



Global Fund Background Information

What is the Global Fund?

Just twenty years ago, HIV/AIDS, tuberculosis, and malaria were referred to as the “big 3” major infectious diseases responsible for the deaths of millions of people each year and were wreaking havoc on populations across the globe. In 2002, in a remarkable show of solidarity and partnership, the world decided to pool its resources to accelerate efforts to end these epidemics and created an independent, multilateral financing entity known as The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund). As an international organization, the Global Fund partners with governments, civil society, technical agencies, the private sector, and people affected by the disease in order to mobilize and invest more than \$4 billion dollars a year to support programs run by local experts in more than 100 countries.¹

To date, The Global Fund has used over \$50 billion dollars pledged from donors to help prevent 27 *million unnecessary deaths* in over 120 countries.² In 2017, thanks to the Global Fund, 17.5 million people were on antiretroviral therapy for HIV, 5 million people were treated for TB, and 197 million mosquito nets were distributed to fight malaria.³

The United States government provided the Global Fund with its founding contribution and was heavily involved with the initial negotiations and design of the organization and maintains a permanent seat on the Global Fund, giving it a key role in governance and oversight. The U.S. is also the Global Fund’s largest single donor; between FY 2001 and FY 2018, Congressional appropriations to the Global Fund totaled \$16.6 billion dollars. Congress has historically matched or provided more to the Global Fund each year than the President has requested but it has also placed the requirement that U.S. contributions to the Global Fund do not exceed 33% of total contributions from all donors. (This rule has only been invoked once in FY 2004 to hold back appropriated funds).

U.S. support for the Global Fund has always been bipartisan, crossing party lines when often not much else could. Though the control of Congress and the White House has shifted between parties over the last 17 years, U.S. support for the Global Fund has persisted. However, the future of U.S. support for the Global Fund is at a critical juncture amidst budget uncertainty in the U.S. as the Global Fund enters the Sixth Replenishment period (FY20-FY22) phase in October of 2019. The House Appropriations Committee has stepped up, putting \$1.56 billion in the 2020 spending bill for the Global Fund. We need the Senate to commit to increasing that amount to \$2 billion for 2020. As advocates, it’s up to us to urge all of Congress to step up and let the world know that the U.S. will continue to lead on the Global Fund.

¹ <https://www.theglobalfund.org/en/overview/>

² <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-the-global-fund-to-fight-aids-tuberculosis-and-malaria/>

³ <https://www.theglobalfund.org/en/overview/>



HIV

When the HIV/AIDS epidemic began in the 1980s – and even as few as 15 years ago – AIDS was a death sentence. Today, thanks to the work of tireless activists, programs like PEPFAR (the President’s Emergency Plan for AIDS Relief) and the Global Fund exist and have transformed the face of the epidemic, cutting annual AIDS-related deaths and new infections in half from the height of the HIV crisis.⁴ People infected with HIV all around the world who receive lifesaving treatment in the form of antiretroviral (ARV) therapy live with the same life expectancy of their peers not infected with HIV and will likely never spread the disease to their partners.

However, despite, these victories, the world is off-track in the fight to eradicate HIV/AIDS. A failure to tackle stigma and discrimination associated with the disease has halted progress among marginalized groups, including adolescent girls and young women, who are newly infected at the rate of 1000 per day.⁵ Those infected with HIV are also particularly susceptible to other opportunistic infections such as tuberculosis due to their weakened immune systems, which then, coupled with a lack of access to proper treatment often leads to death. In 2017, 1.8 million people were newly infected with HIV globally.⁶

Malaria

Malaria is caused by a parasite spread by certain types of mosquitoes and is both among the deadliest diseases in human history and the biggest public health successes of the 21st century. Global malaria rates have dropped by 60% since 2000. The Global Fund provides nearly 60% of all international financing for malaria and has invested more than \$11.4 billion dollars in malaria control programs in more than 100 countries from 2002-2018.⁷

However, after many years of momentous progress, malaria is on the rise. In 2017 there were 219 million cases and 435,000 deaths from malaria with nearly 80% of these occurring in sub-Saharan Africa. Pregnant women and children under the age of 5 years old are the most at risk because of their relatively weak immune systems. Current challenges to successful control of Malaria include the emergence of drug-resistant malaria, an increase in insecticide resistance in Africa, climate change, the continued presence of sub-standard/counterfeit drugs, and perhaps most significantly, the dissipation of attention to malaria due to the drop in the disease burden.⁸

Malaria is currently present in nearly 100 countries, which increasingly fall into one of two categories: those progressing toward elimination and those with a high burden of malaria that are experiencing setbacks in their responses. This progress toward elimination underscores the fact that we

⁴ <https://www.theglobalfund.org/en/hivaids/>

⁵ <https://results.org/wp-content/uploads/June-2019-Global-Action-Letter-to-Congress-on-the-Global-Fund.pdf>

⁶ <https://www.theglobalfund.org/en/hivaids/>

⁷ <https://www.theglobalfund.org/en/malaria>

⁸ <https://www.theglobalfund.org/en/malaria>



have effective tools and strategies to halt malaria. The issue is investment. An estimated US\$3.1 billion was invested in malaria control and elimination efforts globally in 2017 – less than half the 2020 funding target.⁹

Tuberculosis

Tuberculosis is a major global public health crisis. One person falls ill with tuberculosis (TB) every three seconds – with the majority of those infected living in poor countries. In 2017 alone, the CDC estimates nearly 10 million people infected with TB. Nearly 4,000 people die from the infection every day and the World Health Organization (WHO) estimates that 95 percent of these deaths occur in developing countries (1). Prisoners, people living with HIV, migrants, refugees, and indigenous populations are particularly vulnerable to TB and also experience marginalization and decreased access to quality health care services.

Drugs to fight TB have been in existence for 50 years – yet the disease remains one of the top 10 causes of death worldwide. In most cases, TB is treatable and curable, but treatment is difficult and requires long courses of multiple antibiotics—typically at least six months for drug-susceptible TB, [according to the Centers for Disease Control and Prevention](#). Social contacts are also screened and treated if necessary. When people fail to complete the full drug regimen for TB, the disease becomes resistant to treatment. It often develops into the drug-resistant MDR-TB. In 2017, there were 558,000 new cases with resistance to the most effective first-line TB drug.¹⁰

Between 2000 & 2017, the mortality rate for TB fell by 42 percent, but more work remains to continue to push for zero deaths from TB globally. The Global Fund provides more than 65% of all international financing for TB. As of April 2019, the Global Fund had disbursed over \$6.5 billion dollars in response to TB.

PIH's Impact

HIV

When PIH first began working with people living with HIV in Haiti in the early 90s, ART that could completely suppress the disease existed, but it was considered too expensive and too complicated to introduce in poor communities with no HIV specialists or modern clinics. The way to solve HIV, experts said, was to advise people on how to prevent it, leaving 26 million people infected with the virus around the world without HIV/AIDS care. In response, PIH launched the HIV Equity Initiative in 1998, which involved a small group of HIV-positive Haitians who received medication in their homes, delivered by community health workers on a daily basis. The results were miraculous recoveries and were published in a 2001 article in *the Lancet*. This initiative proved to the world that excellent, life-saving HIV care could be delivered to people living in the world's poorest regions. It was studied by activists around the globe fighting for new funding for treatment. Major organizations such as the Global Fund,

⁹ <https://www.theglobalfund.org/en/malaria>

¹⁰ <https://www.pih.org/programs/tuberculosis>



PEPFAR, and the World Health Organization used PIH's work to bring extensive funding to the disease and launch new interventions all over the world.¹¹

TB

Beginning in Peru and for more than two decades, PIH has treated and prevented tuberculosis (TB), multidrug-resistant TB (MDR-TB), and HIV/TB in some of the poorest and most vulnerable communities in the world.

The community-based approach utilizes community health workers who are trained and employed to serve as a vital link between their villages and medical facilities. They deliver drugs and treatment support to patients requiring complex drug regimens, and they provide TB drugs and antiretroviral therapy to patients co-infected with TB and HIV. They also monitor the health of their neighbors, perform active case finding, and refer sick patients to the hospital—often accompanying them there. This highly effective approach has resulted in some of the highest cure rates and lowest treatment default rates ever recorded.

PIH also is working with organizations Médecins Sans Frontières (Doctors Without Borders), Interactive Research and Development, and financial partner UNITAID to radically change the management of MDR-TB around the world. [In a project called "endTB,"](#) the group has brought two new drugs—bedaquiline and delamanid—to 17 countries in which MDR-TB poses a significant burden. The endTB project is providing these new drugs to a multi-country group of 2,600 patients and is implementing a clinical trial among 600 additional patients to identify treatment regimens that are shorter and less toxic than current MDR-TB regimens.¹²

Our Advocacy Ask

Both the Senate and the House have subcommittees on State Foreign Operations and Related Programs (SFOPS) as part of larger Appropriations committees. All Representatives make budget requests to the House SFOPS subcommittee and all Senators make budget requests to the Senate SFOPS subcommittee. While the whole body of Congress ultimately agrees to fund the annual US federal government appropriations, the State and Foreign Operations (SFOPS) Subcommittee on Appropriations in each of the two chambers of Congress (the House and the Senate) is charged specifically for coming up with the budget for "foreign development assistance" programs, like the U.S. contribution to the Global Fund. You can find more information on the House subcommittee [here](#) and the Senate subcommittee [here](#). You should take a look at both subcommittees and figure out if your local member of Congress happens to be on either of the two committees since that makes you especially well-placed to advocate for crucial global health programs like the Global Fund. If your Member of Congress is not on the SFOPS Subcommittee, ask if they will communicate to their colleagues on the SFOPS Subcommittee the importance of the increased funding amounts below.

¹¹ <https://www.pih.org/programs/hiv-aids>

¹² <https://www.pih.org/programs/tuberculosis>



Through three main tactics, 1) Meetings with Congress, 2) Calls to Congress members, and 3) Letters to the Editor, it's up to us to articulate to our Representatives & Senators the importance of their SFOPS committees replenishing the funding for crucial programs like the Global Fund. As part of the ultimate goal of the entire global community investing \$18 billion in the Global Fund over the next 3-year replenishment period we are advocating for the Senate to commit to a \$2 billion investment for FY20 as well as FY21. The House has already committed \$1.56 billion dollars for FY20, so we want to thank them for that commitment and then urge them to allocate \$2 billion for FY21.