

**Results
Report
2024**

VIET

This chapter is part of the Results Report 2024.

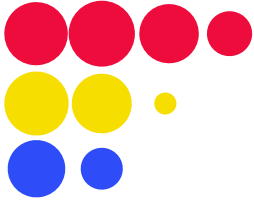
2023 was another year of significant progress in the fight against HIV, tuberculosis (TB) and malaria. In countries where the Global Fund invests, there has been a full recovery from the disruptive impact of the COVID-19 pandemic. The results we have achieved in the last year build on our extraordinary track record of progress. Over the last two decades, our partnership has cut the combined death rate from AIDS, TB and malaria by 61%. As of the end of 2023, the Global Fund partnership has saved 65 million lives.



Online Report

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State of the Fight



HIV

This chapter captures the latest information available on the fight to end AIDS. In 2023, Global Fund-supported HIV programs prioritized high-impact interventions for people with the greatest need for prevention, testing and treatment. However, to end the disease by 2030, we must significantly scale up investment, strengthen political will and tackle human rights and gender-related barriers to health.



Rin Srey Mey works for Cambodian Women for Peace and Development. She helps raise awareness about testing for HIV and other sexually transmitted infections. Here, she addresses the wait staff at a restaurant in Phnom Penh, Cambodia. The Global Fund/Maika Elan/VII

The challenge

The world has made remarkable progress in the response to HIV. New HIV infections have declined in most regions since 2010, with the fastest declines seen in high-burden countries. Access to lifesaving HIV treatment has reduced the annual number of AIDS-related deaths globally by 51% since 2010. Innovations in medicines are boosting treatment outcomes, and in 2023 the global percentage of people living with HIV who are virally suppressed increased to 72%, up from 39% in 2015.

As more countries achieve or approach the United Nations Joint Programme on HIV/AIDS (UNAIDS) 95-95-95 targets (by 2025, 95% of people living with HIV know their HIV status, 95% of people who know they are living with HIV are on treatment, 95% of people who are on treatment are virally suppressed), sustaining these gains is a considerable challenge. We must build on this hard-won progress and significantly scale up investment, strengthen political will and tackle human rights and gender-related barriers to health if the world is to meet the 2030 Sustainable Development Goal 3 (SDG 3) target of ending AIDS as a public health threat.

Although we have incredibly effective tools to prevent and treat HIV and ensure people living with the virus can lead long and healthy lives, too many people are still being left behind in the fight against HIV. Key populations, such as gay men and other men who have sex with men, sex workers, trans and gender diverse people, people who inject drugs, people in prison, and their sexual partners continue to be disproportionately affected by HIV. Stigma and discrimination persist in many countries, and repressive laws and policies erode human rights and obstruct access to HIV services.

Many adolescent girls and young women continue to be at risk of acquiring HIV, particularly in sub-Saharan Africa. This increased HIV risk is driven by poverty, pervasive gender inequalities and discrimination, which prevent girls and young women from making decisions about their bodies and their lives. Transmission of HIV from mothers to babies continues to occur in many countries due to ongoing gaps in access to services that eliminate transmission. Additionally, children are far less likely than adults to receive treatment for HIV due to gaps in early diagnosis and rapid linkage to treatment.

In 2023, the Global Fund partnership remained steadfast in the face of these challenges. We continued to invest in country-owned and country-led HIV programs that focused on reaching those most in need. But we must accelerate progress. Now is the time to increase investment and innovation and break down barriers to

prevention, testing and treatment. By taking bold action, the world can still end AIDS by 2030.

The Global Fund's response

The Global Fund provides 28% of all international financing for HIV programs. Since the Global Fund was founded in 2002, we have invested US\$26.6 billion in HIV programs and US\$5.5 billion in HIV/TB programs as of 30 June 2024.

The Global Fund prioritizes high-impact HIV interventions for people with the greatest need for HIV prevention and care. We focus on supporting countries to ensure HIV services and programs are people-centered, promote human rights and gender equality, and are delivered in ways that maximize uptake, use and impact. Equity, sustainability, program quality and innovation are core principles that shape the design and delivery of our HIV investments.

We work as a partnership at local and global levels. In many countries where we invest, we work with governments, civil society and community-based organizations. At the global level, we work with a diverse set of partners, including UNAIDS, the World Health Organization (WHO), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other bilateral partners to accelerate the response to HIV and strengthen our investments in the fight against the disease.

HIV prevention

The Global Fund's investments in HIV prevention programs and products have grown significantly, from US\$705 million over the 2018-2020 period to more than US\$870 million over the 2021-2023 period. Our investments in HIV prevention over this period focused on the urgent need to close gaps in access to the interventions that have the greatest impact on reducing new HIV infections.

The Global Fund supports countries to reduce new HIV infections by delivering targeted HIV prevention programs that are tailored to individual risks, needs and local contexts. We support community organizations that are on the frontline of delivering HIV prevention and testing, including HIV self-tests. And we invest in systems that bring key commodities such as condoms, lubricants and clean injecting equipment to the last mile, improving their availability in hot spots, such as bars and brothels, where HIV prevention is needed most. The Global Fund also invests in systems to strengthen and expand the delivery of HIV prevention in community settings, and to ensure that the voices of communities who need HIV prevention are heard.

Global Fund investments not only drive progress in tackling HIV, but also contribute to building strong, equitable and resilient health and community systems.

Pre-exposure prophylaxis (PrEP) plays an increasingly important role in HIV prevention. According to UNAIDS, the number of people using PrEP has continued to increase, from 200,000 in 2017 to over 3.5 million in 2023, with the largest increases seen in Eastern and Southern Africa. Global Fund investments in PrEP are rapidly expanding.

Taking oral PrEP pills can be challenging for some people due to inconvenience, fear of stigma, a low sense of HIV risk, incomplete knowledge or misconceptions about side effects. New PrEP formulations can overcome some of these obstacles as they offer increased convenience and privacy, which can help people to use PrEP effectively during periods of potential exposure to HIV.

In 2023, the Global Fund supported the procurement and delivery of oral PrEP and the dapivirine vaginal ring. Once inserted, the ring, which contains antiretroviral medicine, is kept in place for one month before being replaced with a new one. It has enormous potential for preventing new HIV infections among women, and the Global Fund is the most significant buyer of this new option for women.

The Global Fund is also funding the procurement of a long-acting, injectable form of PrEP, called injectable cabotegravir. The promise of this form of PrEP as part of a comprehensive approach to HIV prevention is becoming a reality, and the Global Fund is committed to expanding access to it.

Condoms and lubricants are the mainstays of HIV prevention and of the prevention of other sexually transmitted infections and unintended pregnancies. Throughout the 2021-2023 period, the Global Fund invested US\$147 million in condom programming. Expanding condom access continues to be a high priority for the Global Fund and a further significant increase in investment is planned for the 2024-2026 period.

HIV testing

In 2023, the Global Fund supported countries to scale up HIV testing to reach people with the greatest need in new ways. This included the expansion of partner and family testing and social network-based testing.

HIV self-testing can be more convenient and more private, and in 2023 10 million self-test kits were procured through the Global Fund's Pooled Procurement Mechanism (PPM) – five times more than the 2 million tests procured in 2020. The Global Fund is also supporting countries to scale up dual HIV/syphilis rapid diagnostic tests, significantly increasing procurement volumes to 12 million in 2023, up from 7 million tests in 2022. This is a critical step toward achieving the global goal of triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B.

HIV treatment, care and support

HIV treatment suppresses the virus to a point where it becomes undetectable and untransmissible, enabling people living with HIV to enjoy a healthy and long life. In countries where the Global Fund invests, the number of people living with HIV who were receiving HIV treatment continued to grow in 2023: 78% of people living with HIV were on HIV treatment, a significant increase from 22% in 2010.



A young girl tests negative for HIV in the village of Daiguérié, Cameroon. Global Fund support helps provide HIV self-tests to rural and hard-to-reach communities across the country.

© UNICEF/UNI405817/Dejongh

In 2023, the Global Fund, together with partners and generic pharmaceutical manufacturers, secured a price reduction of 25% for generic tenofovir disoproxil fumarate, lamivudine and dolutegravir (TLD), the preferred first-line HIV treatment. These price reductions allow governments to invest in other critical areas of their HIV programs, helping to save more lives and reduce new infections.

Since 2021, the Global Fund has invested in countries to introduce and scale up dolutegravir-based antiretroviral formulations for the treatment of children with HIV. These formulations improve clinical outcomes, have high tolerability and are available as low-cost generics in most countries where the Global

Fund invests. The Global Fund has delivered dolutegravir products designed for children to 50 countries through the PPM.

Key populations

The Global Fund is one of the leading funders of HIV programs for key populations, with our investments focused on closing gaps in access to HIV prevention, treatment and care. The participation and leadership of key populations are essential for effective HIV programs, and our investments support civil society organizations to plan, implement and monitor services.

In some countries, HIV services for key populations can still be discriminatory, stigmatizing or hard to access. Laws

An outreach worker for Nai Zindagi Trust, a community-based organization in Sukkur, Pakistan, provides clean needles, condoms and other essential health services for people who inject drugs. The Global Fund/Vincent Becker



and policies that criminalize homosexuality (such as the Anti-Homosexuality Act passed in Uganda in 2023), sex work, drug possession, drug use, HIV status and gender expression present severe barriers to HIV prevention and treatment services. They also erode human rights and undermine progress in the fight against HIV.

To overcome obstacles in access, the Global Fund supports service delivery approaches for key populations that encompass clinical and community settings and that recognize the different needs of each key population. When key population-competent services are provided, and, given the restrictive environments in which key populations programs are often implemented, the safety and security of service providers and users are protected, prevention and treatment gains for key populations can be achieved. However, strong political will and increased funding for key population-focused programs are critical to achieve the reduction in new infections needed to end AIDS as a public health threat by 2030.

Adolescent girls and young women

Globally, 210,000 new HIV infections were estimated among adolescent girls and young women (aged 15-24 years) in 2023. Gender inequalities, discrimination and violence increase HIV risk for girls and young women and often prevent those living with HIV from accessing lifesaving health care. HIV programs must recognize and respond to these deep-rooted gender issues and ensure that young women can participate in decisions about their health.

Despite improvements over the past decade, HIV prevalence among adolescent girls and young women living in sub-Saharan Africa is three times higher than among adolescent boys and young men. Among other initiatives, the HER Voice Fund – supported by the Global Fund in partnership with ViiV Healthcare and Y+ Global – provides grants and capacity-strengthening assistance to support adolescent girls and young women's participation in advocacy and policy processes. It also fosters their collaboration in shaping policies, laws and programs that affect them. In 2023, the fund supported over 20,000 girls and young women in the region to participate in over 800 key decision-making bodies.

Increasing women and girls' access to and use of integrated HIV prevention and sexual and reproductive health services is an important component of Global Fund-supported HIV prevention programs in Eastern and Southern Africa. In Lesotho, the Global Fund invests in HIV prevention programs that in 2023 reached 41,200 adolescent girls and young women. Through these programs, more than 16,000 adolescent girls and young women were offered HIV tests, while almost

5,500 adolescent girls and young women initiated oral PrEP. In 2023, 3.9 million adolescent girls and young women were reached with Global Fund-supported HIV prevention services.

Mothers and children

Programs focusing on eliminating transmission of HIV from pregnant and breastfeeding women living with HIV to their babies have averted more than 3.4 million new HIV infections among children since 2000. In Global Fund-supported countries, the percentage of pregnant women living with HIV receiving treatment for their own health and to prevent transmission of HIV to their babies reached 84% in 2023, compared to 49% in 2010.

Global Fund investments support continued care for mothers and infants during breastfeeding, early infant HIV testing and diagnosis, and rapid linkage to treatment for children who test positive. Working with partners, the Global Fund is supporting countries to develop and deploy an integrated approach to triple elimination and to test and treat for syphilis and hepatitis B.

Equity, human rights and gender equality

In the face of an alarming erosion of human rights and gender equality in many countries in 2023, the Global Fund partnership continued to serve communities in countries where laws and policies create obstacles for people in need of HIV prevention, testing and treatment. We will continue our efforts to support their access to the health services they need.

In 2023, progress assessments for the Global Fund's Breaking Down Barriers initiative, which confronts human rights barriers to HIV services, reported that people from key populations who participated in Breaking Down Barriers programs were more likely to demand and secure their health-related human rights. Health care providers and law enforcement agents who received training or education on human rights through Breaking Down Barriers were more likely to uphold rights-based services. Between 2017 and 2023, all countries involved in Breaking Down Barriers made progress in removing human rights barriers to HIV services.

Progress

In countries where the Global Fund invests, AIDS-related deaths have declined by 73% since 2002 and new infections by 61%. The HIV mortality rate has reduced by 81% since 2002, and the incidence rate has declined by 73%. In 2023 84% of people living with HIV knew their status, up from 68% in 2015. 78% of people living with HIV were on lifesaving HIV treatment, compared to 22% in 2010. 72% of people living with HIV had a suppressed viral load – a significant increase from 15% in 2015.

This remarkable success reflects the tremendous power of the Global Fund partnership and is the result of investment and innovation in HIV prevention and testing, together with increased HIV treatment coverage. Several Global Fund-supported countries are achieving significant milestones on the path to epidemic control: Botswana, Eswatini, Kenya, Malawi, Rwanda, Zambia and Zimbabwe have reached their 95-95-95 testing, treatment and viral load suppression targets. Burundi, Cambodia, Lesotho and Namibia are also close to doing so.

Efforts in many countries to address HIV as part of a broader health and development agenda, encompassing maternal and child health, are accelerating progress toward triple elimination of HIV, hepatitis B and syphilis. Since 2015, 17 countries have reached one or more of the targets for elimination of mother-to-child transmission of syphilis and/or HIV. Fewer people dying from AIDS-related causes means fewer children are left orphaned by the disease. In countries where the Global Fund invests, the number of children orphaned by AIDS decreased by 26% between 2010 and 2023.

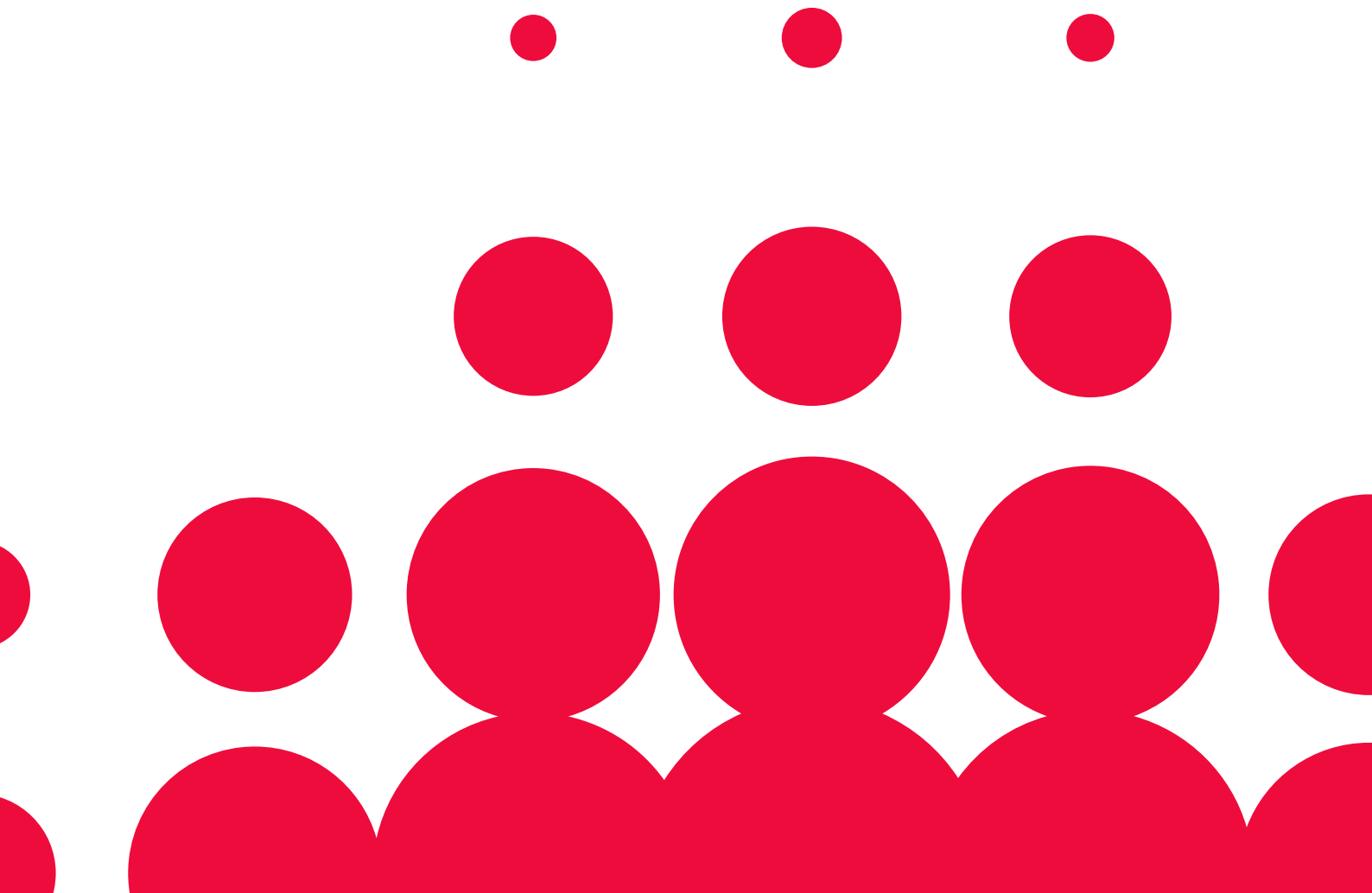
Antigua and Barbuda, Barbados, the Cook Islands, Namibia, Saint Kitts and Nevis and Singapore recently repealed laws criminalizing same-sex relations. Several other countries where the Global Fund invests, including

the Central African Republic, India and Kazakhstan, have strengthened existing laws to protect the rights of some groups of vulnerable people.

Our response to HIV strengthens health systems

Global Fund investments to tackle HIV not only drive progress against the disease, but also contribute to building strong, equitable and resilient health and community systems.

In many countries, HIV laboratory systems, health workforces and service delivery facilities were among the first to respond to the COVID-19 pandemic. Furthermore, investments in training health care workers, improving laboratory infrastructure and integrating HIV services into broader health systems have been vital for supporting sustainable impact in HIV care. These investments underpin long-term care of people living with HIV, particularly as they age and develop other illnesses such as noncommunicable diseases and co-infections. These investments have strengthened the capacity of health systems to address both HIV and sexual and reproductive health needs and offer comprehensive antenatal care for pregnant women. Holistic and well-coordinated systems can improve overall health outcomes, support the aging cohort of people living with HIV, and enhance the quality of life for people with multiple health needs. ●



**In countries where the
Global Fund invests:**

Key Results for 2023

53.8M

HIV tests were taken (including 13.1 million by priority and key populations). People living with HIV with knowledge of their status increased from 68% in 2015 to 84% in 2023. Global target: 95% by 2025.

17.9M

People were **reached with HIV prevention services** in 2023, including 8 million people from key populations and 8.5 million young people.

25M

People were on **antiretroviral therapy for HIV** in 2023, up from 17.5 million in 2017. Coverage increased from 22% in 2010 to 78% in 2023. Global target: 90% by 2025.

925K

Voluntary medical male circumcisions were conducted for HIV prevention in 2023.

72%

Of people **living with HIV** had a suppressed viral load in 2023, up from 15% in 2015. Global target: 86% by 2025.

322K

People **initiated oral antiretroviral pre-exposure prophylaxis (PrEP)** in 2023.

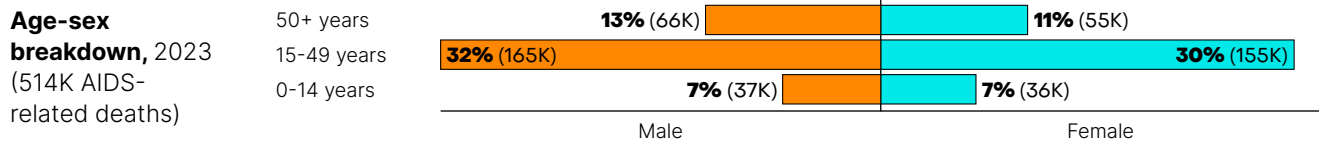
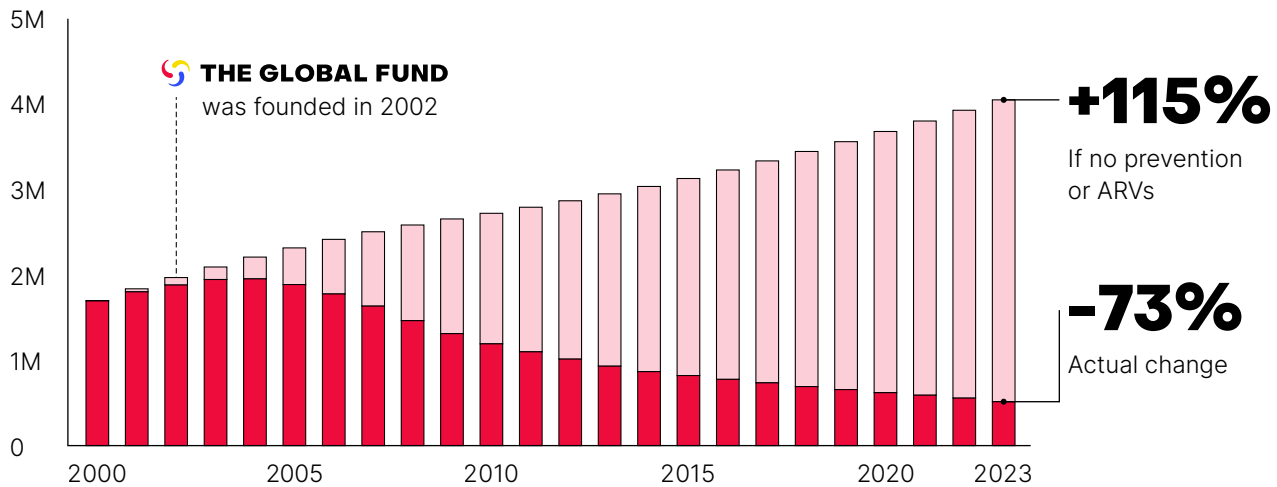
695K

Mothers living with HIV received medicine to keep them alive and prevent transmitting HIV to their babies in 2023. Coverage increased from 49% in 2010 to 84% in 2023. Global target: 100% by 2025.

Trends in AIDS-related deaths

In countries where the Global Fund invests

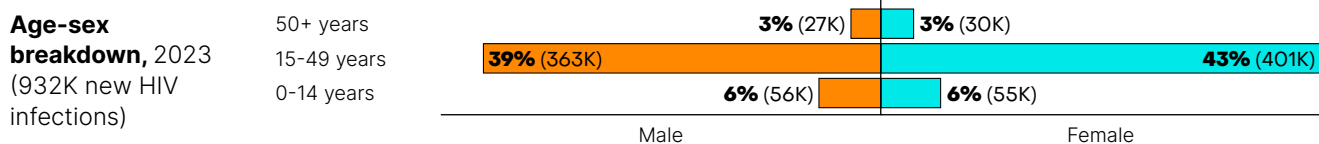
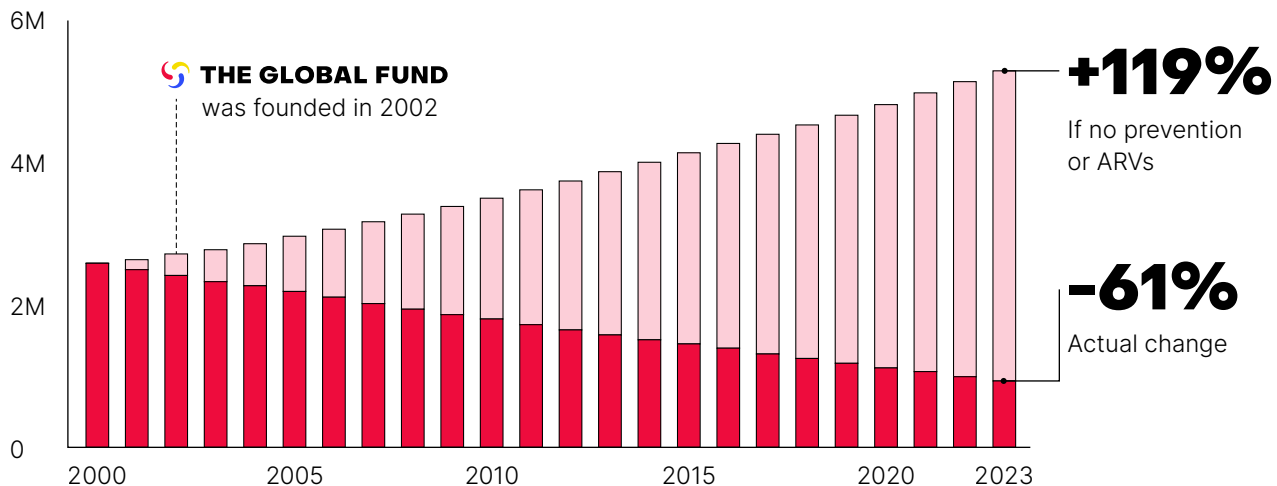
● With prevention and ARVs (actual) ○ If there had been no prevention or ARVs % change, 2002-2023



Trends in new HIV infections

In countries where the Global Fund invests

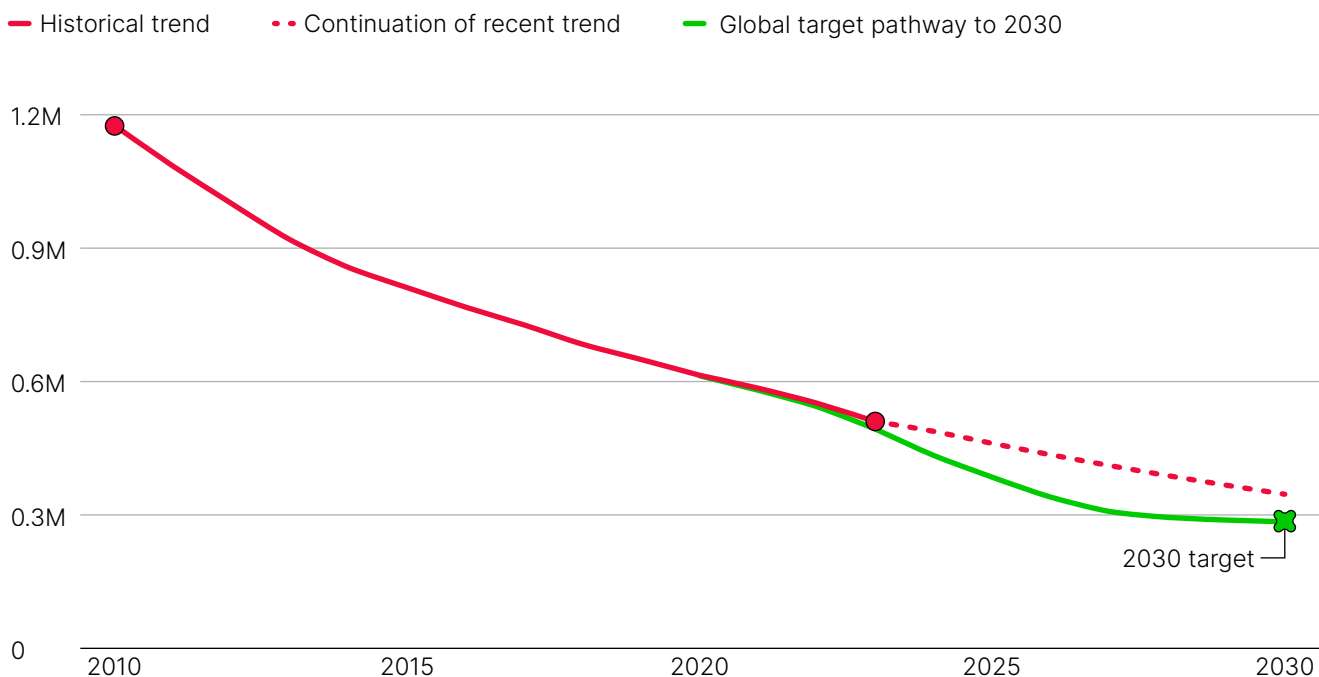
● With prevention and ARVs (actual) ○ If there had been no prevention or ARVs % change, 2002-2023



HIV burden estimates from UNAIDS, 2024 release. Estimation of "no prevention or ARVs" trends from Goals Model, Asian Epidemic Model (AEM) and AIDS Impact Model (AIM).

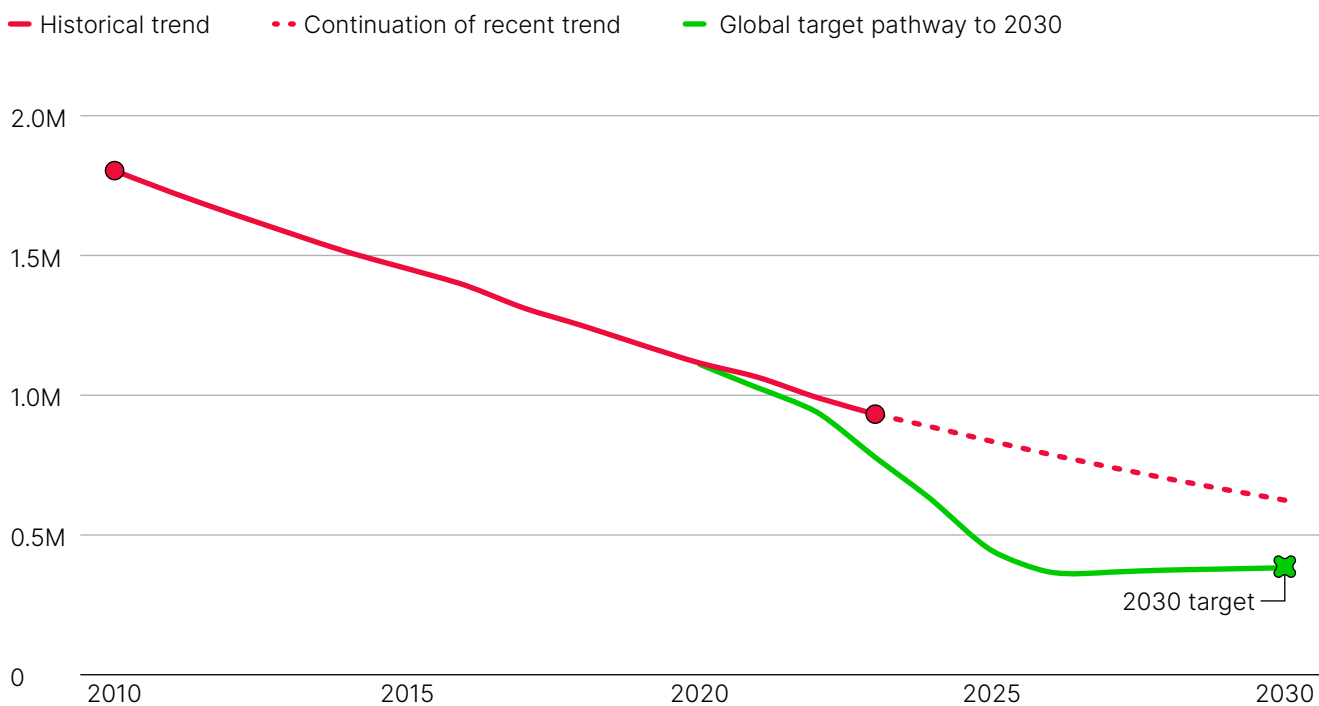
AIDS-related deaths: progress toward the UNAIDS target

In countries where the Global Fund invests



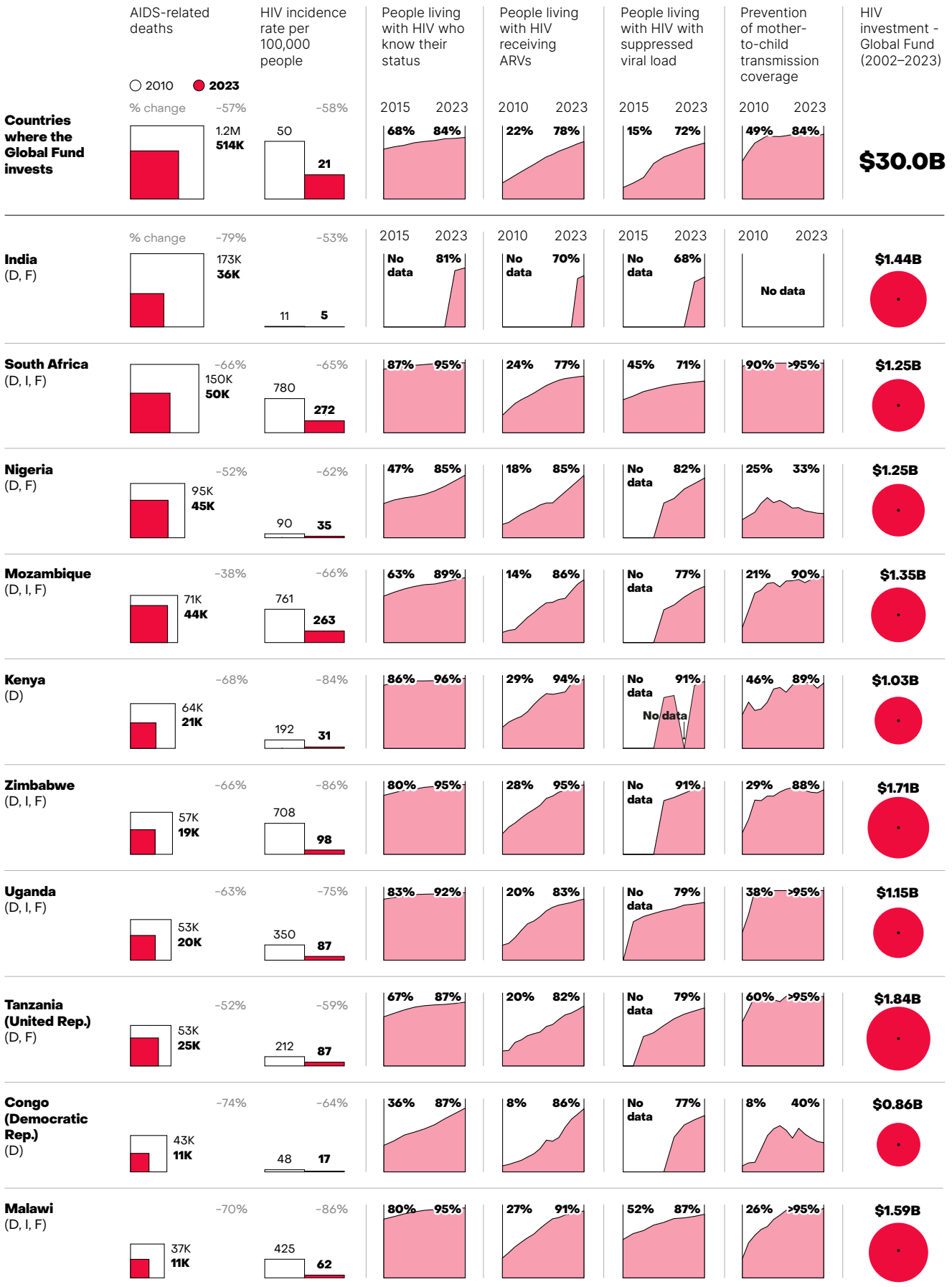
New HIV infections: progress toward the UNAIDS target

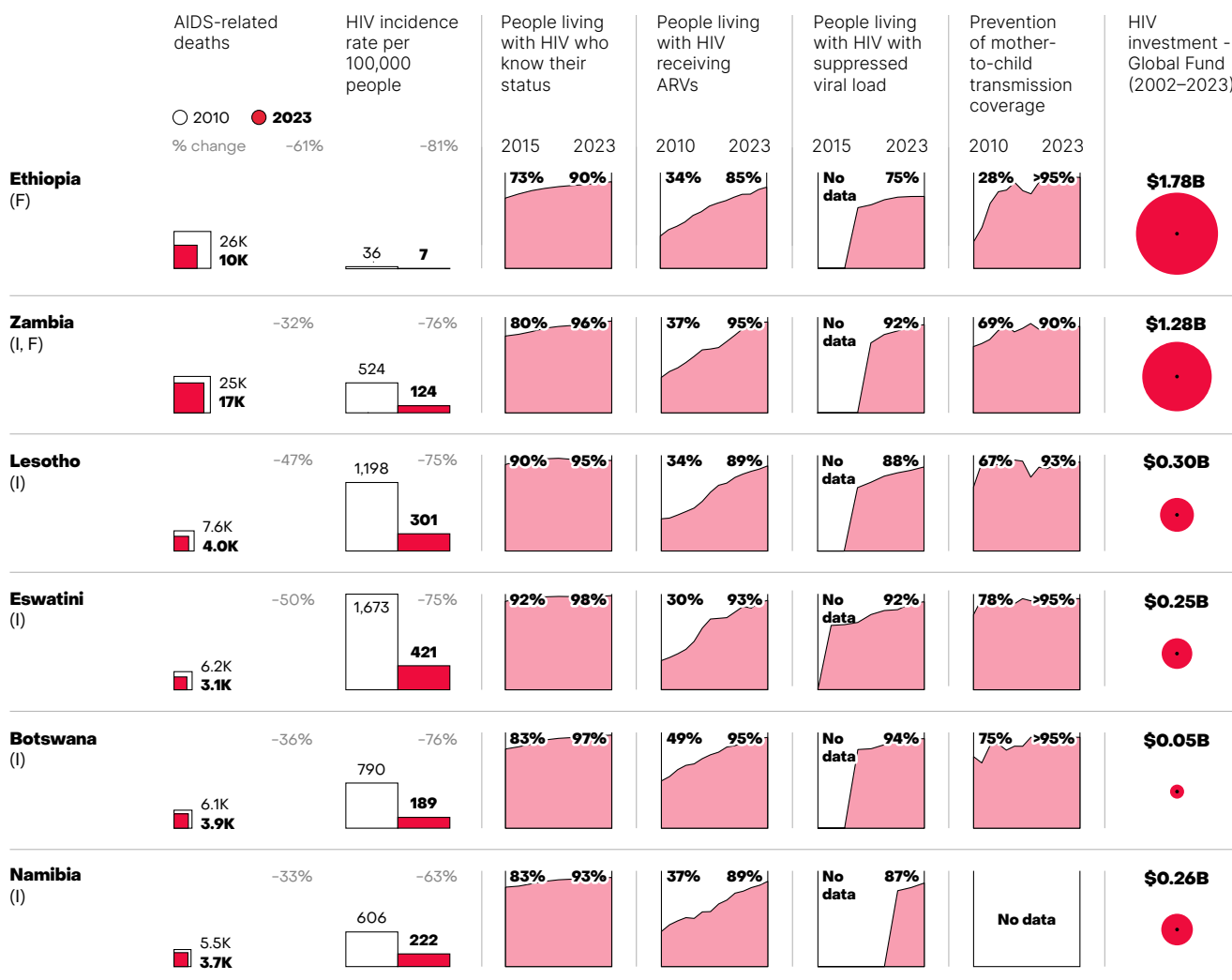
In countries where the Global Fund invests



"Continuation of recent trend" projection is based on the continuation of 2017-2023 trends. "Global target pathway to 2030" is based on the target from UNAIDS 2025 targets to end AIDS, 2021 update. Countries that have recently received Global Fund HIV and AIDS funding and have reported programmatic results over the past two cycles.

Investment and impact: HIV





An interactive version of this chart is available with data for all Global Fund-supported countries at <https://www.theglobalfund.org/en/results/>.

All data is based on estimates published in the UNAIDS 2024 release <http://aidsinfo.unaids.org/>, other than Global Fund disbursements, which are available on the [Global Fund Data Explorer](#). The denominator for the three 95s is People living with HIV.

1. Countries listed on this page were selected based on three criteria:

- Being among the top-10 countries with the highest number of AIDS deaths in 2010 (D).
- Being among the top-10 countries with the highest HIV incidence rate in 2010 (I).
- Being among the top-10 countries that received the largest amount of funding from the Global Fund from 2002 to end December 2023 to support HIV programs (F).

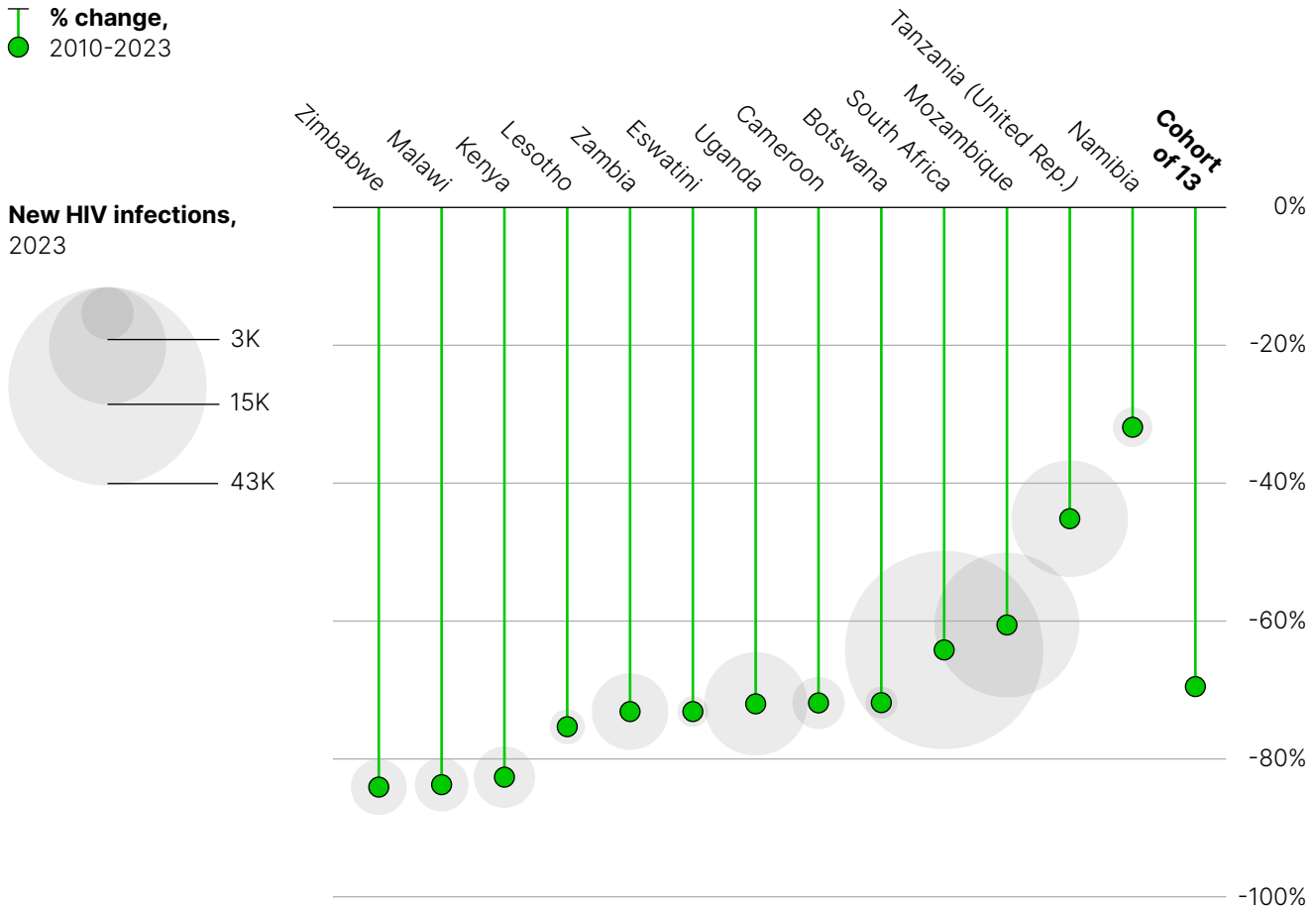
Some countries appear in multiple lists; therefore, the total number of countries is less than 30.

2. The aggregate numbers presented as “Global Fund-supported” include countries that have recently received Global Fund funding for HIV programs and have reported programmatic results over the past two cycles, excluding countries only receiving funds through the nongovernmental organization (NGO) rule. Global Fund-supported countries received US\$30 billion from 2002 to end-December 2023 to support HIV and AIDS and a portion of HIV/TB programs. Additionally, they received US\$1.9 billion in cross-cutting support across the three diseases, resulting in a total of US\$31.9 billion. Countries/programs previously supported by the Global Fund had received US\$1.3 billion since 2002, resulting in a total disease-specific investment of US\$31.2 billion.

3. In line with the Global Fund [results reporting methodology](#), these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners, domestic and international. For selected High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: <https://data.theglobalfund.org/annual-results>.

Reduction in HIV incidence rate among women aged 15-24

% change 2010-2023 in 13 priority countries

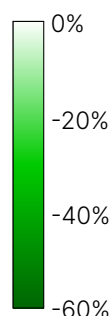


Source: HIV burden estimates from UNAIDS, 2024 release.

Investments in HIV treatment and prevention interventions focused on adolescent girls and young women and their male sexual partners have led to significant decreases in HIV incidence in several countries in sub-Saharan Africa with a high HIV burden. In 2023, there were approximately 117,000 new HIV infections among adolescent girls and young women in 13 focus countries in sub-Saharan Africa. Although still high, this represents a 69% reduction in the HIV incidence rate for adolescent girls and young women in these countries since 2010. In 2023, 2.6 million adolescent girls and young women were reached by Global Fund-supported HIV prevention programs in the same 13 countries.

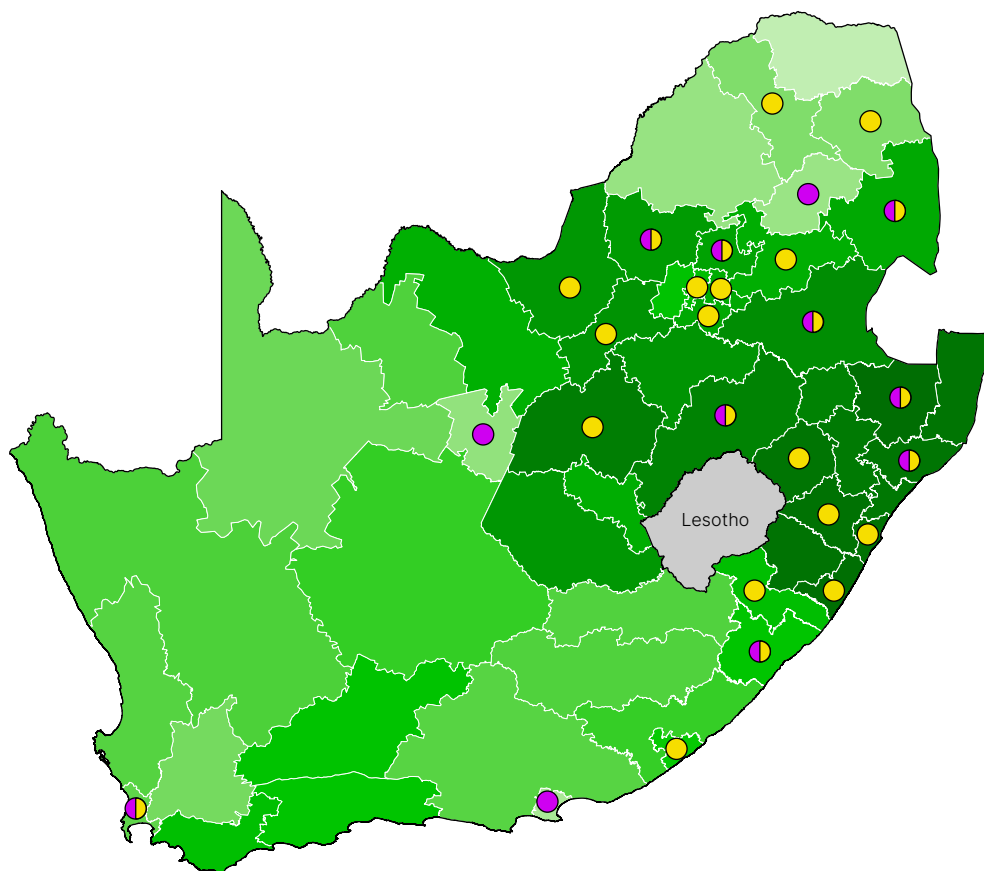
Reduction in HIV incidence rate among women aged 15-24 in South Africa

% change, 2017-2023



Districts supported by, in addition to the South African government:

- Global Fund
- PEPFAR
- Global Fund and PEPFAR



South Africa District HIV Estimates: <https://www.hivdata.org.za/>

Over the past decades, South Africa's exemplary leadership and commitment have led to great progress in the fight against HIV. South Africa has the largest antiretroviral therapy program in the world, and between 2010-2023 has seen HIV incidence fall by 58%. The Global Fund works closely with the government and civil society organizations, including communities affected by HIV, to contribute to the country's robust HIV treatment programs and to scale up locally tailored interventions. Sustained investments in HIV prevention for adolescent girls and young women and their male sexual partners across the country – including improving access to condoms and PrEP, along with psychosocial support, health promotion at community and sporting events and comprehensive sexuality education – have complemented national HIV prevention efforts.

The scale-up of HIV testing and treatment since 2010 has been the principal driver of reductions in HIV incidence in adolescent girls and young women. Increased condom use in the past decades has also had a significant impact on reducing and maintaining lower HIV incidence. In addition, the scale-up of voluntary medical male circumcision has reduced the number of new infections in men, thereby reducing transmission to young women. The Global Fund's investments in high-impact HIV prevention interventions, including condoms and PrEP, is increasing.¹

1. The Effect of HIV Programs in South Africa on National HIV Incidence Trends, 2000–2019. Johnson, Leigh F. et al. JAIDS Journal of Acquired Immune Deficiency Syndromes 90(2):p 115-123, June 1, 2022. DOI: 10.1097/QAI.0000000000002927.

A mother who benefitted from prevention of mother-to-child transmission services in Kayongena village, Namibia, is visited by a health worker.

Ministry of Health and Social Services, Namibia



Namibia

Case Study

At the forefront of the HIV response for mothers and children

Like in many countries in sub-Saharan Africa, women in Namibia are disproportionately impacted by HIV. But a focused, ongoing campaign has put the country on the forefront of fighting the disease – particularly for mothers and children.

Namibia has embraced WHO's triple elimination initiative, which aims to end mother-to-child transmission of HIV, hepatitis B and syphilis – deadly pathogens in a region home to nearly two-thirds of the world's HIV burden and two-thirds of new hepatitis B infections.

These efforts have paid off. The rate of mother-to-child transmission of HIV has gone down by 70% over the last two decades. In 2023, 92% of HIV-positive pregnant and breastfeeding women were on antiretroviral therapy, and 98% of babies born to mothers living with HIV were born free of the disease. Namibia is also the first African country to reach more than half of the infants born in 2022 with a timely dose of the hepatitis B vaccine at birth – one of WHO's key metrics for success toward eliminating mother-to-child transmission of hepatitis B.

This year, WHO recognized Namibia's landmark progress on both diseases – a standout in the region.

Over the next three years, the Global Fund will continue to invest in Namibia's fight to end mother-to-child transmission of all three diseases, with targeted support for integrated and primary health care services for women and families.

This includes community-based efforts to ensure mothers and infants are tested and treated; training and mentorship programs for health workers to integrate HIV, hepatitis B and syphilis testing into antenatal care; awareness campaigns so that pregnant women and breastfeeding mothers know about and can access PrEP; early infant diagnosis and follow-up HIV testing for infants; and more.

Namibia's achievement underscores the power of a comprehensive approach to health care, and of investing in strong health and community systems that can address pernicious, preventable diseases and maternal, newborn and child health together. ●



The full suite of the Results Report 2024 includes:

Summary & Key Results

Health and
Community Systems



HIV:
State of the Fight

Colliding Crises



Tuberculosis:
State of the Fight

Investing for Impact



Malaria:
State of the Fight

Left: Guy Dagnini, a community health worker with Alliance Côte d'Ivoire, shares information on preventing HIV with peer educators at a drop-in center in Grand Bassam, Côte d'Ivoire. Globally, transgender people are disproportionately impacted by HIV and AIDS. Alliance Côte d'Ivoire, a Global Fund partner, is working to close this gap in the country.

The Global Fund/Anush Babajanyan/VII

Back cover: Ion Popescu in the medical ward at Penitentiary no. 4-Cricova in Moldova. Popescu used drugs for 30 years and spent 18 years in and out of prison. He attended a rehabilitation program at Penitentiary no. 4-Cricova and hasn't used drugs since. He volunteered for the prison's clean needle exchange program, providing clean needles to other inmates to help protect others from HIV. "I became someone the other guys in prison could trust," he says. "I would listen to them and share my own story." Moldova has made great progress delivering harm reduction services for people living in prisons, including access to condoms, clean needles and syringes. Prisoners are offered HIV tests every six months, and over the last five years there has only been one case of HIV transmission among Moldova's entire prison population of approximately 6,000 people.

The Global Fund/Ioana Moldovan/VII

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**The Global Fund to Fight
AIDS, Tuberculosis and Malaria**

Global Health Campus
Chemin du Pommier 40
1218 Le Grand-Saconnex
Geneva, Switzerland

+41 58 791 17 00
theglobalfund.org

