



# The Global Fund: An Extraordinary Investment





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The Global Fund has a history of doing extraordinary work: few investments have had the impact that the Global Fund has in saving lives, preventing infections and creating strong and resilient health systems. The Global Fund's Investment Case outlines the absolute minimum level of investment needed to address HIV/AIDS, TB and malaria over the next 3 years when in fact, we are at a critical moment where the minimum may not be enough to prevent us from sliding back.

A strong investment in the Global Fund is critical to getting us back on track and ending the epidemics. With US\$14 billion, the Global Fund projects\* that, alongside projected targets for domestic resource mobilization and stable funding from all other sources, it can:

- Help **avert 234 million infections**,
- Cut the mortality rate from HIV, TB and malaria in half and **save 16 million lives**,
- Build **stronger health systems**, reinforcing the trajectory toward universal health coverage, and,
- Help the world get back on track to **end these diseases**.

The Global Fund has calculated that with every dollar invested results in US\$19 in health gains and economic returns – a return on investment of 1:19.

Cover Photo: GFAN Speaker and healthcare worker Mirriam Banda Chisamba treats seven-year-old Malizani who walked 10 kilometers to the Kafumbwe Health Clinic in Zambia with his brother Supilani to get tested for Malaria.

For more on Mirriam's story visit: <http://www.globalfundadvocatesnetwork.org/campaigns/mirriam-banda-chisamba/>

## Every **US\$100 million invested** in Global Fund-supported programs will:

- **Save 114,000 lives** through programs supported by the Global Fund, and;
- **Avert 1.7 million new infections** or cases across the three diseases, and;
- **Spur domestic investment** of US\$300 million toward the three diseases, and;
- **Create US\$1.8 billion in economic returns** through health gains, and;
- **Provide antiretroviral therapy for 190,000 people**, and;
- **Provide medicine for 20,000 mothers** to prevent transmitting HIV to their babies, and;
- **Provide TB treatment and care for 133,000 people**, and;
- **Provide 6,900 people with treatment** for multidrug-resistant TB, and;
- **Distribute 5.3 million mosquito nets** to protect children and families from malaria, and;
- **Provide indoor residual spraying for 565,000 households** to protect children and families from malaria.

The **Global Fund has an impressive record of innovation** and its Investment Case makes it clear there is a strong, clear focus on optimizing investments.

However, **at least US\$18 billion is needed to fund programming to get the world back on track to end the epidemics**, even this US\$18 billion is modest in light of the significant resource gap identified by the Global Fund and technical partners in the Investment Case.

**What more investment means is saving more lives.**

# Who benefits from the Global Fund?

In order to reach out to those who need its support the most, the Global Fund encourages an inclusive and comprehensive approach to ending AIDS, tuberculosis and malaria by placing a high priority on evidence- and rights-based services for the most vulnerable people, including women and girls and key affected populations.

## Key Populations

Investment in the Global Fund supports evidence and rights-based services and creates space for communities and key populations at the decision-making tables in countries implementing grants and within the Global Fund governance architecture itself.

The Global Fund has effective strategies in place and a determination to prioritize the needs of key populations but without increased, prioritized support, these key and vulnerable groups may fall further behind and gains in addressing the epidemics could be reversed.

### **Serge Douomong Yotta, Cameroon:**

Serge's commitment to fighting AIDS began when he noticed a wave of deaths amongst friends. He became personally motivated to stop the spread of HIV within his community.

He co-founded Affirmative Action to respond to the injustices faced by LGBT people in Cameroon as well as to provide access to HIV services.

Serge took his first HIV test in 2011. While he received a negative result, his partner at the time tested positive. Through the clinic, they both received preventative kits and his partner started anti-retroviral treatment (ART). Serge will always remember the non-judgmental and open reception he received at this clinic. He had later realized that the staff had received training in human rights and non-discrimination from the Global Fund. Serge continues to go there for HIV screenings, prevention materials and health support.

Learn more on Serge's story: <http://www.globalfundadvocatesnetwork.org/photo-story-serge-douomong-yotta-cameroon/>





Learn more on Erika's story in this short video: <https://youtu.be/aVc8NV6yIO8>

### **Erika Castellanos, Belize:**

Erika moved to Mexico from Belize in the 1990s to have the opportunity to live more freely as an openly LGBT person. After she was diagnosed HIV positive in 1995, she was able to access the treatment and services she needed through her partner in Mexico until he passed away.

Erika then decided to return to Belize and was shocked at the level of services available for positive people and the discrimination she faced at the medical centres. Living with HIV in Belize at the time was an isolating experience for Erika and others. In 2010, Erika and a few friends came together to form a network of persons living with HIV.

Erika credits the Global Fund for improving her ability to advocate for herself and her peers and to help improve health and community systems in her country.

**There is still work to do and a strong investment in the Global Fund is needed because key populations for each of the epidemics continue to be neglected by health systems and confronted by deep social, legal and economic disparities that contribute to poor health.**



### **Anton Basenko, Ukraine:**

Anton was 14 when he started using drugs and 16 when he began injecting himself. Anton's life comprised of health issues and regular conflicts with law enforcement and he had no job, home or family; he describes himself at this time as an "ordinary street junkie".

Over the 11 years he used drugs, he tried to stop many times, but nothing worked until he started opioid substitution therapy as a client of a harm reduction programme. In 2003, thanks to the introduction of these Global Fund programmes, he found out he had HIV and hepatitis C and started anti-retroviral therapy (ART). Then in 2004, Anton was one of the first patients in Ukraine of Global Fund-financed opioid substitution therapy. He saw his life turn around.

Learn more on Anton's story: <http://www.globalfundadvocatesnetwork.org/campaigns/we-need-the-global-fund-antons-story/>

# Young Women and Girls

Adolescents and young women remain at high risk for all three diseases, just as the world's largest-ever generation of young people come of age in low and middle-income countries. Of the 1.8 million people who become newly infected with HIV every year, nearly 1 million are women and girls and a disproportionate number, over 350,000, per year occur in adolescent and young women between the ages of 10 and 24.

Every year, 125 million young women are at risk of malaria during pregnancy: first-time mothers – often young women in countries with a high burden of malaria – are especially vulnerable.

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## **Resty Nalwanga, Uganda:**

By the time Resty was 6, she had lived in fifteen different homes, shuffled between relatives because she was constantly sick. Her mother likely passed away from HIV and they believed she had it, too.

At 17, she contracted tuberculosis (TB) and recovered. A couple of years later, she was diagnosed with HIV. In the whirl of emotions, she found it difficult to adhere to her anti-retroviral treatment (ART) and, with her immune system low, she developed multi-drug resistant TB.

With the physical and emotional toll of TB treatment, she started skipping her HIV treatment. At 24, she required second-line ART. The Global Fund provides Resty this treatment for free.

Learn more about Resty's story: <http://www.globalfundadvocatesnetwork.org/campaigns/resty-nalwanga/>



### Loyce Maturu, Zimbabwe:

Loyce is 27 years old and was born with HIV. Before the age of 10, she lost both her parents and her brother. Loyce had a difficult time growing up with HIV and accepting her status: she faced stigma and verbal abuse from some of her relatives, nearly committed suicide and missed school often due to ill health. She didn't start receiving anti-retroviral treatment (ART) until she contracted tuberculosis (TB) when she was 12 years old; during that time Loyce had to manage both TB and HIV treatment for the first time.

In 2004, Loyce joined Africaid Zvandiri Programme as a beneficiary where she had the opportunity to meet her peers with the same status. She began to gain confidence and realized she had a life ahead of her. In 2009, she began working with Africaid as a peer counsellor. She is now the advocacy officer for issues around treatment, care and support and is involved in national and global policy, strategy and programmes development with a special focus on children, adolescents and young people living with HIV. Loyce credits the Global Fund with saving her life.



Learn more about Loyce's story in this short video: <https://youtu.be/h03nc6xz1fg>

## Step Up the Fight & End the Epidemics:

With its partners, the Global Fund has supported and saved millions of lives: 27 million as of 2018. It has a **strong record of achieving effective and accountable results with donor funding, making it one of the smartest investments that can be made in global health.**

The Global Fund is one of the great successes of the work done towards the Millennium Development Goals and will be key to realize the Sustainable Development Goals.



To learn more about the need to Get Back on Track and End the Epidemics visit: <http://www.globalfundadvocatesnetwork.org/campaign/get-back-on-track/>