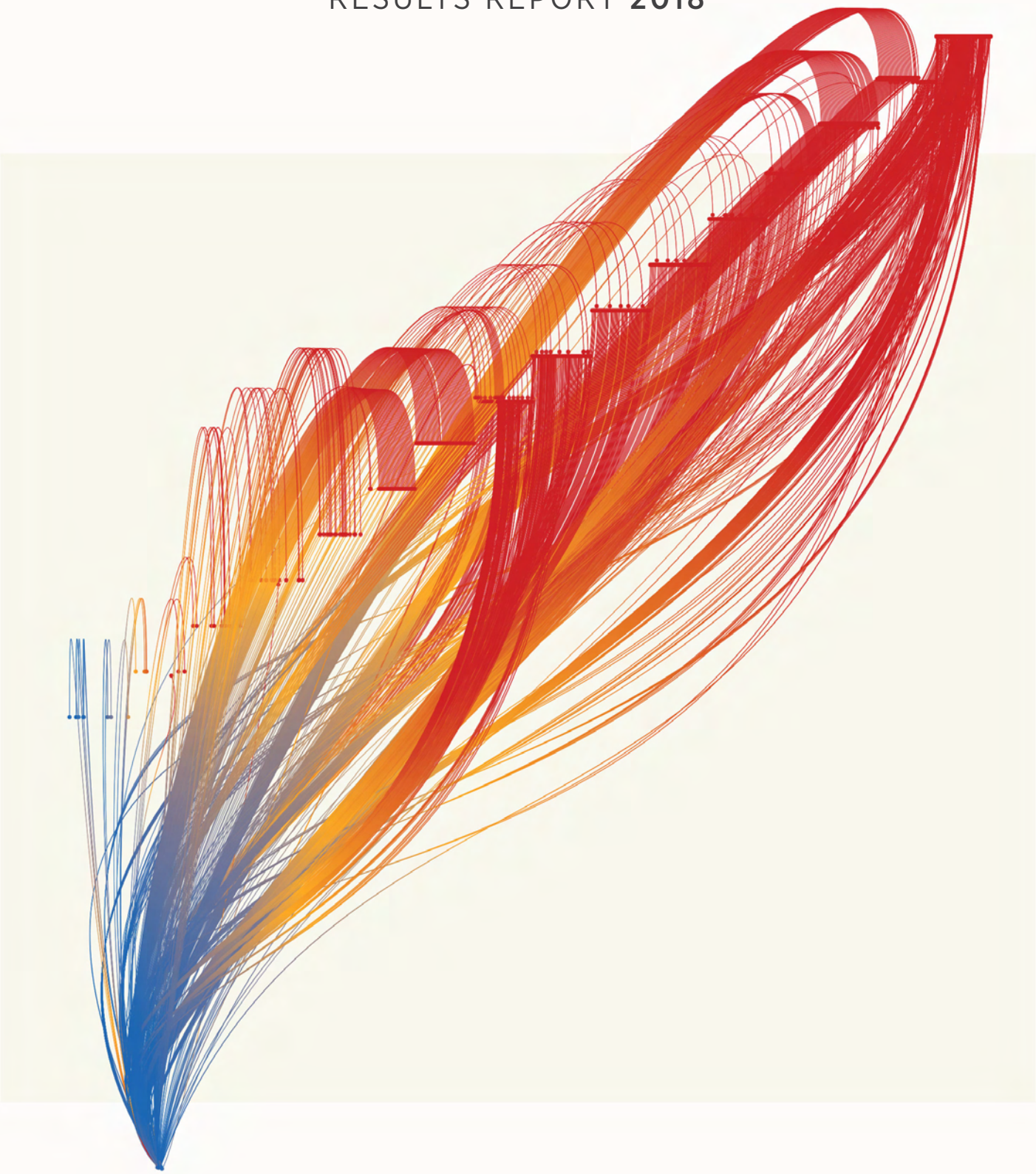
The Global Fund

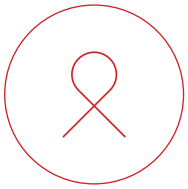
RESULTS REPORT 2018



27 MILLION

LIVES SAVED

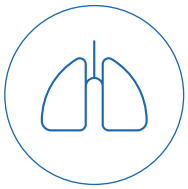
Results: At a Glance



17.5
MILLION
PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV

79.1
MILLION
HIV TESTS TAKEN

9.4
MILLION
PEOPLE REACHED WITH HIV PREVENTION PROGRAMS & SERVICES

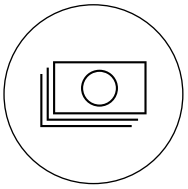


5
MILLION
PEOPLE WITH TB TREATED

102
THOUSAND
PEOPLE WITH DRUG-RESISTANT TB ON TREATMENT

197
MILLION
MOSQUITO NETS DISTRIBUTED

108
MILLION
CASES OF MALARIA TREATED



US$
4.2
BILLION
GLOBAL FUND GRANTS DISBURSED

US$
205
MILLION
SAVINGS GENERATED BY POOLED PROCUREMENT

Results achieved during 2017 by countries and regions where the Global Fund invests.

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In Mozambique, malaria accounts for more than 40 percent of deaths in children under 5. Correct, consistent use of an insecticide-treated mosquito net can save lives.

Letter from the Executive Director

During my first months as Executive Director of the Global Fund, I have been struck by the tension between recognizing the extraordinary progress that has been achieved in the fight against HIV, tuberculosis and malaria, and acknowledging the daunting challenges we still face in ending these epidemics. The numbers in this report show we have made enormous progress. Deaths from AIDS have been cut in half since 2005, and TB deaths have dropped 37 percent since 2000. The combination of mosquito nets treated with insecticide and improved diagnostics and treatment have radically reduced the burden of malaria.

We should not let the scale of the challenges before us diminish such achievements, nor should we let our successes blind us to the serious threats we must overcome. This year's Results Report seeks to strike that balance, capturing the strides we have made in reducing mortality and infection rates over the last few years, but also highlighting the risks and challenges to continued progress.

Everyone involved in the hundreds of partnerships that comprise the Global Fund should be proud that our combined efforts have supported programs that have saved over 27 million lives, while building more resilient and sustainable systems for health, and working to dismantle human rights barriers to health. Yet too many people are still dying of AIDS, TB and malaria; and far too many are still getting infected. The loss of lives, the impact on families and communities, and the cost to economies and societies are still unacceptably high.

There is no room for complacency. Having been sharply reduced since the peak of the epidemic, global HIV infection rates are now declining frustratingly slowly, and are actually rising in some regions and among some populations. While we are making progress on diagnosis, treatment and keeping people on the lifelong treatment, we need to do more to halt new infections. This means addressing weaknesses in health systems that threaten to impede progress across all three diseases, as well as the attainment of universal health coverage.

On TB – now the biggest killer of the three diseases – the priority is to ensure many more people are diagnosed and treated. Unless we can significantly reduce the roughly 40 percent now missed, we cannot hope to beat the epidemic. And we all need to raise our game in identifying and treating the drug-resistant forms of the disease that pose such a terrifying threat to global health security.

It is alarming that the number of malaria cases is now rising, after declining for more than a decade. While a significant number of countries are on track to eliminating malaria – such as Paraguay, which celebrated certification as malaria-free earlier this year – drug and insecticide resistance, environmental factors, funding shortfalls and demographics pose severe challenges in the highest-burden countries.

To meet the Sustainable Development Goal of ending the epidemics by 2030, we must act with urgency to surmount these challenges. More of the same will not be enough. Together, we must reinvigorate the political impetus that is the key to mobilizing more funding, both international and domestic. We must constantly refine our approaches – leveraging innovation more effectively, supporting programs to be more integrated and people-centered, ensuring sustainability from the outset, and targeting our interventions through data-driven insights. We must renew our determination to address the gender and human rights barriers that fuel the diseases. And we must recognize that our fight is an integral part of the journey toward universal health coverage, a fundamental building block of global health security and a crucial element of the overall sustainable development agenda.

We have in our sights, but not yet firmly in our grasp, the prospect of freeing communities from the burden of AIDS, TB and malaria. It is hard to exaggerate what an extraordinary achievement this will be, and what impact it will have on lives saved, on community well-being, and on overall social and economic development.

I have been inspired every day by the energy, commitment and spirit of collaboration that infuses every part of the Global Fund partnership network – an astonishing ecosystem of implementing and donor governments, civil society, the private sector, technical partners and people affected by the diseases, as well as our staff. The Global Fund is a powerful catalyst for mobilizing political will and financial resources, a proven mechanism for scaling up innovations and delivering results, and an inclusive and effective means of managing the difficult trade-offs that are inevitable in such an ambitious and challenging endeavor. Together, we can end these epidemics, but achieving this goal will require change – increased investment, accelerated innovation, even more effective partnerships and a relentless focus on impact.

Peter Sands
Executive Director

27 MILLION LIVES SAVED

The impact of investments in health can be measured in many ways, and one of the most important measures is how many lives are saved. Health programs supported by the Global Fund partnership have saved 27 million lives as of the end of 2017.

Credit for this achievement is shared by policymakers and activists, scientists and community health workers, donors, drug makers and many more partners. Overall, the number of deaths caused by AIDS, TB and malaria each year has been reduced by one-third since 2002 in countries where the Global Fund invests.

A Note on Methodology

During preparatory work for implementing the Global Fund Strategy 2017-2022, the Global Fund conducted extensive consultations with partners about how to best report results and measure impact of Global Fund investments in national programs. A broad group of partners, including representatives from donor nations, implementing nations and technical partners, eventually came to a consensus that results achieved by country-led programs with additional contributions from bilateral and multilateral funders should be estimated and classified with a more contributive model.

Partners agreed that, due to the catalytic role of international funders, it is neither practical nor desirable to disaggregate programmatic results and impact of country-led programs by trying to attribute specific results to a singular source of financing. Instead, it makes more sense to recognize the reality that many partners contribute to the success of any specific health program. An updated methodology incorporating an increased focus on national results was approved by the Global Fund Board in November 2016, and informed the targets set in the 2017-2022 strategy.

The Global Fund Results Report 2018 is based on data collected by the end of 2017. With more national results included, these results in some cases are significantly higher than in years past. At the same time, because the methodology has changed, it makes less sense to report cumulative figures since 2002. Instead of providing a cumulative total for each indicator, we now report an annual figure.

The "lives saved" indicator is the sole exception, where we report a cumulative total. The methodology for lives saved employs models that analyze raw data. These models, using the most advanced modeling methods currently available, yield sophisticated estimates, not scientifically exact figures. They rely on widely accepted data sources, recommended by technical partners, such as routine surveillance, population-based surveys and vital registration systems.

The number of lives saved in a given country in a particular year is estimated by subtracting the actual number of deaths from the number of deaths that would have occurred in a scenario where key disease interventions did not take place. For example, in a country where studies show that 70 percent of smear-positive TB patients will die in the absence of treatment, if 1,000 smear-positive TB patients were treated in a particular year, yet only 100 people were recorded as dying from TB, the model can conclude that 600 lives were saved. Without treatment, 700 would have died.

To complement the reporting of national results, and to provide stakeholders with more granular data about the financing landscape and the amount and use of Global Fund financing in particular country contexts, the Global Fund now provides the Board with results profiles for all "high-impact" countries. Three examples of these profiles – for Uganda/HIV, India/TB and Ghana/malaria – are included in this report.

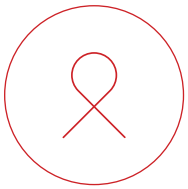
When the Global Fund began in 2002, results-based funding was a new concept in global health. Just 16 years later, results-based funding has been mainstreamed into many organizations, and is so broadly embraced it is almost taken for granted that any organization that provides funding must show its results. We will continue to refine and improve our methods for measuring impact. We are always eager to hear from partners who have come up with more effective ways to gauge results, so that we can continue learning and improving.

Results: Essential Indicators

During 2017, countries and regions where the Global Fund invests achieved the following results:

countries or regions reporting full or partial results / countries due for reporting

example: 50 / 100



17.5
MILLION

PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV

95 / 95

79.1
MILLION

HIV TESTS TAKEN

97 / 99

3.4
MILLION

PEOPLE LIVING WITH HIV RECEIVED CARE AND SUPPORT SERVICES

28 / 29

696
THOUSAND

MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES

52 / 53

1.1
MILLION

MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION

7 / 7

4.9
MILLION

MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS*

92 / 94

1.6
MILLION

YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS

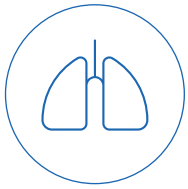
13 / 13

9.4
MILLION

TOTAL PEOPLE REACHED WITH HIV PREVENTION PROGRAMS

96 / 98

*Key populations include men who have sex with men, sex workers, people who use drugs and transgender people



5
MILLION

PEOPLE WITH TB TREATED

88 / 89

343
THOUSAND

HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY DURING TB TREATMENT

73 / 75

102
THOUSAND

PEOPLE WITH DRUG-RESISTANT TB ON TREATMENT

91 / 92

3,180

PEOPLE WITH EXTENSIVELY DRUG-RESISTANT TB ON TREATMENT

6 / 6

97,500

CHILDREN IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY

19 / 20

197
MILLION

MOSQUITO NETS DISTRIBUTED

55 / 58

108
MILLION

CASES OF MALARIA TREATED

63 / 64

6
MILLION

PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA

16 / 16

213
MILLION

SUSPECTED CASES TESTED FOR MALARIA

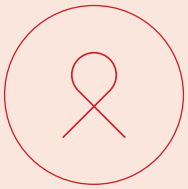
54 / 57

12.5
MILLION

STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING

17 / 18

HIV



“Allowing the HIV epidemic to rebound would be catastrophic – for the communities most affected by HIV, but also for the broader field of global health. If the world cannot follow through on HIV, which prompted such an unprecedented global mobilization, hopes for achieving the ambitious health aims outlined in the SDGs will inevitably dim.”

— Report of the International AIDS Society-Lancet Commission on the Future of Global Health and the HIV Response

About 1,000 girls are infected with HIV every day.
To tackle HIV, we must address root causes of inequality that fuel the epidemic.

STATE OF THE FIGHT

- Improved access to HIV treatment has cut the number of AIDS-related deaths in half since the peak in 2005, from 1.8 million to under 1 million in 2017.
- In many countries, HIV infections remain extremely high among key populations and among adolescent girls and young women. On the current trajectory, we are unlikely to reach the goal of reducing new infections to 500,000 globally by 2020.
- Human rights and gender-related barriers, including gender inequalities, drive new infections and reduce uptake and retention of health services. In some countries in Africa, young women aged 15-24 are up to eight times more likely to be HIV positive than young men.
- Development assistance for HIV and AIDS reached its peak in 2012, at US$12 billion, but has since declined by almost a quarter.
- In many countries, the progress toward normalizing the lives of people living with HIV has had the paradoxical effect of reducing the sense of urgency around prevention, particularly among young people.

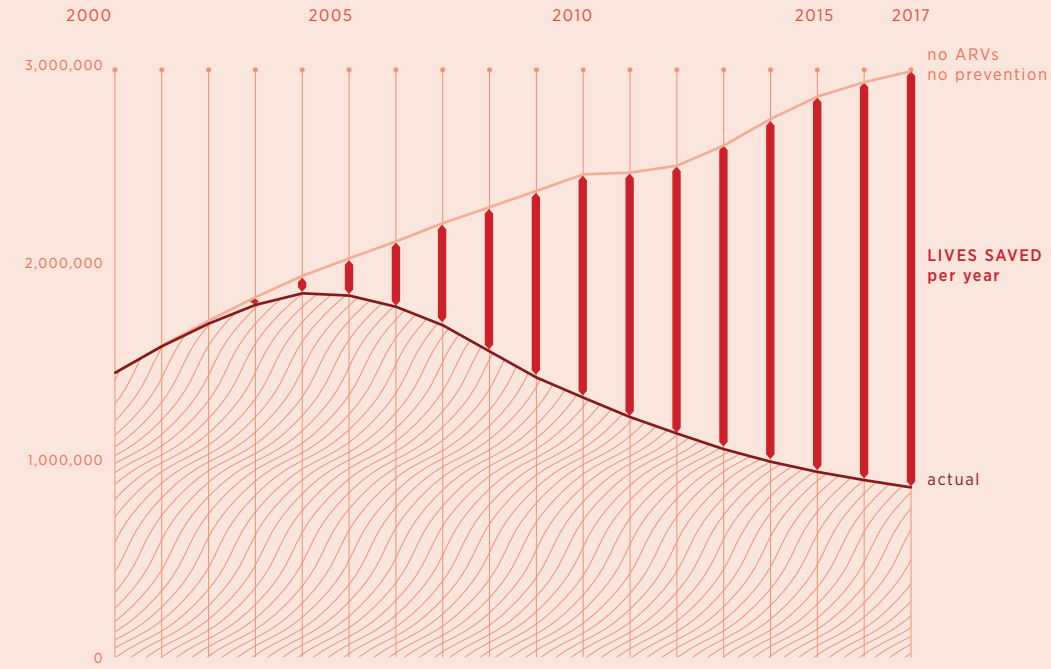
GLOBAL FUND RESPONSE

- The Global Fund has increased allocations to prevention interventions for key and vulnerable populations by nearly 30 percent for 2017-2019 over the previous funding period. We are investing in partnerships that bring together communities, schools, law enforcement agencies, the private sector, health care workers, public health planners and technical partners to implement comprehensive strategies and improve reach. Through collaborative efforts with governments, we ensure our prevention investments support robust national primary prevention targets.
- Global Fund-supported programs have put 17.5 million people on antiretroviral therapy, optimized treatment regimens and helped develop models of differentiated care, tailoring services to populations in need and focusing on high-burden geographies.
- We are investing in community systems that deliver HIV prevention to hard-to-reach populations and bring diverse stakeholders directly into planning and decision-making.

- US$105 million of US$200 million in catalytic funding for HIV – in addition to country allocations – has been designated for prevention, including matching funds for key populations and adolescent girls and young women for priority countries.
- US$55 million in matching funds for prevention programs focusing on adolescent girls and young women will leverage more than US$150 million to be invested in 13 high-burden countries. We are working to maximize efficiency and increase impact by aligning Global Fund and PEPFAR investments in prevention programs for these key groups.
- To improve the quality and thereby the impact of our investments, we assess and adjust the “what” and the “how” of service delivery, allocating resources strategically to the optimal interventions and driving technical efficiency.

TRENDS IN AIDS-RELATED DEATHS IN GLOBAL FUND-SUPPORTED COUNTRIES

AIDS-RELATED DEATHS



DEATHS IN ABSENCE OF PREVENTION AND ARVs
from 2000 to 2017

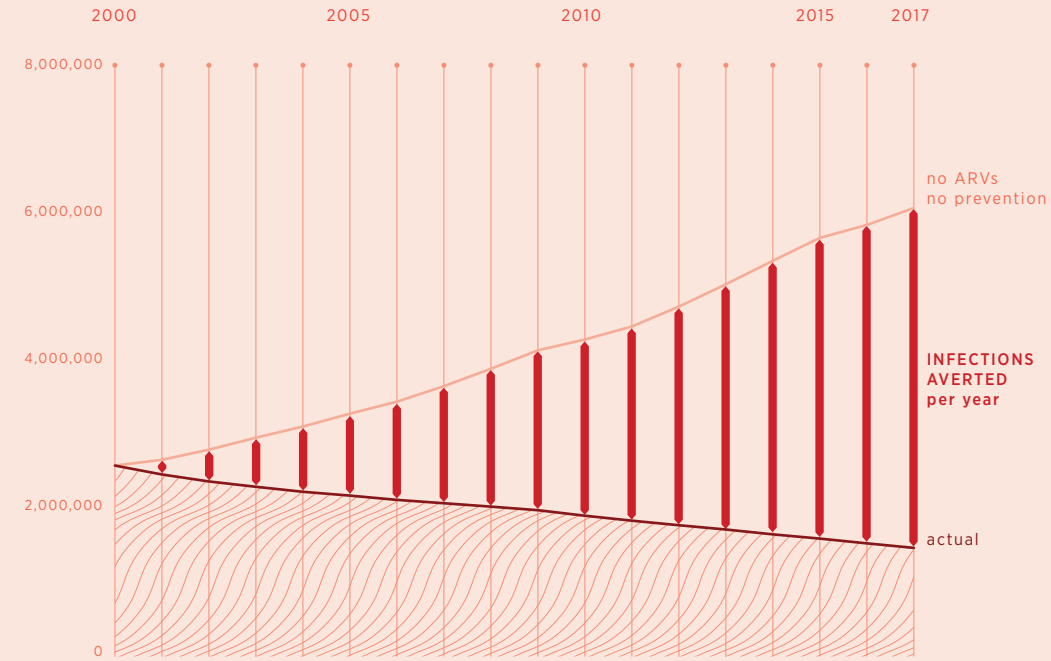
+106%

CHANGE IN AIDS DEATHS
from 2000 to 2017

-40%

TRENDS IN NEW HIV INFECTIONS IN GLOBAL FUND-SUPPORTED COUNTRIES

NEW HIV INFECTIONS



NEW INFECTIONS IN ABSENCE OF PREVENTION AND ARVs
from 2000 to 2017

+135%

CHANGE IN NEW HIV INFECTIONS
from 2000 to 2017

-43%

Source: HIV burden estimates from UNAIDS, 2018 release. Estimation of "no ARV, no prevention" trends from Goals, AEM and AIM models.

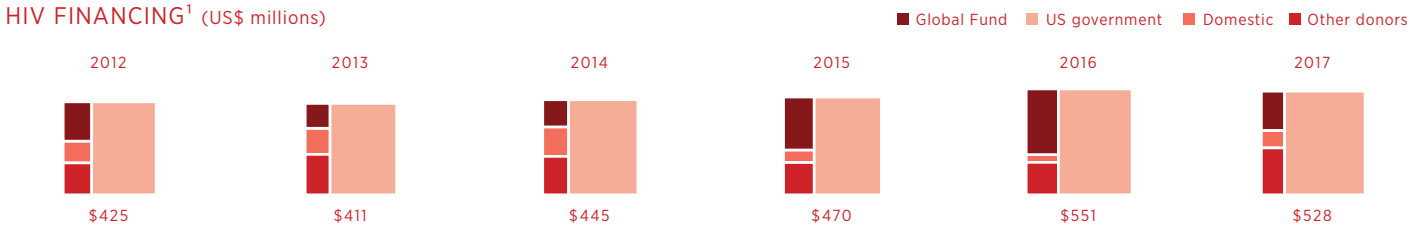
UGANDA

Uganda has made significant progress in its national HIV response. Notably, with increasing coverage of the core interventions, including prevention of mother-to-child transmission and antiretroviral therapy, new HIV infections as well as AIDS-related deaths have been reduced significantly since 2000. The Global Fund's investment is harmonized with other partners' and fully aligned with the national strategic plan.

1. FINANCES

What resources were available to support the national strategic plan (NSP) in the past six years? What resources are available in the coming three years?

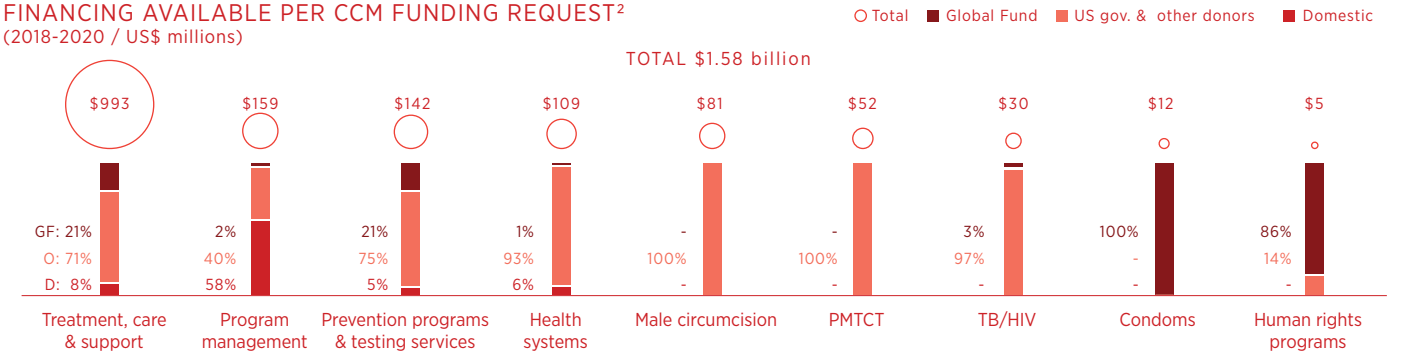
HIV FINANCING[1] (US$ millions)



[1]Domestic – National Health Accounts, funding request submitted to the Global Fund; External – country reported, OECD development assistance committee creditor reporting system

NSP NEED FUNDED from 2015 to 2017 — **82%**

FINANCING AVAILABLE PER CCM FUNDING REQUEST[2]
(2018-2020 / US$ millions)



[2]Detailed financial gap analysis reported by country based on Global Fund Modules

2. OUTCOME

How many people received basic treatment and prevention services?

KEY :

2020 GLOBAL TARGET

* 2020 COUNTRY TARGET

HIV PREVENTION & TREATMENT

% of people living with HIV:

KNOW STATUS

2017 — 81% — 90%

ON TREATMENT

2017 — 72% — 81%

VIRALLY SUPPRESSED

2017 — 63% — 73%

970,000

PEOPLE ON ART

(2017)

ART RETENTION

2015 — 78%

ART COVERAGE - 2016

FEMALE 15+ — 79%

MALE 15+ — 56%

<15 — 47%

Note: Data not available for some key populations.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION COVERAGE

2017 — >95% — 100%*

KNOWLEDGE OF HIV STATUS AMONG KEY POPULATIONS - 2015

MEN WHO HAVE SEX WITH MEN — 44%

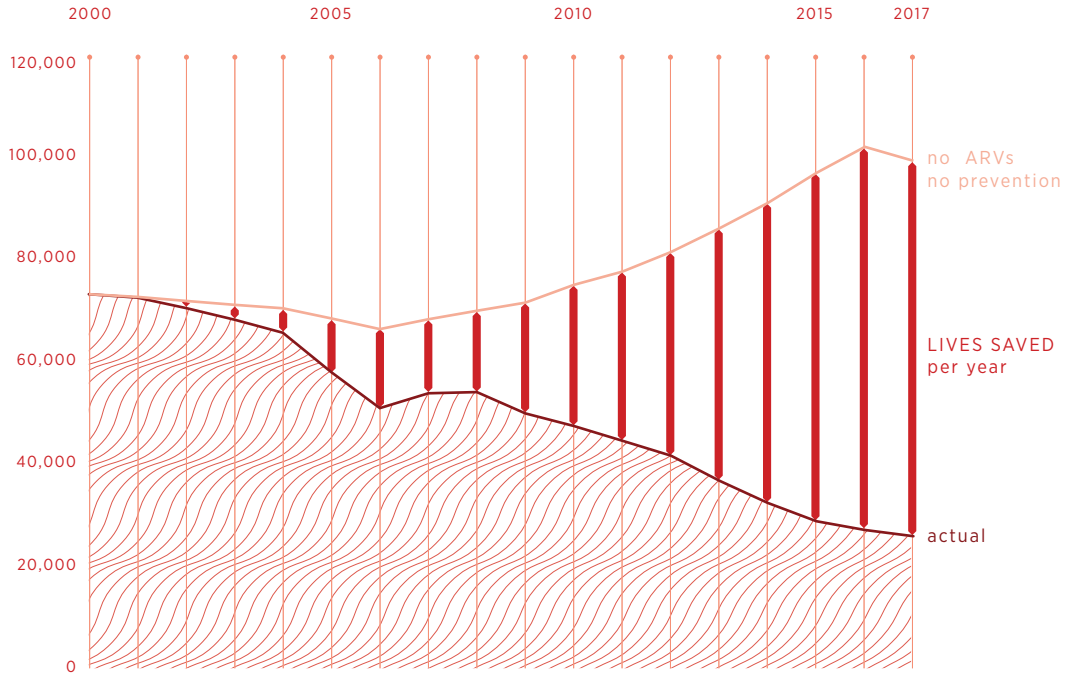
SEX WORKERS — 54%

UGANDA

3a. IMPACT

What is the trend in AIDS-related deaths?

TRENDS IN AIDS-RELATED DEATHS



DEATHS IN ABSENCE OF PREVENTION AND ARVs from 2000 to 2017

+36%

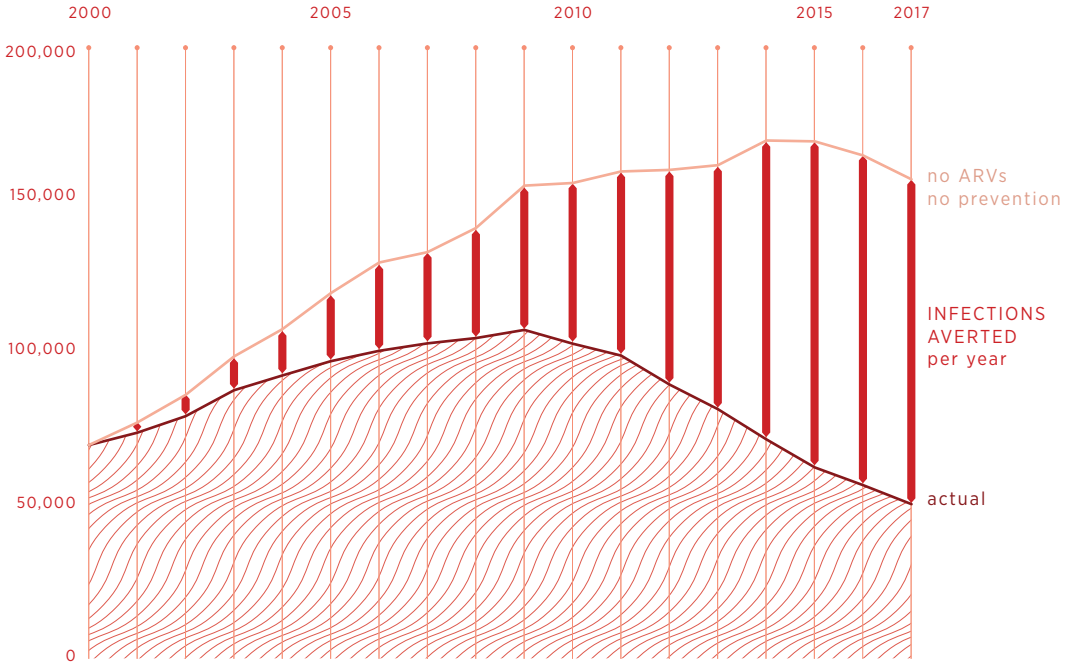
CHANGE IN AIDS DEATHS from 2000 to 2017

-65%

3b. IMPACT

What is the trend in new HIV infections?

TRENDS IN NEW HIV INFECTIONS



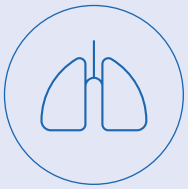
NEW INFECTIONS IN ABSENCE OF PREVENTION AND ARVs from 2000 to 2017

+124%

CHANGE IN NEW HIV INFECTIONS from 2000 to 2017

-28%

TUBERCULOSIS



“I believe that when a task is being done for 10 years or 20 years without the expected results then we should think about changing our approach. We need to analyze the way the work is being done on the ground and the way the plans are being implemented. When you seriously analyze old processes, the path of new approaches opens up.”

— India’s Prime Minister Narendra Modi, pledging in March 2018 to eliminate TB in India by 2025, five years ahead of target

Tuberculosis can thrive in challenging environments like refugee camps.
The Global Fund supports prevention, diagnosis and treatment for the most vulnerable.

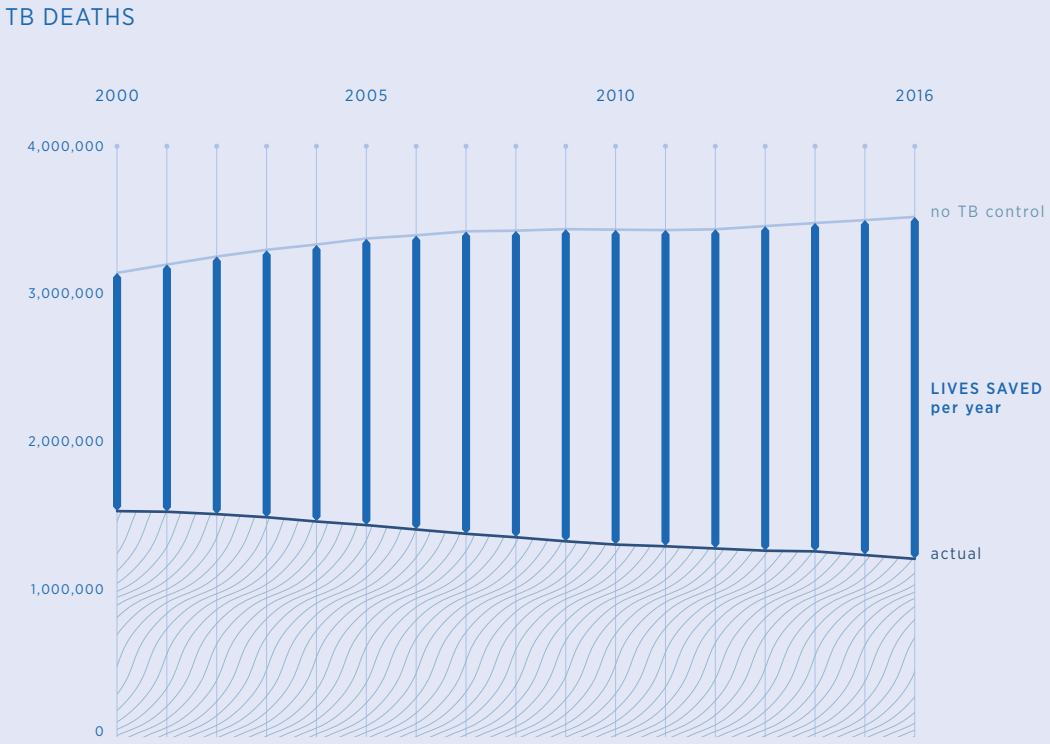
STATE OF THE FIGHT

- Tuberculosis is now the leading cause of death from infectious disease, with 1.3 million deaths per year, not including HIV co-infections.
- Globally, the rate of decline in TB incidence has been slow, at 2 percent per year from 2000 to 2016, mainly due to low case notification. An estimated 4.1 million people with TB have been missed every year and contribute to ongoing transmission. To achieve the milestones set in the End TB Strategy, we must accelerate the rate of reduction to 4-5 percent each year by 2020.
- Antimicrobial resistance (AMR) is a growing threat to global health security. TB is responsible for about one-third of all AMR deaths. If trends continue, 2.6 million people will die of drug-resistant TB per year by 2050, costing the global economy an estimated US$16.7 trillion.
- Globally, 10 percent of TB patients are co-infected with HIV, but many countries with high TB/HIV co-infection burden have made progress. About 60 percent of TB patients on average know their HIV status and 85 percent of HIV-positive people receive treatment for both.

GLOBAL FUND RESPONSE

- Progress on the TB epidemic depends on improved case finding. We are investing US$115 million above allocation in 13 countries that account for 75 percent of missing people with TB globally to find an additional 1.5 million cases by the end of 2019.
- The Global Fund is working with partners to integrate TB screening into other routine check-ups, engage private health care providers who are diagnosing and/or treating people with TB, and develop more efficient ways to ensure those cases are reported to national TB programs.
- As the leading international financer of TB programs, the Global Fund has the ability and responsibility to drive innovation. We are investing heavily in the expansion of molecular diagnostic technology, which delivers faster, more accurate results and can detect TB and drug resistance within two hours. With partners, we are documenting human rights and gender-related barriers to TB services and developing interventions to address them.
- The Global Fund is supporting countries to introduce and expand shorter treatment regimens, and bedaquiline and delamanid – two new drugs for the treatment of drug-resistant TB.
- Since 2014, the Global Fund has promoted integration of TB and HIV services through single funding requests and joint programming, improving collaboration and impact.
- The UN High Level Meeting on TB in September 2018 is the cornerstone of what is widely considered a crucial year to accelerate momentum to reach the SDG targets. The Global Fund partnership is working to secure more resources from domestic and international sources, high-level political commitment, and investment in research and development.

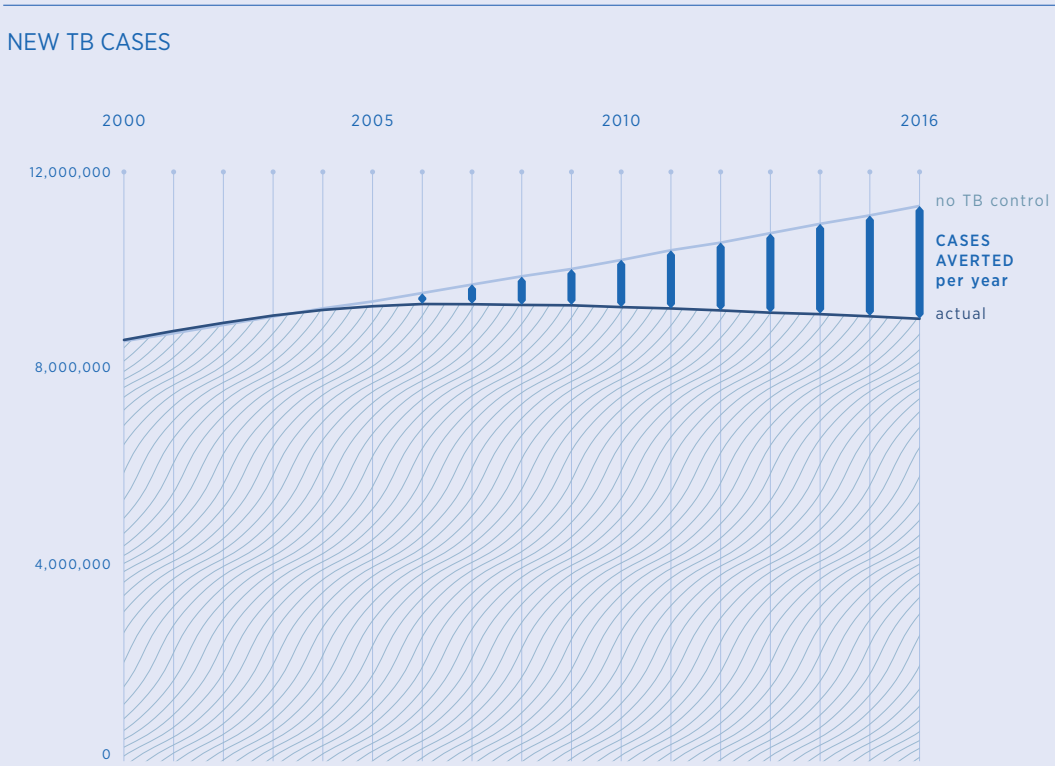
TRENDS IN TB DEATHS (EXCLUDING HIV-POSITIVE) IN GLOBAL FUND-SUPPORTED COUNTRIES



DEATHS IN ABSENCE OF TB CONTROL
from 2000 to 2016
+12%

CHANGE IN TB DEATHS
from 2000 to 2016
-21%

TRENDS IN TB CASES (ALL FORMS) IN GLOBAL FUND-SUPPORTED COUNTRIES



NEW TB CASES IN ABSENCE OF CONTROL
from 2000 to 2016
+32%

CHANGE IN NEW TB CASES
from 2000 to 2016
+5%

Source: TB burden estimates from WHO Global TB Report 2017. Estimation of "no TB control" trends for TB deaths from WHO and for new TB cases based on the assumption of constant trend in new TB cases since 2000.

India's TB epidemic is without parallel worldwide, which is why it's the Global Fund's largest TB portfolio. Recognizing the scale and urgency of the situation, the Indian government has set an ambitious 2025 elimination goal and made strong commitments to leveraging technology, engaging private sector providers and preparing to transition gradually from Global Fund support.

INDIA

1. FINANCES

What resources were available to support the national strategic plan (NSP) in the past six years? What resources are available in the coming three years?

TB FINANCING[1] (US$ millions)

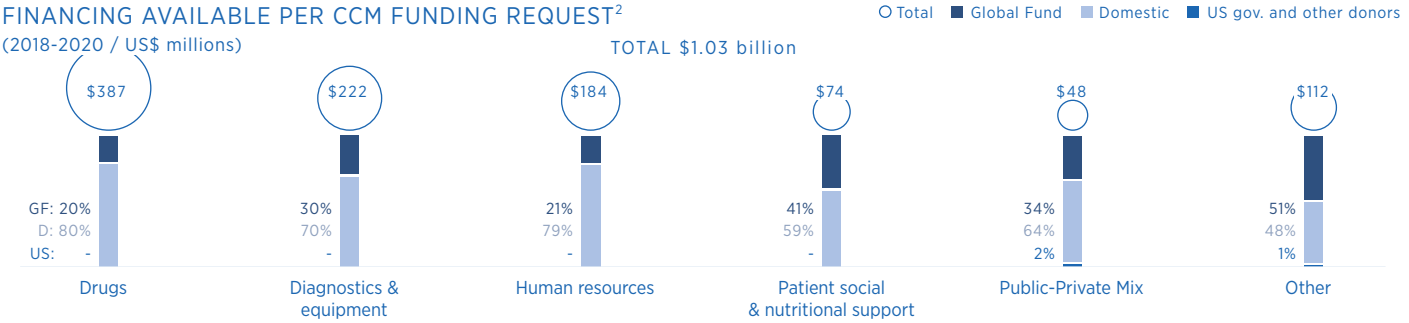
[1] Domestic – National Health Accounts, funding request submitted to the Global Fund; External – country reported, OECD development assistance committee creditor reporting system

NSP NEED FUNDED from 2015 to 2017 **52%**

FINANCING AVAILABLE PER CCM FUNDING REQUEST[2]

(2018-2020 / US$ millions)

TOTAL $1.03 billion



[2] Detailed financial gap analysis reported by country based on NSP categories (Domestic contributions represent central government commitments); Global Fund investments cover the period of 2018-2021; cross-cutting investments embedded across modules

2. OUTCOME

How many people received basic treatment and prevention services?

KEY : 2020 GLOBAL TARGET

TB CASE FINDING

TB TREATMENT COVERAGE

2016 — 63% — 90%

MDR-TB TREATMENT COVERAGE

2016 — 25%

TB TREATMENT OUTCOMES

TB SUCCESS RATE

2015 — 72% — 90%

MDR-TB SUCCESS RATE

2014 — 46%

HIV+ TB SUCCESS RATE

2015 — 78%

HIV+ TB PATIENTS ON ART

2016 — 98%

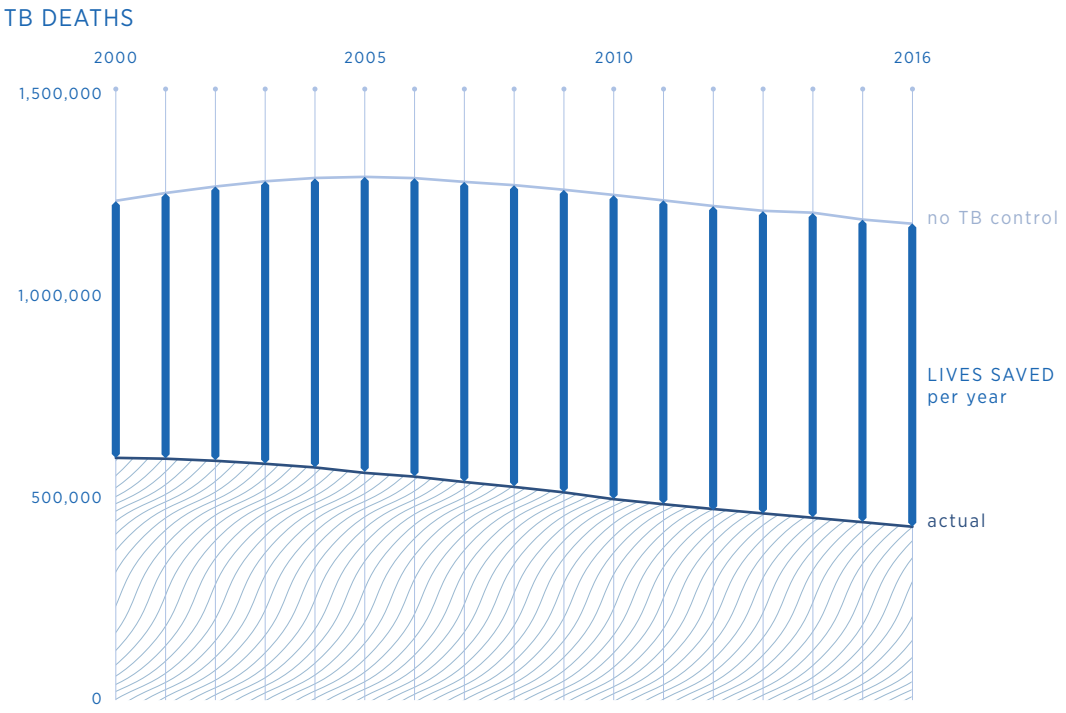
PREVENTATIVE TB THERAPY FOR HIV+

2015 — 5%

INDIA

3a. IMPACT

What is the trend in TB deaths, excluding HIV co-infection?



DEATHS IN ABSENCE OF TB CONTROL
from 2000 to 2016

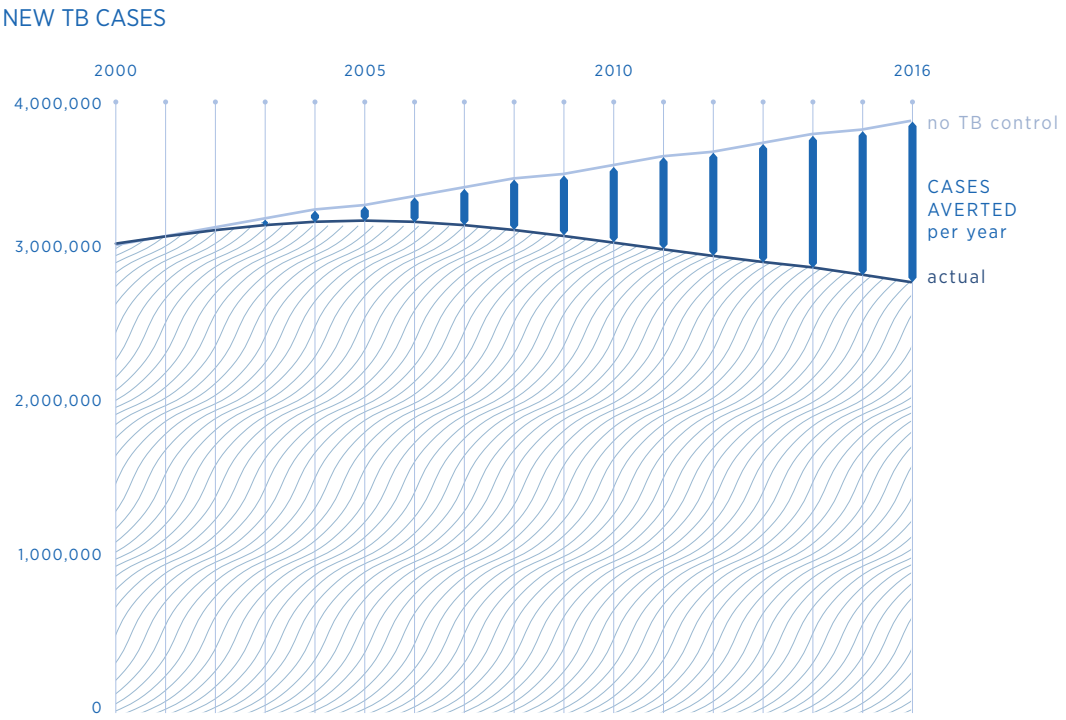
+97%

CHANGE IN TB DEATHS
from 2000 to 2016

-28%

3b. IMPACT

What is the trend in new TB cases (all forms)?



NEW TB CASES IN ABSENCE OF CONTROL
from 2000 to 2016

+27%

CHANGE IN NEW TB CASES
from 2000 to 2016

-8%

MALARIA

“Today we are talking about self-driving cars and drones that deliver our groceries and yet this ancient disease, this disease that we know can be conquered because it has been conquered in different parts of the world, is still killing so many people. We have the science and the knowledge to beat malaria. It is doable. May we also have the will to do it.”

— Chimamanda Ngozi Adichie, Author

In Niger alone, more than a million children received seasonal preventive treatment for malaria. This cost-effective, targeted intervention reduced new cases by half.

STATE OF THE FIGHT

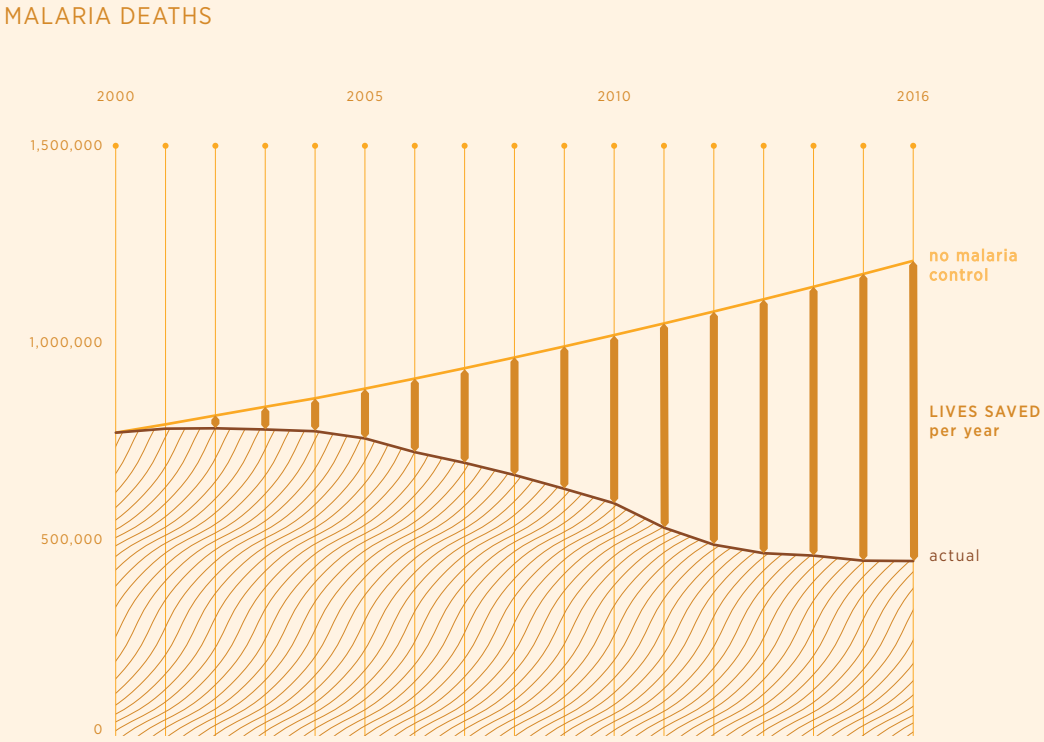
- Global malaria death rates have dropped by 60 percent since 2000. The number of children under the age of 5 who die from malaria has been sharply reduced.
- But the biological threats of drug and insecticide resistance have stalled progress against malaria. In 2016, there were 5 million more cases of malaria than 2015.
- Countries tend to fall into one of two categories: those progressing toward malaria elimination and those with a high burden that are slipping backward in their response. Nearly all countries in the second category are in Africa.
- Over the past several years, funding for malaria has plateaued. With current levels of funding, and current tools, there are limits to what can be achieved.

GLOBAL FUND RESPONSE

- The Global Fund is investing in new tools, partnerships and innovations, including US$35 million in catalytic funding to work with Unitaid to pilot new mosquito nets to combat insecticide resistance in Africa.
- As the leading international funder of the malaria response, the Global Fund supports such pilot projects, data generation and evaluation to shape the vector-control market and facilitate broader adoption of new tools at lower prices.
- A separate catalytic fund supports the introduction of malaria vaccine RTS,S in Ghana, Kenya and Malawi – a joint undertaking of national partners and WHO, Gavi, the Vaccine Alliance, PATH, Unitaid, GSK and the Bill & Melinda Gates Foundation.
- Where we can shrink the malaria map, we must push for elimination. The Global Fund is allocating US$6 million to the Regional Malaria Elimination Initiative, a joint effort led by the Inter-American Development Bank that will leverage a total of US$89 million from public and private donors to eliminate malaria in priority countries in Latin America and avoid its re-introduction.

- In the Greater Mekong region, the Global Fund partnership is investing more than US$242 million through the Regional Artemisinin-resistance Initiative to accelerate malaria elimination as a bulwark against drug resistance. This includes routine monitoring of drug resistance and support for changes in drug policy when necessary; removing substandard and counterfeit drugs from the market; promoting fixed-dose combination therapies; and education to improve patient adherence to treatment.
- The Malaria Matchbox, a new tool that analyzes gender and human rights-related barriers and community engagement, was rolled out in pilot countries to assess whether programs effectively reach all populations affected by malaria, or if some are being left behind.

TRENDS IN MALARIA DEATHS IN GLOBAL FUND-SUPPORTED COUNTRIES



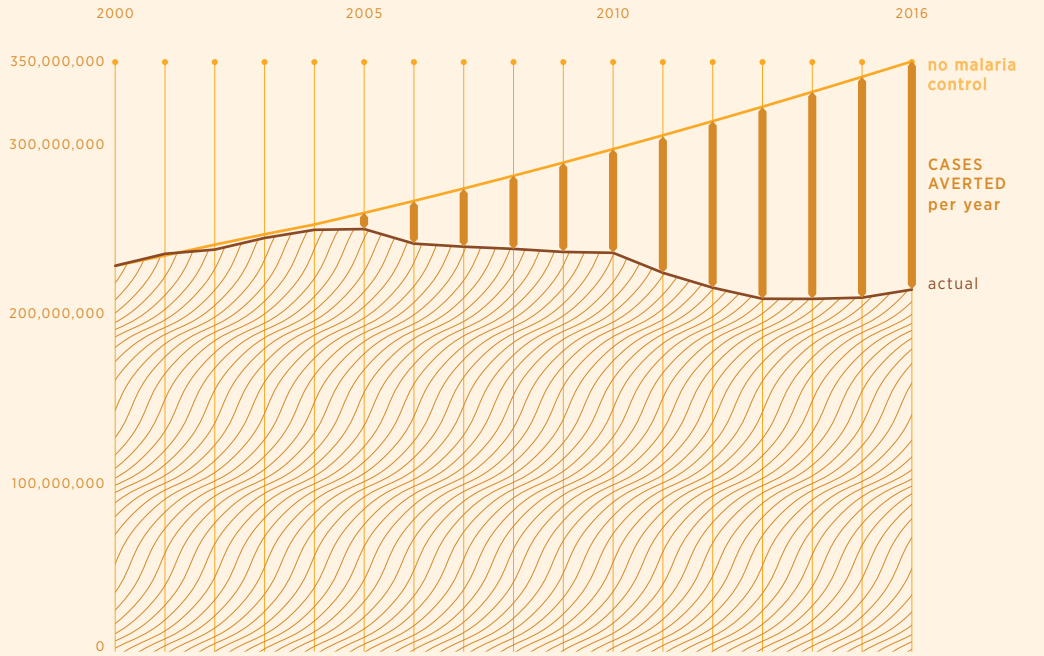
DEATHS IN ABSENCE OF MALARIA CONTROL
from 2000 to 2016

+57%

CHANGE IN MALARIA DEATHS
from 2000 to 2016

-42%

TRENDS IN MALARIA CASES IN GLOBAL FUND-SUPPORTED COUNTRIES



NEW MALARIA CASES IN ABSENCE OF CONTROL
from 2000 to 2016

+53%

CHANGE IN NEW MALARIA CASES
from 2000 to 2016

-6%

Source: Malaria burden estimates and estimation of "no malaria control" from WHO Global Malaria Program, 2017 release.

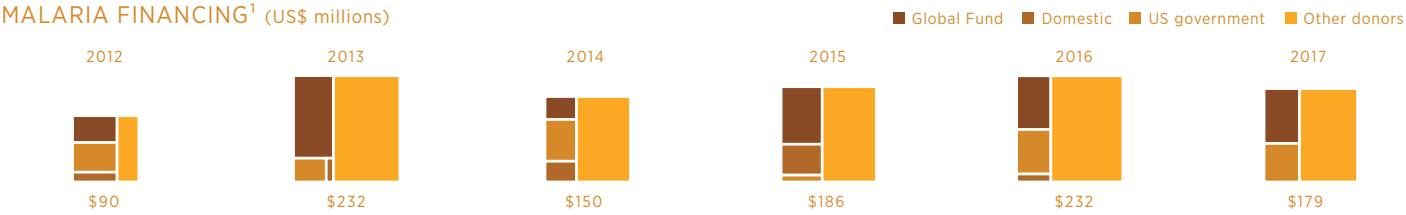
While West Africa remains an epicenter of endemic malaria, Ghana has succeeded in bringing down deaths by 26 percent between 2000 and 2016. Yet these gains have been jeopardized by insecticide resistance; Ghana's indoor residual spraying program is the first among Global Fund-supported countries to deploy the newest available insecticide on the market.

GHANA

1. FINANCES

What resources were available to support the national strategic plan (NSP) in the past six years? What resources are available in the coming three years?

MALARIA FINANCING[1] (US$ millions)

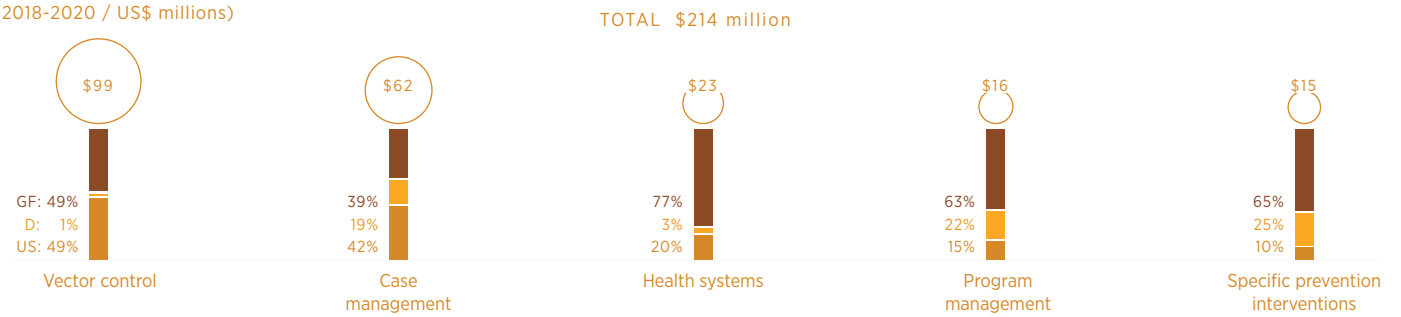


[1] Domestic – National Health Accounts, funding request submitted to the Global Fund; External – country reported, OECD development assistance committee creditor reporting system

NSP NEED FUNDED from 2015 to 2017 — **66%**

FINANCING AVAILABLE PER CCM FUNDING REQUEST[2]

(2018-2020 / US$ millions)



[2] Detailed Financial Gap Analysis reported by country based on Global Fund Modules; domestic contributions only include direct program costs.

2. OUTCOME

How many people received basic treatment and prevention services?

SUSPECTED MALARIA CASES THAT RECEIVED A PARASITOLOGICAL TEST

2016 — 58%

INTERMITTENT PREVENTIVE TREATMENT IN PREGNANCY (IPTP)

IPTP 2 DOSES

2016 — 25%

IPTP 3 DOSES

2016 — 25%

MALARIA TESTING AND TREATMENT IN CHILDREN UNDER 5 WITH FEVER IN LAST 2 WEEKS

SOUGHT ADVICE OR TREATMENT

2016 — 72%

FINGER OR HEEL STICK TEST

2016 — 30%

TOOK ANTIMALARIAL DRUGS

2016 — 50%

RECEIVED ACT, AMONG THOSE WHO RECEIVED ANTIMALARIAL DRUGS

2016 — 61%

VECTOR CONTROL WITH INSECTICIDE-TREATED NET (ITN)

HOUSEHOLDS WITH 1 ITN AND/OR SPRAYED IN THE LAST 12 MONTHS

2016 — 54%

PROPORTION OF POPULATION WITH ACCESS TO AN ITN

2015 — 81%

PROPORTION OF POPULATION WITH ACCESS TO AN ITN THAT SLEPT UNDER IT

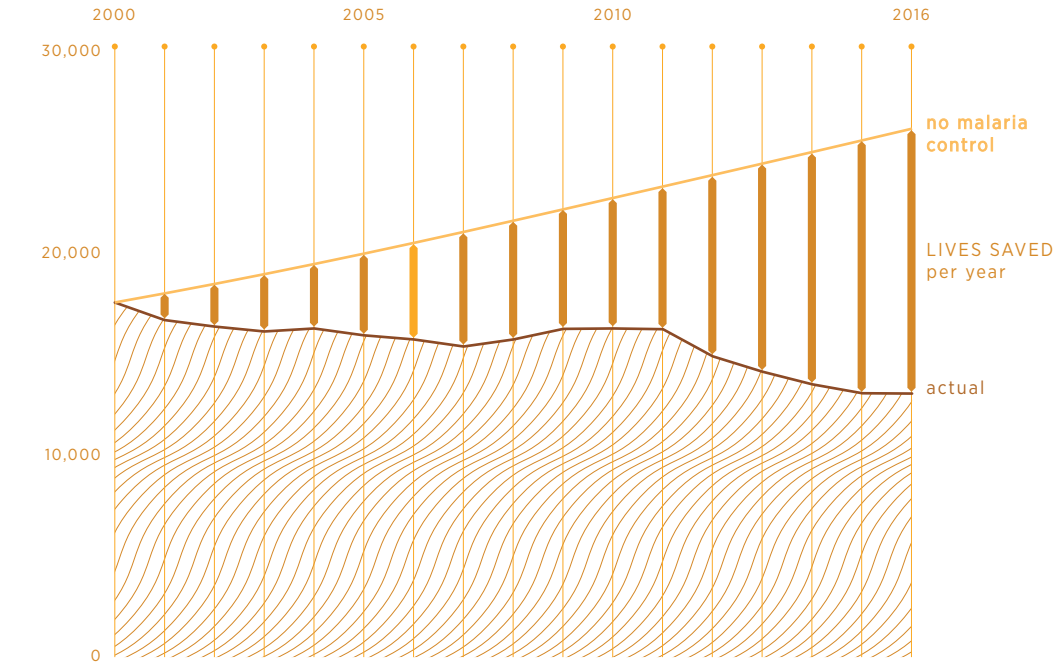
2015 — 72%

GHANA

3a. IMPACT

What is the trend in malaria deaths?

MALARIA DEATHS



DEATHS IN ABSENCE OF MALARIA CONTROL from 2000 to 2016

+49%

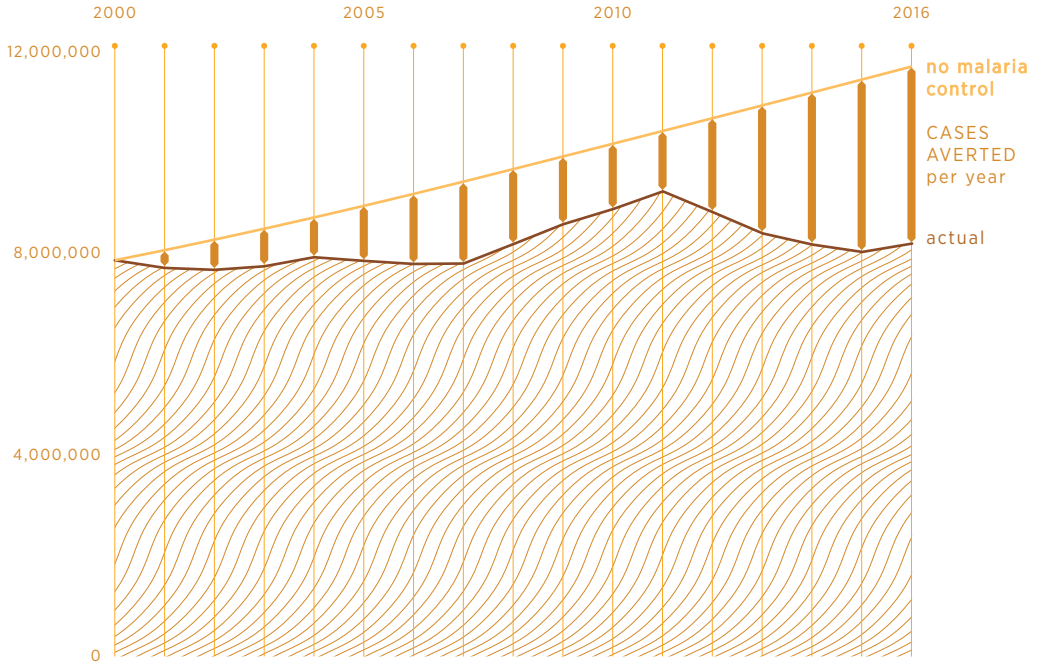
CHANGE IN MALARIA DEATHS from 2000 to 2016

-26%

3b. IMPACT

What is the trend in new malaria cases?

MALARIA CASES



NEW MALARIA CASES IN ABSENCE OF CONTROL from 2000 to 2016

+49%

CHANGE IN NEW MALARIA CASES from 2000 to 2016

+4%

SYSTEMS FOR HEALTH

Building resilient and sustainable systems for health is essential to end epidemics, and is a strategic pillar of the Global Fund. In the most recent funding cycle, including grants that ended in 2017, 27 percent of Global Fund investments went to health systems strengthening. This includes 10.8 percent invested directly in strengthening cross-cutting systems functions with long-term sustainability such as data, supply chain, service delivery integration and others. It also includes 16.5 percent invested in disease-specific interventions that contribute to strengthening systems for effective delivery of HIV, TB and malaria programs, such as national laboratory capacity and community case management.

Accelerating progress toward universal health coverage also contributes to achieving the Sustainable Development Goals. The Global Fund's mission to end epidemics is aligned with Goal 3: Ensure healthy lives and promote well-being. But achieving health and well-being cannot be separated from ending poverty (Goal 1) and hunger (Goal 2), ensuring education (Goal 4) and ending the gender discrimination that fuels the diseases, especially HIV (Goal 5). Progress in each of these foundational goals accelerates impact in all of the others, and helps countries prepare for emerging threats to global health security.

Achieving universal health coverage and the SDGs requires an integrated approach between many partners – from international agencies to national ministries and local community groups. Ultimately, ending epidemics will only be achieved with sustainable health systems that are fully funded by countries through their own domestic resources.

As part of our sustainability, transition and co-financing policy, the Global Fund provides transition funding and program support to countries as they shift from Global Fund grants toward full domestic funding for health programs. The Global Fund's co-financing policy has already spurred countries to commit significantly larger amounts of domestic resources for health. Data on domestic investment that are currently available on approved funding requests for the 2018-20 funding cycle, about 75 percent of total Global Fund allocations, show an increase of more than 40 percent compared with 2015-17. The Global Fund also works closely with partners to develop alternative funding mechanisms such as impact investing, country-led health trust funds, social impact and health bonds, concessional financing, and Debt2Health – a debt swap to raise funds for health.

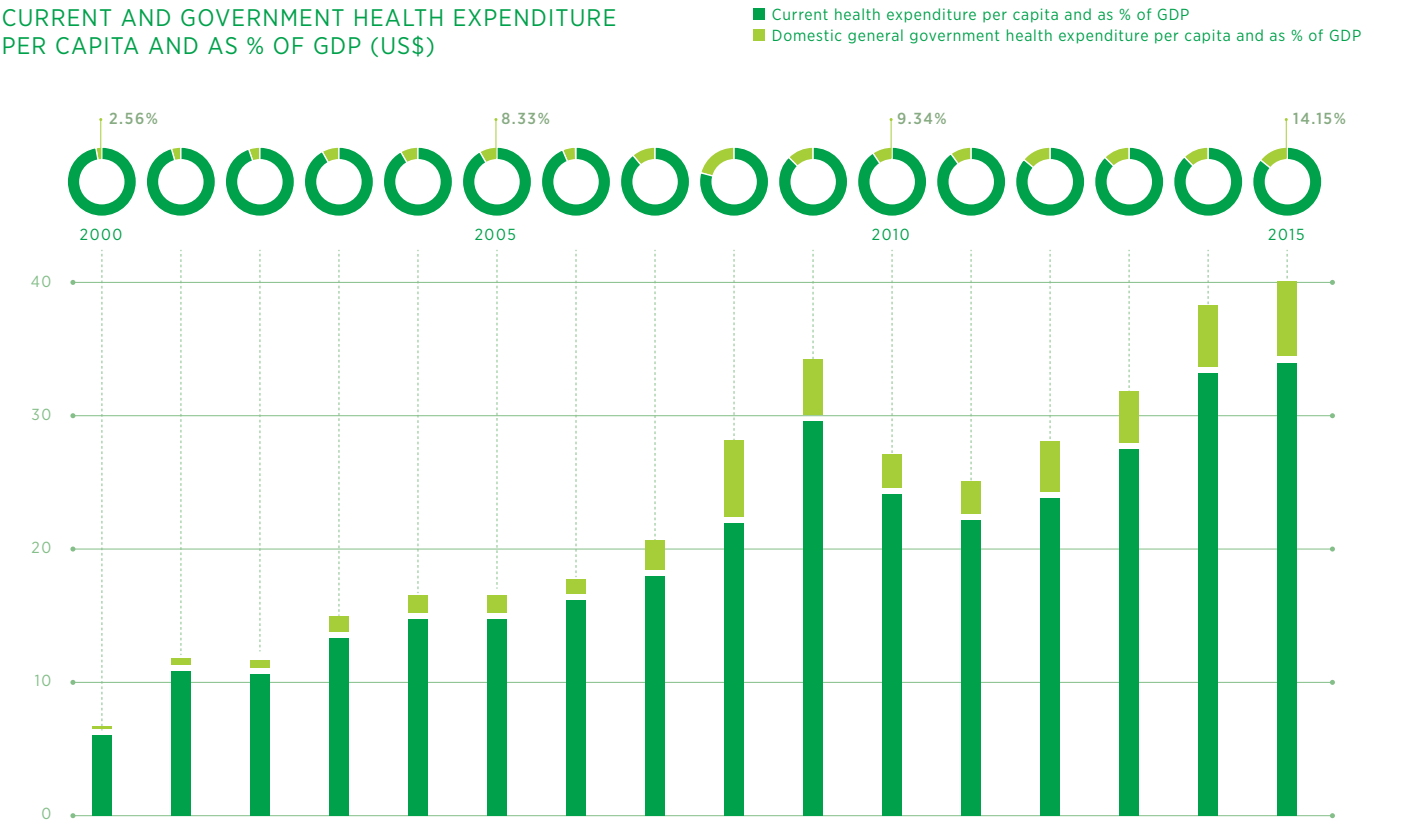
Community health workers form the front line of sustainable health systems, providing a range of services from information and support to testing and treatment.

Despite political and security challenges, Congo (Democratic Republic) has made substantial progress against HIV, TB and malaria. Malaria mortality for children under 5 is steadily decreasing, and the TB program has achieved a treatment success rate of 89 percent. Strong health systems are needed to sustain such progress across the three diseases, and beyond. The Global Fund is investing in human resources and the health management information system for more effective data use.

CONGO DEM. REPUBLIC

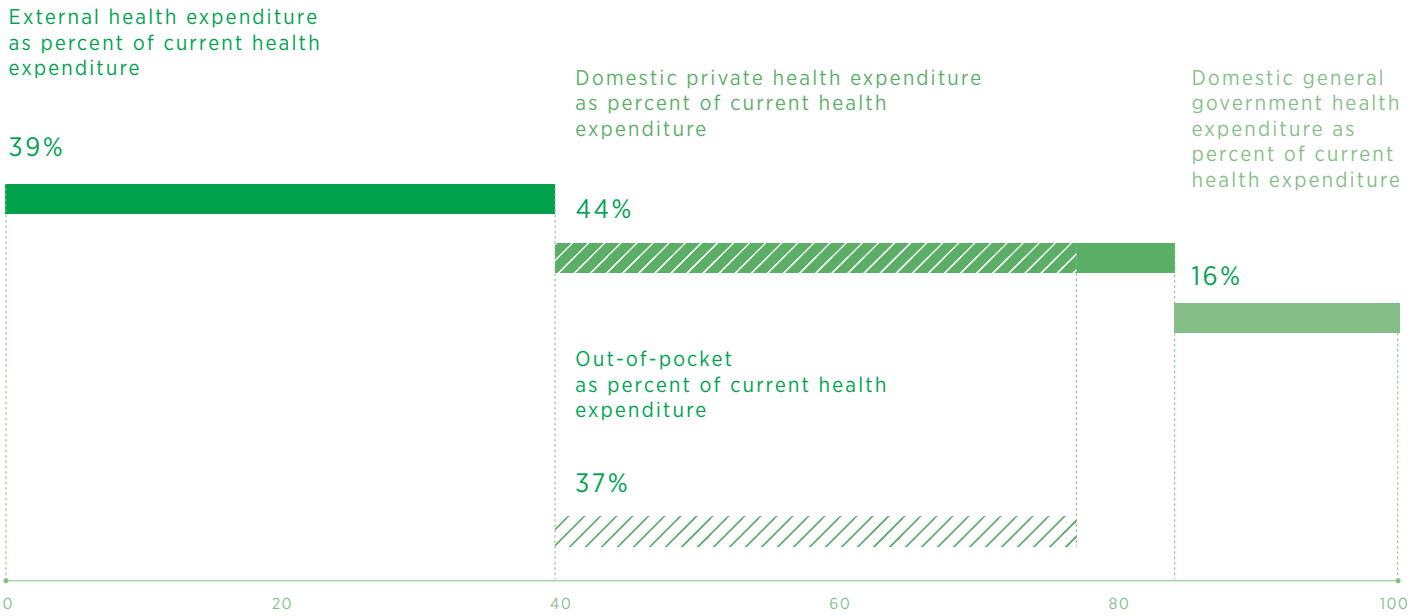
COUNTRY HEALTH EXPENDITURE

CURRENT AND GOVERNMENT HEALTH EXPENDITURE PER CAPITA AND AS % OF GDP (US$)



Source: Global Health Expenditure Database, WHO, 2018.

HEALTH EXPENDITURE PARTICIPATION (2015)

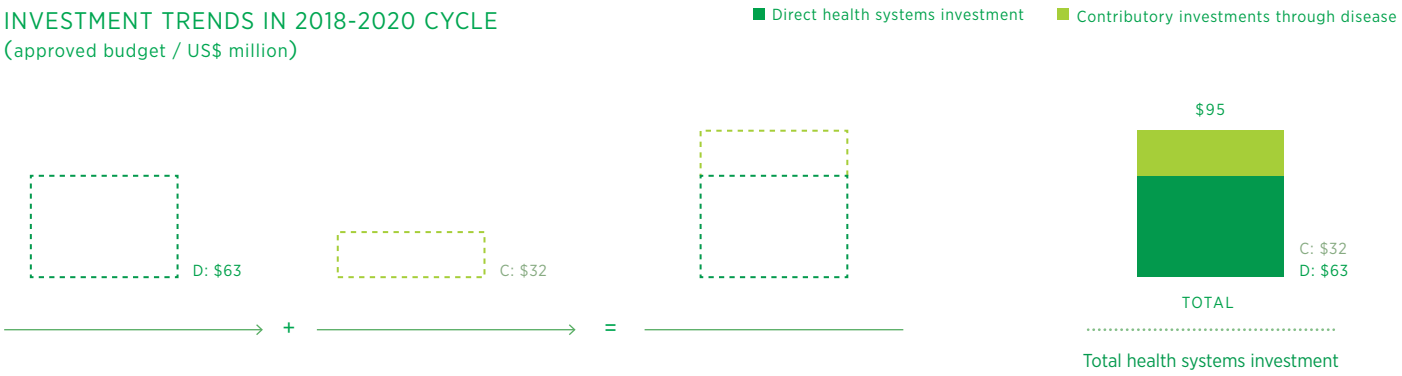


Source: Global Health Expenditure Database, WHO, 2018.

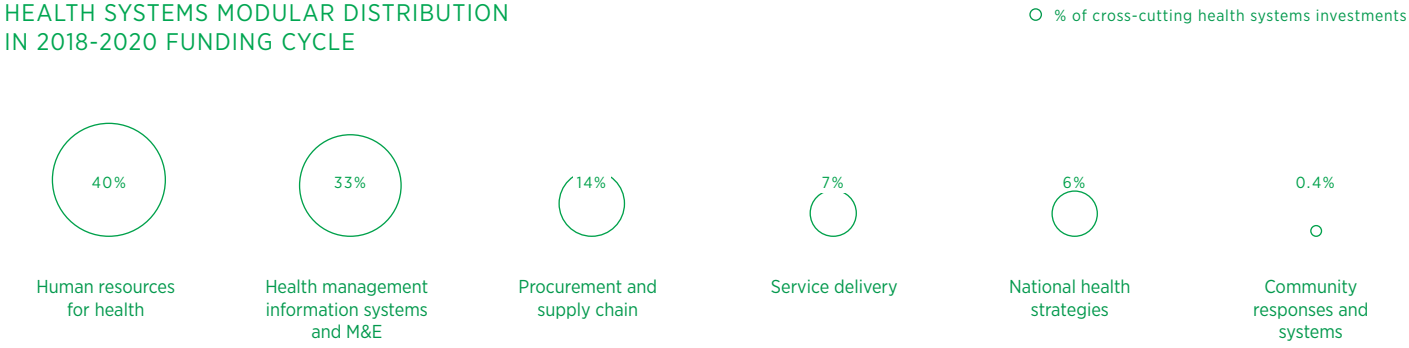
CONGO DEM. REPUBLIC

GLOBAL FUND INVESTMENTS IN HEALTH SYSTEMS

INVESTMENT TRENDS IN 2018-2020 CYCLE
(approved budget / US$ million)



HEALTH SYSTEMS MODULAR DISTRIBUTION IN 2018-2020 FUNDING CYCLE



Notes: Direct investments are all interventions in health systems modules building resilient, sustainable systems for health.
Contributory investments are those investments from disease components strengthening the capacity of the systems to deliver quality services.

HEALTH SYSTEM INPUTS

DATA AVAILABILITY

HMIS DEPLOYMENT
% of health facilities or reporting units that submit reports to the national Health Management Information System (HMIS)

2017 — 100%

DATA QUALITY

TIMELINESS
% of reports from health facilities submitted on time to national HMIS

2017 — 70%

COMPLETENESS
% of complete reports from health facilities submitted to national HMIS

2017 — 92%

LACK OF FINANCIAL PROTECTION

OUT-OF-POCKET AS PERCENT OF CURRENT HEALTH EXPENDITURE

2015 — 37%

[1] Reference numbers reflect targets set by WHO for Service Availability and Readiness Assessment. Sources: Health Facility Assessments, WHO/Global Health Observatory.

[2] Source: Global Health Expenditure Database, WHO, 2018

Incidence and Mortality Trends

VISUAL KEY

○ incidence

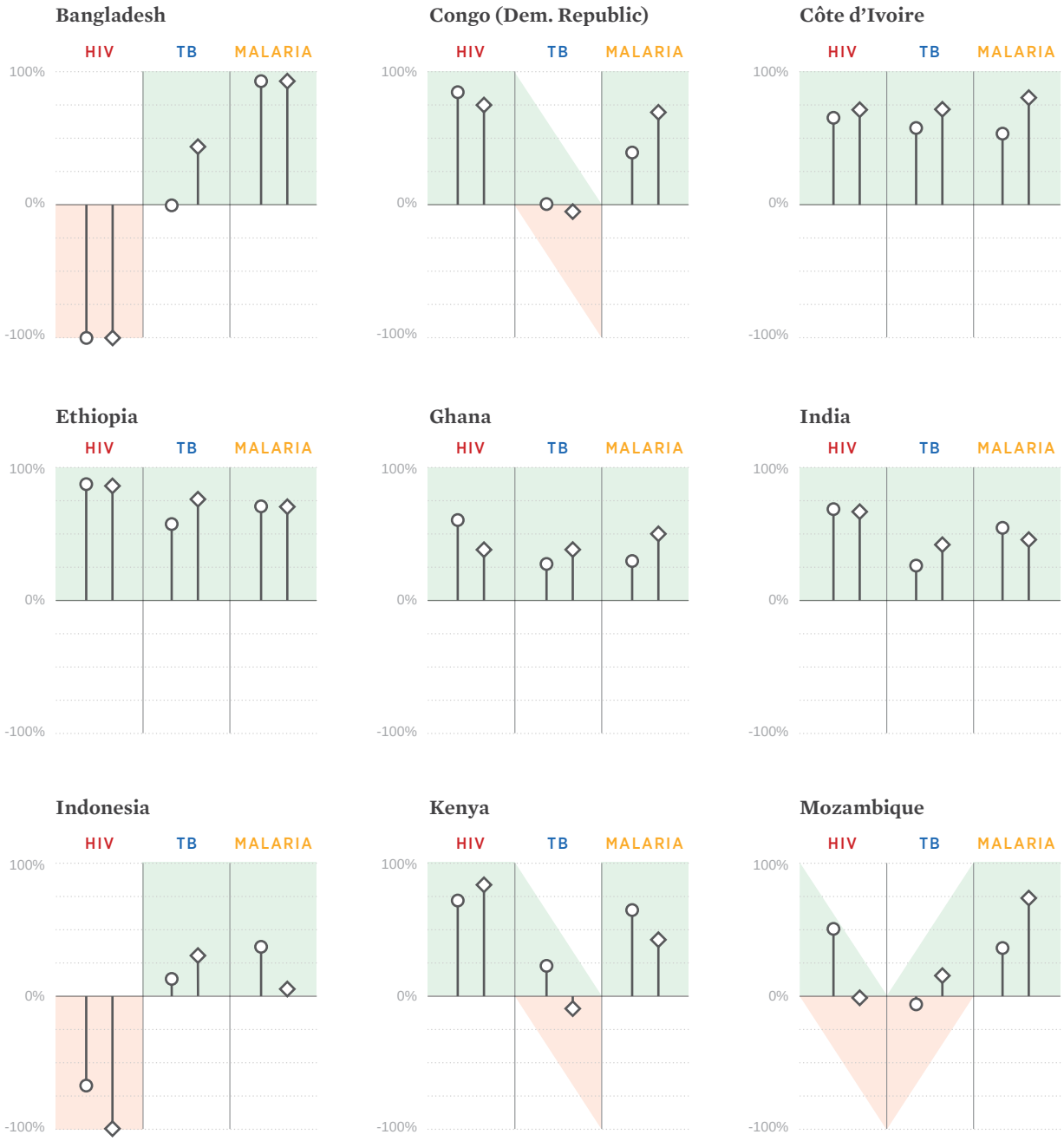
◇ mortality

100% — % decline

0% — since 2000

-100% — % increase

The Global Fund partnership has made remarkable gains with regard to international targets for reducing incidence and mortality rates of HIV, TB and malaria. Since 2000, many of the 21 high-burden countries where the Global Fund invests have achieved significant declines. The journey to achieving the target of ending the epidemics by 2030, as agreed in the Sustainable Development Goals, is not a straight line; sustained political commitment and investment are essential.



HIV incidence rate: number of new HIV infections per HIV-negative population in year t-1. TB incidence rate: number of new TB cases per total population. Malaria incidence rate: number of new malaria cases per population at risk of malaria. HIV mortality rate: number of people dying from AIDS per population. TB mortality rate: number of HIV-negative TB patients dying from TB per population. Malaria mortality rate: number of people dying from malaria per population at risk of malaria. TB figures exclude HIV/TB co-infection.

Source: UNAIDS 2018 estimates, WHO Global TB Report 2017, WHO Global Malaria Program, 2017 estimates. Changes measured from 2000 to most recent available year, 2016 for TB and malaria and 2017 for HIV. Increases are capped at 100%.

THREATS

Effective control of diseases like malaria frees health systems to manage other demands and prepare for future threats.

VULNERABILITY IN GLOBAL HEALTH

The trends and results presented here provide ample evidence of the return on investment in health. Since the world came together to fight HIV, TB and malaria through the Global Fund, our partnership has fundamentally altered the trajectory of the epidemics. Together, we have saved 27 million lives.

Yet history tells us that infectious diseases do not surrender without a fight. Any complacency on the road to ending epidemics can have major implications, as viruses, bacteria and parasites mutate, develop drug resistance, find pockets of lowered immunity and otherwise fulfill their biological imperative.

Malaria provides a stark example of such implications: Even impressive gains can be wiped out by a lapse during a single transmission season, and failure to

maintain effective control can result in resurgence of the disease. A "rebound" can make the situation even worse than before control efforts, because people lose the partial immunity acquired through repeated exposure to malaria.

Defeating epidemics takes leadership, funding and the right balance of perseverance and innovation. Sometimes the challenge is to fight the fatigue that comes with decades-old public health campaigns – to muster the will to stay the course. Other times the challenge is to admit that "what got us here isn't going to get us there" – what yielded great gains 10 years ago may not be effective today.

Africa's youth population is growing rapidly, with significant implications for the HIV epidemic. If prevention strategies remain the same, we can expect more new infections – risking a return to the level of the epidemic in the 2000s.

So while some of the weapons needed to beat humanity's oldest killers and the unknown "superbugs" of the future will be developed in laboratories, others will be forged in national ministries, global assemblies and community centers.

PROTECTING PEOPLE FROM HEALTH THREATS TODAY

Achieving global health security requires a forward-looking perspective. We must be alert to future threats and maintain readiness to respond to potential outbreaks. But preparation cannot supersede protecting people from diseases they face today. HIV, TB and malaria accounted for 2.5 million deaths in 2016 in countries where the Global Fund invests.

While causing tragic deaths and suffering, infectious diseases also hurt economic growth and trade, and threaten development and stability. The International Labor Organization estimates that in 2020, lost earnings due to AIDS will be US$7.2 billion, globally. The economic impact of malaria is estimated to cost Africa US$12 billion every year, factoring in costs of health care, absenteeism, days lost in education, decreased productivity and loss of investment and tourism.

Last year, the Global TB Caucus reported tuberculosis will cost the global economy nearly US$1 trillion over the next 15 years, two-thirds of which will be in the G20. Six G20 countries – Brazil, China, India, Indonesia, Russia and South Africa – are among those with world's highest TB burden, shattering the myth that tuberculosis has been relegated to low-income countries. In reality, TB is contagious, airborne and increasingly drug-resistant – all the hallmarks of a serious threat to global health security.

ANTIMICROBIAL RESISTANCE

Antimicrobial resistance – when infectious organisms develop resistance to the drugs intended to treat them – is one of the biggest threats to our future health and economic security. Human factors are accelerating drug resistance: people

don't complete their prescribed treatment, or their regimen is interrupted; antibiotics are misused and overused in people and animals; counterfeit or sub-standard drugs are found in some markets. If new treatments are not found, or if resistant infections are not diagnosed in time, people will transmit the new, more virulent strains to others. Increased travel, migration and trade mean antimicrobial resistance is a global threat.

Deaths from drug-resistant TB now account for about one-third of all antimicrobial-resistance deaths worldwide. This is a potentially catastrophic risk to all counties, regardless of development status. The Global Fund supports countries to build their response to drug-resistant TB by investing in their national strategies, including laboratory infrastructure and diagnostic capacity, and working in partnership to diversify financing sources for a sustained response.

The Greater Mekong is ground zero for the emergence of drug-resistant malaria, which threatens a devastating setback for the region and a major shock to health security. If the resistance seen in the Mekong were to spread to India or sub-Saharan Africa it would exact a huge toll in human lives and economic losses.

In sub-Saharan Africa, over 10 percent of people starting antiretroviral therapy have a strain of HIV that is resistant to some of the most widely used HIV medicines.

Countries like Belarus optimize Global Fund investments in health infrastructure while laying the groundwork for transition to full domestic financing.

SPENDING PLATEAU

Development spending for health grew substantially from 2000 through 2010, thanks in large part to the Millennium Development Goals and generous support for the Global Fund and Gavi, the Vaccine Alliance. Not coincidently, these years saw dramatic declines in deaths and new infections from HIV, malaria and tuberculosis, as well as a host of childhood killers. But the investments that generated so much progress in the early years of the 21st century have plateaued.

For low-income, high-burden countries that rely heavily on development assistance to provide services and build sustainable health systems, this funding trend is worrying. Middle- and upper-income countries must bring more domestic financing to the table, so scarce development budgets can be invested where they are most needed.

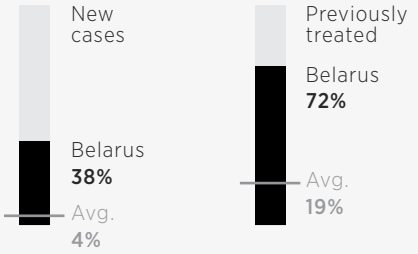
The simple fact is we are not on track to end the epidemics by 2030 – the target set in the Sustainable Development Goals. We need more funding, more partners and unwavering commitment to achieve those global goals the world agreed in 2015.

Belarus

In Belarus, 38 percent of new TB cases and 72 percent of previously treated cases are drug resistant in some form – the highest rates in the world.

The global average, by comparison, is just over 4 percent among new cases and 19 percent for previously treated cases.

Drug-resistant cases



SOLUTIONS

Ending epidemics is more than infections averted; it is unleashing the potential of the next generation.

INVESTING TO END EPIDEMICS

Resilient and resourceful. Curious and compassionate. These essential human characteristics are part of the reason to remain hopeful about the future of global health. When the Global Fund was created in 2002, the world harnessed the money, science and political will to stop HIV, TB and malaria from reaching their catastrophic potential. But we aren't done. The epidemics have changed and so must the response. The solutions exist or are within our power to create. It's a matter of deciding, with unshakable will, to commit to them.

SYSTEMS FOR HEALTH

In many cases, the solutions aren't waiting to be discovered or tested. We know how to prevent the spread of infectious disease, how to diagnose and treat patients. We need greater investment in the systems for health that put these tools and know-how within reach of all.

Building resilient and sustainable systems for health is a strategic pillar of the Global Fund, with 27 percent of investments dedicated to addressing areas such as service delivery integration, data quality and data usage, human resources for health, procurement and supply chain management and improving health sector governance.

The Global Fund prioritizes integrated service delivery to improve impact, as well as the vital link between health services and community responses. There is growing consensus that universal health coverage will not be attainable without the active engagement and leadership of communities, especially those most excluded and affected by the three diseases. The Global Fund is committed to supporting community action and building stronger community systems that complement and work in synergy with formal health systems.

HUMAN RIGHTS

In addition to stronger systems for health, the movement to end epidemics calls us to build more just and equal societies. Human rights-related barriers to HIV, TB and malaria services have long been identified as obstacles to achieving optimal results from Global Fund grants. Our 2017-2022 strategy recognizes the need for greater investment to include and expand programs to remove such barriers in national responses to the three diseases. Global Fund briefs help implementing partners strengthen their capacity in areas such as stigma and discrimination reduction, training for health care providers on human rights and medical ethics, sensitization of lawmakers and law enforcement agents, reducing discrimination against women, legal literacy and services, and monitoring/reforming laws and policies.

Focus Countries

Benin
Botswana
Cameroon
Democratic Rep. of Congo
Côte d'Ivoire
Ghana
Honduras
Indonesia
Jamaica
Kenya
Kyrgyzstan
Nepal
Mozambique
Philippines
Senegal
Sierra Leone
South Africa
Tunisia
Uganda
Ukraine

The Global Fund is providing intensive support to **20 countries** where needs, opportunities, capacities and partnerships create the conditions for significant impact. Baseline assessments in the 20 countries have provided the data and context necessary to craft comprehensive responses to human rights-related barriers to HIV services – along with 11 for TB and three for malaria – against which the impact can be measured in follow-up studies.

By mid-2018, 16 countries had applied for and received additional funding from the US$45 million allocated for the expansion of programs to reduce human rights-related barriers based on their commitment to contribute funding to such programs themselves. In these 16 countries, funds for such programs increased from less than US$6 million in 2014-2016 to over US$50 million for 2017-2019.

GENDER

The speed and magnitude of recent global movements supporting gender equality have been remarkable and inspiring. Barriers and discrimination against women and girls that have been tolerated or overlooked for far too long are now being energetically challenged and overcome. Much remains to be done, and as long as gender inequality fuels the spread of epidemics, promoting equality will be a strategic pillar for the Global Fund.

Gender inequalities are the root of the problem that drive disproportionate HIV burden for adolescent girls and young women in Africa. This year, the Global Fund launched HER – HIV Epidemic Response – to marshal human and financial resources to enhance health services for adolescents, improve access to education and information, and ensure young people's participation in designing and implementing

programs meant to serve them. Ultimately, HER aims to reduce the number of new HIV infections among adolescent girls and young women significantly in 13 African countries over the next five years.

Ending the epidemics, however, will require a nuanced and focused approach that addresses the gender-related barriers to services that impact not just women and girls, but everyone. The Global Fund is finding innovative approaches to increasing the number of men that get tested for HIV, and reaching them with prevention and care services. In some places this means workplace-based approaches, in others it means engaging more with private health practitioners. The Global Fund and Stop TB Partnership are investing in assessments to identify programmatic approaches that will address the disparity in TB case notification for men, the discrimination that keeps women out of services, and other gender-related barriers to services.

SUSTAINABILITY

Increasing investment in health – particularly domestic financing – is a prerequisite to achieving the Sustainable Development Goals. As more middle-income countries move away from external funding toward domestically financed health systems, the Global Fund is supporting efforts by national governments to assume greater responsibility for financing the disease responses. This support includes investing in health financing strategies, particularly for countries with low spending in health, and helping countries assess their readiness to transition from Global Fund financing.

However, economic growth does not guarantee equal access to health and health care, nor does it ensure equity in responses, particularly for key and vulnerable populations who are disproportionately affected by the three diseases. To sustain progress, avoid abrupt drops in funding and minimize programmatic gaps, the Global Fund encourages countries to plan as early as possible, even multiple allocation cycles before transition.

In our 2017-2022 strategy, the Global Fund commits to work with all implementing countries to increase domestic resource mobilization for all health programs, with an emphasis on investing in programs that support key and vulnerable populations. The Global Fund's co-financing policy has spurred countries to commit significantly larger amounts of domestic resources for health. Data on domestic investment that are currently available on approved funding requests for the 2018-20 funding cycle, about 75 percent of total Global Fund allocations, show an increase of more than 40 percent compared with 2015-17.

SCIENCE

Investing in the discovery and deployment of better drugs and new tools for health must be part of the solution to bring an end to the epidemics HIV, TB and malaria. The Global Fund is supporting the use of newer TB drugs bedaquiline and delamanid to effectively treat multidrug-resistant tuberculosis. In 2018, the Global Fund and partners are supporting pilot programs for a malaria vaccine. Important questions remain about the cost-effectiveness and duration of protection of this vaccine, so we will follow where the science takes us. At the same time, the Global Fund is helping countries test the next generation of long-lasting insecticidal mosquito nets to address the growing threat of insecticide resistance. The Global Fund partnership has the scale to stimulate innovation by supporting the deployment of these new tools.

SUPPORT

We see the development landscape changing to reflect the demonstrated benefits of the public-private partnership model that forms the foundation of the Global Fund. The diverse private sector partners engaging with the Global Fund understand that investing in health equals investing in markets, people and the long-term profitability of their businesses. This is a significant evolution from traditional financial support – one that requires deeper engagement in problem analysis and solution design.

In India, IBM, the Global Fund and the India HIV/AIDS Alliance have come together to develop a solution for the piles of paperwork generated from monitoring more than a million people in HIV treatment and prevention programs. The eMpower tablet/mobile app is able to speed up patient reporting, track expenses, expedite payments to health workers, increase stock and commodity traceability (barcode recognition), as well as collect M&E data. It synchs automatically with the national database. Key results as of May 2018: over 1.1 million active clients; some 489,690 cases lost to follow up tracked and returned to health centers; more than 1 million people screened for TB.

Across all partnerships, innovation is the watchword, in terms of deploying new technologies and strategies, and generating new revenue streams for health.

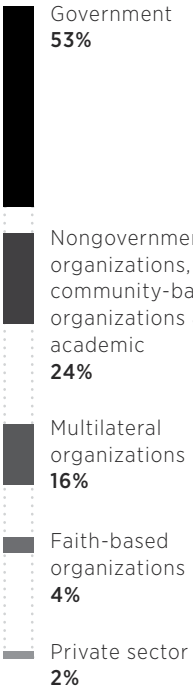
Ending the epidemics of AIDS, TB and malaria is embedded within Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all.

FINANCES

RAISING FUNDS

The Global Fund raises funds on a three-year cycle, bringing predictability that enables us to inform implementing partners of a funding allocation and allows them to plan effectively. For the current funding cycle, covering 2017 through 2019, partners demonstrated strong global commitment to ending epidemics and pledged US$12.9 billion, recognizing that need still outpaces available resources, the Global Fund continues to implement ambitious efforts to raise further funds. For example, in April, 2018, the United Kingdom announced a further £100 million match fund commitment to the Global Fund to match new contributions from private donors pound for pound. The Bill & Melinda Gates Foundation pledged £50 million in matching funds, and the Global Fund committed to raising another £50 million from the private sector.

Breakdown of Portfolio by Type of Implementer (Active Grants)



Government contributions represent 95 percent of cumulative investment in the Global Fund, with the greatest contributors being the United States, France, United Kingdom, Germany and Japan. Global health is a shared responsibility, and the Global Fund diversifies financing to increase investments and build sustainability. As nations move along the development continuum, an increasing number of countries that implement grants have both increased their domestic investments in health and also contributed directly to the Global Fund.

The private sector plays a pivotal role in the Global Fund partnership, contributing funding, technical expertise, training, governance and advocacy that enhances the impact of Global Fund-supported programs. (RED), for example, is an innovative consumer marketing initiative that has generated more than US$500 million for HIV programs in Africa. As of July 2018, private sector partners have contributed over US$2.5 billion to expand the reach of Global Fund investments and save lives.

DISBURSING FUNDS

The Global Fund uses an allocation-based funding model to direct resources where they are needed most. The model determines an allocation for eligible countries at the beginning of each three-year cycle. The allocation-based system provides implementing partners with predictable funding and flexible timing. As of July 2018, the Global Fund had disbursed more than US$38 billion toward the fight against

Breakdown of Portfolio by Global Fund Region

AIDS, TB and malaria. Approximately 65 percent of disbursements currently go to countries in sub-Saharan Africa, where HIV and malaria are most geographically concentrated.

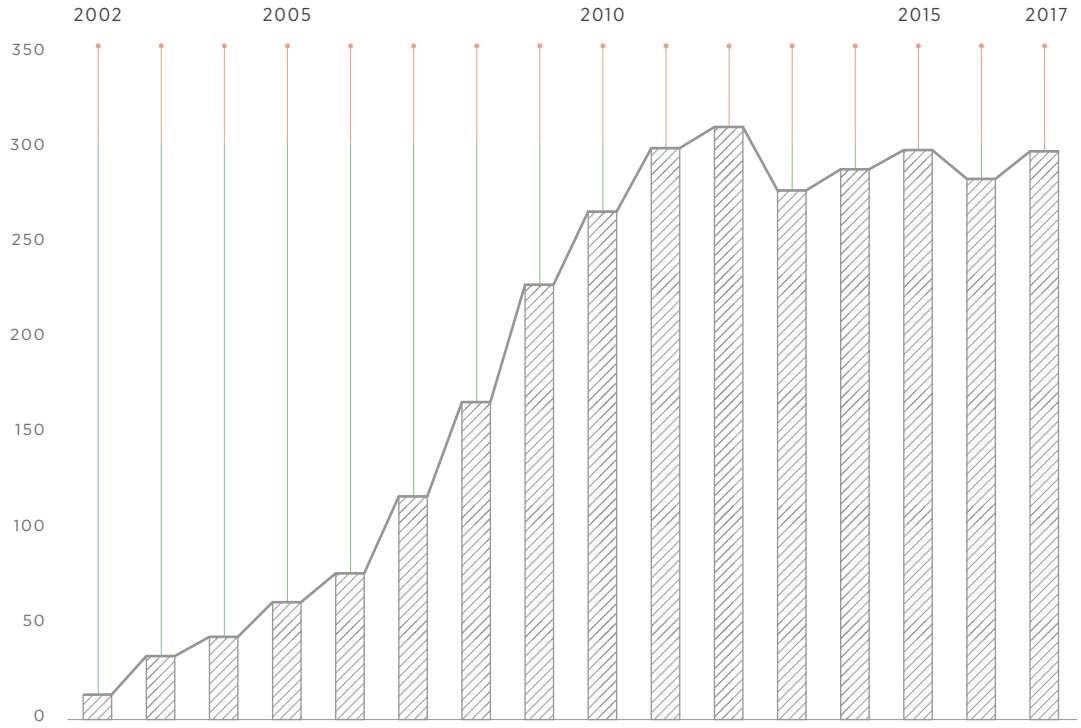
The Global Fund's investment model is framed in the experience that local experts can most effectively design and implement programs in their countries. The Global Fund does not implement programs directly and instead supports local partners including health ministries, community organizations and some multilateral organizations to implement grants.

OPERATING EXPENDITURE

Operating expenditures in 2017 were US$295 million. In recent years, the Global Fund has been highly effective in containing operating expenses while improving and expanding its scope of operational work, through disciplined cost control and adherence to the budgeting framework. Since 2012, the Global Fund has succeeded in keeping operating costs within US$300 million per year.

The Global Fund reports its consolidated financial statements in an Annual Financial Report.

OPERATING EXPENSES (US$ MILLION)



CONSOLIDATED FINANCIAL STATEMENTS AND EXTERNAL AUDIT

The Global Fund has elected to maintain our financial statements in compliance with the International Financial Reporting Standards and our financial year follows a standard calendar year. The functional currency of the Global Fund is US dollars.

The Global Fund Board appoints an independent statutory auditor for a mandate of three years. The Global Fund publishes Interim and Annual Financial Reports; the latter includes the audited consolidated financial statements along with the opinion from external auditors.

THE GLOBAL FUND'S FINANCIAL MANAGEMENT FRAMEWORK

The financial framework and principles for management of the Global Fund's sources and uses of funds are set out in the Comprehensive Funding Policy.

The Global Fund's asset-liability management aims at ensuring the balance of sources and uses of funds, as well as maximizing the amount, optimizing the timing and increasing the certainty of resources for recipients with a sufficient degree of advance visibility. As July 2018, through asset-liability management, US$150 million has been identified as available sources of funds for the 5th Replenishment, and approved for use as additional funds for portfolio optimization using the approved prioritization framework.

The Global Fund's foreign exchange risk management aims at reducing the volatility in the net value of sources and uses of funds arising from changes in the value of currencies against the US dollar over time. In the 5th Replenishment, the Global Fund has hedged a majority of the foreign exchange exposures arising from sources and uses of funds.

The Global Fund is working to widen the pool of partners in global health to deliver lifesaving medicines and other health supplies where they are needed, when they are needed.

EFFECTIVE, TRANSPARENT, EFFICIENT

The Global Fund is consistently rated highly in independent reviews for exceptional performance, transparency and impact. The 2016 UK Government Multilateral Aid Review awarded the Global Fund the highest possible rating for overall organizational strength, with high scores on critical role; comparative advantage; partnership; results; controlling costs; efficiency; combatting fraud; and transparency and accountability. The Multilateral Organisation Performance Assessment Network (MOPAN), a network of like-minded donor countries that monitors the performance of multilateral development organizations, in 2017 gave the Global Fund top ratings in organizational architecture, operating model, and financial transparency and accountability.

The 2017 Multilateral Performance Assessment summary, published in the Performance of Australian Aid Report by the Department of Foreign Affairs and Trade (DFAT), also gave the Global Fund a top rating for its effective approach to investing donor money, and confirmed the Global Fund as a strong, responsive development partner.

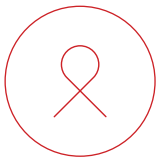
The Global Fund implements a long-term and performance-based approach to responsible procurement that directly benefits partners in global health. Certain countries can use domestic funding for health to take advantage of the Global Fund's Pooled Procurement Mechanism and online platform, wambo.org, with strong benchmarking on prices and improved business practices. Pooled procurement now covers 55 percent of procurement supported by the Global Fund and saved an additional $205 million in 2017. On-time and in-full deliveries increased to 84 percent in 2017, which has significantly contributed to decreasing reports on stock-outs. These efforts are expanding the ability of partners to achieve greater value for money that can, in turn, be invested to save more lives.

The Global Fund is the leading international funder to fight AIDS, tuberculosis and malaria

Global Fund / Other international contributors

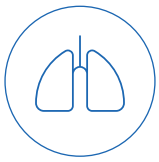
example: 50% - 50%

AIDS



20% - 80%

TUBERCULOSIS



65% - 35%

MALARIA

57% - 43%

How it works

1 WE RAISE THE MONEY

The Global Fund raises and invests nearly US$4 billion a year to support programs run by local experts in more than 100 countries. The money comes 95 percent from donor governments and 5 percent from the private sector and foundations.

2 COUNTRIES MAKE INVESTMENT DECISIONS

A Country Coordinating Mechanism made up of representatives of people whose lives are affected by the three diseases, medical experts, government and civil society meets and develops a plan to fight the diseases in their community.

3 WE REVIEW AND APPROVE

An independent panel of experts reviews the plan to determine if it will achieve results. The panel may request changes to the plan. Once finalized, it goes to the Global Fund's Board for approval.

4 LOCAL EXPERTS IMPLEMENT

Local experts and partners use grant money to deliver programs. Impact is continuously monitored and evaluated.

5 OVERSIGHT IN ACTION

Local Fund Agents in each country monitor implementation of grants. The Global Fund's Office of the Inspector General conducts audits and investigations.

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Data visualization and design by Accurat

The Global Fund to Fight AIDS, Tuberculosis and Malaria

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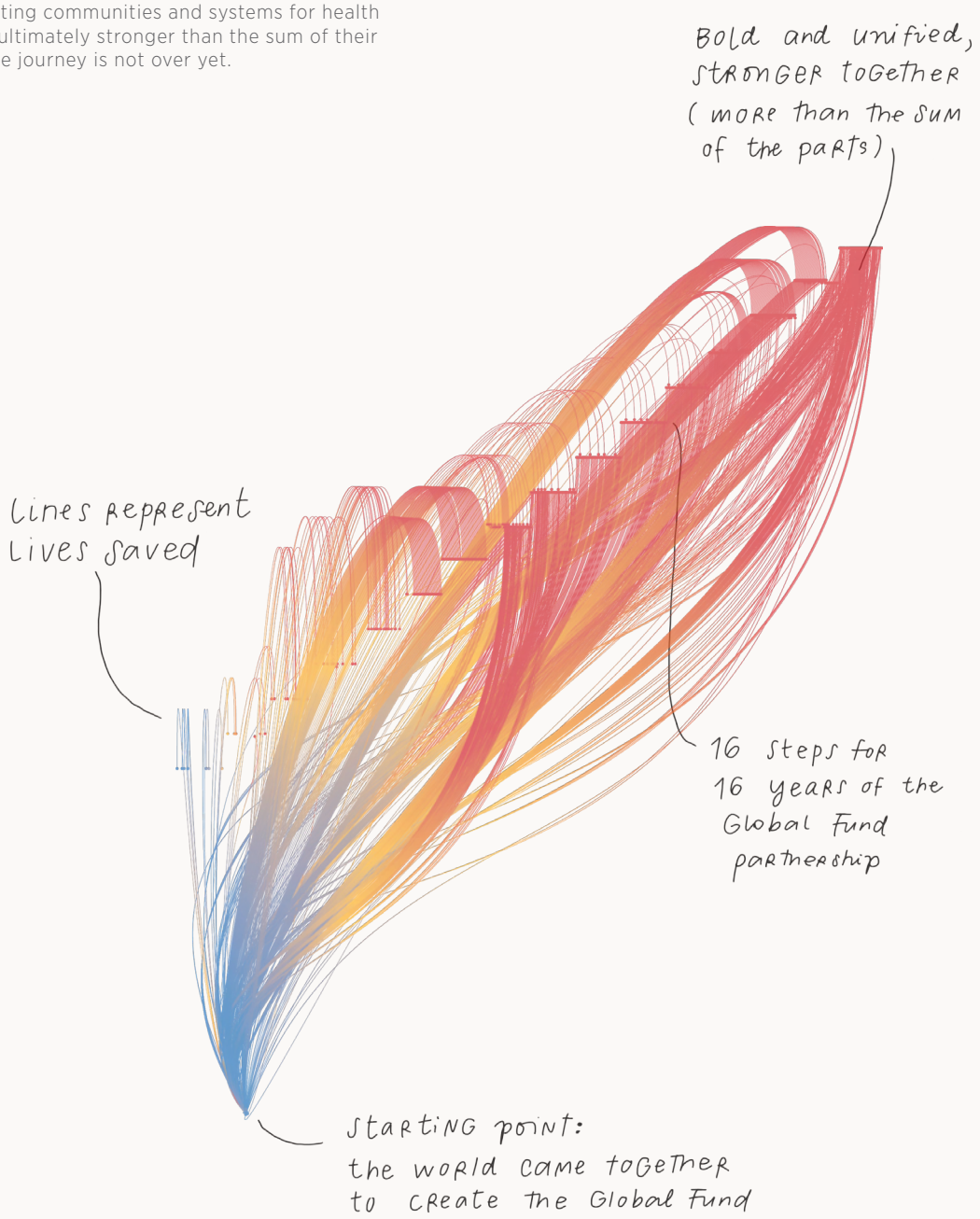
The cover graphic is a visualization of the impact of the Global Fund partnership. Individual lines represent lives saved. There are 16 steps, one for each year of the Global Fund's existence, and the colors correspond to HIV, TB and malaria. The merging and interaction of the lines reflects the dynamic and interrelated nature of our work – supporting communities and systems for health that are ultimately stronger than the sum of their parts. The journey is not over yet.