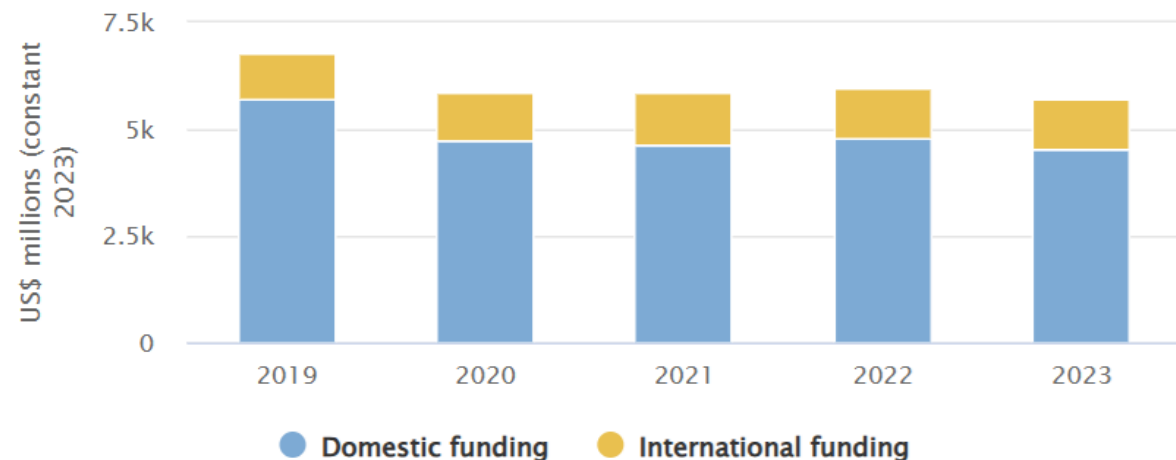
*The longer with uncertainty, the more challenging it will be to maintain the gains made in TB*



# Disaggregated data highlights external funding remains proportionally larger in Africa for TB

## Global

Funding available for TB prevention, diagnostic and treatment services



## Africa

Funding available for TB prevention, diagnostic and treatment services



*Within the evolving context in Africa, tracking TB/HIV closely, including active case finding for KVPs where risk remains high*



# With partners, the GF is tracking commodities, disruption of services for those most vulnerable



**Holding TB Situation Rooms on a bi-weekly basis** to track disruptions and mitigation measures being implemented/planned



## **Leveraging the latest surveys & analyses:**

- ✓ Stop TB survey: Active case finding, community and private sector engagement and technical assistance affected
- ✓ WHO analysis on disruptions in TB services in 27 high-TB burden countries: including training, supervision, surveys, supply chain and technical assistance



**Engaging networks on the latest info and tracking of the impact of disruptions** on community engagement, access to services to KVPs



**Tracking country by country impacts** with National TB Programs, in-country stakeholders, including but not limited to, supervision, monitoring and data affected, drops in TB notifications in some countries including (not limited to) disruption to the availability of community health workers:

- Uganda – decline of 341 cases per week
- Tanzania - 15% in Feb-March 2025 compared to the same months in 2024
- Cambodia - 66% decrease in TB case notifications from community-based active case finding since January



# And countries are rapidly moving towards integrated service delivery and enhancing efficiencies

## Enhancing Efficiency *within* TB Programs

**Integrating & centralizing.** Integrate contact investigation, active case finding, TB preventive treatment provision; DR-TB into routine TB response; and combining screening using digital X-rays with artificial intelligence and rapid molecular diagnostics

**Reducing costs.** Increase more sensitive/specific tools for screening/diagnosis and using cost-effective, short treatment regimens; digitalizing TB recording and reporting, ensuring systems interoperability and strengthening surveillance

**Engaging private sector.** Scale up innovative private provider engagement models for better TB care and outcome

**Increasing domestic funding for TB.** Continue to support countries to improve domestic financing and explore innovative and blended financing

## Integrating TB services *with other* programs

- ✓ Integrate disease screening (TB, HIV, diabetes, maternal health and nutrition) and promote multi-disease screening/testing platforms across health programs for comprehensive care
- ✓ Strengthen community health workers for disease detection, treatment adherence, and delivery of integrated health services across multiple conditions
- ✓ Expand integrated sample transport networks and systems for TB and other diseases
- ✓ Utilize digital and online platforms for training and community engagement and other digital solutions for integrated health surveillance and reporting

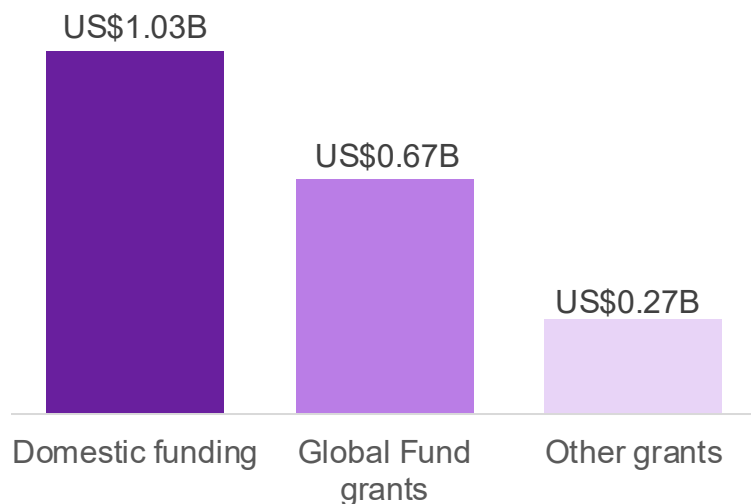
*Examples only, Non-exhaustive*



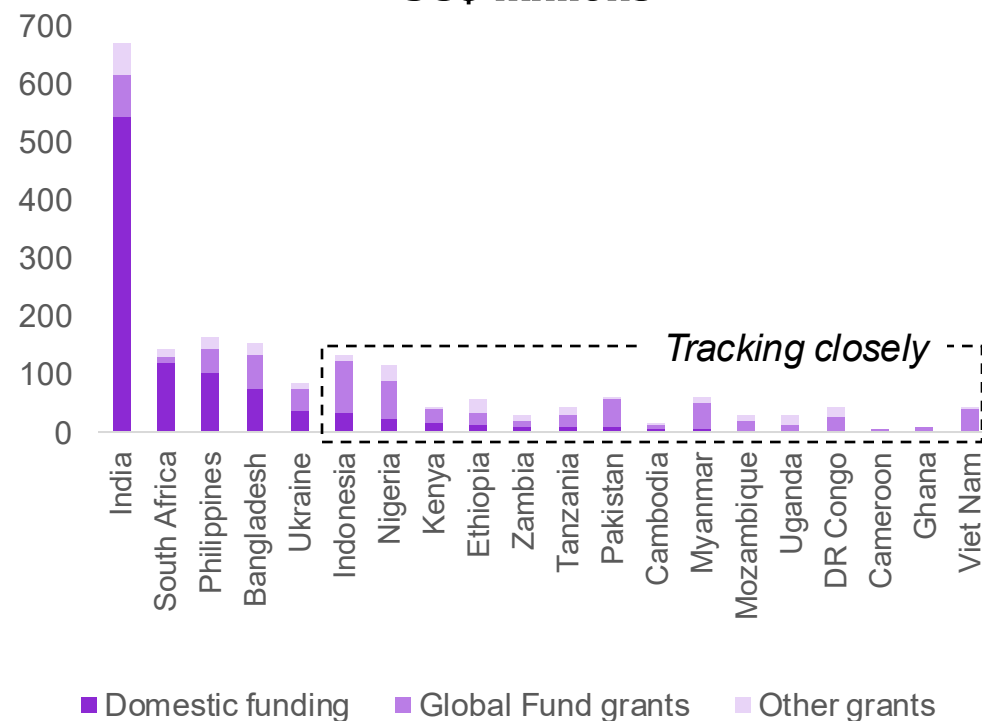
# After domestic, the Global Fund remains the largest source of financing for TB

GC7 overview is rapidly evolving with other grants uncertain

**2022 Total TB funding for 20 priority countries (in \$US billions)**



**2022 TB funding for 20 TB priority countries, US\$ millions**



*We need to look at all sources of funding, prioritizing access to life saving services*



# Malaria



# Partner modeling\* predicts potential sharp increase in morbidity and mortality by 2028

|               | <b>Baseline:</b><br>Prevention & case management maintained<br><i>(using 2023 estimate WMR 2024 adjusted to 2028 population at risk)</i> | <b>Scenario 1:</b><br>No malaria prevention**, case management maintained | <b>Scenario 2:</b><br>No malaria prevention <u>and</u> no case management*** |
|---------------|--|---|--|
| <b>Cases</b>  | 282 M<br>(217 M–353 M)   | <b>+42 %</b><br>402 M (321 M - 483 M)                                     | <b>+51%</b><br>425 M (345 M - 506 M)   |
| <b>Deaths</b> | 652,000<br>(502,000–816,000)   | <b>+44%</b><br>938,000 (749,000 - 1.1M)                                   | <b>+99%</b><br>1.3 M (1M - 1.5M)   |

Increases of 40 to nearly 100% **preventable deaths**



# With partners, GF is tracking commodities and service disruptions, and supporting national mitigation actions



## Monitoring service disruptions

Top priority - track stock outs of case management commodities and service disruptions for most vulnerable for time-sensitive ITN, IRS and SMC campaigns through:

- Recently created Malaria Incident Management Leadership Group
- Weekly calls and active dashboard monitoring through the RBM Country Regional Support Partnership Committee
- Country deep dives with updates from national programs on contingency planning



## Amplifying timing & upsurges

Significant disruptions to time-sensitive campaigns before peak malaria transmission season in several high-burden countries which may lead to increasing cases and deaths

On-going malaria epidemics and upsurges in several countries further straining existing resources and government/partner capacity to react



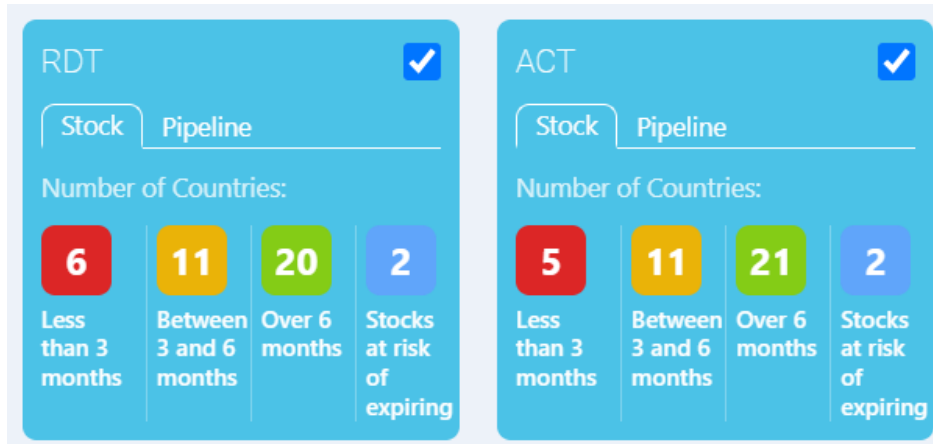
## Mitigating & prioritizing

Some governments mobilizing resources for case management commodities and partners providing bridge funding for campaign planning

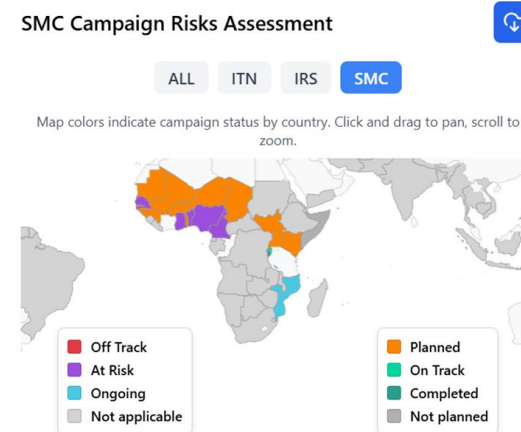
With a rapidly reshaping partnership, intense and proactive collaboration is underpinning mitigation efforts



# Partnership data provides latest insights on stock levels & campaigns



**Monitoring stock levels** across countries given 6-month lead times for ACTs and RDTs. Without maintaining prevention efforts, the need for case management commodities and services will significantly increase making stock levels even more essential to save lives



**Tracking campaign delays** as delivery *during* rainy season makes reaching the most vulnerable populations and communities during peak transmission more challenging and risking increase in morbidity and mortality.



# Navigating the changing context for malaria requires working differently

**Malaria is concentrated in the lowest income countries with least domestic financing capacity, and GF remains the largest external financer. With increased pressures on all sources of funding, we are collectively:**

- Accelerating development and implementation of prioritized, costed national strategies deploying appropriate sub-national tailoring.
- Increasing domestic public financing (as possible), and its efficiency
- Rethinking ITN, IRS and SMC deployments; how they're targeted, operationalized, and financed.
- Maturing integrated health and community systems and platforms on which malaria relies – ANC, CHW, HMIS, supply chains
- Assessing cost effectiveness of the optimal intervention mix of existing and emerging tools
- Stimulating on-going innovation to address biological threats

*Examples only – non exhaustive*

# RSSH





# Disruptions impact health and community systems, hindering HTM progress

- The Global Fund is the **largest multilateral provider of grants** to strengthen health and community systems, **currently supporting in an unprecedented way – that demonstrates its effectiveness in supporting integration and sustainability** (see [RSSH Update](#))
- **Funding disruptions impacting health and community systems** investments that **hinder HTM progress (examples on right)**
- In response to disruptions, many countries (e.g., high-impact Africa) are taking proactive steps towards more integrated services and sustainability planning (e.g., issuing Circulars)
- Operationalization requires multi-year transitions starting now, with high domestic funding dependency
- Advisors continue monitoring through existing fora

## *Disruption examples*



**HRH/CHW** salary co-financing and pauses in training programs affecting facility- and community-based service delivery, and quality of care



**Supply chain** disruptions leading to life-threatening health product delivery gaps, including discontinuation of warehousing and distribution services and a lack of access to critical information systems leading to stockouts, at all levels



**Data and M&E system** interruptions affect patient and program monitoring, including tracking continuity of services, and the availability of quality data for efficient and impactful programming



Disruptions to **laboratory systems** - such as availability of diagnostic products (e.g., HIV & malaria RDT, viral load reagents, TB cartridges); interruptions to sample transport systems, quality management systems and availability of proficiency testing panels – impede early detection, reliable diagnosis, and quality treatment monitoring of HTM



Disruptions to **community networks** risk breaking trust and already resulted in reduced access to care



# Our collective efforts to invest and support more integrated services have never been more important

## Principles

- Ensure **country stewardship** and **differentiated approach** based on country opportunities
- Involve a broad set of stakeholders under **MOH senior leadership**
- **Focus on outcomes**
- **Preserve quality** of activities
- Do it **in partnership** e.g., with the World Bank
- Mitigate associated **risks**, e.g., to access for key, vulnerable and underserved populations; to cost increases

## Focus Areas (What)

- **Integrate HTM services in PHC and other services** (e.g., HIV for PHC, sexual health; TB screening and active case finding in selected PHC and outreach activities; Malaria with ANC, EPI)
- Integrate vertical **HRH investments** & build stigma-free, gender-responsive, KP-competent care through – staffing, training, supervision, quality improvement models
- **Maintain support for delivery** of quality prevention, treatment and adherence activities at **community level**, incl. community-led accountability & engagement mechanisms
- Integrate and improve **other key RSSH functions** – lab, data, supply chain, community, surveillance

## Adaptation of Approaches/Levers (How)

### *Preliminary*

- **Change messaging** – Convey our commitment to supporting acceleration of integration efforts and include in Global Fund guidance, e.g., reprioritization, info notes, allocation letters (tbd)
- **Change process** – Support planning and operationalization of integration in 2025, under senior MOH leadership, leading to more integrated GC8 funding requests in target countries and more focused investments linked to maturity gaps
- **Change engagement** – Enhance Secretariat engagement to support integration into GC7 grants and GC8 funding request steps
- **Change TA** – Leverage set-asides, CI/CMLIs and other partners to support operational planning for integration