THE GLOBAL FUND

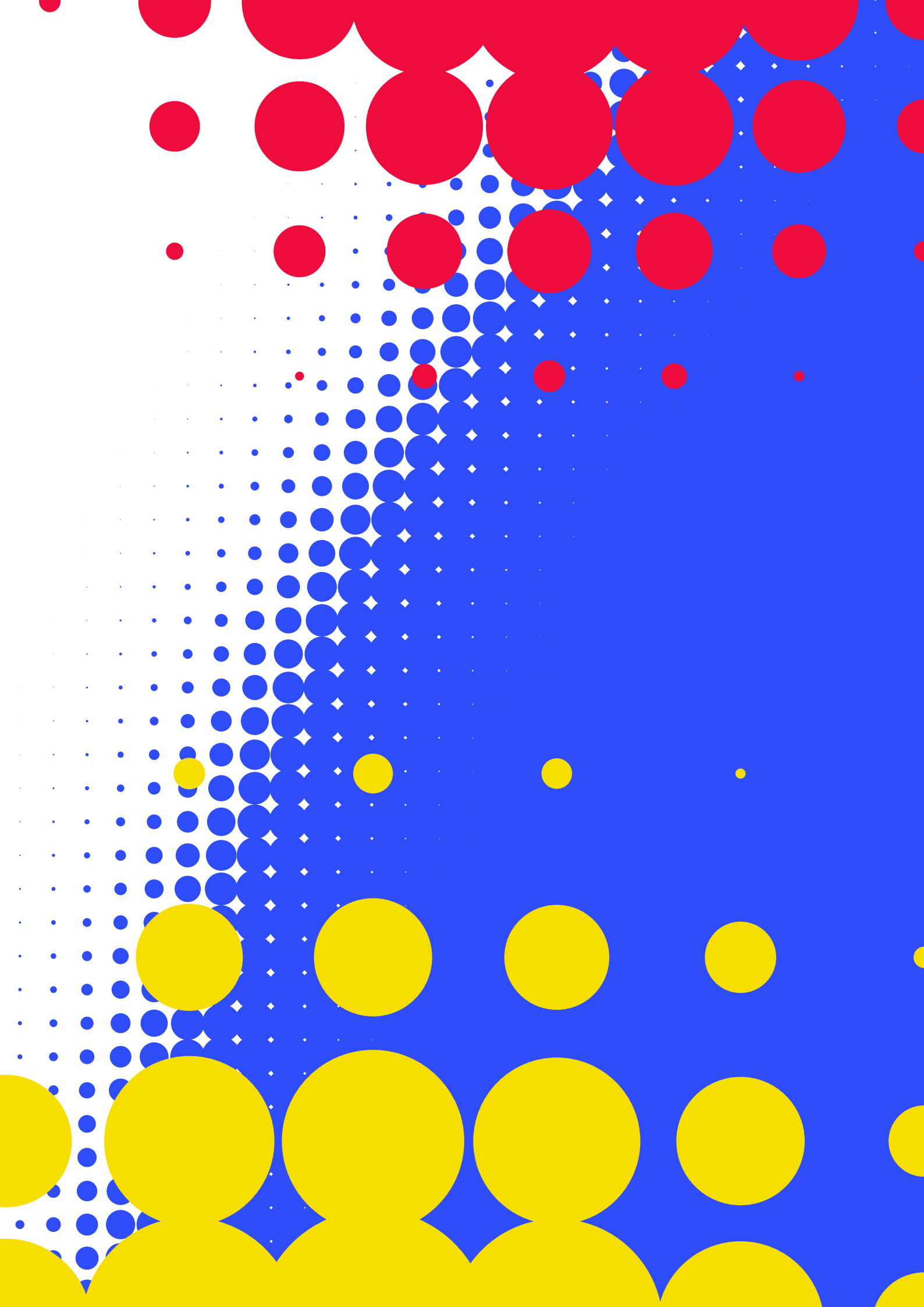
Results Report 2026

Contents

Cover: Nurse Angelica Ali holds a newborn during a maternal health talk for pregnant women and new mothers who are living with HIV at the Mecua Health Center in Nampula Province, Mozambique. The talk is led together with the health center's Mentor Mothers (see back cover). Mozambique is home to one of the world's largest HIV epidemics. An estimated 2.5 million people are living with the virus – and 60% of them are women. To better reach pregnant women who are living with HIV, in 2018 Mozambique's Ministry of Health launched a nationwide Mentor Mothers program. To support the program, the Global Fund works with government partners and the local civil society organization Centro de Colaboração em Saúde, which is integrated into the Ministry of Health. Mentor Mothers, who are themselves living with HIV, extend essential care beyond the health center into hard-to-reach communities. By helping women start and stay on lifesaving treatment, they are improving maternal health and reducing the risk of HIV transmission. Read more.

Left: Community health worker Ibu Yuni and her husband, Pak Saiful, are on their way to visit a TB patient in the countryside outside the city of Jember, East Java, Indonesia. Pak Saiful takes Ibu Yuni to all of her TB health outreach appointments.

The Global Fund/Vincent Becker

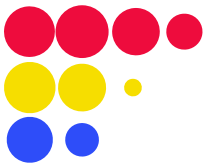


Letter from the Executive Director

The Global Fund/Vincent Becker

Despite unprecedented funding cuts to global health, the Global Fund partnership acted with resilience and innovation to protect essential HIV, tuberculosis (TB) and malaria services. Together, we adapted to a rapidly changing environment while building a more sustainable, country-led path to ending the three diseases.

2025 reminded us that progress against the world's deadliest infectious diseases can never be taken for granted. But when we act with determination, innovation and collective action, we can withstand even the greatest challenges.



A defining moment

2025 was a year of seismic change in global health, marked by abrupt and far-reaching cuts in international funding. In just one year, net official development assistance fell by 23%[1] – the largest annual contraction on record. Global health saw some of the sharpest reductions.

These cuts have had a significant impact on health systems and access to critical lifesaving services for communities around the world. Yet the past year also demonstrated the extraordinary resilience and adaptability of the Global Fund partnership. 2025 reminded us that progress against the world's deadliest infectious diseases – HIV, TB and malaria – can never be taken for granted. But it also showed that when we act with determination, innovation and collective action, we can withstand even the greatest challenges.

The response from countries themselves has been particularly striking. Faced with rapidly shrinking external support, many countries acted decisively to protect hard-won gains. They reprioritized investments, found efficiencies and devised more ways to sustain essential health services. Many countries saw the cuts as a wake-up call, as an impetus to accelerate their journey toward self-reliance, further strengthening nationally led and nationally financed systems for health no longer reliant on external support. This, in turn, has triggered a rethinking of how multilateral and bilateral partners should evolve to support countries in their drive for greater health sovereignty.

The Global Fund partnership also responded to the dramatic shifts in the funding context with urgency and ingenuity. Throughout 2025 we worked with countries to identify critical gaps and reprioritize funding. For HIV, we redirected resources to protect essential testing and treatment services. For malaria, we prioritized support for lifesaving interventions in hard-to-reach and conflict-affected settings. For TB, we acted quickly to safeguard access to essential diagnostics and treatment. Across all three diseases, we worked with countries to channel available resources toward the most essential commodities and core health services, helping sustain the interventions that matter most.

When money is short, innovation becomes even more critical. In 2025 we intensified our efforts to accelerate access to new health technologies, working with partners to shape markets to ensure affordable access at pace of new prevention, treatment and diagnostic tools. Alongside our multilateral and bilateral partners in global health, private sector and philanthropic partners played an indispensable role in these endeavors, bringing innovation, flexible funding and expertise, plus a willingness to accept risks. Private sector philanthropic pledges hit a record US$1.34 billion for the Global Fund's Eighth Replenishment.

1. ODA projections for 2026 and the near-term: Implications for vulnerable countries and sectors. OECD, 2026. https://doi.org/10.1787/d7c74fa2-en.

Yet innovations only deliver impact if they reach the people who can benefit most. Stigma, discriminatory policies and laws, and other barriers to access for key and vulnerable populations are on the rise in some contexts. With conflict and insecurity impeding access in others, and affordability a pervasive challenge, we have renewed our commitment to the epidemiological imperative of tackling such barriers and providing services to those most at risk for HIV, TB and malaria.

2025 is not the first time that the Global Fund has faced a crisis. Once again, the partnership has responded with resolve and determination. The total of US$12.68 billion[2] raised from public and private donors for the Eighth Replenishment demonstrated the partnership's continued, collective ambition to sustain our progress against the deadliest infectious diseases. In the context of the sharp reductions in overall development assistance, the Eighth Replenishment result was a powerful signal of collective commitment, reflecting enduring confidence in our partnership model and the shared conviction that, even in difficult times, investing in the fight against infectious diseases remains one of the best decisions we can make to save lives, protect health security and advance broader development outcomes.

Over more than two decades, the Global Fund has played a critical role in the achievement of massive improvements in health outcomes for the poorest and most marginalized communities in the world. Yet HIV, TB and malaria are formidable adversaries. Without sustained commitment, our hard-won gains can be quickly reversed as the diseases regain momentum. We must be realistic about the challenges we face: not only the reductions in international funding, but also the fiscal and debt pressures afflicting so many countries, the growing scourge of conflict and displacement, the erosion of human rights in too many places, and the escalating impacts on health from a changing climate.

These pressures, combined with demographic trends and epidemiological challenges, including increasing drug and insecticide resistance, demand that we adapt, innovate and find smarter and more sustainable ways to deliver impact. At this defining moment we must be prepared to reinvent and reinvigorate global health – rethinking how we invest to be more efficient and effective, maximizing the impact of every dollar to fight the deadliest infectious diseases and building sustainable health systems for the most vulnerable communities across the world. We have overcome numerous crises before, and we can do so again.

Accelerating access to innovations

When resources are under increasing pressure, innovations offer new paths to accelerate progress against HIV, TB and malaria. Breakthroughs in diagnostics, prevention tools and treatments can significantly improve returns on investment, making every dollar deliver greater impact. Innovative service delivery models and digital health solutions, including artificial intelligence (AI)-enabled approaches can simultaneously improve efficiency and effectiveness, stretching every dollar even further. Speed and scale have never been more essential: Delays cost lives, and isolated successes do not translate into epidemiological impact.

In 2025, we ramped up investment in cutting-edge innovations across the three diseases. In the fight against HIV, the Global Fund partnership is driving the delivery, rollout and scale-up of lenacapavir, the game-changing injectable for pre-exposure prophylaxis (PrEP). Two countries – Eswatini and Zambia – received deliveries of lenacapavir in November 2025, which was the first time a major HIV prevention innovation was made available in Africa in the same year it became available in high-income countries. By June 2026, all nine early-adopter countries in Africa supported by the Global Fund had launched lenacapavir, and by the end of 2026 we aim to have launched the drug in 24 countries. Combined with other prevention innovations in the pipeline, such as alimatravir, the once-monthly oral PrEP, lenacapavir offers the potential to achieve a dramatic reduction in new HIV infections, accelerating the end of AIDS.

In the fight against TB, we expanded the rollout of AI-enabled digital X-rays to over 20 countries and prepared the ground for the rollout of innovative near-point-of-care testing in 13 high-burden countries, with the first deliveries to Benin in June 2026. Used together, these screening and diagnostic innovations provide the opportunity to achieve a radical reduction in the cost of finding new TB cases, enabling significant scale-up despite funding gaps.

In the fight against malaria, 2025 saw the continued rollout of dual active ingredient (dual AI) insecticide-treated mosquito nets, which have the potential to reduce malaria cases by up to 45% in areas of insecticide resistance compared to standard nets, for less than a dollar more. These new nets now account for 78% of the insecticide-treated nets procured through our Pooled Procurement Mechanism. We are also working with partners to deploy spatial repellent technology, designed to enhance malaria prevention by

2. As of 30 June 2026.

A laboratory technician collects a blood sample from a patient at the Wakiso Epicenter Health Center III in Wakiso, Uganda.

The Global Fund/Brian Otieno

deterring mosquitoes from indoor spaces. Together we aim to use this technology to protect at least 60 million people by 2028 across priority countries in sub-Saharan Africa and other malaria-endemic regions.

Supporting countries to access innovations has always been core to the Global Fund partnership. What is different now is the pace and scale. We construct broad coalitions of partners – including the private sector, foundations, governments, multilateral partners and civil society – to accelerate the pathway from Phase 3 clinical trials to affordable access. With game-changing tools now being delivered almost simultaneously to low- and middle-income countries and high-income countries, we have shifted the paradigm. In the past, innovations of this kind took five years or more to reach low- and middle-income countries. Closing that gap is a breakthrough.

Ensuring sustainable access to quality-assured, affordable health products is not just about accelerating access to innovative tools. We are increasing supply resilience by supporting regional manufacturing and procurement, partnering with national and regional procurement platforms through our "collaborative procurement" approach, and helping countries build stronger, more sustainable supply chains through to the last mile. Combined with the Global Fund partnership's purchasing power and community-led initiatives to reduce barriers to access, these efforts help ensure that lifesaving tools reach the people who need them most.

Delivering impact beyond the three diseases

The Global Fund's impact extends far beyond the three diseases, given the scale of our investments in key components of health and community systems, including community health workers, laboratories, data and financial systems and disease surveillance. 2025 saw the completion of many of our investments in medical oxygen, which now amount to almost US$570 million and include the procurement, delivery and/or installation of over 400 pressure swing adsorption plants. These investments in medical oxygen have already saved hundreds of thousands of additional lives from maternal complications, neonatal emergencies, acute trauma and other conditions requiring surgery or respiratory support.

Such investments in health and community systems also reinforce countries' ability to detect and respond to new outbreaks, making us all safer from potential pandemics. For example, our investments in disease surveillance, including genomic sequencing and wastewater monitoring, enable countries to detect threats earlier and respond in a more targeted and effective manner.

The current Ebola outbreak in the Democratic Republic of the Congo provides an example. Since the outbreak was first reported, the Global Fund has worked with the country and its neighbors, alongside the World Health Organization (WHO), the Africa Centres for Disease Control and Prevention and other partners, to ensure our prior investments in relevant infrastructure and capabilities are leveraged effectively to strengthen the

Ebola response and protect essential HIV, TB and malaria services. Demonstrating our flexibility, the Global Fund quickly approved the repurposing of US$6.4 million from existing grants to reinforce epidemiological surveillance, laboratory diagnostics, contact tracing, case management and infection prevention and control. We have also approved US$4.6 million from our Emergency Fund to strengthen malaria prevention in Ebola-affected areas of the country. This support – including mass drug administration, mosquito net distribution and spatial repellent installation – is critical to containing the spread of the outbreak because malaria and Ebola share similar early symptoms. Moreover, diversion of resources and changes in health-seeking behavior mean that Ebola outbreaks typically result in spikes in malaria mortality, with incremental deaths from malaria often exceeding those from the outbreak itself.

Adapting to a rapidly changing context

In 2025, we responded swiftly and flexibly to protect people and programs hard hit by funding cuts, adjusting and reprioritizing our investments to maximize the impact of available resources, safeguard gains, and continue saving lives, even in the most challenging environments. The speed and scale of our response demonstrated once again the resilience and adaptability of our partnership, underpinned by our unwavering commitment to equity, efficiency and impact.

Toward the end of 2025, the Global Fund Board approved a number of significant strategic shifts in the way we allocate resources and to our grant model. These reforms were designed to direct even more of our resources toward the lowest-income settings with the highest disease burdens, including countries experiencing acute or protracted crises (defined as challenging operating environments by the Global Fund),[3] while simultaneously enhancing our support to countries advancing toward self-reliance. Grounded in our longstanding principles of sustainability, impact and inclusive country ownership, these strategic shifts seek to maximize the impact of limited resources through rigorous prioritization and create clearer and more predictable transition pathways tailored to national contexts. These strategic shifts place greater emphasis on domestic co-financing and resource mobilization; deeper integration into national health systems, including stronger public financial management and collaborative procurement; and an increased focus on the sustainability of community systems.

These shifts are being implemented for Grant Cycle 8 – the Global Fund's investment framework for 2026-2028. They ensure our resources are focused on where they can have the most impact. They provide a roadmap for navigating a period of unprecedented uncertainty, protecting hard-won gains against the three diseases and strengthening the long-term sustainability of national responses. They reaffirm our commitment to ensuring that the people most affected by disease – and most at risk of being left behind – remain at the center of decision-making.

Across global health, this is a moment for change. Countries are – as they should – increasingly asserting their determination to lead their own development agendas and build more self-reliant health systems. The Accra Reset reflects that ambition. Our role is to be an enabler, supporting and facilitating that journey by providing financing, incentives, technical expertise and partnership where they add the greatest value, and gradually stepping back as countries strengthen their capacity to end infectious diseases.

Epidemiological progress – often driven by innovations – is a crucial factor in determining how fast countries can make the transition from external financing. Transitioning responsibility for a well-controlled disease – where infections and deaths are already declining – is very different from doing so in a context where the disease burden is still growing rapidly. If we can leverage innovation to accelerate reductions in disease burden, we make it far more feasible for countries to move swiftly to become self-reliant, reducing their dependence on external resources.

While the disruptions of the past year have had serious consequences, they also present a powerful catalyst for positive change – if we are willing to seize it. The changes we witnessed in 2025 have created an opportunity for overdue reforms, sharper prioritization, and a stronger focus on efficiency, effectiveness and country ownership. This is the moment to reshape the ecosystem so that it delivers greater impact from every dollar, relentlessly focused on results, and reaches the people and communities in greatest need. Across global health, we must rethink how we work, how we partner and how we invest. Making such changes will be difficult, given the diversity of interests and perspectives. But we must not flinch from the task. The old model, which has delivered so much over more than two decades, is not the model for the future.

3. The Global Fund defines challenging operating environments as countries or regions characterized by poor governance, disasters or conflict and requiring flexible approaches to deliver needed services and medicines.

As we navigate this transition, one principle remains constant: Communities must remain at the heart of our mission. Their voices, priorities and leadership have always been central to progress against infectious diseases, and they must remain central as we chart the path ahead.

The Global Fund partnership's progress

The 2026 Results Report provides a snapshot of our journey – highlighting the progress we have continued to make toward ending these diseases, the challenges we faced in 2025, the actions we took to navigate a rapidly changing environment, and how our partnership performed in the face of uncertainty. Despite the growing challenges, our partnership continued to drive progress against HIV, TB and malaria in 2025. Our results once again demonstrate the strength of the Global Fund model and underscore why investing in this unique partnership remains one of the most effective ways to save lives, improve health outcomes and strengthen global health security.

In 2025, we helped expand access to HIV treatment, increasing the number of people on antiretroviral therapy to 26.9 million. We treated 7.4 million people with TB, and continued to scale up malaria prevention efforts, helping distribute 196 million mosquito nets. Our US$5.9 billion investment to strengthen health and community systems between 2024 and 2026 is helping to ensure that lifesaving HIV, TB and malaria programs can withstand today's crises and continue to deliver impact.

Countries experiencing acute or protracted crises remain an urgent priority for us. These countries continue to bear a disproportionate share of the global burden of HIV, TB and malaria, underscoring the need for sustained investment. Between 2024 and 2026, US$5.3 billion – 38% of our total investments – is being invested in challenging operating environments, complemented by emergency funding to sustain lifesaving services during crises. Since 2014, the Global Fund has approved US$156.9 million in emergency funds, including US$7.3 million in the last year.

Saving 72 million lives

Since 2002, the Global Fund partnership has helped save 72 million lives.[4] The true impact is even greater, since this figure does not capture the many additional lives protected through our investments in health and community systems. Together, our partnership has reduced the combined death rate from AIDS, TB and malaria by 65%. Across multiple African countries, life expectancy has increased by 15 years or more since 2002, mostly due to the reduction in deaths from the three diseases.

These are not abstract numbers. They represent parents who lived to raise their children, communities that continued to thrive, and generations given the opportunity to grow healthier and more secure than those before them. Few endeavors in modern history can claim such remarkable improvements in human well-being in such a short period of time. Whatever the shortcomings of the global health and development ecosystem, these results stand as powerful evidence of what is possible when countries, communities, donors and partners rally around a common goal.

Delivering on our mission

The gains achieved over more than two decades have saved millions of lives and transformed communities around the world. Our results in 2025 are consistent with that trend.

Yet this is a defining moment – a huge challenge, but also a tremendous opportunity. Countries are demonstrating leadership and want to reduce their dependence on external funding. Donors desire results and want to see an endgame. Game-changing innovations can change the trajectory of the epidemics. The challenge is how we simultaneously support countries' ambitions for an accelerated path toward self-reliance, while sustaining progress against HIV, TB and malaria. We must deliver on our commitment to end AIDS, TB and malaria, while reimagining how we achieve this in a volatile and rapidly changing context.

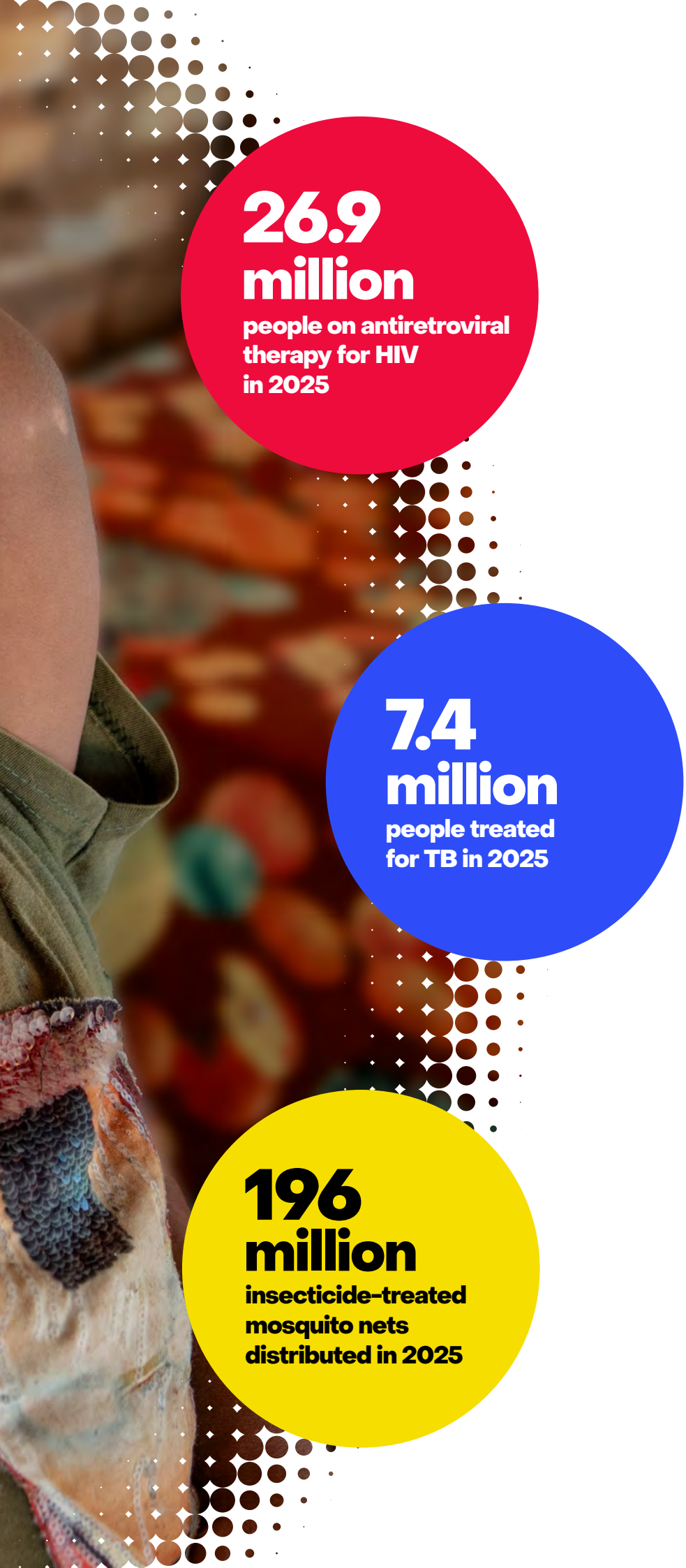
This is the moment to re-energize the fight, embrace innovation and rethink how we deliver impact. By expanding access to the latest tools and ensuring they reach the people and communities most in need, we can save millions more lives. Yet 2025 served as a stark reminder that progress is not guaranteed. The gains achieved thus far can be lost. As countries increase their investments and advance toward greater self-reliance, the international community must continue to walk alongside them. We now possess more knowledge and more evidence about what works than ever before. With countries and communities in the lead, and with donors and partners helping to sustain momentum during this critical period, we have an opportunity to accelerate progress, build stronger and more sustainable health systems, and move decisively toward ending these diseases as public health threats. In doing so, we can create a healthier, safer and more equitable world for all. ●

4. Estimates of lives saved rely on data from UNAIDS (for HIV) and WHO (for TB and malaria). The full time series of all data are re-estimated annually using the latest country-level estimates, and the underlying models are also continually refined. The latest estimates of lives saved are therefore not directly comparable to those published in previous years.

A team of community health workers and volunteers at a health post that provides services to Indigenous people in Palawan, the Philippines. The team conducts rapid malaria tests and ensures people who test positive are connected to treatment.

The Global Fund/Vincent Becker


72
million
lives saved
through the Global Fund
partnership since 2002



Anastacio Dermmot, on treatment for drug-resistant TB, hugs his son Isaias, who completed a year of treatment to prevent TB after a scan revealed a spot on his lung. Despite side effects including stomach illness and skin darkening, Isaias completed his preventive treatment and did not develop TB. San Pedro Department, Paraguay.

The Global Fund/Johis Alarcón/Panos

Key Results and Lives Saved

26.9 million
people on antiretroviral therapy for HIV in 2025

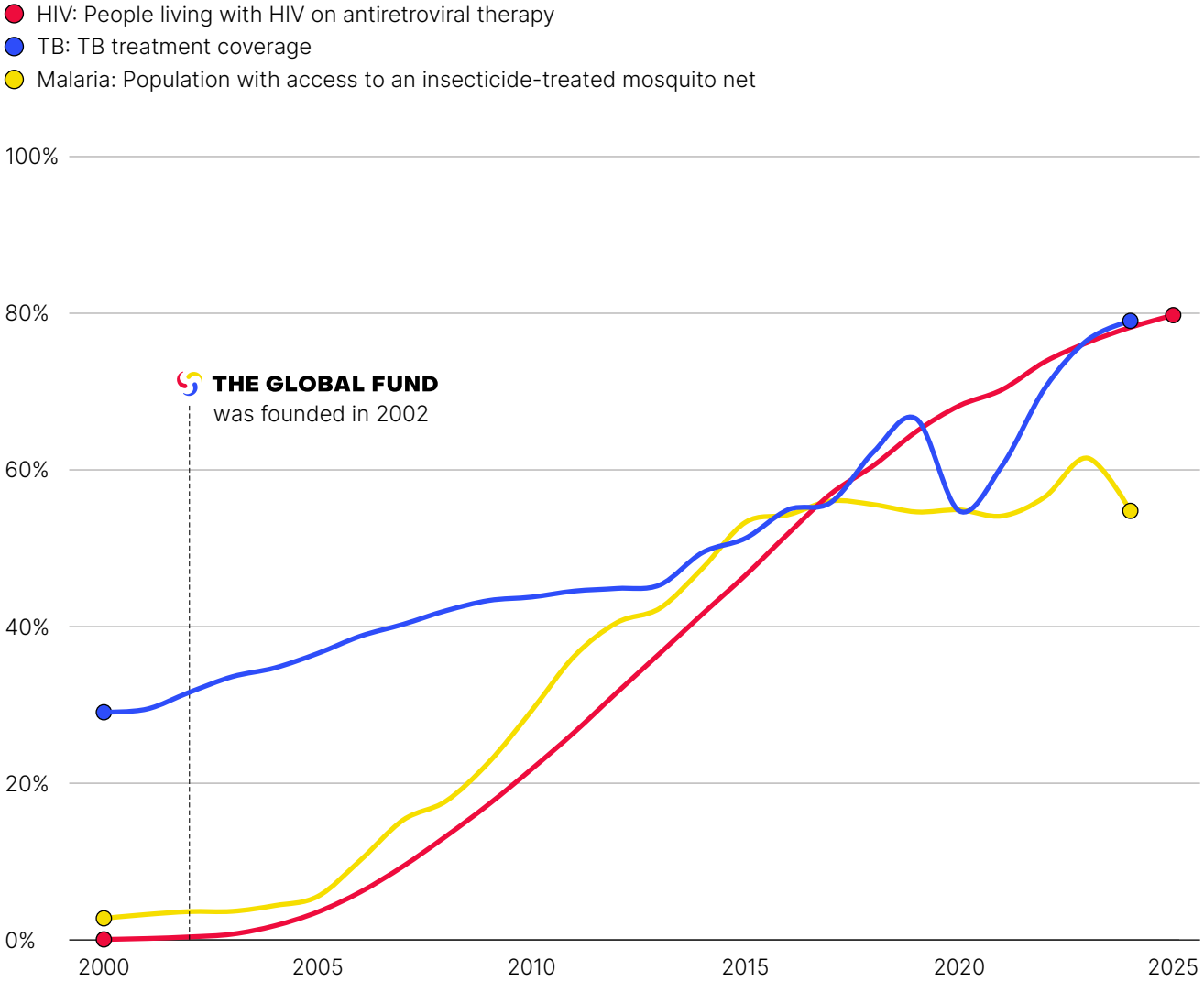
7.4 million
people treated for TB in 2025

196 million
insecticide-treated mosquito nets distributed in 2025

Investing in the Global Fund is one of the most effective ways to save lives, improve health outcomes and strengthen global health security.

Coverage of key treatment and prevention interventions

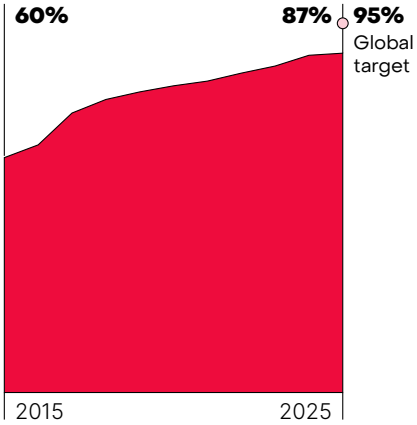
In countries where the Global Fund invests



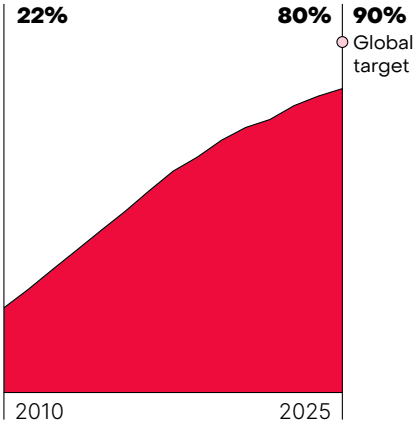
Malaria coverage is calculated based on 38 African countries where the Global Fund invests, for which data are available from WHO/Malaria Atlas Project estimates. HIV and TB estimates are based on all countries where the Global Fund invests. Based on published data from WHO (2025 release for TB and malaria) and UNAIDS (2026 release).

Key results in countries where the Global Fund invests:

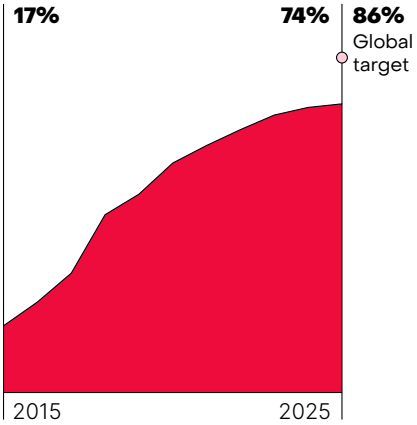
People living with HIV who know their status



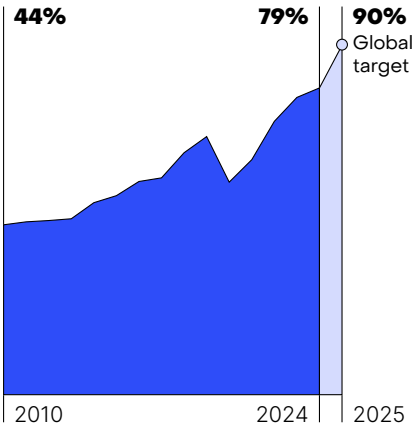
People living with HIV receiving ART



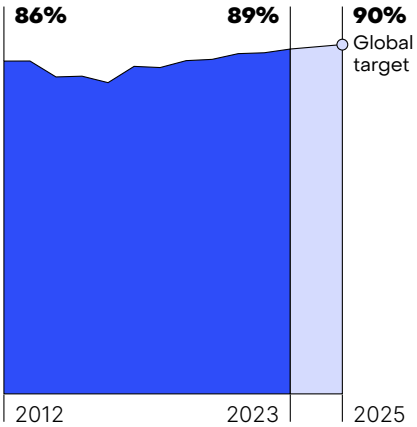
People living with HIV with suppressed viral load



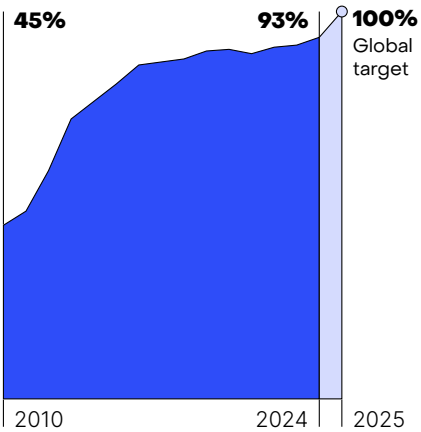
TB treatment coverage



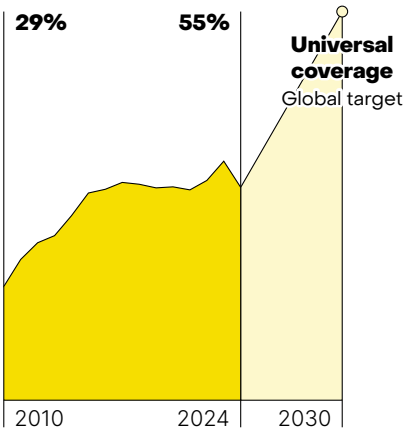
TB treatment success rate (all forms)



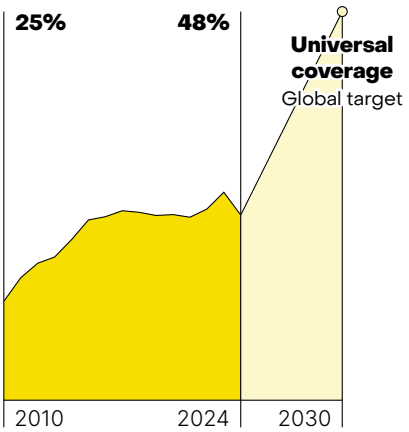
HIV+ TB patients on ART



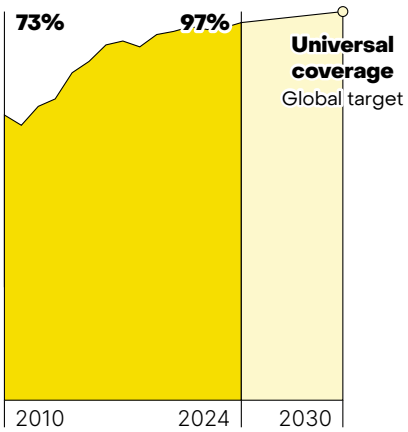
Mosquito nets population coverage



Mosquito nets population use



Suspected malaria cases tested



Progress graphs are based on latest published data from WHO (2025 release for TB and malaria) and UNAIDS (2026 release). Malaria mosquito net coverage calculated based on 38 African countries for which data is available from WHO/Malaria Atlas Project estimates.

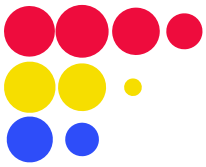
Health worker and antiretroviral therapy focal point Hauwa Ahmed at the Ungwan Rimi Primary Healthcare Center in Kaduna State, Nigeria.

State of the Fight

This chapter highlights the latest efforts of the Global Fund partnership to accelerate progress toward ending AIDS. A year of disruption put the global HIV response under unprecedented strain. Funding cuts, humanitarian crises and barriers in accessing healthcare have slowed progress and heightened risks for the most vulnerable people. In these challenging times, country and community resilience and emerging innovations are shaping the next phase of the HIV response.

HIV

To protect hard-won gains and accelerate progress against HIV, our partnership is adapting with urgency, prioritizing high-impact programs and embracing emerging innovations.



The challenge

In 2025, the fight against HIV was marked by a sharp shift from momentum to uncertainty. The year opened with real grounds for optimism: Decades of progress, plus the prospect of powerful new prevention tools, had brought the world closer than ever to ending AIDS as a public health threat. But within months, major international funding disruptions put that momentum at risk, exposing the fragility of gains achieved against HIV over the last two decades.

HIV testing, community-led services and outreach programs, particularly those serving adolescent girls and young women and other key populations, were scaled back or suspended in many countries where the Global Fund invests. While treatment services proved more resilient, prevention programs were deeply affected. These disruptions slowed progress in reducing new HIV infections in some settings. The full consequences for the people and communities most affected by these developments will likely take longer to emerge.

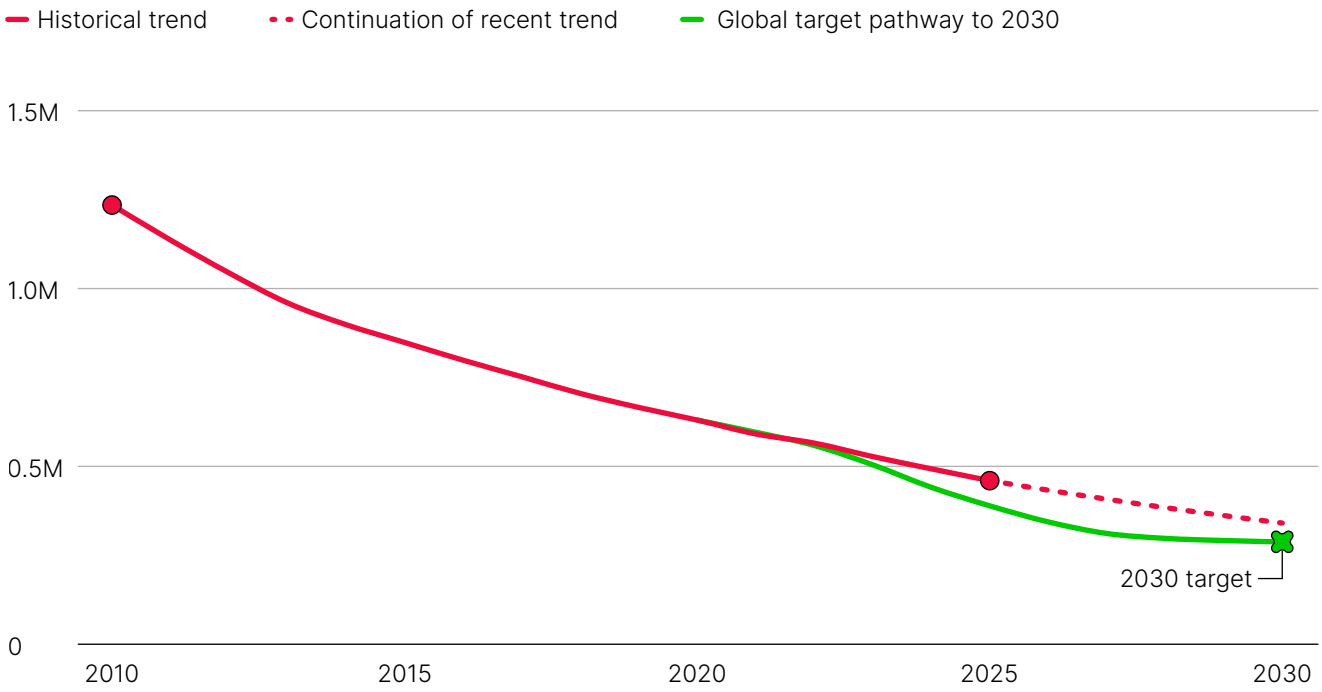
By the end of 2025, 41 million people were living with HIV globally. While 32.1 million people accessed lifesaving treatment, far too many did not. Last year, 1.2 million people acquired HIV and 570,000 died of AIDS-related causes – deaths that are largely preventable. The world is not on track to end AIDS as a public health threat by 2030, and the disruptions of 2025 put that goal further at risk.

Stigma, discrimination, criminalization and gender inequality continue to block access to healthcare. In many regions, adolescent girls and young women remain disproportionately affected. At the same time, gaps in preventing mother-to-child transmission of HIV and in pediatric treatment mean that too many children continue to acquire HIV and die from AIDS-related illnesses.

Our partnership is adapting with urgency, prioritizing high-impact programs and embracing emerging innovations to protect hard-won gains and accelerate progress against HIV.

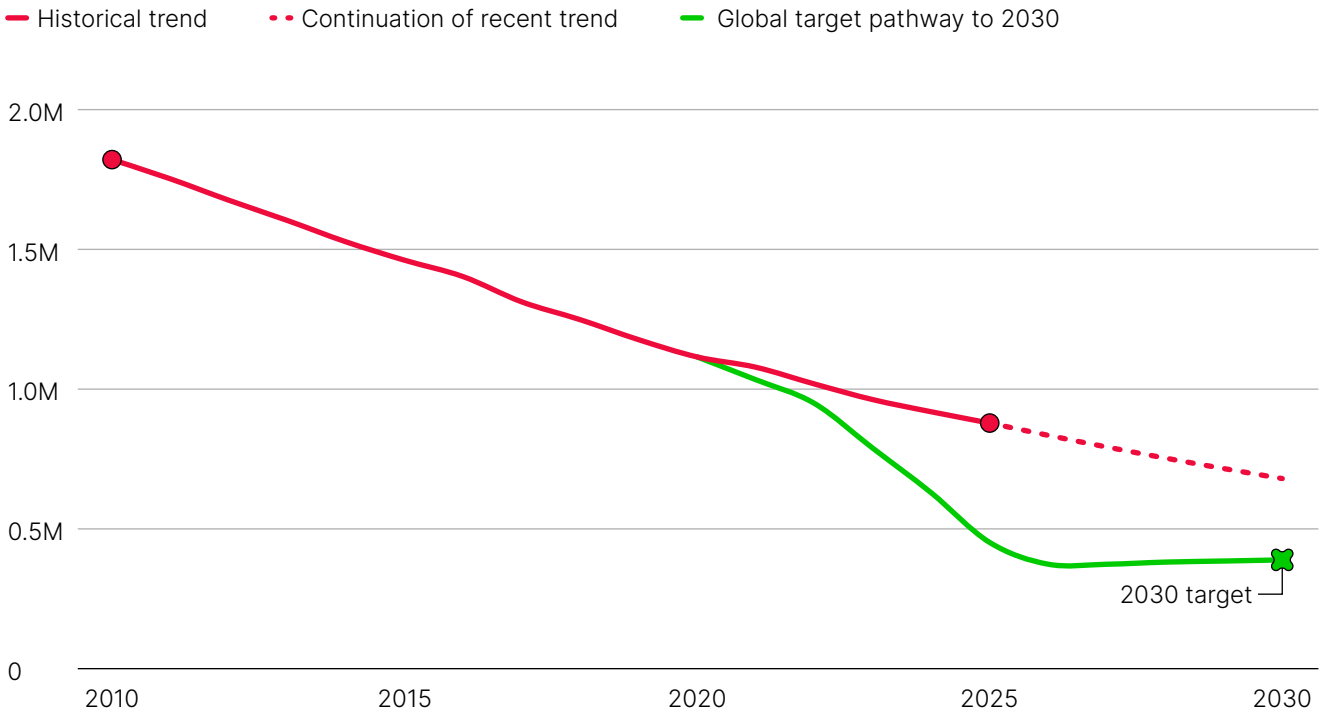
AIDS-related deaths: progress toward the UNAIDS target

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 recent trends (10 years). "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. UNAIDS 2026 release data.

The Global Fund's response

The Global Fund provides 28% of all international financing for HIV programs. Since 2002, we have invested US$28.5 billion in HIV programs and US$9.6 billion in HIV/TB programs as of 30 June 2026.

In 2025, the Global Fund supported countries to sustain a strong response to HIV. Guided by our grant reprioritization exercise and mid-grant-cycle allocation reductions, communities and partners moved quickly to protect essential services: redirecting resources, adapting delivery and keeping the most impactful prevention, testing and treatment services running wherever possible. In 2025 and 2026, emergency funding was also urgently distributed to protect lifesaving HIV services in countries experiencing humanitarian crises, including Botswana, Cuba, Iraq, Lebanon, Myanmar and Venezuela.

The Global Fund partnership doubled down on innovation, accelerated integration of services, and sharpened the focus on areas of greatest need. We supported the scale-up and rollout of breakthrough innovations, including long-acting prevention tools such as lenacapavir, which have the potential to change the trajectory of the epidemic. Through our market-shaping efforts, the Global Fund worked with partners to accelerate access to these innovations, ensure affordability and strengthen supply chains.

Many countries have been actively leading efforts to integrate HIV services into their broader health systems. These efforts build on a strong foundation of progress. Between 2010 and 2025, in countries supported by the Global Fund, the number of people on HIV treatment more than quadrupled, while new infections fell by 51% and AIDS-related deaths declined by 63%. Yet progress must accelerate: Current reductions are not sufficient to meet the global target of a 90% reduction in new infections and AIDS-related deaths by 2030.

By investing in evidence-based health programs that deliver impact, value for money and drive access to services for the people most affected by HIV, the Global Fund is bringing the world one step closer to ending AIDS as a public health threat.

Prevention

Decreases in domestic and international funding had a profound impact on HIV prevention services in 2025. Use of pre-exposure prophylaxis (PrEP) – antiretroviral medication to prevent HIV – fell in many countries where the Global Fund invests. In 2025, 1.1 million people received PrEP in countries where we invest – down from the 1.4 million people who received it in 2024. Our partnership is far off the 2025 global target of 21.2 million people initiating or continuing PrEP globally.

In the face of this disruption, the Global Fund continued to support HIV prevention efforts across the countries where we invest by focusing on those most at risk of HIV acquisition, including key populations and adolescent girls and young women. We expanded the range of HIV prevention options available, supporting countries to deploy a diverse portfolio of PrEP tools, including oral PrEP, injectable long-acting cabotegravir, the dapivirine vaginal ring and lenacapavir, which was delivered to the first early-adopter countries in November 2025.

We also continued investing in other proven prevention tools, including condoms and lubricants – investing over US$220 million in Grant Cycle 7 (2023-2025), an 88% increase over Grant Cycle 6 (2020-2022). Global Fund investments have increasingly focused on expanding access to condoms and lubricants beyond health facilities, including through community- and private-sector distribution channels (such as community pharmacies, community-based distribution points, and hot spot locations) to improve availability where people need it most.

Testing

Countries continued to focus their HIV testing programs on key and vulnerable populations and adolescent girls and young women and their male partners in areas where HIV incidence is high. Global Fund investments supported the integration of HIV testing with primary care, as well as existing TB care platforms and services for at-risk children and adolescents.

To respond to steep reductions in the externally funded health workforce in 2025, the Global Fund supported efforts to train lay testers – providers without formal healthcare qualifications – to expand community outreach for HIV testing. These efforts contributed to sustained growth in testing despite cuts in international funding: In 2025, 12.1 million HIV tests were taken by priority and key populations in countries where the Global Fund invests, up from 11.7 million in 2024. Looking ahead, the Global Fund will support countries to shift to lower-cost, quality-assured HIV rapid diagnostic tests, including by incorporating lower-cost rapid diagnostic tests into national HIV testing algorithms. This transition is expected to reduce costs and strengthen HIV programs, with savings able to be reinvested in strengthening health systems and expanding the delivery of integrated HIV, TB and other essential health services. WHO estimates that a country testing 5 million people annually could save nearly US$2 million by switching to more affordable options. More affordable testing also improves sustainability, making large-scale HIV programs easier to maintain over time.

Key Results

In countries where the Global Fund invests

26.9M

People were on **antiretroviral therapy for HIV** in 2025. Coverage increased from 22% in 2010 to 80% in 2025. Global target: 90% by 2025.

623K

Pregnant women living with HIV received medicine to keep them alive and prevent transmitting HIV to their babies in 2025. Coverage increased from 50% in 2010 to 90% in 2025. Global target: 95% by 2025.

74%

Of people **living with HIV had a suppressed viral load** in 2025, up from 17% in 2015. Global target: 86% by 2025.

12.1M

HIV tests were taken by priority and key populations. People living with HIV with knowledge of their status increased from 60% in 2015 to 87% in 2025. Global target: 95% by 2025.

10M

People were **reached with HIV prevention services** in 2025, including 6.2 million people from key populations and 2.7 million young people.

1.1M

People **received antiretroviral pre-exposure prophylaxis (PrEP)** in 2025.

HIV counselor John Rey conducts a rapid HIV test on a client at the Pasay Social Hygiene Clinic in Manila, the Philippines.

The Global Fund/Vincent Becker

Ensuring strong linkage to care remained a priority in 2025. Countries expanded assisted referrals, community-based follow-up and peer navigation to help people start treatment without delay, helping to reduce loss-to-follow-up after diagnosis.

HIV self-testing remained a key focus of Global Fund investments. In 2025, shifting to self-testing over other forms of testing in health centers was identified as an important way to reduce costs while still maintaining testing capacity. Countries promoted HIV self-testing to increase testing uptake in countries with rising HIV incidence, including by making self-testing available in communities (through community health workers and pharmacies) and by making full use of available product options (including less costly blood-based, urine-based and oral-fluid kits) to expand client choice and help reduce prices. From 2021 to 2025, 9 million self-test kits were procured annually, on average, through the Global Fund's Pooled Procurement Mechanism – a 4.5-fold increase from 2020, when 2 million kits were procured.

The Global Fund also continued to prioritize the scale-up of dual HIV/syphilis rapid diagnostic testing, with 29 million kits procured through the Pooled Procurement Mechanism in 2025, up almost eight-fold from 3.7 million in 2020. These integrated tests, along with hepatitis B testing, support progress toward triple elimination (ending mother-to-child transmission of HIV, syphilis and hepatitis B), helping to prevent infant deaths and improve the health of mothers and babies.

As of the end of 2025, in countries where the Global Fund invests, 87% of people living with HIV knew their status – up from 60% in 2015.

Treatment, care and support

In 2025, ensuring uninterrupted access to antiretroviral therapy (ART) was essential to protect the health of people living with HIV and sustain hard-won gains against the disease. In 2025, 80% of people living with HIV in Global Fund-supported countries were on lifesaving treatment – up from 22% in 2010. 74% of people living with HIV had achieved viral suppression, a significant increase from 17% in 2015. 93% of people living with HIV and TB were receiving ART.

The Global Fund supported countries to optimize service delivery and cost-effective treatment approaches, such as multi-month dispensing of ART and community-based ART delivery through pick-up points, community ART groups and private pharmacies.

In some countries, shifting eligible patients from costly protease inhibitor-based second-line ART to dolutegravir-based regimens – when not already used as first-line therapy – could achieve both improved treatment outcomes and commodity cost savings of over 60%.

Through our market-shaping strategies, we have worked with manufacturers to reduce the cost of the preferred initial dolutegravir-based regimen, tenofovir disoproxil fumarate/lamivudine/dolutegravir, from US$75 per patient, per year in 2018 to just under US$34 per patient, per year by early 2026 – achieving significant savings that have been used to widen access to the best treatments. By the end of 2025, 93.5% of ART procured through the Global Fund's Pooled Procurement Mechanism was dolutegravir-based.

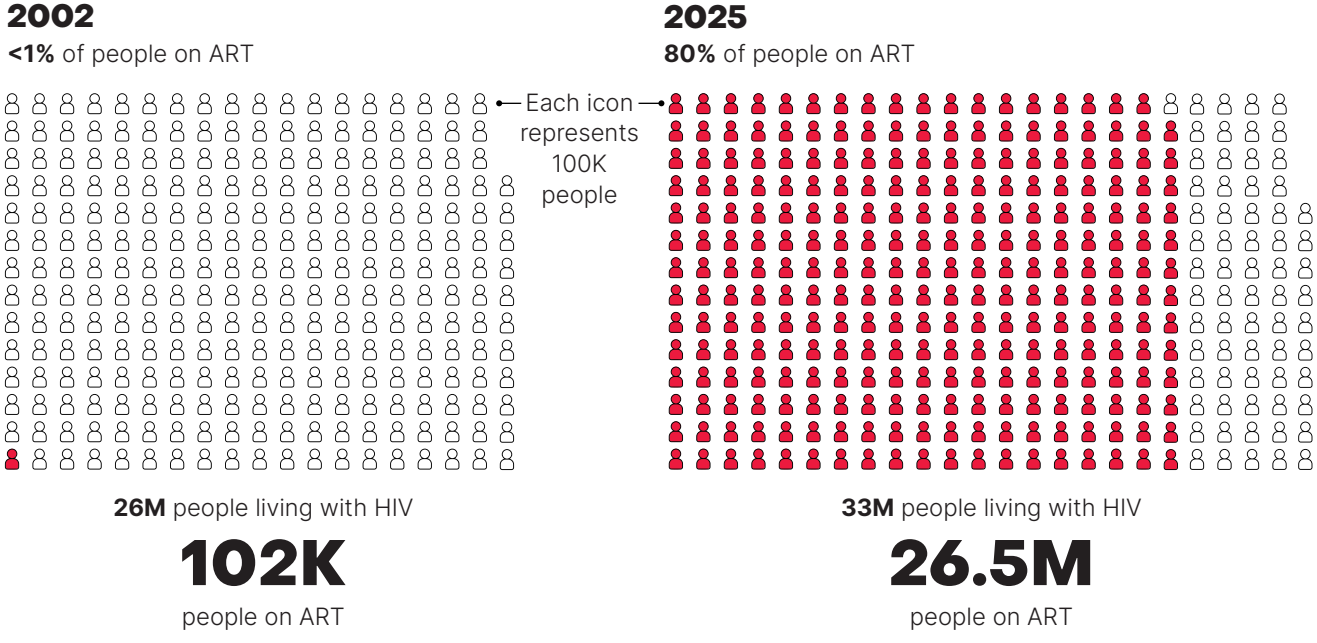
In parallel, we continued to address advanced HIV disease (AHD). In 2025, the Global Fund supported countries to roll out a single high dose of liposomal amphotericin B combined with flucytosine for cryptococcal meningitis – contributing to greater success in reducing mortality from this major cause of AIDS-related deaths. We also supported TB screening and diagnosis for people living with HIV, as they are more likely to develop active TB. Together, these efforts are keeping HIV treatment and care accessible, affordable and effective.

People living with HIV on antiretroviral therapy

In countries where the Global Fund invests

People living with HIV on antiretroviral therapy

People living with HIV not on antiretroviral therapy



Source: UNAIDS 2026 release data. People on antiretroviral therapy reported to UNAIDS in countries supported by the Global Fund over the past two funding cycles. Programmatic results published in other parts of this report are based primarily on data reported to the Global Fund in 2025, according to the grant reporting cycle.

Looking ahead, the Global Fund is placing an increased focus on AHD as part of our commitment toward ending AIDS-related deaths. AHD is becoming more systematically embedded across programmatic indicators, gap analyses and technical support, strengthening its integration within overall HIV responses.

Protecting mothers and children

Too many children are being left behind in the HIV response. The abrupt funding cuts and colliding crises of 2025 only worsened this long-standing challenge. Globally in 2025, only 55% of the 1.3 million children living with HIV were on treatment – far below adult coverage rates. Children accounted for just 3% of people living with HIV in 2025 globally yet made up 11% of AIDS-related deaths. Addressing this disparity – often caused by gaps in early infant diagnosis, failure to offer rapid linkage to treatment, and a lack of sufficient child-friendly treatment regimens – is an urgent priority for the Global Fund partnership.

To improve treatment access and outcomes for children, the Global Fund supported countries in scaling up optimized HIV treatment regimens for children in 2025. Together with Unitaid, we accelerated the rollout of pediatric dolutegravir – a formulation designed to be easier for children to take and adhere to. By the end of 2025, 53 countries had used the Global Fund's Pooled Procurement Mechanism to obtain pediatric dolutegravir, and 27 had sourced pediatric abacavir/lamivudine/dolutegravir, a newer, child-friendly option that is helping to improve uptake and viral load suppression among children living with HIV.

The Global Fund also supported HIV-positive pregnant and breastfeeding women to stay on lifesaving ART. In countries where the Global Fund invests, 623,000 pregnant women living with HIV received ART in 2025 to keep them alive and prevent transmission to their babies. Coverage reached 90%, up from 50% in 2010, reflecting the impact of focused efforts to reach this group. Countries leveraged existing peer support and

A patient collects her antiretroviral medicine at the Centre for Listening, Care, Activities and Advice (CESAC) in Bamako, Mali. For over two decades, the Global Fund has financed all antiretroviral therapy in the country.

The Global Fund/Vincent Becker

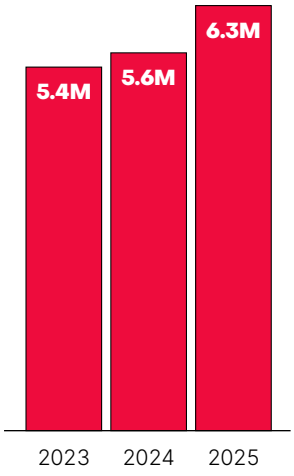
South Africa

Country resilience reflects broader global HIV response

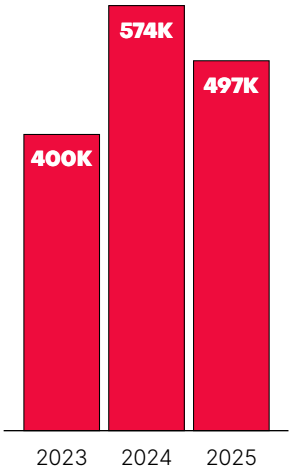
South Africa's progress in expanding HIV treatment demonstrates remarkable resilience, with 700,000 more people accessing antiretroviral therapy in 2025. While testing and key prevention services were significantly disrupted, the country continued to deliver despite these challenges. This achievement reflects strong government leadership and the ongoing, critical role of partners, including the Global Fund, in protecting hard-won gains against HIV, TB and malaria. South Africa's resilience mirrors the broader global HIV response in 2025.

Results by key service

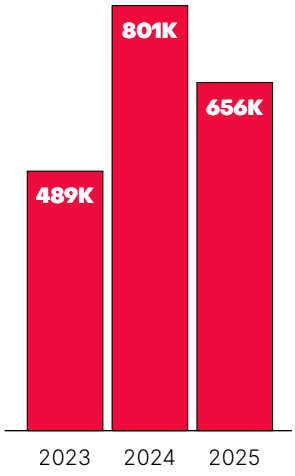
People on antiretroviral therapy for HIV



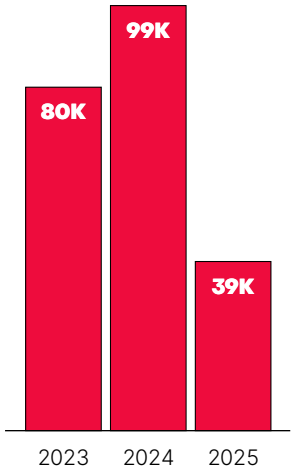
HIV tests taken by priority and key populations



People reached with prevention services



People who initiated pre-exposure prophylaxis (PrEP)



Service results figures sourced from Global Fund grant reporting.

mentor mother networks, tailoring their scope to the local HIV burden, and expanded their roles to include HIV self-testing support, ART dispensing, postnatal follow-up, and broader community health activities. The number of children orphaned by AIDS in Global Fund-supported countries has declined by more than 33%, from more than 18 million in 2010 to 12 million in 2025.

Our investments also supported HIV, syphilis and hepatitis B care for infants and mothers during pregnancy, delivery and breastfeeding. This included testing and treatment for HIV, syphilis and hepatitis B for pregnant women; prevention of HIV among pregnant and breastfeeding women; early infant diagnosis of HIV; and timely treatment for children who test positive for HIV. These efforts are essential to achieving the global goal of triple elimination. HIV, syphilis and hepatitis B can all be transmitted from mother to child during pregnancy, birth or breastfeeding, and the same antenatal testing, treatment and follow-up services can prevent transmission of all three at once, making an integrated approach more effective. Global Fund investments in triple elimination efforts have increased by around 78% in Grant Cycle 7 (2023-2025), including expanded procurement of hepatitis B and syphilis test kits. Since 2015, 24 countries globally have reached at least one of the triple elimination targets.

Supporting adolescent girls and young women

In 2025, HIV programs designed to reach adolescent girls and young women were significantly disrupted. In a number of countries where the Global Fund invests, HIV services – including PrEP initiation and follow-up, HIV testing, and community-based outreach – were interrupted or stopped altogether. Over 2 million adolescent girls and young women globally lost access to essential HIV services, leaving an already at-risk group even more vulnerable.

In this context, Global Fund investments focused on maintaining lifesaving HIV treatment and preserving the most critical prevention services for those at highest risk. We continued to prioritize investments that support adolescent girls and young women who face heightened vulnerability to HIV, particularly in high-incidence countries in Eastern and Southern Africa.

A young woman attends an educational outreach session – including information on pre-exposure prophylaxis, a condom demonstration and how to take an HIV self-test – at the restaurant where she works along the Mekong river in Phnom Penh, Cambodia.

The Global Fund/Maika Elan/VII

Our investments help expand access to HIV prevention and testing, strengthen knowledge and uptake of services and empower young women to shape the services they need. Across 12 priority countries, these investments have contributed to a 75% reduction in the HIV incidence rate among women aged 15-24 between 2010 and 2025 (see figure below).

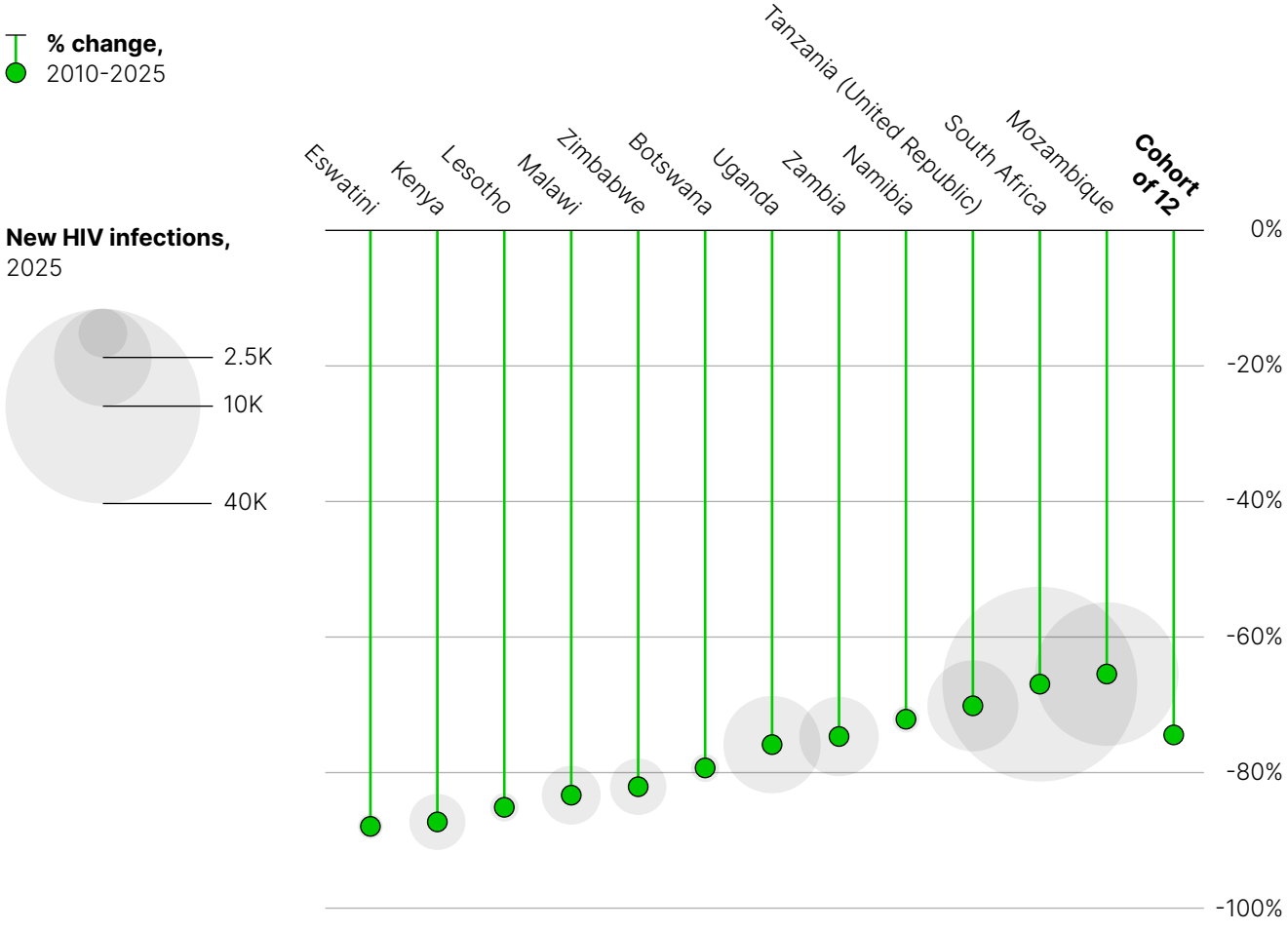
In the last three years, through the HER Voice Fund – a ViiV Healthcare-supported initiative operating in 13 sub-Saharan African countries where new HIV infections among adolescent girls and young women are among the highest globally – over 181,000 young women have been supported to shape the health policies, programs and investments that affect their lives. Their engagement has contributed to more inclusive and youth-responsive policies and programs, helping to improve access to the health services and support that adolescent girls and young women need.

Access for everyone

In 2025, HIV prevention, testing and treatment services for key and vulnerable populations were disrupted across a number of countries where the Global Fund invests. In some countries, new laws and policies also exacerbated barriers to access for key and vulnerable populations. In this context, activities to reduce HIV-related stigma and discrimination that create barriers to accessing healthcare became even more critical to sustaining epidemiological progress. Through the Breaking Down Barriers initiative, the Global Fund invested in community-led monitoring of human rights-related barriers to services in health facilities, with referrals to legal services and other interventions to reduce barriers at both the facility and community level. Our investments also prioritized advocacy activities to improve health-related laws, regulations and policies to enable better access to HIV care.

Reduction in HIV incidence rate among women aged 15-24

% change 2010-2025 in 12 priority countries



Source: HIV burden estimates from UNAIDS, 2026 release.

Delivering results

Between 2002 and 2025, AIDS-related deaths dropped by 77% and new HIV infections by 64% in countries where the Global Fund invests. With no prevention or treatment, infections would have risen by an estimated 77% and deaths by 98%. The AIDS-related mortality rate was down 84% and the HIV incidence rate declined by 75% over the same period.

Working with partners, the Global Fund has supported many countries to reach the UNAIDS 95-95-95 targets – where 95% of people living with HIV know their status, 95% of those who know their status are on treatment and 95% of those on treatment achieve viral suppression. Eight countries where the Global Fund invests have already achieved the targets: Botswana, Cambodia, Eswatini, Lesotho, Namibia, Rwanda, Zambia and Zimbabwe. Eight sub-Saharan African countries have reached 90% on each of the three targets. But the deep rifts in the HIV response in 2025 put this incredible progress at risk.

Opportunities to accelerate the fight

The HIV innovation pipeline is broadening rapidly beyond any single breakthrough, with the next wave of tools designed to expand choice, simplify delivery and make prevention, testing and treatment more sustainable over the long term.

Breakthroughs such as lenacapavir are transforming HIV prevention. Alongside this game-changing drug, the current HIV prevention toolkit includes other longer-acting and user-friendly options, such as the three-month dapivirine vaginal ring, four-month injectable cabotegravir, and the dual prevention pill, which combines protection against HIV and unintended pregnancy. The pipeline of prevention innovations is also highly promising – and includes 12-month lenacapavir (versus the current 6-month formulation) and alimatravir, a once-monthly oral prevention pill. Further, access to long-acting harm reduction innovations is expected to expand with the availability of long-acting depot buprenorphine, expanding choice and simplifying product use for people who use drugs.

HIV treatment is also evolving, with improved drug combinations that are more effective, more affordable and better suited for children, alongside progress toward the development of longer-acting therapies that could reduce the need for daily medication. At the same time, advances in diagnostics and care, such as integrated rapid tests that detect HIV alongside hepatitis and other sexually transmitted infections, self-testing options and improved tools to diagnose and monitor AHD, are helping bring lifesaving services closer to communities.

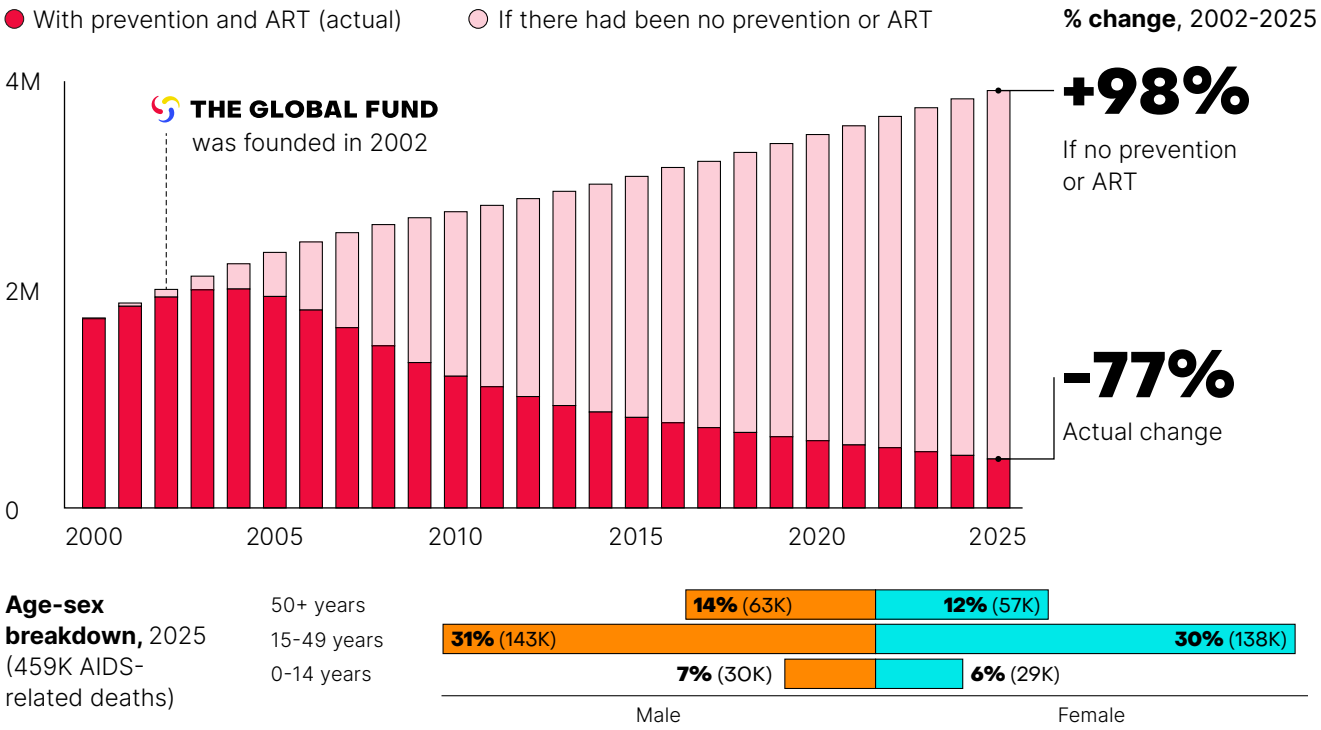
Together, these innovations point to an HIV response that is more responsive, more integrated and better able to reach the people who need care the most. ●

Clinical Officer Kenneth Oweke leads a daily Health Talk at the Makongeni Sub-County Hospital in Homa Bay, Kenya, where he speaks about the services offered at the hospital, including long-lasting lenacapavir for PrEP.

The Global Fund/Brian Otieno

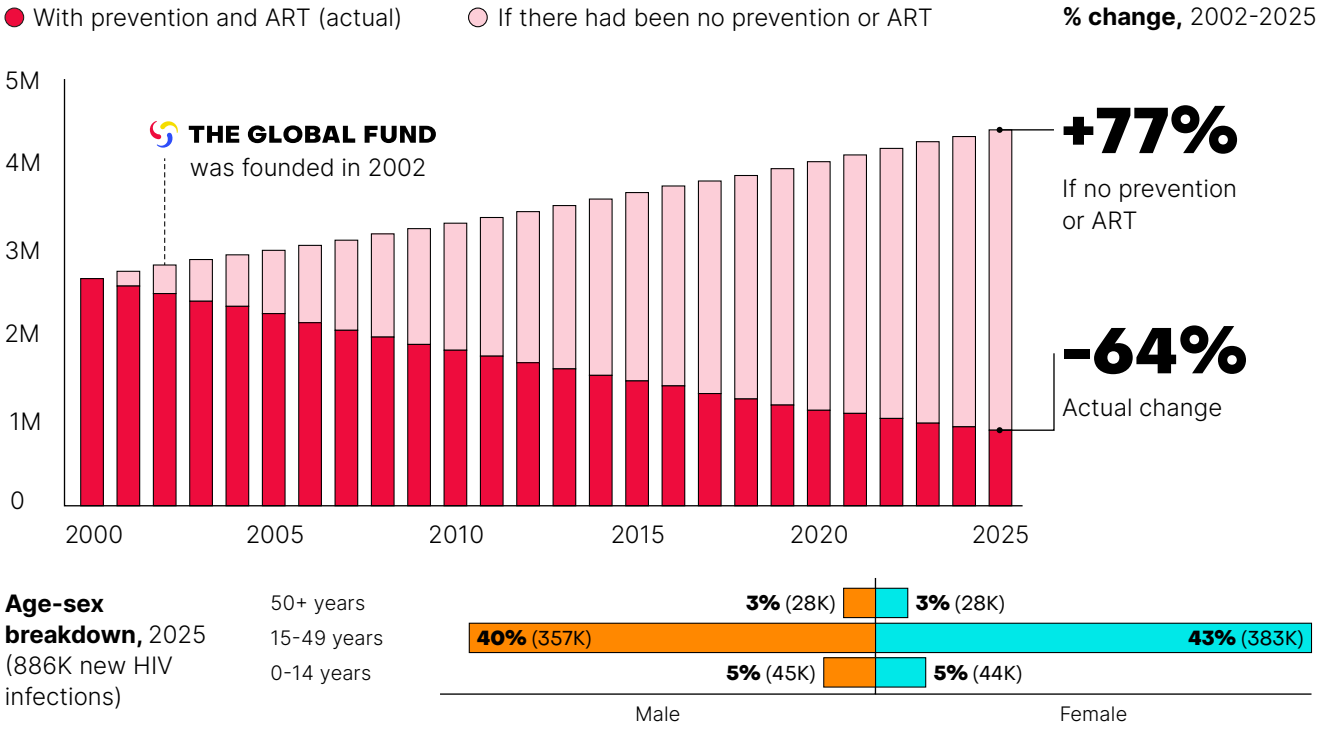
Trends in AIDS-related deaths

In countries where the Global Fund invests



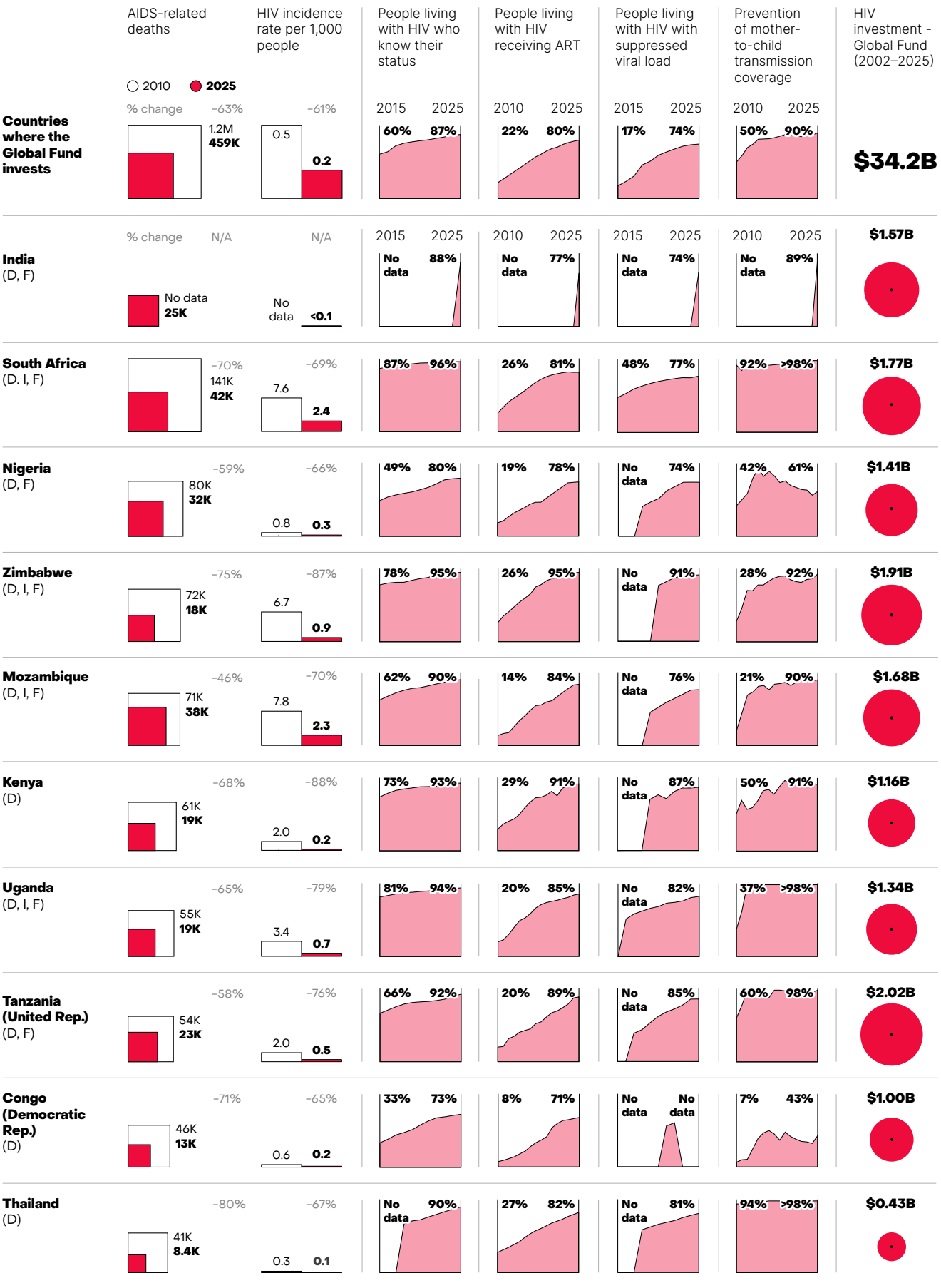
Trends in new HIV infections

In countries where the Global Fund invests



HIV burden estimates from UNAIDS, 2026 release. Estimation of "no prevention or ART" trends from Goals Model and AIDS Impact Model (AIM). Values may not sum to totals due to rounding.

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 are based on estimates published in the UNAIDS 2026 release at http://aidsinfo.unaids.org/, except 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-related 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 2025 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 rule. These countries received US$34.2 billion from 2002 to end December 2025 to support HIV programs and a portion of joint TB/HIV programs and multicomponent grants. Additionally, they received US$1.6 billion in cross-cutting support across the three diseases, resulting in a total of US$35.7 billion. Countries/programs previously supported by the Global Fund received US$1.4 billion since 2002, resulting in a total disease-specific investment of US$35.6 billion.

3. In line with the Global Fund's results reporting methodology, this chart reflects the achievements of national health programs, representing the outcomes and efforts and investments of all partners, domestic and international.

Case Study

Prevention Breakthrough

A historic HIV innovation delivered at unprecedented speed

The rollout of lenacapavir, a twice-yearly injectable form of PrEP that is nearly 100% effective at preventing HIV, marked a pivotal moment in the fight against HIV and AIDS.

In 2025, lenacapavir became the first HIV prevention innovation to reach both high-income and low- and middle-income countries in the same year. This is a historic departure from the inequitable delays that characterized the early rollout of antiretroviral therapy.

The Global Fund has played a key role in accelerating the introduction of lenacapavir, working closely with countries, communities, civil society, the Children's Investment Fund Foundation (CIFF), the Gates Foundation, Gilead Sciences, UNAIDS, Unitaid, the United States, WHO and other partners. Drawing on our market-shaping expertise, we helped make lenacapavir more affordable, secured financing and strengthened supply chains to speed up procurement and delivery, and partnered with countries and communities to support introduction, build demand and expand nationwide adoption.

Less than a year after the Global Fund announced a coordinated rollout, lenacapavir arrived in Eswatini and Zambia in November 2025, with the first doses administered a month later. By the end of May 2026, 20,000 people had received this preventive medicine, and by the end of June, this figure had more than doubled to 49,000 people. By mid-August 2026, nearly 100,000 people had received it across nine high-burden countries in Africa. By the end of 2026, a total of 24 countries worldwide are expected to receive lenacapavir with support from the Global Fund, the United States and other partners.

According to a recent study,[5] if scaled, lenacapavir could prevent nearly one-third of new HIV infections across parts of Eastern and Southern Africa and accelerate the end of the epidemic in some countries by up to 14 years.

Lenacapavir has the potential to transform HIV prevention and accelerate the path toward ending AIDS as a public health threat. But its promise will only be fully realized if people most at risk of HIV acquisition have access. Generic lenacapavir is expected to enter the market by the end of 2026, with rapid uptake in 2027 that could significantly expand access to the people who need it most.

The Global Fund/Brian Otieno

5. Taking injectable PrEP to scale: Optimising the value of lenacapavir for South Africa's HIV response. Jamieson, L. et al., 2026. https://doi.org/10.64898/2025.12.14.25342211.

Six-month-old Kahluna and her parents at Puskesmas Ajung, a health center in Jember, East Java, Indonesia. Health workers suspect that Kahluna has TB – she is being referred to a nearby hospital to confirm her diagnosis and begin the appropriate treatment as soon as possible.

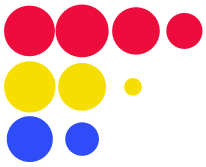
The Global Fund/Vincent Becker

State of the Fight

Tuberculosis

This chapter highlights the Global Fund partnership's latest efforts to accelerate progress toward ending TB. In 2025, cuts in global health funding disrupted TB programs and slowed hard-won momentum. Our partnership acted quickly to protect essential services, reprioritize investments and accelerate innovation. Safeguarding and building on more than two decades of progress will require sustained financing, rapid scale-up of new tools and a strong focus on long-term sustainability.

The Global Fund is supporting countries to sustain lifesaving TB programs, safeguard access to diagnostics and treatment and maintain support for the most vulnerable populations.



The challenge

After several years of renewed momentum, the TB response came under intense pressure in 2025. Abrupt cuts in funding for global health, combined with conflict, displacement, debt pressures and other challenges, disrupted hard-fought gains and placed new strain on national TB programs. The impact is still unfolding, but in 2025 countries reported disruptions across the TB care continuum.

These challenges come at a critical moment. TB remains the world's deadliest infectious disease. In 2024,[6] an estimated 10.7 million people fell ill with TB globally and more than 1.2 million people died from the disease. Although the number of new TB cases and deaths declined between 2023 and 2024, progress remains off track to reach the Sustainable Development Goal 3.3 target of ending TB by 2030.

Finding people with TB remains one of the central challenges in the global response. In 2024, 8.3 million people were newly diagnosed with TB, representing about 78% of the people estimated to have fallen ill that year globally. This was a major achievement, but it also means that more than 2 million people with TB were not diagnosed, treated or notified to national TB programs, leaving them without lifesaving treatment and allowing transmission to continue in communities. Stigma and discrimination remain major barriers to TB care, deterring people from seeking services and contributing to delayed or missed diagnosis.

Drug-resistant TB continues to pose a major threat to global health security and is a significant driver of antimicrobial resistance. It is harder and more expensive to diagnose and treat, placing greater pressure on health systems. In 2024, approximately 390,000 people developed TB that was resistant to rifampicin – the most effective first-line anti-TB drug – yet only 165,000 received treatment. This gap shows that many people with drug-resistant TB are still not being diagnosed or accessing treatment.

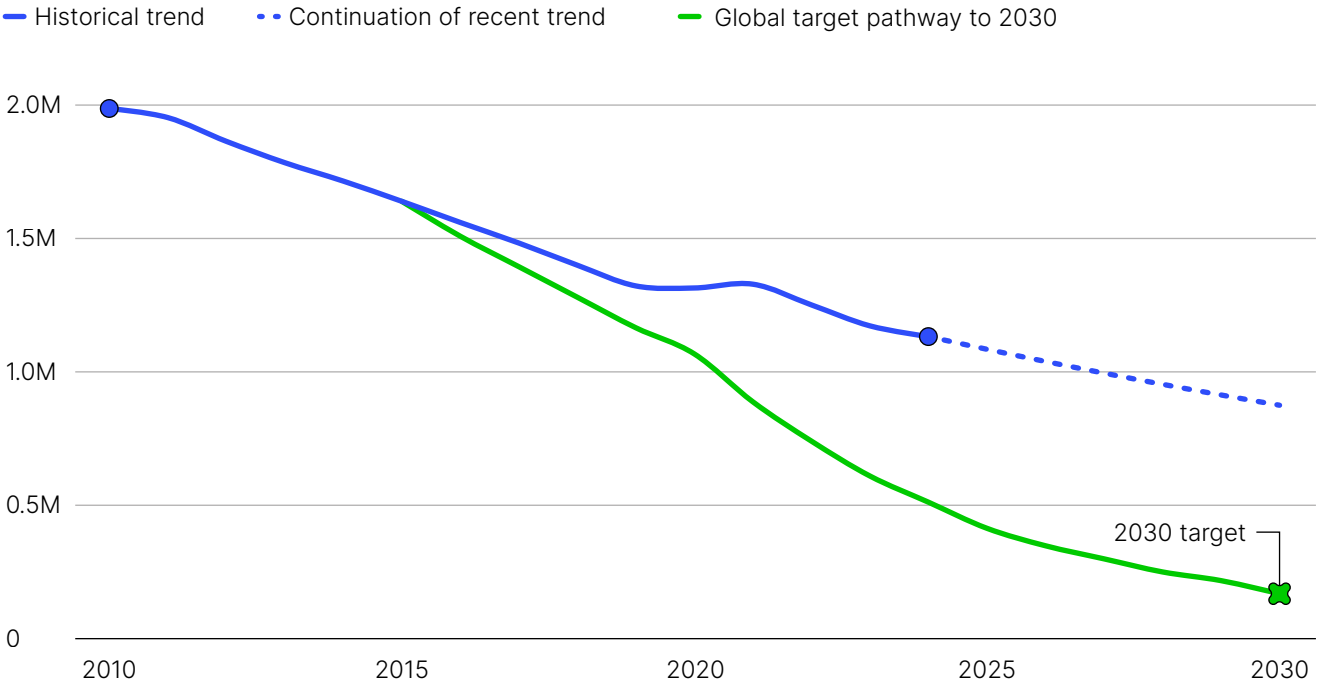
Funding decreases and wider disruptions in 2025 intensified these risks. In several countries, immediate effects included reduced community activities, slower and less extensive contact investigation, weaker technical support, scaled-back monitoring and evaluation interventions, interruptions to active case finding, limited TB stigma reduction efforts and pressure on diagnostic and treatment services.

Yet amid these pressures, countries and partners have demonstrated resilience. Smart investments in innovation, community-led responses, stronger laboratory systems, shorter treatment regimens and more integrated service delivery continue to provide opportunities to protect gains, improve sustainability and reach people most affected by TB.

6. This report uses the most up-to-date TB burden estimates from WHO at the time of publication. For further information on the data sources used in this report, please see the Note on Methodology.

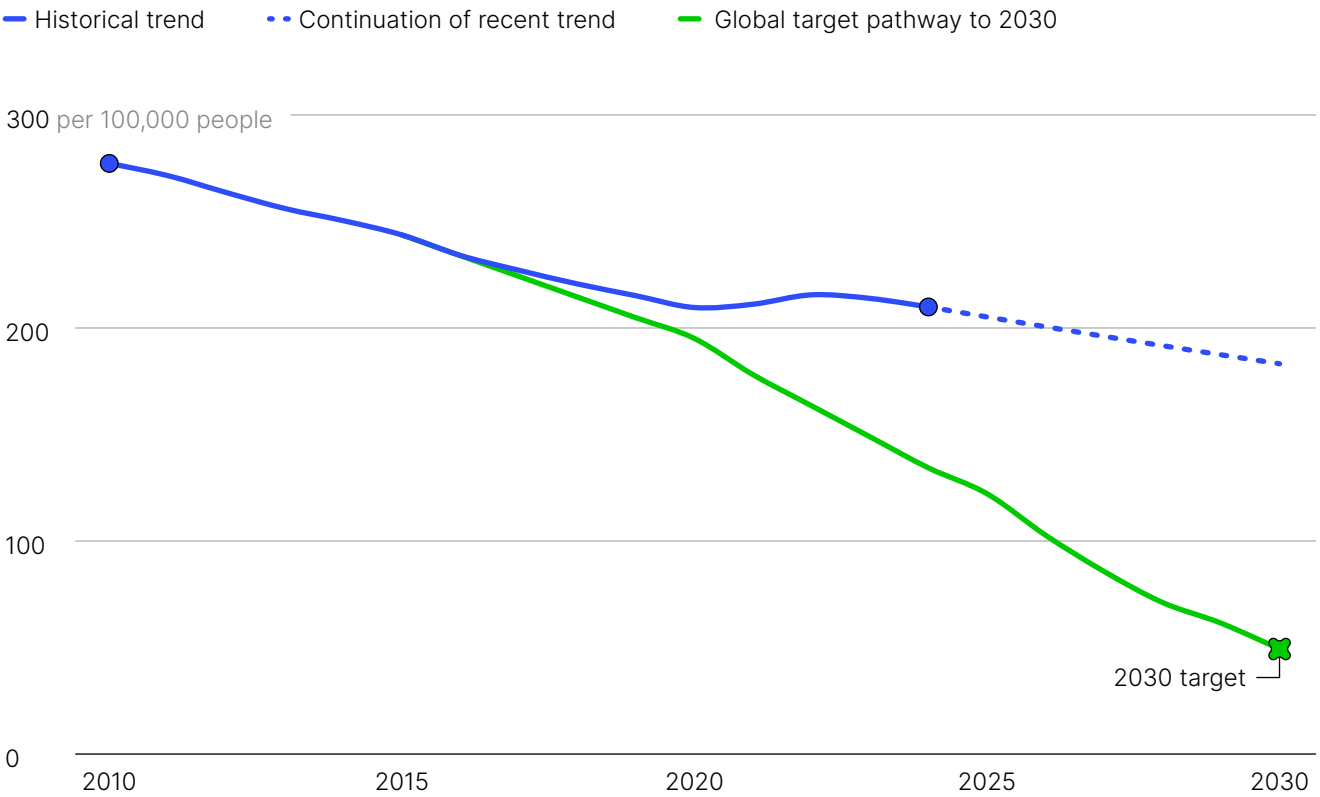
TB deaths: progress toward the WHO target*

In countries where the Global Fund invests



TB incidence rate: progress toward the WHO target

In countries where the Global Fund invests



*TB deaths include deaths among HIV-positive people. "Continuation of recent trend" projection is based on recent trends (10 years), excluding years affected by COVID-19. "Global target pathway to 2030" is based on targets from the WHO End TB Strategy. Countries that have recently received Global Fund TB funding and have reported programmatic results over the past two cycles. Based on published data from the WHO Global Tuberculosis Report 2025.

The Global Fund's response

The Global Fund provides 80% of all international financing for TB. As of 30 June 2026, the Global Fund had invested US$10.9 billion in programs to prevent and treat TB and an additional US$9.6 billion in TB/HIV and other cross-disease programs since 2002.

Countries experiencing acute or protracted crises bear around one-quarter of global TB cases and accounted for 38% of TB investments in Grant Cycle 7 (2023-2025). In and beyond these countries, the Global Fund's Emergency Fund provides rapid support to protect critical elements of TB, HIV and malaria responses when crises threaten services. In 2025 and 2026, emergency funding for TB services or commodities was deployed to Botswana, Iraq, Lebanon, Myanmar and Sudan.

In 2025's challenging funding context, the Global Fund supported countries to protect access to essential TB services through rapid grant reprioritization. Countries worked to sustain lifesaving programs, safeguard access to diagnostics and treatment and maintain support for the most vulnerable populations.

The Global Fund worked with countries to direct available resources toward the highest-impact interventions. In many settings, reprioritization protected essential commodities and core services. However, gaps remain, particularly where reductions in training, technical assistance, supervision, monitoring and evaluation, and community-based activities risk affecting service quality and slowing the rollout of new tools. Community engagement was one of the areas most affected by funding cuts in 2025, despite its critical role in effective, people-centered TB responses.

Making the most of every dollar was more critical than ever in 2025. The Global Fund supported countries to improve efficiency by integrating and decentralizing TB services; focusing case-finding efforts on people and communities at highest risk; optimizing contact investigation, screening and diagnostic algorithms; using AI-powered computer-aided detection software and digital portable chest X-rays; scaling rapid molecular diagnostics; and supporting shorter, more cost-effective treatment and prevention regimens.

The sharp reduction in external funding has made the journey toward greater country self-reliance even more urgent. In 2025, the Global Fund worked with countries to pursue practical, phased approaches to sustainability, including stronger domestic financing, optimized program design, smart procurement, and investments in systems and infrastructure that can support TB responses over the long term. Innovation is also central to this approach.

Innovative tools – when expanded to reach the people who need them most – can further strengthen and sustain country TB responses.

Prevention

Prevention remains fundamental to ending TB. Expanding access to TB preventive treatment reduces illness, saves lives and helps stop transmission, particularly among people at highest risk, including people living with HIV and household contacts of people with TB, especially children under 5.

The Global Fund continues to support the expansion of shorter preventive treatment regimens that are easier for people to complete and more efficient for health systems to deliver. These include rifapentine-based regimens such as 3HP (a 3-month regimen), as well as other shorter-course preventive treatments recommended by WHO. Price reductions have enabled countries to rapidly expand access to these treatments, reaching 2.1 million people in 88 countries in 2024 globally – a significant increase from 1 million people in 2023.

In 2025, a key challenge was to protect and extend that impact in the face of reduced funding. The Global Fund supported countries to prioritize prevention for the people most at risk, strengthen contact investigation and integrate TB prevention into active case-finding strategies in health facilities and communities to reach people who may otherwise be missed. Prioritizing TB preventive treatment is essential to reduce future TB cases and deaths and lower long-term costs for countries.

Testing and treatment

Finding and treating all people with TB remains one of the most important steps toward ending the disease. Global Fund investments support countries to apply more targeted and efficient approaches, including community-based screening, active case finding among priority populations, private sector engagement, AI-powered computer-aided detection software, digital chest X-rays and rapid molecular diagnostic technologies that can identify TB and drug resistance faster. Between 2021 and 2025, the Global Fund invested over US$193 million to roll out AI-enabled digital X-rays for TB screening in more than 20 countries. In 2025, in Global Fund-supported countries, 4.1 million people newly diagnosed with TB were tested using WHO-recommended rapid molecular diagnostics. Globally, the percentage of people with TB who were initially tested with WHO-recommended rapid molecular diagnostics increased to 54% in 2024, up from 48% in 2023, but access remains uneven and must continue to expand.

Key Results

In countries where the Global Fund invests

7.4M

People were **treated for TB** in 2025.

302K

People with **HIV and TB were on antiretroviral therapy** during TB treatment in 2025; coverage of antiretroviral drugs in people with HIV and TB increased from 45% in 2010 to 93% in 2024. Global target: 100% among detected cases.

3.5M

People **in contact with TB patients received preventive treatment** in 2025.

115K

People were on **treatment for drug-resistant TB** in 2025; 42% of the estimated number of people with drug-resistant TB began treatment in 2024 and the drug-resistant TB treatment success rate increased from 51% in 2010 to 73% in 2022. Global targets: 90% TB treatment coverage and success rate (drug-susceptible and drug-resistant) by 2025.

1.5M

People **living with HIV on antiretroviral therapy initiated TB preventive treatment** in 2025.

79%

TB treatment coverage increased from 44% in 2010 to 79% in 2024, and the TB treatment success rate reached 89% in 2023. Global targets for coverage and treatment success rates: 90% by 2025.

The Global Fund is supporting countries to bring TB services closer to people most likely to be missed. For example, in Chad, Global Fund investments supported expanded active case finding among refugees, people in prisons, nomadic communities, miners and underserved villages through mobile vans equipped with digital chest X-ray, AI-enabled computer-aided detection software and GeneXpert testing. Chad screened more than 13,000 people across almost 50 campaigns between 2023 and 2025, with all notified TB patients put on TB treatment. Approaches like this are supporting countries to use limited resources more efficiently while building capacity to deliver targeted, data-driven TB services.

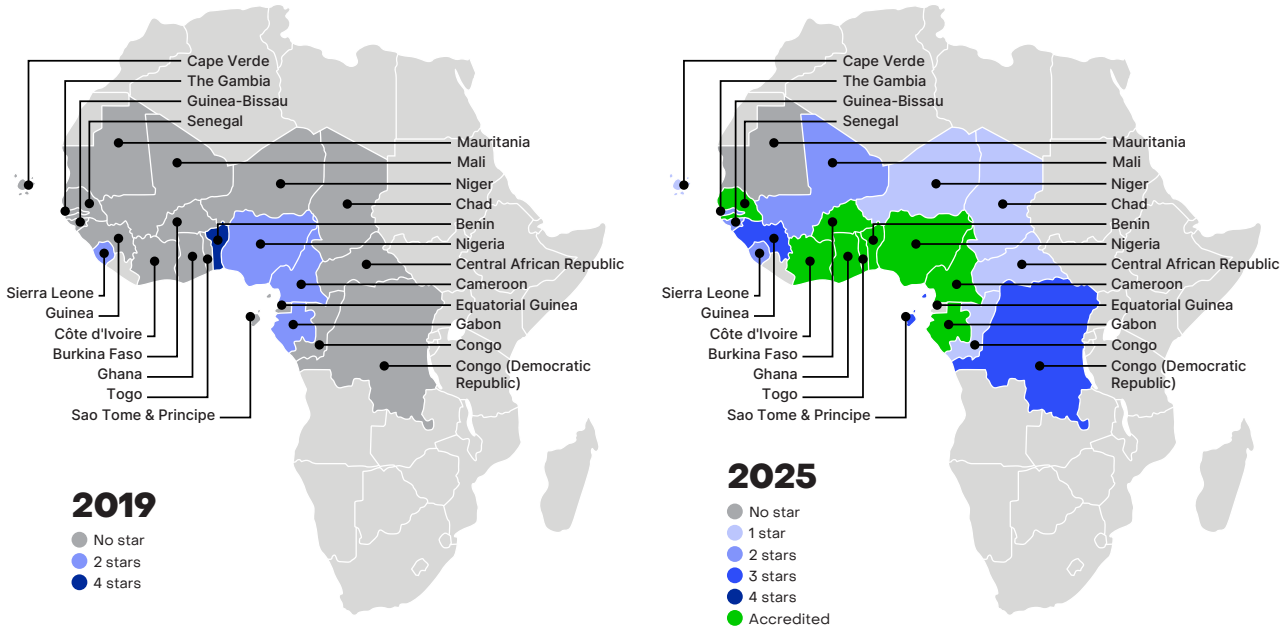
Global Fund investments in innovative tools and novel approaches to treating TB are paying off. TB treatments are becoming shorter, more effective and patient friendly. The Global Fund continues to support the rollout of shorter treatment regimens for drug-resistant TB, notably BPaL/M – an all-oral treatment that lasts just 6 months, rather than 18-24 months like other treatments – as well as a 4-month regimen for eligible children with drug-susceptible TB. These regimens improve treatment outcomes, reduce side effects, lower the burden on patients and health workers, and reduce costs for health systems.

Expanding access to drug-susceptibility testing and effective treatment remains essential to preventing mortality and the spread of resistant strains of TB. The Global Fund supports sample transportation systems, rapid molecular diagnostics and shorter, more tolerable treatment regimens so that people with drug-resistant TB can be diagnosed quickly, started on the right treatment, and successfully complete it.

The Global Fund also supports countries to integrate TB services into primary healthcare and broader health systems, including through screening and treatment platforms that bring together TB, HIV, diabetes, maternal and child health, nutrition and other services. Integrated diagnostic platforms, sample transport networks, community health workers and digital reporting systems reduce duplication, lower costs and make services more accessible to people who face the greatest barriers to care.

The TB-Lab project in West and Central Africa

Global Fund investments are strengthening high-quality TB diagnosis across the region by linking up national TB reference laboratories, improving efficiency through knowledge-sharing, quality-assurance systems and training.



Source: Supranational Reference Laboratory (SRL) in Cotonou, Benin.

A doctor attends to a family from the Tapy'i Kue Indigenous community during TB screening activities organized by ALVIDA, a civil society organization, together with Paraguay's National Tuberculosis Control Program. San Pedro Department, Paraguay.

The Global Fund/Johis Alarcón/Panos

Treating children

Children and adolescents continue to bear a significant share of the global TB burden, yet they remain underdiagnosed and underserved. Many children with TB are never identified or treated, often leading to preventable illness and death. It is more difficult to diagnose children with TB, in part because symptoms may be missed and children often struggle to produce sputum samples for testing.

The Global Fund supports countries in efforts to close these gaps by expanding access to child-friendly prevention, diagnostics and treatment. This includes digital radiology, rapid molecular testing, alternative sample types, contact investigation, simplified treatment decision algorithms, as well as pediatric formulations and shorter treatment regimens for eligible children.

In 2025, protecting pediatric TB services became even more important as funding cuts placed pressure on community outreach, contact tracing and diagnostic capacity. The Global Fund is working with countries to prioritize children within national TB programs and to

integrate pediatric TB services into family-centered care, HIV services, nutrition programs and primary healthcare. These investments help children receive timely diagnosis and treatment while strengthening health systems.

Delivering results

Working with governments, the private sector, health workers, civil society and communities, the Global Fund partnership has expanded access to lifesaving services and helped to reduce deaths from TB. In countries where the Global Fund invests, TB deaths fell by 43% between 2002 and 2024 and TB cases by 4%. Without these efforts, TB deaths would have increased by an estimated 121% and TB cases by 44% over the same period. The TB mortality rate has reduced by 60% and the incidence rate has declined by 33% since 2002.

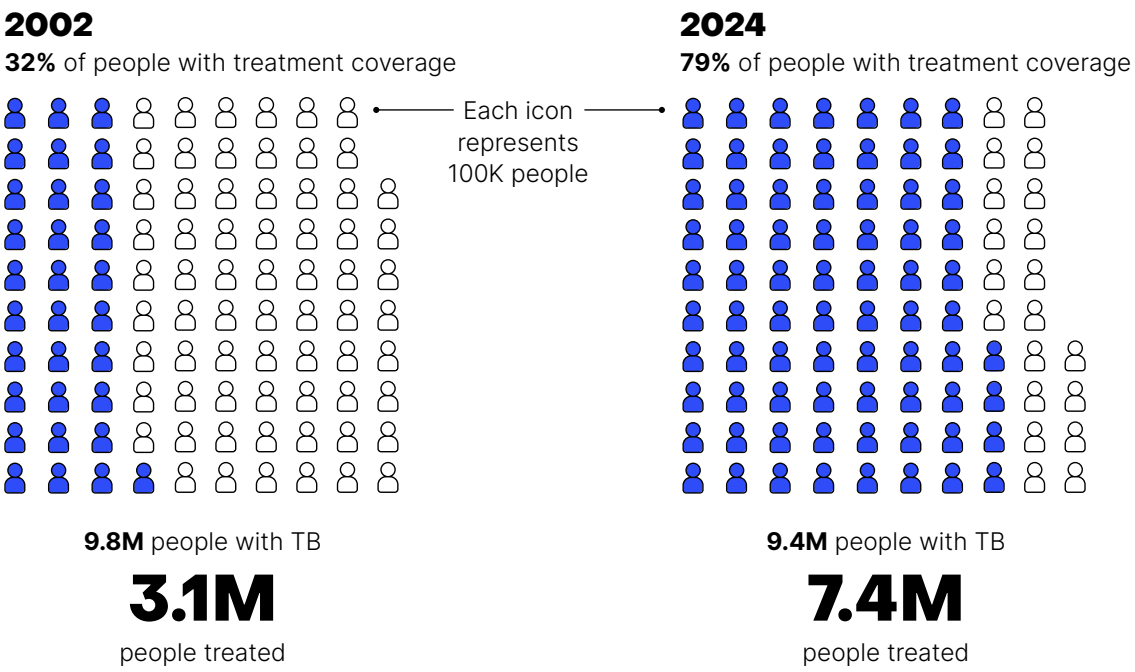
In 2025, Global Fund-supported TB programs treated 7.4 million people with TB, a 1.2% increase from 2024 despite significant headwinds facing the global TB response. In countries where we invest, 115,000 people were on treatment for drug-resistant TB, 3.5 million people who were in contact with TB patients received preventive treatment, and 1.5 million people living with HIV on ART initiated TB preventive treatment. These results show the scale and reach of our partnership, even as countries face compounding crises and pressure on health financing.

The impact of TB investments extends far beyond the disease itself. Investments in laboratory systems, diagnostic networks, surveillance, supply chains, health workers and community systems strengthen countries' ability to prevent, detect and respond to other health threats like Ebola and mpox. In 2025, these systems – which have been strengthened through more than two decades of Global Fund investment – supported countries to adapt to funding disruptions, maintain lifesaving services and continue reaching people most at risk. Years of work to integrate TB services with primary healthcare, HIV and broader disease programs provided a foundation for reprioritization efforts to improve efficiency and support sustainability.

People treated for TB

In countries where the Global Fund invests

People with TB with treatment coverage
People with TB without treatment coverage



TB treatment coverage can be approximated as the annual number of people newly diagnosed with TB and officially reported as a TB case divided by the estimated number of people who developed TB (incident cases) in the same year, expressed as a percentage. The data are from the WHO Global Tuberculosis Report 2025, in countries supported by the Global Fund over the past two funding cycles. Programmatic results published in other parts of this report are based primarily on data reported to the Global Fund in 2025.

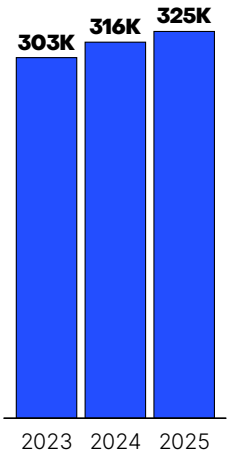
Bangladesh

Holding the line against TB despite mounting pressures

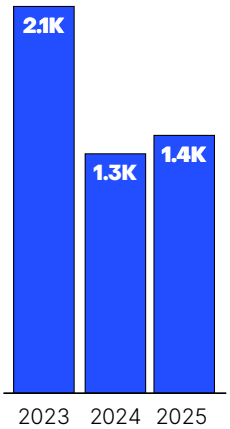
Bangladesh has demonstrated resilience in the fight against TB, maintaining steady programmatic results despite the significant challenges facing the TB response in 2025. Government and partner efforts continue to strengthen TB case-finding, expand access to diagnostics, reinforce supply chains, and drive innovation – helping to protect progress in the fight against TB. Bangladesh's resilience reflects the broader global TB response in 2025: Despite mounting pressures, countries continued to protect progress against TB through strong partnerships and sustained commitment.

Results by key service

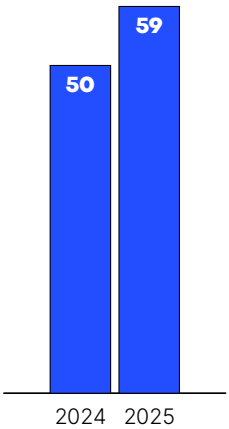
People treated for TB



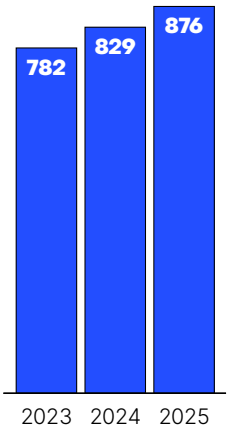
People treated for drug-resistant TB



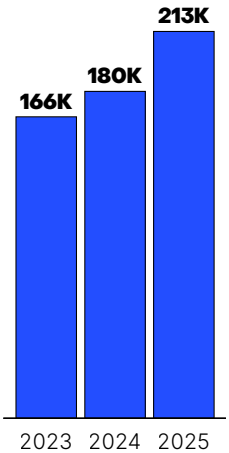
HIV+ TB patients on ART



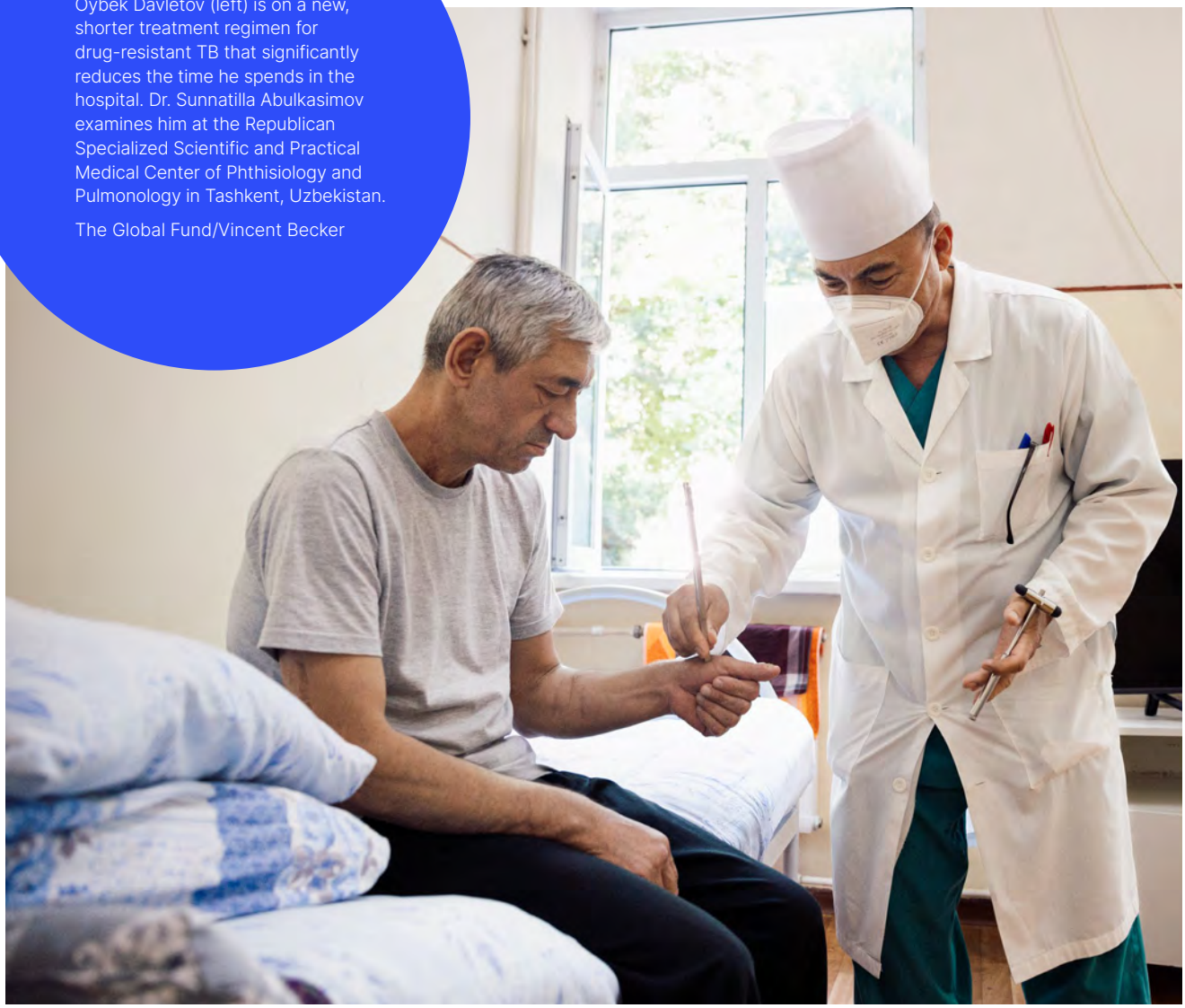
People living with HIV on ART who initiated TB preventive treatment



People exposed to TB receiving TB preventive treatment



Service results figures sourced from Global Fund grant reporting.



Oybek Davletov (left) is on a new, shorter treatment regimen for drug-resistant TB that significantly reduces the time he spends in the hospital. Dr. Sunnatilla Abulkasimov examines him at the Republican Specialized Scientific and Practical Medical Center of Phthisiology and Pulmonology in Tashkent, Uzbekistan.

The Global Fund/Vincent Becker

Opportunities to accelerate the fight

The fight against TB is at a pivotal point. Progress achieved since the Global Fund was created in 2002 shows what is possible when countries have the tools, financing and partnerships needed to deliver TB prevention, testing and treatment at scale. But the disruptions of 2025 show how quickly gains can be put at risk.

Innovation offers one of the clearest paths to protect progress and accelerate the fight. Near-point-of-care (NPOC) molecular tests provide a critical opportunity to close persistent gaps in TB detection and access. These tests can deliver results in under an hour, enable faster enrollment on treatment, reduce loss to follow-up and expand access for underserved populations. Because NPOC tests are portable and can operate with backup power, they can be used in local clinics and health centers without reliable electricity where many people with TB first seek care, helping more people receive a timely diagnosis closer to home.

With support from the Global Fund and CIFF, 13 countries are rolling out NPOC molecular tests through an Early Adopter initiative that will deliver nearly 3 million of these fast, accurate TB tests by the end of 2026. Catalytic philanthropic funding, including a US$50 million contribution from CIFF, is facilitating country access to this critical innovation earlier and more equitably, while making it more affordable and easier to scale. By bringing molecular TB testing closer to communities, countries will be able to detect more people with TB earlier and use scarce resources more efficiently. Many more countries are planning to adopt and scale up NPOC diagnostics in the coming years with support from Global Fund grants, and we are helping prepare for this expansion.

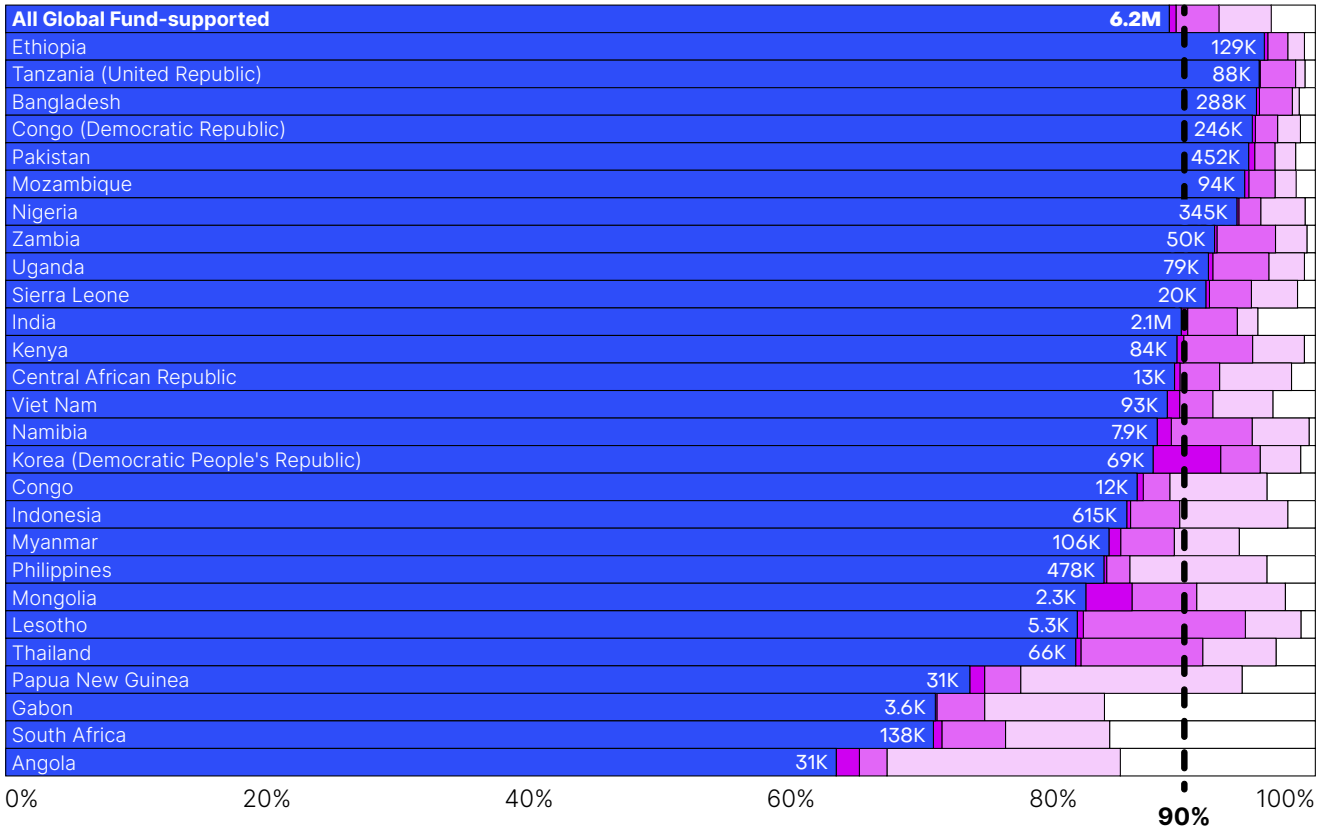
Alongside NPOC diagnostics, digital chest X-rays with AI-enabled computer-aided detection software are changing how countries screen for TB. The scale-up of this technology is one of the largest real-world deployments of AI-supported diagnosis in public health. Together with improved sample collection

TB treatment outcomes

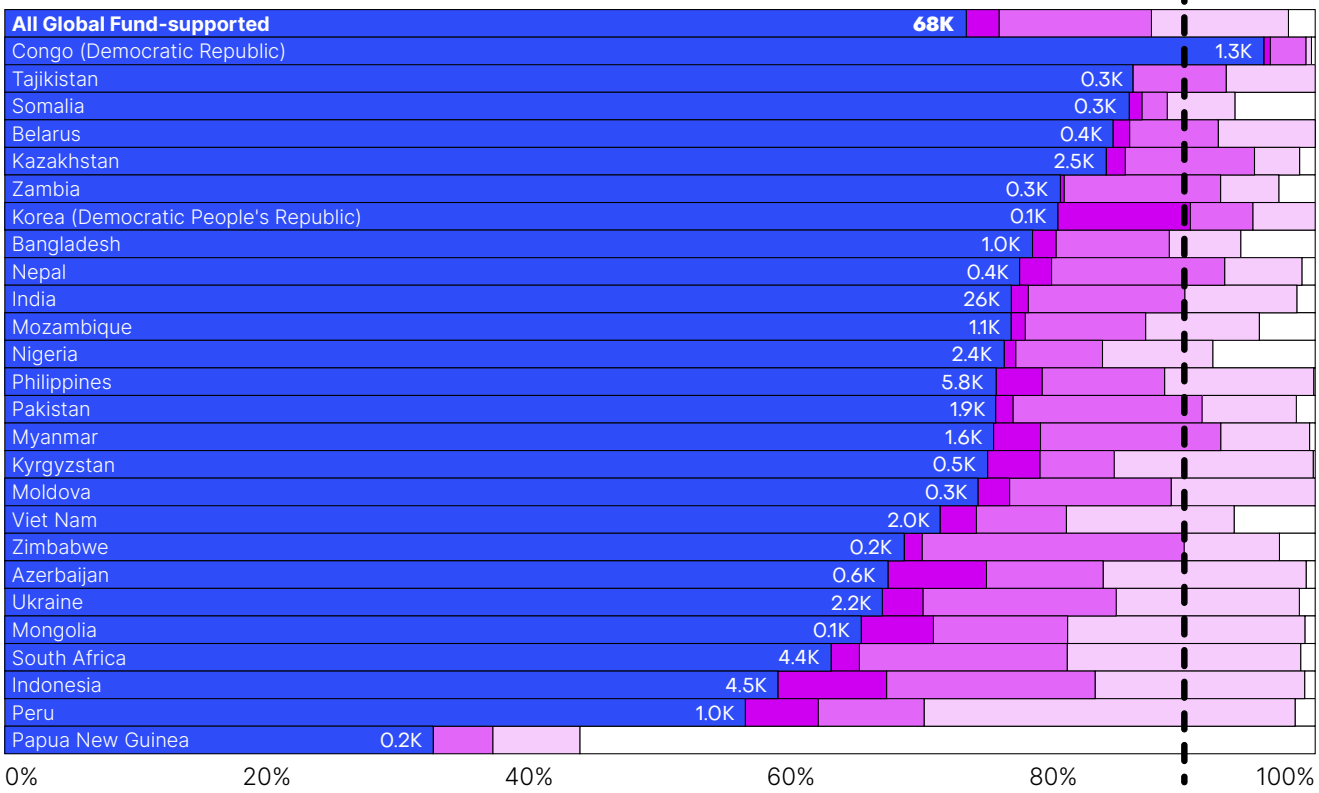
In WHO high-burden countries supported by the Global Fund

Treatment successful Failed Died Lost to follow-up Not evaluated

Drug-susceptible TB cases, 2023



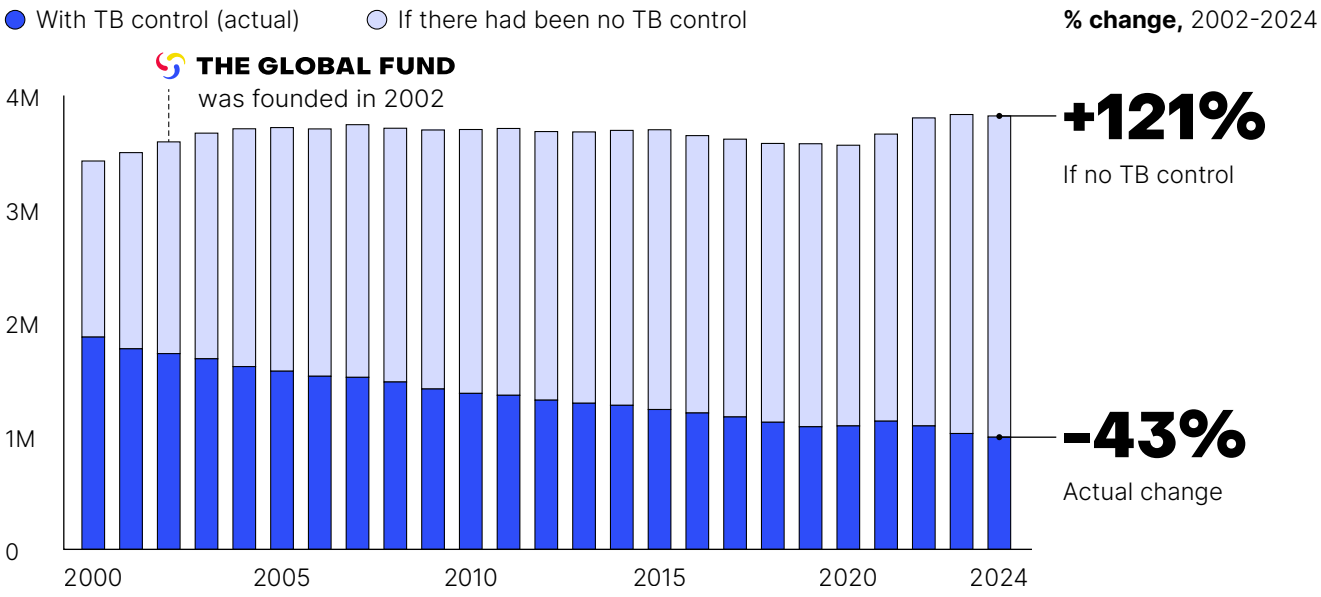
Drug-resistant TB cases, 2022



TB treatment outcomes for new and relapse TB cases, WHO list of high-burden countries. Source: WHO Global Tuberculosis Report 2025. No 2022 drug-resistant TB treatment outcome data are available for Angola or Uzbekistan at time of publication.

Trends in TB deaths (excluding HIV-positive)*

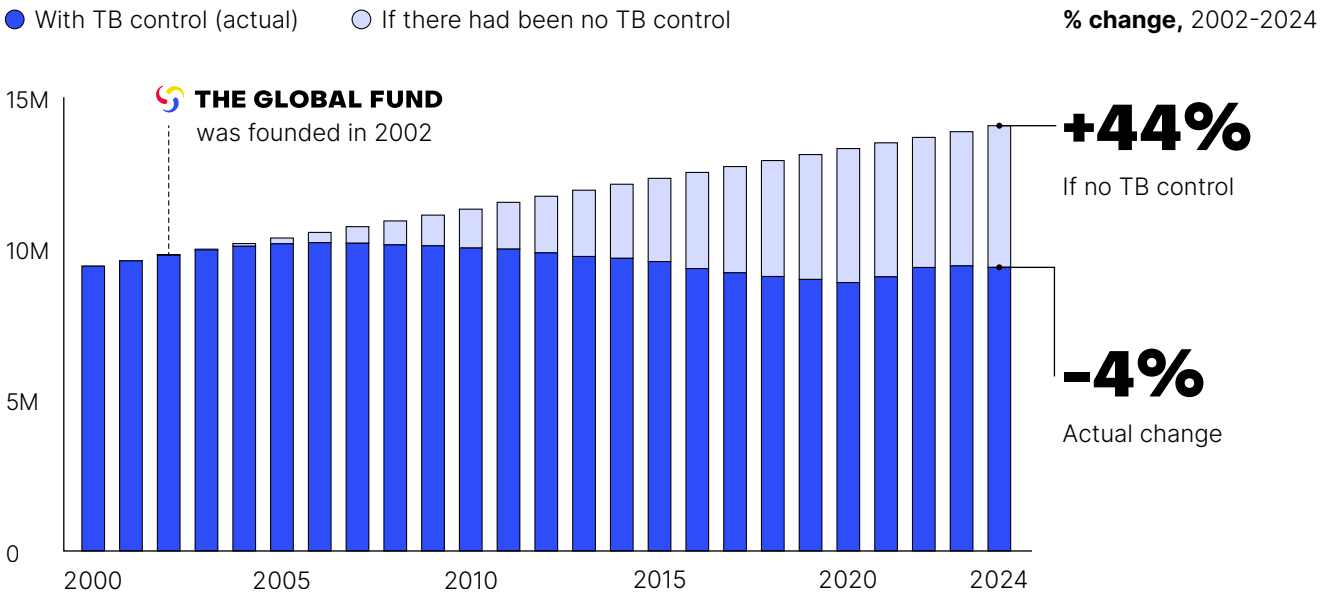
In countries where the Global Fund invests



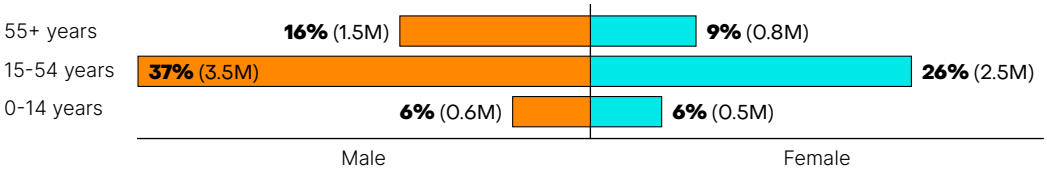
*While major control efforts for malaria and HIV began with the launch of the Millennium Development Goals in 2000, TB control efforts began much earlier. The counterfactual and actual results therefore diverged from each other much earlier, making this graph look considerably different than its HIV and malaria counterparts.

Trends in new TB cases (all forms)

In countries where the Global Fund invests



Age-sex breakdown, 2024
(9.4M new TB cases)

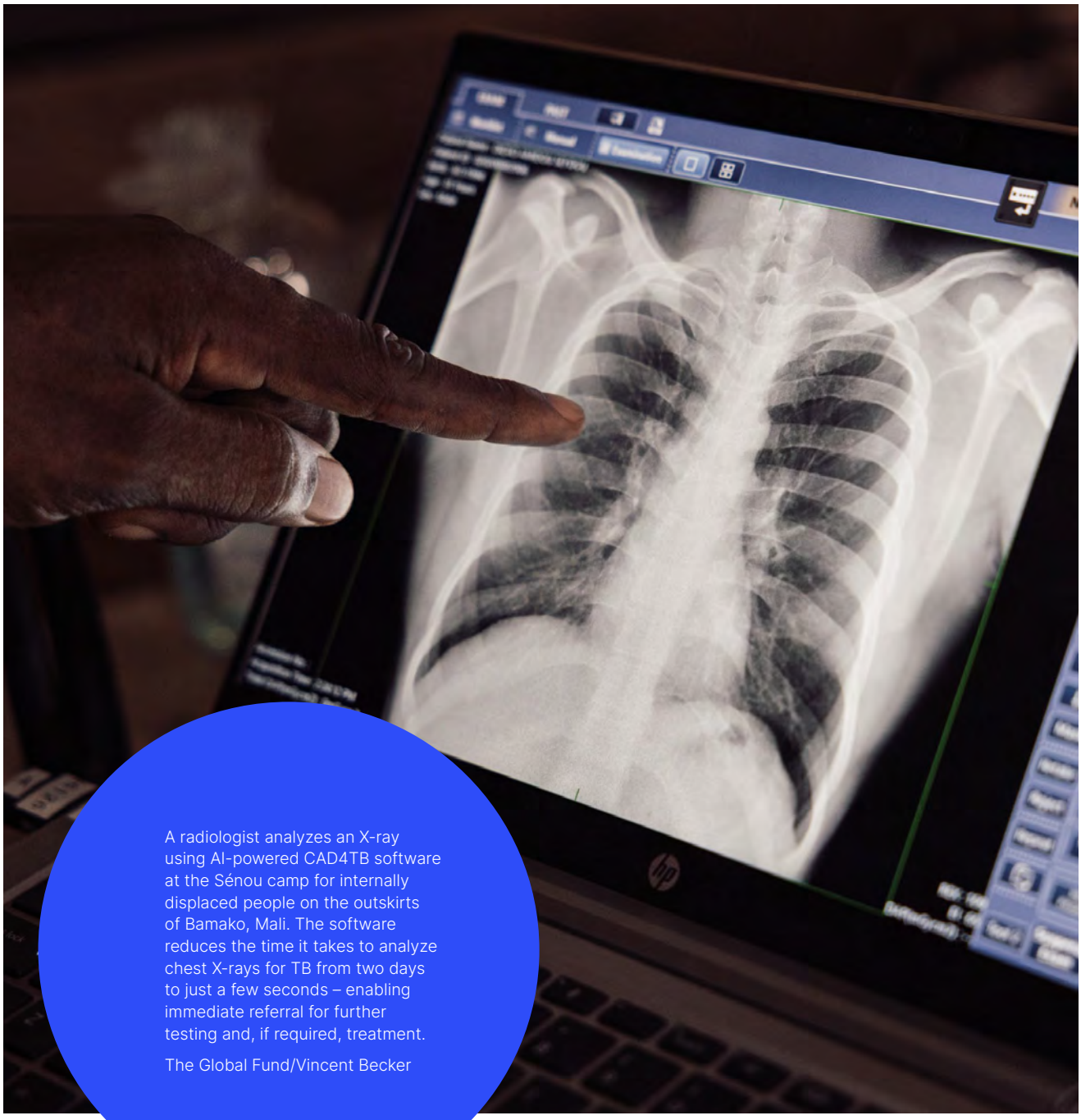


The TB burden estimates are from the WHO Global Tuberculosis Report 2025. The estimation of "no TB control" trends for TB deaths from WHO and for new TB cases is based on the assumption of a constant trend in new TB cases since 2000.

methods, sputum pooling, shorter treatment regimens and stronger digital systems, these innovations help countries build more people-centered, cost-effective and sustainable TB programs. Looking ahead, TB vaccines and long-acting preventive medicines offer major opportunities to strengthen prevention and accelerate progress against the disease. To maximize their impact, countries will need the resources and capacity to select and combine the interventions best suited to their TB burden and local context.

By supporting countries to prepare for new tools before they are introduced, including through demand planning, procurement readiness, policy updates and implementation support, the Global Fund helps accelerate uptake when innovations become available. This early preparation, combined with aggregating demand, accelerating procurement and supporting early introduction, can help lower prices, expand access and support countries to sustain TB services over time, even in a tighter funding environment.

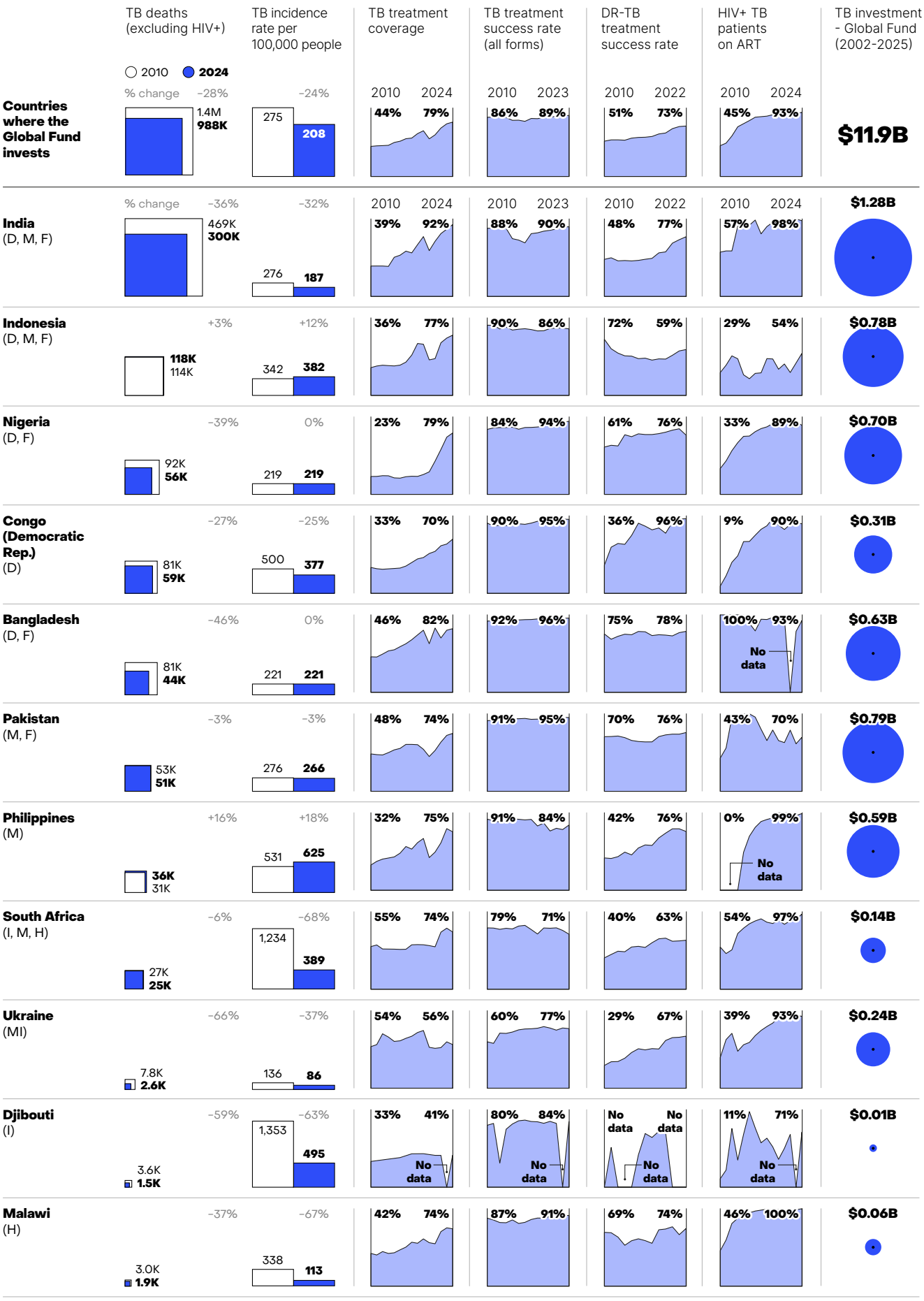
TB is preventable, treatable and curable, but ending it will require resilient systems, trusted community and private sector networks, reliable laboratories, strong supply chains, trained health workers and financing that matches the scale of the challenge. With innovation, efficiency and country leadership, the world can protect hard-won gains and accelerate progress toward ending TB as a public health threat. ●

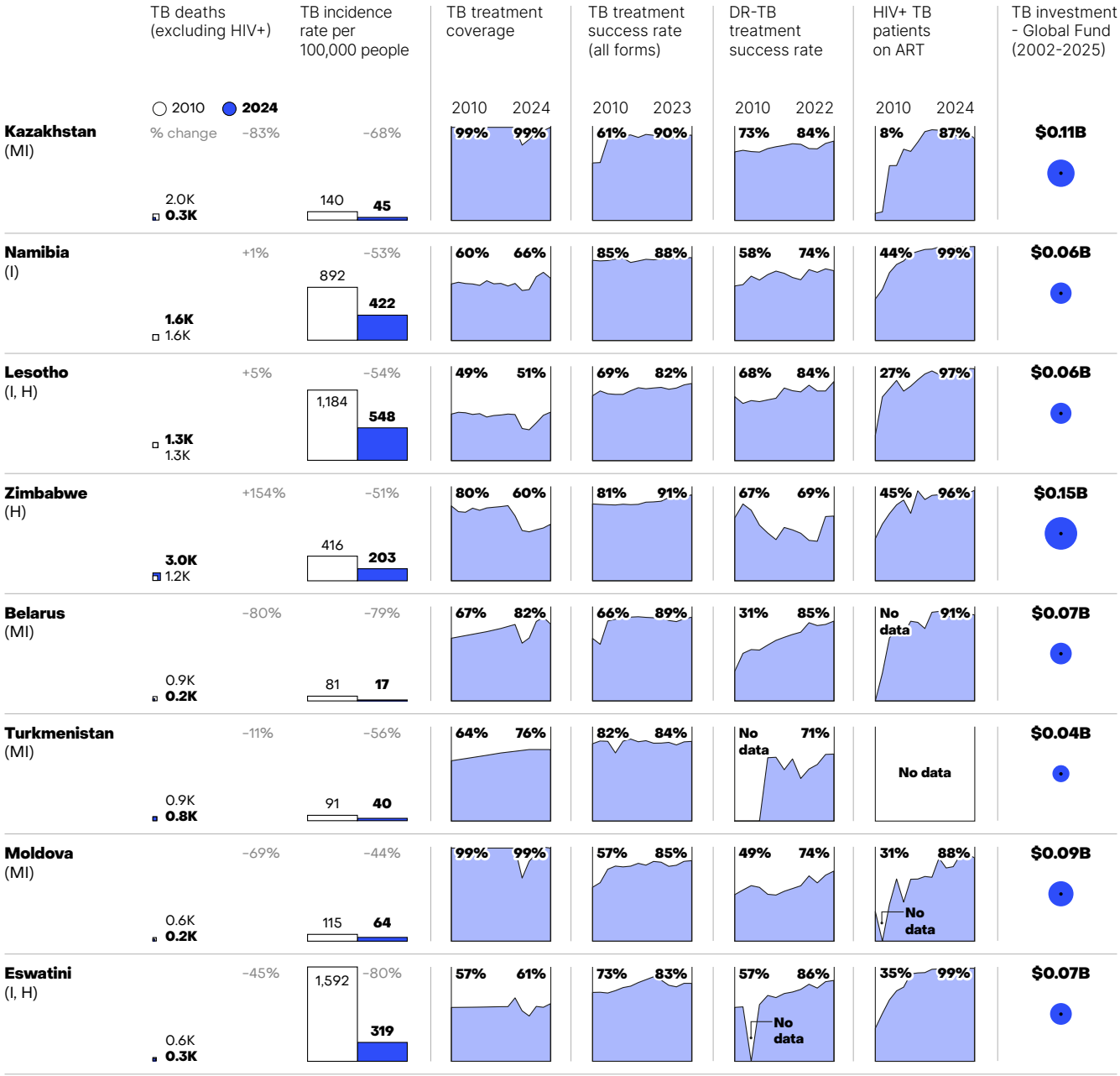


A radiologist analyzes an X-ray using AI-powered CAD4TB software at the Sénou camp for internally displaced people on the outskirts of Bamako, Mali. The software reduces the time it takes to analyze chest X-rays for TB from two days to just a few seconds – enabling immediate referral for further testing and, if required, treatment.

The Global Fund/Vincent Becker

Investment and impact: TB





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 are based on estimates published in the Global Tuberculosis Report 2025 at https://www.who.int/tb/data/en/, except Global Fund disbursements, which are available on the Global Fund Data Explorer.

1. Countries listed on this page were selected based on six criteria:
   - Being among the top-5 countries with the highest number of TB deaths (excluding HIV+) in 2010 (D).
   - Being among the top-5 countries with the highest TB incidence rate in 2010 (I).
   - Being among the top-5 countries with the highest number of drug-resistant TB (DR-TB) cases in 2024 (M).
   - Being among the top-5 countries with the highest ratio of the estimated number of DR-TB cases to the estimated number of new TB cases in 2024 (MI).
   - Being among the top-5 countries receiving the highest amount of funding from the Global Fund from 2002 to end December 2025 to support TB programs (F).
   - Being among the top-5 countries with the highest estimated HIV prevalence among incident TB cases in 2010 (H).

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 TB programs and have reported programmatic results over the past two cycles. These countries received US$11.9 billion from 2002 to end December 2025 to support TB programs and a portion of joint HIV/TB programs and multicomponent grants. Additionally, they received US$1.6 billion in cross-cutting support across the three diseases, resulting in a total of US$13.5 billion. Countries and/or programs previously supported by the Global Fund had received US$995 million since 2002, resulting in a total disease-specific investment of US$12.9 billion.

3. In line with the Global Fund's results reporting methodology, this chart reflects the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international.

Case Study

The Global Fund/Jason Mulikita

Expanding Diagnostics

Fast, portable tests could transform the fight against TB

Diagnosing people most at risk of TB has long been one of the greatest barriers to ending the disease. But new near-point-of-care (NPOC) tests now offer a transformative solution by bringing rapid and accurate diagnosis to the hardest-to-reach and the most remote communities.

These new, portable devices deliver fast and reliable results without requiring complex laboratory infrastructure or highly specialized staff. They can be used easily in primary health centers, where most people with TB first seek care, and in many settings, they will bring molecular diagnosis to hard-to-reach communities for the very first time.

By replacing smear microscopy with far more accurate molecular testing, countries will be able to detect many more people with TB who would otherwise be missed – enabling earlier treatment, better outcomes, and reduced transmission.

These tests complement existing molecular testing tools like GeneXpert, which remain essential for performing additional reflex testing following a positive NPOC test result and diagnosing drug-resistant TB.

In 2025, the NPOC tests moved rapidly from the research pipeline into formal review. Following the WHO recommendation in March 2026, the Global Fund has been acting quickly to translate this breakthrough into impact.

Through a catalytic Early Adopter initiative, supported by CIFF and implemented by the Aurum Institute, the Global Fund is partnering with 13 countries – Bangladesh, Benin, Cameroon, Ethiopia, Indonesia, Kenya, Nigeria, Peru, the Philippines, South Africa, Uganda, Viet Nam and Zambia – to roll out nearly 3 million tests by the end of 2026. Now available at affordable pricing, the new tests make decentralized, high-quality molecular diagnostics possible at scale – creating a first-of-its-kind opportunity to transform the fight against TB, if rapidly and widely deployed.

Mother-of-six Yusuf Yasirat with her insecticide-treated mosquito net in Kaduna State, Nigeria. With support from the Global Fund, in 2025 approximately 14,000 logisticians, community mobilizers and distributors across Kaduna State implemented a 1-month campaign to reach 8 million people with nets and 2.2 million young children with medicine to prevent malaria.

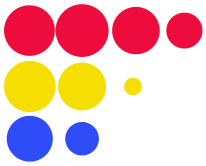
The Global Fund/Andrew Esiebo

State of the Fight

Malaria

This chapter highlights the latest efforts of the Global Fund partnership to accelerate progress toward ending malaria. Malaria is at risk of resurging under the weight of multiple, overlapping crises. A convergence of biological, environmental and humanitarian crises is putting millions of lives at risk and threatening to erode years of progress. Countries and partners are adapting strategies to reach those most affected and adopting new tools to respond.

With countries in the lead, the Global Fund is swiftly responding to the ongoing challenges in the fight against malaria and protecting the people most at risk from the disease.



The challenge

The fight against malaria is more precarious than at any point in recent years. Millions of lives are at risk: In 2024[7] alone, there were an estimated 282 million cases and 610,000 deaths globally, with the vast majority occurring in sub-Saharan Africa. Children under 5 accounted for almost 75% of deaths in countries supported by the Global Fund, and pregnant women remain particularly vulnerable.

Progress against the disease is being undermined by a convergence of threats. Antimalarial drug resistance is emerging in multiple regions, including artemisinin partial resistance in Africa – presenting one of the biggest threats to the global malaria response in a region that accounts for 94% of malaria cases and 95% of deaths. At the same time, malaria parasites are evolving in ways that allow them to evade detection by standard rapid diagnostic tests, and insecticide resistance is reducing the effectiveness of key prevention tools.

Rapid population growth is increasing the number of people at risk for malaria, while conflict, insecurity and humanitarian crises are increasing forced displacement, disrupting timely diagnosis, treatment, and vector control across a number of countries where the Global Fund invests. Damaged health infrastructure, population displacement to high-risk environments, and constrained access to prevention and care are having a profound impact on the malaria response: In Myanmar, Sudan, Yemen and parts of the Sahel, weakened surveillance, fractured supply chains, conflict and other humanitarian crises are further heightening the risk of preventable illness and death.

Extreme weather events are driving sharp increases in malaria cases and deaths in places affected by flooding and major storms. Changing weather patterns are expanding mosquito habitats and exposing new communities to infection. The spread of *Anopheles stephensi*, a highly adaptable mosquito species, is contributing to urban malaria transmission.

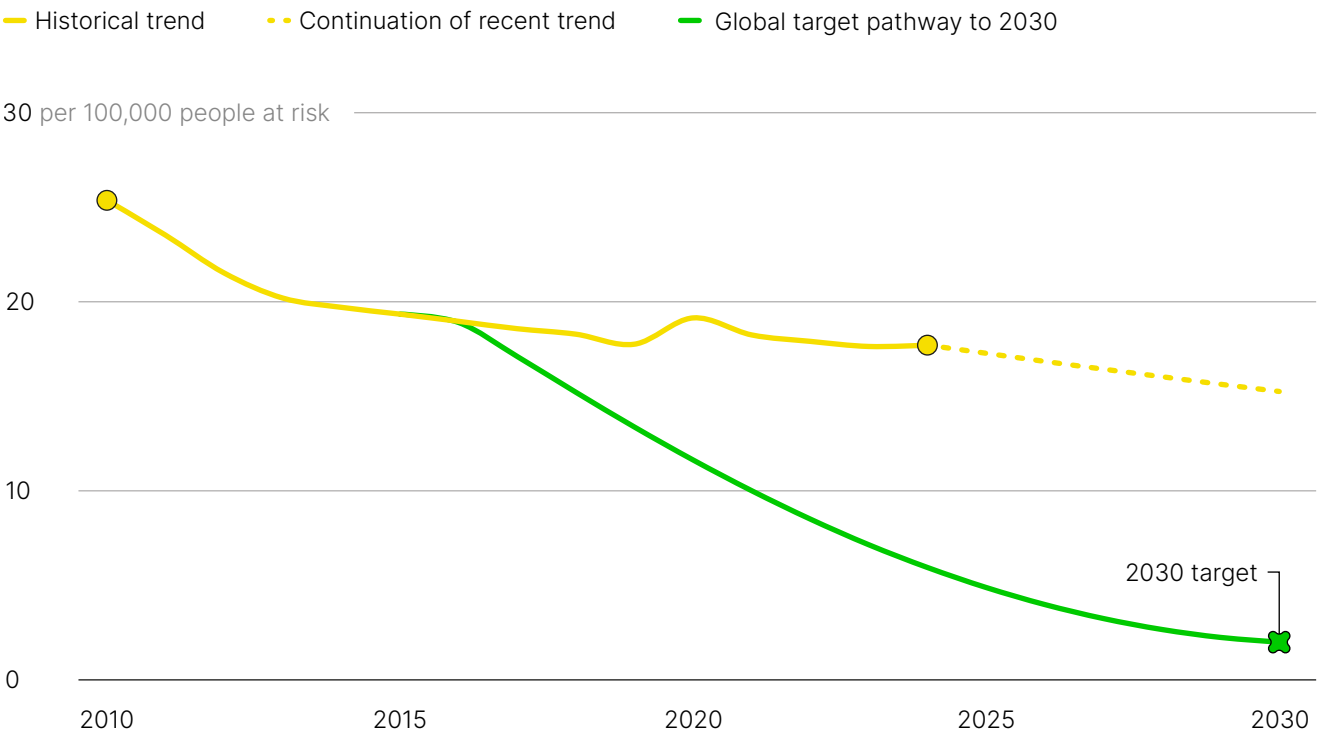
These factors, combined with persistently inadequate funding, have stalled progress against malaria. The abrupt reductions in external funding in 2025 have triggered further reversals.

Many countries reported stock-outs of essential malaria medicines and delays in the implementation of time-sensitive interventions, including vector control and seasonal malaria chemoprevention campaigns ahead of the rainy season. Efforts to monitor and respond to drug and insecticide resistance stalled in several high-burden settings, just as they were most needed. What was already a difficult, uneven fight has become more daunting still: We risk reversing hard-won gains in the fight against malaria. With countries in the lead, the Global Fund is swiftly responding to these ongoing challenges and fighting back against the disease.

7. This report uses the most up-to-date malaria burden estimates from WHO at the time of publication. For further information on the data sources used in this report, please see the Note on Methodology.

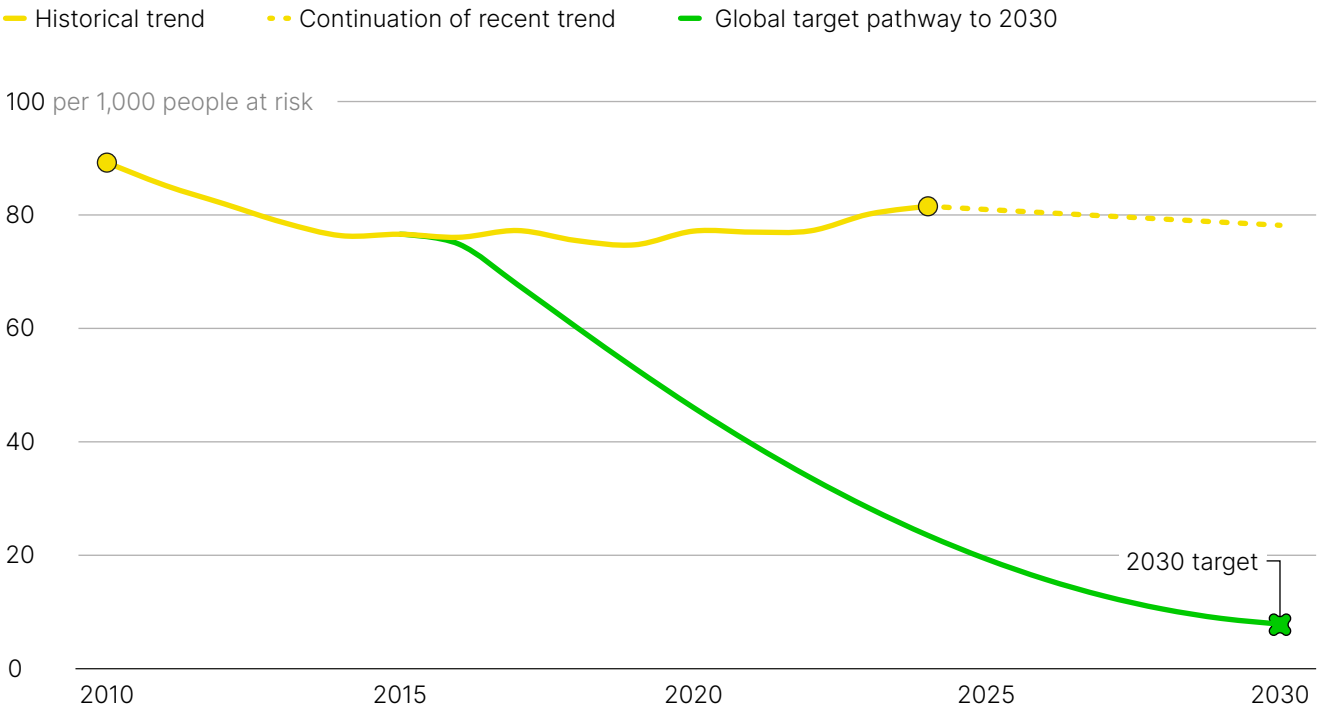
Malaria mortality rate: progress toward the WHO target

In countries where the Global Fund invests



Malaria incidence rate: progress toward the WHO target

In countries where the Global Fund invests



"Continuation of recent trend" projection is based on recent trends (10 years), excluding years affected by COVID-19. "Global target pathway to 2030" is based on targets from the WHO Global Technical Strategy for Malaria (2021 update). Countries that have recently received Global Fund malaria funding and have reported programmatic results over the past two cycles. World Malaria Report 2025 data.

The Global Fund's response

The Global Fund partnership provides 57%[8] of all international financing for malaria programs and has invested US$21.4 billion in the fight against malaria as of 30 June 2026. The burden of malaria is concentrated in fragile and conflict-affected settings, accounting for around 63% of global cases. Countries and regions facing humanitarian crises receive the largest proportion of Global Fund investments for malaria funding: US$2.1 billion of the US$3.9 billion total (53%) available in Grant Cycle 7 (2023-2025). In 2025 and 2026, emergency funding for malaria programs was sent to the Democratic Republic of the Congo, Mozambique and Myanmar.

In 2025, we supported countries to reprioritize investments and optimize available resources to sustain lifesaving malaria programs. We guided countries through strategic funding decisions across case management and prevention, with the aim of maintaining cost-effectiveness while reducing the risk of outbreaks that could overwhelm fragile health systems. This included identifying the most efficient delivery approaches and focusing malaria prevention interventions on populations at greatest risk, including those living in hard-to-reach and conflict-affected settings.

The Global Fund is supporting countries to strengthen prevention, expand access to care, ensure the essentials of disease surveillance, and diversify treatment approaches, including the use of multiple first-line therapies to protect the effectiveness of existing medicines. We are leveraging our market-shaping power to ensure that a wider range of quality-assured antimalarials are affordable and accessible to those who need them most. We are also preparing for the introduction of next-generation treatments as they become available and strategizing for the future deployment of new vector control tools, such as spatial repellents and next-generation insecticide-treated mosquito nets.

Across all investments, the Global Fund continues to reinforce the health and community systems that underpin malaria programs, promoting integration and ensuring that both existing tools and new innovations can be delivered at scale and with impact.

Prevention

Prevention is the cornerstone of the malaria response. In 2025, to avoid increases in avoidable infections and deaths, the Global Fund worked with countries to prioritize sustaining existing insecticide-treated mosquito net coverage – an essential vector control tool – as much as possible, distributing 196 million nets.

Some countries, including Ghana, Guinea, Mozambique, Nigeria and Senegal, prioritized rural areas with the most vulnerable and high-risk populations for mass mosquito net campaign distributions, and did not include urban areas at low risk in their campaigns, largely due to budget constraints. Urban populations instead relied on routine net distributions. This targeted approach maintained coverage in the highest-risk areas. Countries also adapted how at-risk populations were able to access the nets – designing door-to-door and fixed-point distribution campaigns depending on the context to optimize efficiency. Countries implemented several other adaptations, including reducing the number of training and supervision days and increasing the number of households visited per day by net distributors. Coverage monitoring activities were also scaled back. For countries that conducted mass mosquito net distribution campaigns in 2025, many distributed more nets than in their previous campaigns. However, despite these increases, more than half fell short of their planned targets due to supply chain challenges and abrupt international funding cuts. Fewer nets were distributed through routine channels than in 2024 (noted in 41% of countries where the Global Fund invests). Given that traditional large-scale surveys were not able to move forward, and alternative methods of assessing coverage and use are not yet at scale, countries do not have the data to assess whether they achieved sufficient coverage and usage through this modified approach.

As the effectiveness of traditional tools and vector control is being challenged by insecticide resistance, the Global Fund partnership is scaling up innovative solutions. Dual AI insecticide-treated mosquito nets, introduced to overcome resistance to a single insecticide, have been widely adopted by countries supported across the Global Fund partnership. Following the WHO recommendation in 2023, these nets now make up 78% of the insecticide-treated nets procured through the Global Fund's Pooled Procurement Mechanism in Grant Cycle 7 (2023-2025), representing a rapid transition at scale. With support from the Revolving Facility – an innovative financing mechanism launched by the Global Fund and the Gates Foundation in 2023 – the Global Fund was able enter into volume guarantees with manufacturers and offer dual AI nets at lower prices, which increased demand at country level and has led to new suppliers entering the dual AI net market. Despite a reduced funding envelope in 2025, countries continued procuring these superior nets, choosing not to revert to cheaper, less effective nets even if doing so would have allowed them to obtain higher volumes.

8. Based on the availability of data, the Results Report uses data from 2024. Recent, significant funding shifts in international financing for malaria may significantly impact the share of the Global Fund's contribution to overall international malaria financing.

Key Results

In countries where the Global Fund invests

196M

Insecticide-treated mosquito nets were distributed to protect families from malaria in 2025.

52.1M

Children received seasonal malaria chemoprevention in 2025.

55%

Coverage of the **population with access to an insecticide-treated mosquito net** increased from 29% in 2010 to 55% in 2024. Global target: Universal access to vector control for populations at risk.

367M

Suspected cases of malaria were tested in 2025.

19.9M

Pregnant women received preventive treatment in 2025.

167M

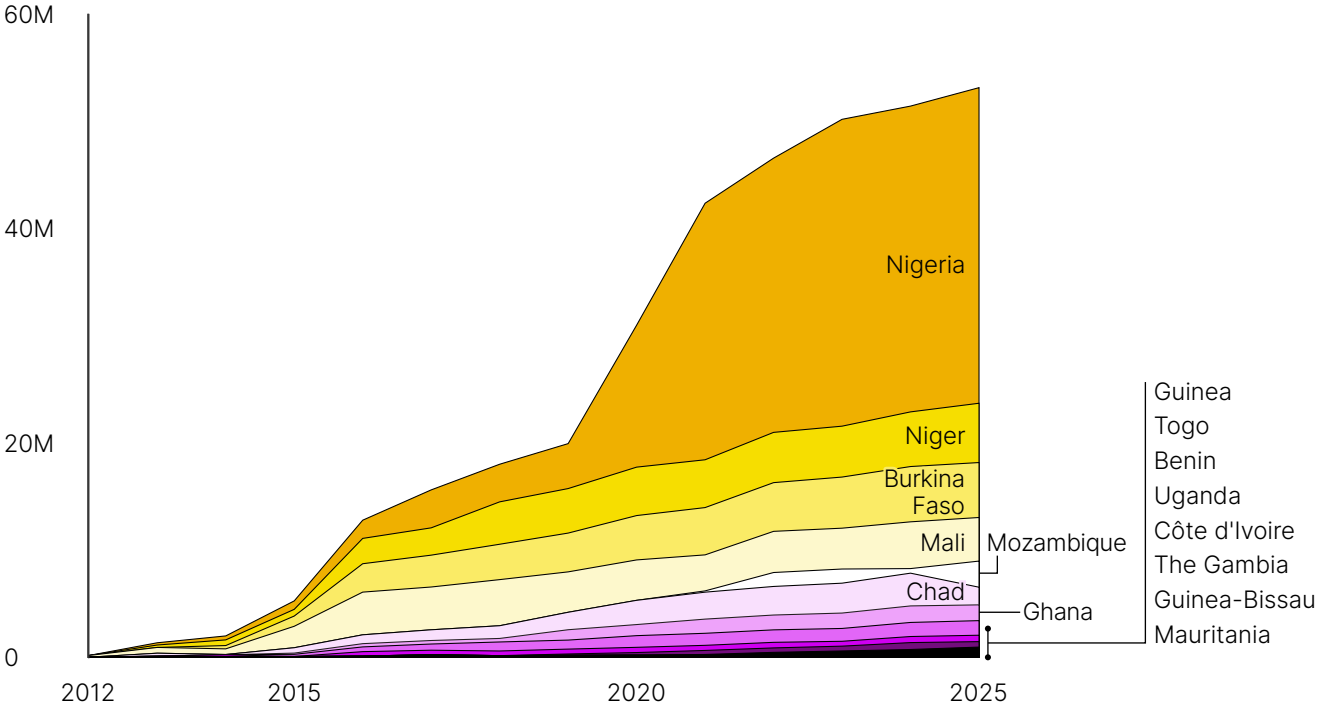
Cases of malaria were treated in 2025.

25.8M

People were protected by indoor residual spraying in 2025.

Children covered by seasonal malaria chemoprevention

In countries where the Global Fund invests



Source: Medicines for Malaria Venture data 2026. This graph shows total national results of the average number of children receiving seasonal malaria chemoprevention (SMC) across the planned number of cycles. Global Fund programmatic results for SMC elsewhere in this report refer to the number of children who received the full number of SMC courses during the transmission season. In addition, programmatic results may refer to specific geographic areas supported by the Global Fund within a country.

Prevention in women and children

Children under 5 continue to bear the highest risk for severe malaria and death. For women who are pregnant, there are serious risks to the fetus as well as to the woman herself, making focused and tailored malaria prevention essential.

In 2025, 52.1 million children received the full schedule of seasonal malaria chemoprevention, a highly effective intervention that helps prevent illness during peak transmission periods. Given the importance of protecting young children, countries are leveraging seasonal malaria chemoprevention campaigns to provide integrated services, such as zero-dose vaccine checks, malnutrition screening, and vitamin A supplementation, as well as integrating additional malaria interventions, such as insecticide-treated net distribution. Ghana and Nigeria were the first countries to implement integrated net distribution and seasonal malaria chemoprevention campaigns. In 2025 the Global Fund also prioritized stronger integration of malaria care as part of antenatal care services. In some countries, access to and use of antenatal services remains challenging – the Global Fund is responding with focused investments to increase antenatal care access. In 2025, 19.9 million pregnant women received at least three doses of intermittent preventive treatment in pregnancy (IPTp) to protect both themselves and their fetuses from malaria-related complications. Women who received at least three doses of IPTp ranged from 40% to 94% across the countries where the Global Fund invests, with the Republic of the Congo demonstrating the strongest performance.

Ensuring early and consistent use of preventive services is essential to reducing mortality and accelerating progress toward ending malaria for good. In 2025, countries leveraged low-cost community platforms, such as trusted antenatal and postnatal groups, to promote social and behavioral change, and to support women's decision-making power for their own health and their children's health.

Testing and treatment

Prompt diagnosis and effective treatment are critical to saving lives and reducing malaria transmission. In countries where we invest, 367 million suspected cases of malaria were tested and 167 million cases were treated in 2025. The Global Fund aimed to ensure uninterrupted access to early diagnosis and effective treatment despite a decline in funding.

Artemisinin-based combination therapies (ACTs) remain the backbone of malaria treatment, but signs of drug-resistance in some regions underscore the need for

multiple effective treatment options to stay ahead of this evolving threat. We are working with partners to promote the availability of diversified treatment options at the country level, including the adoption of multiple first-line therapies as part of the broader antimalarial drug-resistance response. Modeling suggests that multiple first-line therapies may help countries protect effective malaria treatments by reducing over-reliance on any single ACT and lowering the risk of future treatment failure.

However, turning these strategies into reality has been difficult because alternative ACTs such as artesunate-pyronaridine (ASPY) and dihydroartemisinin-piperaquine (DP) have remained two- to three-times more expensive than artemether-lumefantrine, largely due to a low-demand, high-price cycle that keeps these options out of reach for many countries. To address affordability and access challenges like these, the Global Fund introduced the Access Fund – a co-payment mechanism under our NextGen Market Shaping Strategic Initiative. For malaria, the Access Fund utilizes catalytic financing to narrow the price gap, stimulate country demand, and support accelerated price reductions, building a more sustainable market for diversified antimalarials. The Access Fund is supporting the rollout of multiple first-line therapies in Burkina Faso, Ghana, Kenya, Malawi, Nigeria and Uganda. This includes the introduction and scale-up of ASPY and DP to diversify treatment options and reduce country reliance on a single ACT regimen.

Through the Access Fund, the Global Fund is helping translate these country-led plans into implementation by making alternative ACTs more affordable and supporting implementation readiness and aligning partner support around national priorities. To date, the Access Fund has supported countries to procure over 15 million alternative ACT treatments. The volumes generated by this support were utilized to negotiate improved pricing, resulting in US$2.2 million in savings for these alternative ACTs in Access Fund-supported countries.

Artemisinin-based combination therapies are the backbone of malaria treatment. Through the Access Fund, the Global Fund uses catalytic financing to make these lifesaving medicines more affordable and accessible in malaria-endemic countries.

The Global Fund/Vincent Becker

Delivering results

In countries where the Global Fund invests, malaria deaths dropped by 27% between 2002 and 2024, even though the population at risk for malaria in these countries increased by 48%. Between 2002 and 2024, malaria cases in countries supported by the Global Fund increased by 16%. Without malaria control measures, cases would have increased by an estimated 85%, and deaths would have increased by an estimated 99% over the same period. Between 2002 and 2024, the malaria incidence rate dropped by 22%, and the malaria mortality rate dropped by 51% in countries where the Global Fund invests.

The Global Fund is also supporting malaria elimination efforts in 21 countries across Asia, Africa and Latin America. Even under very challenging circumstances, progress is never fully out of reach: In 2025, Georgia, Suriname and Timor-Leste were certified malaria-free by WHO, joining a growing group of countries that have successfully eliminated malaria through sustained investment in prevention, diagnosis and treatment.

Opportunities to accelerate the fight

Innovation – across both products and programming – plays a critical role in accelerating the fight against malaria. Strong, sustainable health and community systems are also fundamental to delivering innovative tools and approaches effectively.

Protecting the effectiveness of malaria interventions, particularly in the face of growing resistance, requires continued investment in new solutions. This includes expanding the pipeline of active ingredients for vector control and advancing novel antimalarial medicines, such as ganaplacide-lumefantrine and triple artemisinin-based combination therapies (TACTs). Ganaplacide-lumefantrine could introduce a new non-artemisinin class, marking a potentially important addition to a future treatment portfolio after more than two decades of reliance on ACTs. It has already met its clinical Phase 3 primary endpoint, marking an important step toward regulatory and normative review. TACTs are also being evaluated in a Phase 3 clinical trial, by combining an artemisinin and two partner drugs in a fixed-dose combination. Together, these innovations could strengthen the malaria treatment portfolio, making it better able to stay ahead of antimalarial drug resistance. The Global Fund will work with countries and partners to help ensure timely, affordable and equitable access to these tools as they advance.

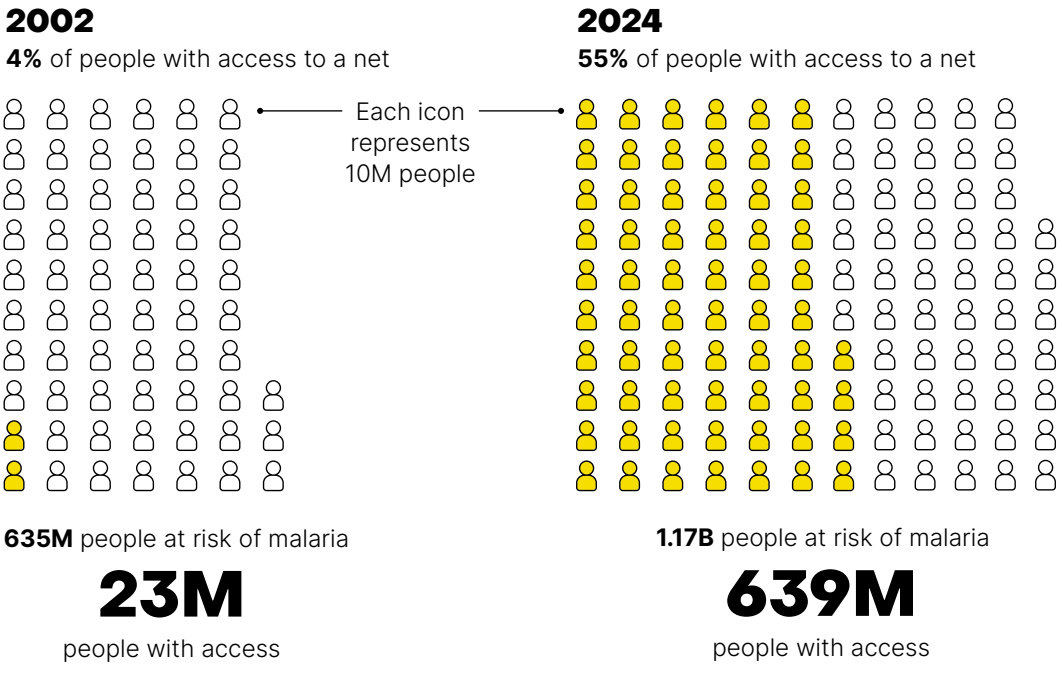
Innovations are also improving protection for vulnerable groups. The first WHO-prequalified pediatric primaquine

People with access to an insecticide-treated mosquito net

In sub-Saharan African countries where the Global Fund invests

People with access to an insecticide-treated mosquito net

People without access to an insecticide-treated mosquito net



Source: WHO/Malaria Atlas Project estimates 2025 (38 African countries for which data are available).

Ethiopia

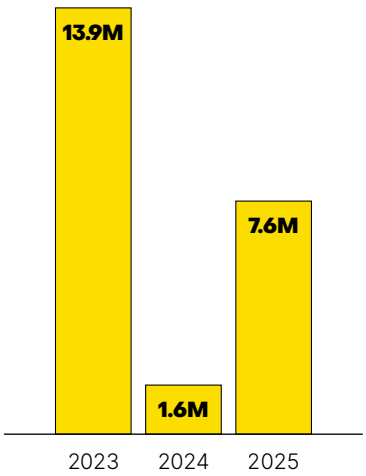
A robust response to protect hard-won progress against malaria

Following a malaria resurgence from 2022 to 2024, Ethiopia mounted a coordinated, Ministry of Health-led response, implementing lifesaving interventions in high-burden districts that included strengthening surveillance and diagnostics and expanding the distribution of dual AI insecticide-treated mosquito nets.

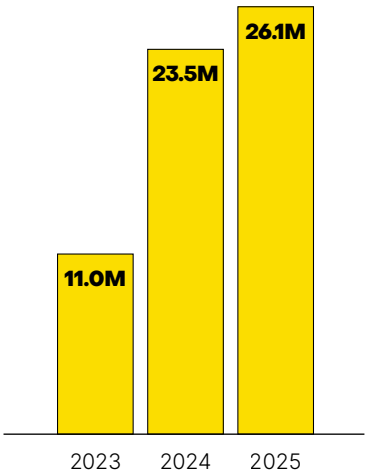
These measures have reinforced the country's resilience against the disease and played a critical role in protecting hard-won progress and sustaining gains against malaria, even amid the significant disruptions caused by funding cuts in 2025.

Results by key service

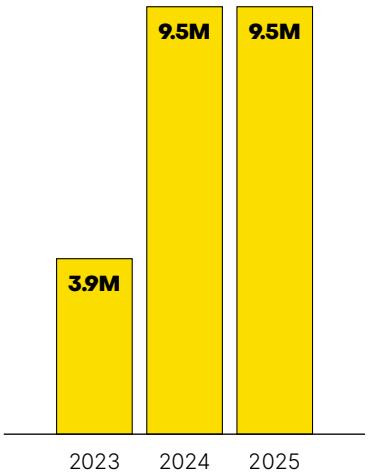
Insecticide-treated mosquito nets distributed



Suspected cases of malaria tested



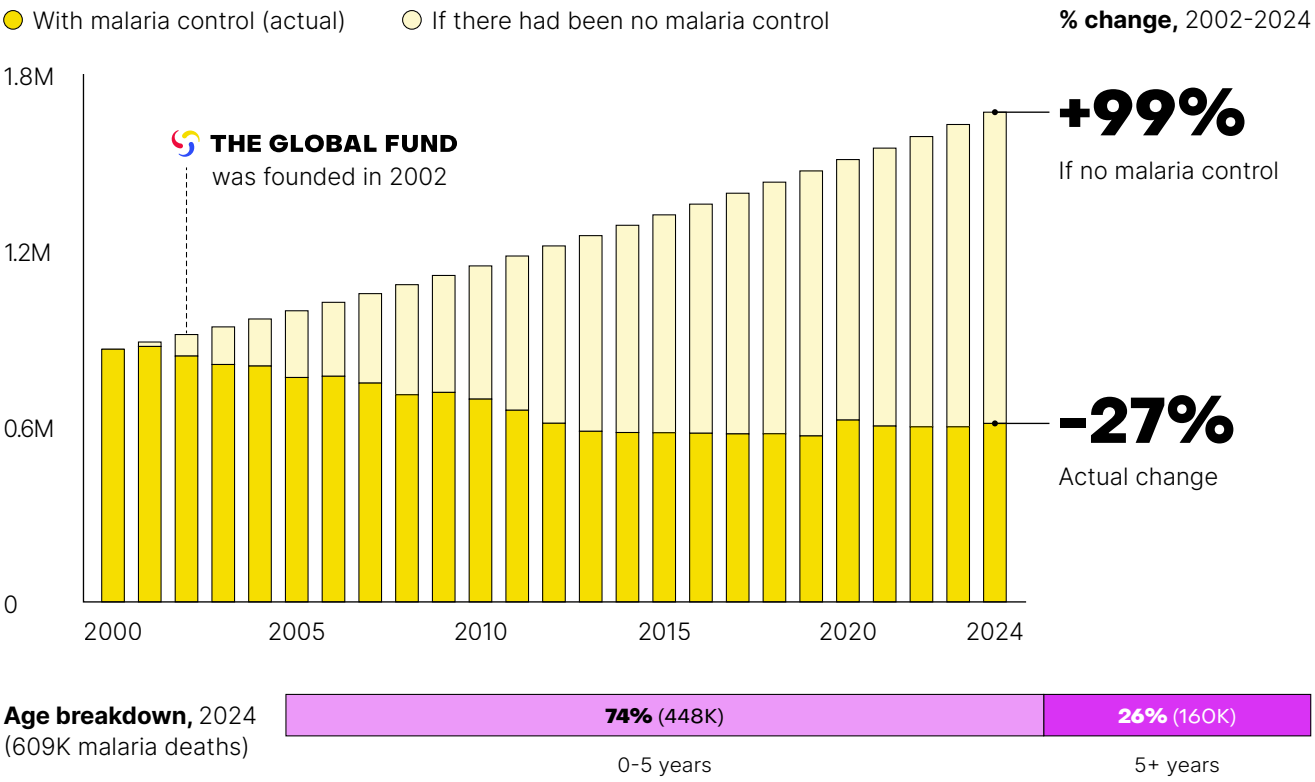
Cases of malaria treated



Service results figures sourced from Global Fund grant reporting.

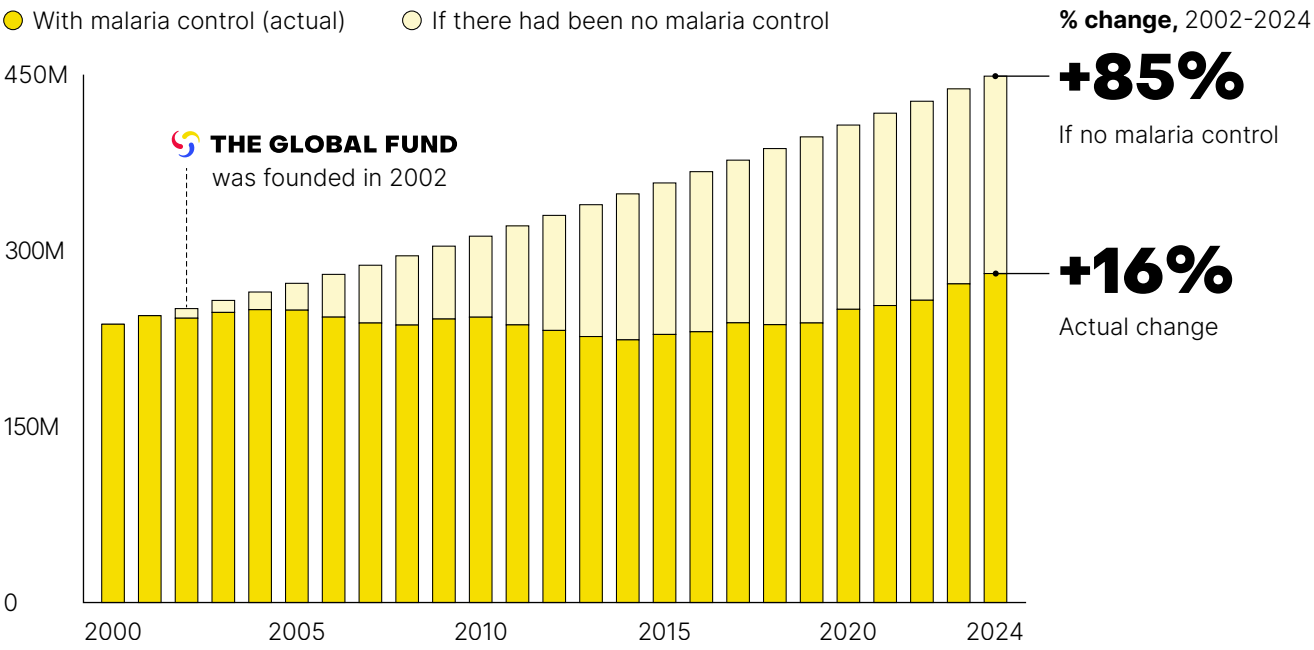
Trends in malaria deaths

In countries where the Global Fund invests



Trends in malaria cases

In countries where the Global Fund invests



Malaria burden estimates and estimation of "no malaria control" from WHO World Malaria Report 2025.

formulations now support more accurate, age- and weight-appropriate dosing for children under 5, who are among the most vulnerable to severe disease and death. A new formulation of artemether-lumefantrine, specifically designed for infants and neonates weighing 2-5 kilos, addresses another long-standing treatment gap for the smallest malaria patients, who have historically relied on formulations designed for older children.

In addition, a recent trial of insecticide-treated baby wraps showed remarkable levels of protection from malaria – because of the protection provided even when the baby is not under a net. It is likely that this low-tech, user-friendly tool could become part of the prevention toolbox in the coming years. We are also working with Gavi, the Vaccine Alliance (Gavi) to support the inclusion and rollout of malaria vaccines.

The Global Fund is also supporting the procurement of spatial repellents – one of the first new categories of malaria vector control tools in 25 years to receive a conditional WHO recommendation for malaria prevention. Spatial repellents complement existing tools like insecticide-treated nets and indoor residual spraying and can further reduce malaria transmission when used together.

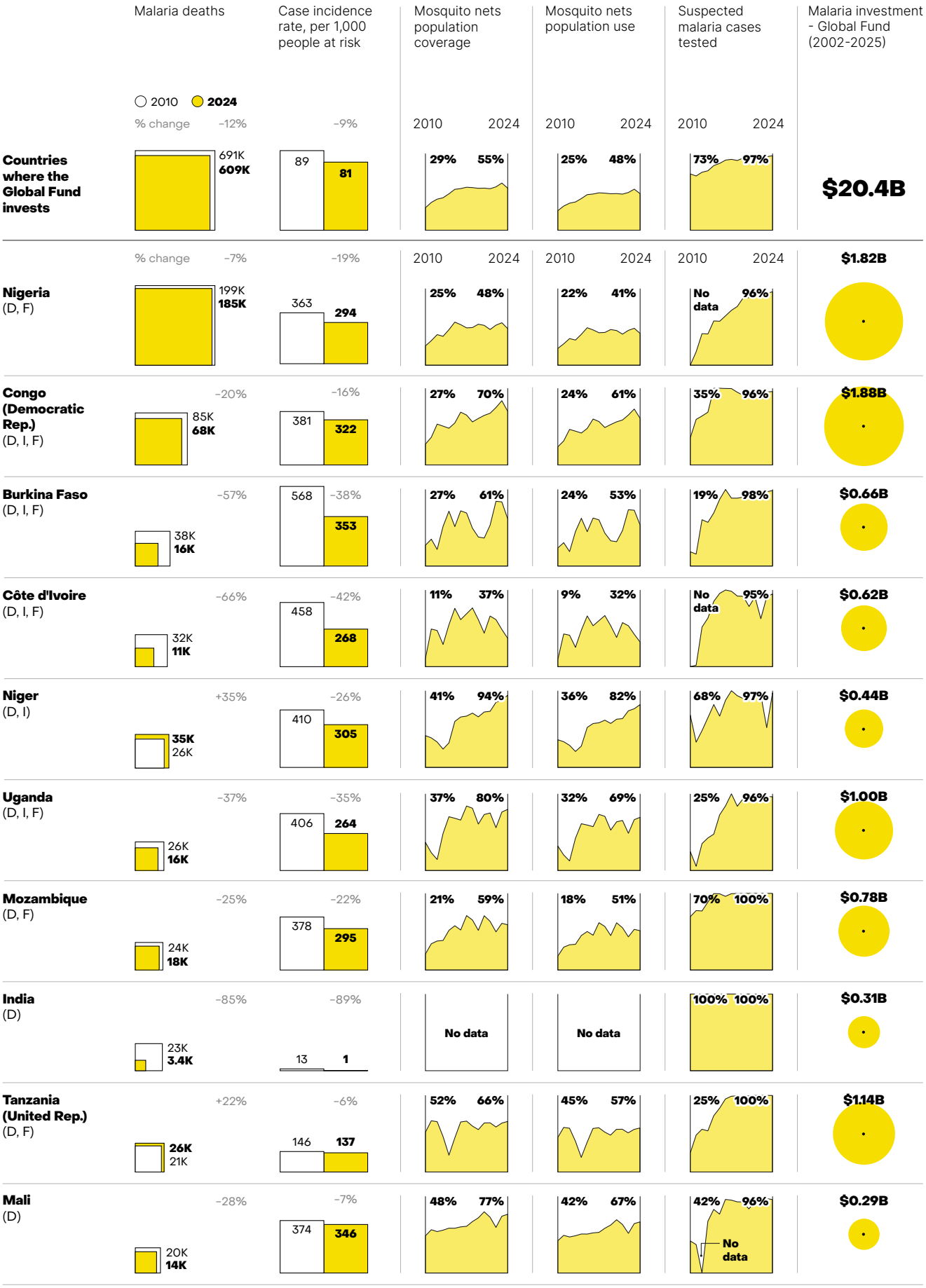
The Global Fund, in partnership with the United States and SC Johnson, is accelerating the introduction and scale-up of this technology. The Global Fund will leverage its market-shaping expertise, procurement platform and implementation partnerships to support rapid introduction and delivery of this product to countries most in need through the Access Fund, with the partnership aiming to protect at least 60 million people by 2028. This initiative further builds on contributions from partners, including the Gates Foundation, GiveWell and Unitaid, whose ongoing investments in evidence generation have brought spatial repellents to the market and continue to support their scale-up in countries most affected by malaria.

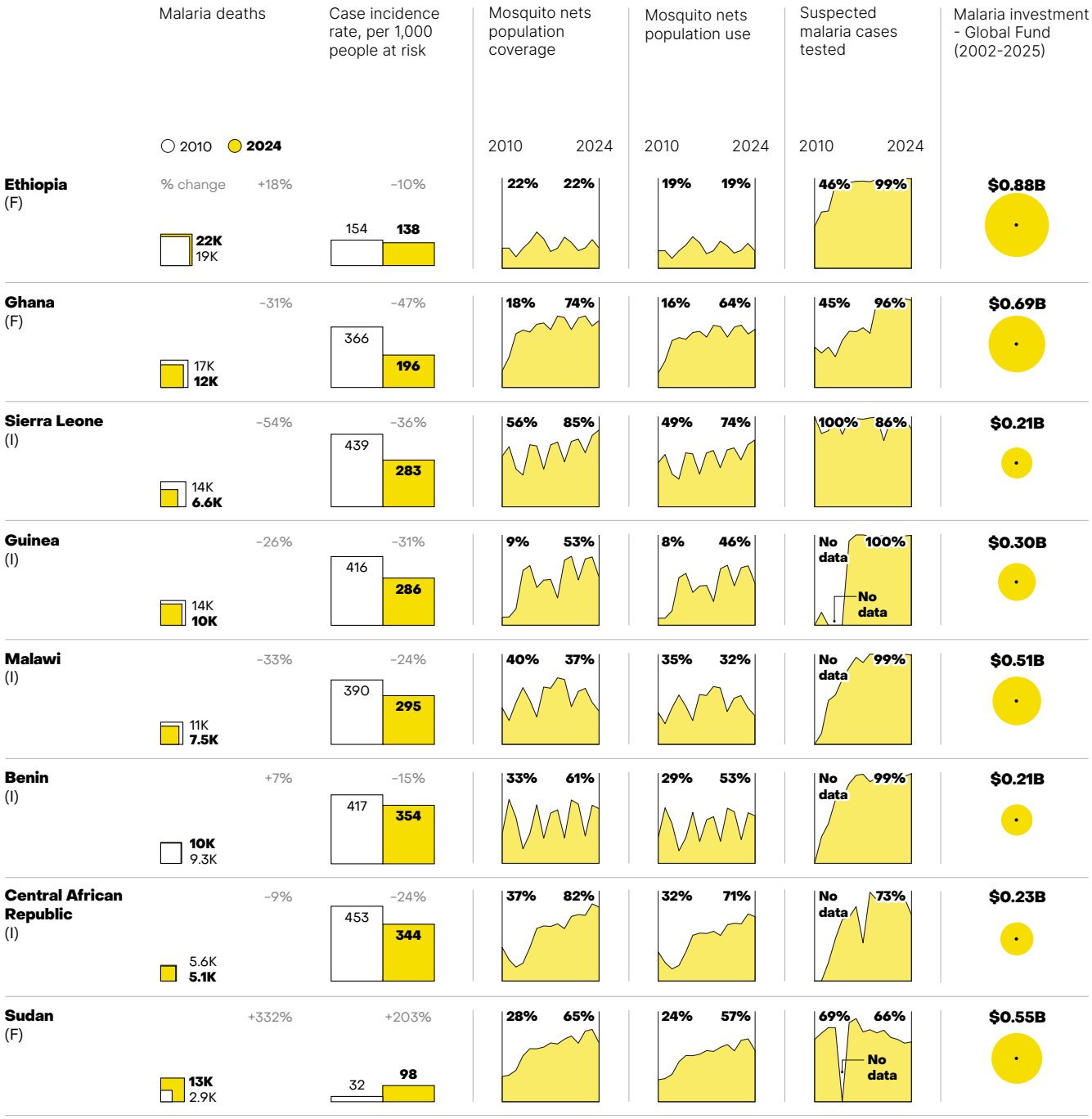
Looking ahead, the Global Fund will continue to support the expansion of next-generation tools to fight malaria. But new tools alone will not be enough. Their impact will depend on countries' ability to deploy the right combination of interventions where they are needed most, supported by strong health systems and readiness to introduce and scale innovations. Together, these efforts will be critical to sustaining progress against malaria.

A community health worker installs a spatial repellent at a home in Kenya. The device works by releasing a proven active ingredient that helps repel mosquitoes from indoor spaces. Spatial repellents complement other interventions, such as insecticide-treated nets, to reduce mosquito bites and protect people from malaria.

David Amollo/Unitaid

Investment and impact: malaria





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

Data are based on estimates published in the World Malaria Report 2025 at https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2025; data for mosquito net access and use in countries are available from the World Malaria Atlas Project at https://malariaatlas.org/; Global Fund disbursements data are available on the Global Fund Data Explorer.

1. Countries listed on this page were selected based on three criteria:
   - Being among the top-10 countries with the highest number of malaria deaths in 2010 (D).
   - Being among the top-10 countries with the highest malaria incidence rate in 2010 (I).
   - Being among the top-10 countries that received the highest amount of funding from the Global Fund from 2002 to end December 2025 to support malaria 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 malaria programs and have reported programmatic results over the past two grant cycles. These countries received US$20.4 billion from 2002 to end December 2025 to support malaria programs and a portion of multicomponent grant programs. Additionally, they received US$1.5 billion in cross-cutting support across the three diseases, resulting in a total of US$21.9 billion. Countries and/or programs previously supported by the Global Fund received US$1.4 billion since 2002, resulting in a total disease-specific investment of US$21.7 billion.

3. In line with the Global Fund's results reporting methodology, the chart reflects the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international.

Case Study

Regional Impact

Cross-border coordination drives down malaria cases in Southern Africa

Since its launch in 2018, the MOSASWA initiative has shown how regional, public-private collaborations can accelerate malaria elimination.

Bringing together the governments of Eswatini, Mozambique and South Africa, with support from the Global Fund, the Gates Foundation and Goodbye Malaria, MOSASWA coordinates surveillance, vector control, data sharing and community outreach across borders to target malaria hot spots and mobile populations who face heightened risks for malaria.

Since the initiative began, malaria cases have declined substantially in southern Mozambique, where more than 1 million people have been protected through indoor residual spraying programs. Imported malaria cases into Eswatini and South Africa have fallen by nearly 50%, helping both countries move closer to their own malaria elimination goals.

However, extreme weather events are creating new challenges. Increasingly frequent cyclones and floods are expanding the areas most at risk for malaria and threatening hard-won gains across the region. In response, the Global Fund announced additional emergency, weather-responsive financing alongside a new phase of the MOSASWA initiative, which includes dedicated support from the Climate x Health Catalytic Fund, recognizing the growing link between extreme weather patterns and malaria transmission.

Emergency funding is critical to respond to outbreaks due to severe weather events, while catalytic funding is key to strengthening community preparedness before crises occur. Investments will be directed to early warning systems, surveillance, rapid response capacity, vector control and community health workers to better anticipate as well as manage malaria risks following extreme weather events.

As countries work toward malaria elimination, MOSASWA offers a compelling example of how regional partnerships can deliver measurable impact. Sustained investments in both cross-border collaboration and climate-resilient malaria programs are essential to protect progress across the region.

The Global Fund/Brian Otieno (p. 66 top and p. 67)
The Global Fund/Vincent Becker (p. 66 bottom)

Alficene Kandé (left) and Abdoulaye Baldé transport patient samples in a refrigerated vehicle to a laboratory in Bissau, Guinea-Bissau. Through the West African Regional Laboratory Initiative, the Global Fund is working with partners across the region to strengthen disease surveillance activities.

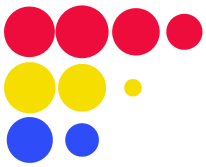
The Global Fund/Sylvain Cherkaoui/Panos

Health and Community Systems

State of the Fight

This chapter captures the latest developments in the Global Fund's work to build resilient and sustainable health and community systems. In 2025, reductions in international health financing weakened already strained services and disrupted essential care. Investments in health and community systems have become more important than ever to build sustainable, nationally owned systems that deliver long-term impact.

Our investments in integrated health systems strengthen HIV, TB and malaria responses while enhancing countries' capacity to prevent, detect and respond to a broad range of infectious diseases.



Integrated health systems deliver lasting impact against HIV, TB and malaria and bolster health security

Sustained progress against HIV, TB and malaria depends on strong and resilient health and community systems that deliver integrated, people-centered care.

Over the last few years, the Global Fund has significantly increased investments in health and community systems, both through our core funding and the COVID-19 Response Mechanism (C19RM). C19RM was established in 2020 as a dedicated mechanism to support countries in responding to the pandemic, mitigating the impact on HIV, TB and malaria and strengthening the key components of health systems that underpin pandemic response. We mobilized over US$5 billion through C19RM, supporting both the immediate COVID-19 response and the longer-term strengthening of critical health system infrastructure and capacities. Between 2024 and 2026, the Global Fund is investing approximately US$5.9 billion[9] in health and community systems – a 43% increase over the previous grant cycle and the largest health systems investment in our history. Bolstered by C19RM, the Global Fund significantly expanded investments in key components of health and community systems, including laboratory systems, disease surveillance, the health workforce and oxygen infrastructure, making us the largest multilateral grant financier of health systems and pandemic preparedness and response.

Our investments in integrated health systems strengthen HIV, TB and malaria responses while enhancing countries' capacity to prevent, detect and respond to a broad range of infectious diseases. Investments in surveillance, laboratories and diagnostics support responses to diseases such as Ebola, mpox, Marburg virus disease and Crimean-Congo hemorrhagic fever; address antimicrobial resistance; and improve the detection and management of co-infections, including hepatitis B, hepatitis C and human papillomavirus. The Global Fund also provides emergency funding for disease outbreaks and other public health emergencies. During the ongoing 2026 Ebola outbreak, we have rapidly mobilized US$1.8 million from existing grants for Uganda and US$6.4 million for the Democratic Republic of the Congo, with an additional US$4.6 million in emergency funding approved for the country.[10]

9. Based on approved and signed budgets for Grant Cycle 7 and including C19RM. It integrates direct investments in resilient and sustainable systems for health (direct RSSH) and contributions to RSSH through investments in the fight against AIDS, TB and malaria (contributory RSSH). It excludes catalytic investments and Secretariat operating expenses.

10. As of 16 July 2026.

Targeted investments build sustainability and resilience

In 2025, Global Fund investments in health and community systems reached their highest level of grant implementation on record. The Key Outputs sidebar (right) reflects the scale of our investments in strengthening health systems and pandemic preparedness, including a significant share of outputs delivered through C19RM, with a limited number of additional outputs completed in 2026. Preliminary findings from a forthcoming independent evaluation[11] found that C19RM investments significantly strengthened country health systems, particularly in strategic priority areas including medical oxygen, laboratories, surveillance, health products and waste management systems, community systems strengthening and health workforce.

Integrated laboratory systems

The Global Fund is the largest external investor in laboratory systems for pathogen detection in low- and middle-income countries, investing over US$490 million between 2024 and 2026. Our investments support countries to build integrated laboratory systems that connect infrastructure, equipment, specimen referral, digital data systems, quality assurance, workforce capacity, governance and surveillance into a single platform for patient care, disease control and health security. The Global Fund is also building laboratory governance, leadership and regional technical capacity to support long-term sustainability.

Since 2024, the Global Fund has supported infrastructure upgrades for more than 200 laboratories in 14 countries, strengthening laboratory networks and reducing diagnostic turnaround times. Investments in integrated specimen referral and transport systems have expanded the number of health facilities connected to diagnostic networks, bringing testing services closer to patients in countries including Bangladesh, Ethiopia, Tanzania, Uganda and Zimbabwe.

Our investments have also reinforced the quality and performance of diagnostic services for HIV, TB, malaria and other priority diseases. Proficiency testing enables laboratories to compare their performance against known standards and strengthen continuous quality improvement. Global Fund investments have supported 35 countries and over 30,000 laboratories and patient testing sites across Africa and Asia-Pacific to successfully participate in proficiency testing for HIV, TB, malaria, COVID-19 and mpox, among others.

11. Cambridge Economic Policy Associates (CEPA) end-term evaluation of the Global Fund's C19RM and its contribution to the strengthening of sustainable health systems and pandemic preparedness. Expected November 2026.

Key Outputs

In countries where the Global Fund invests:

- Over 200 laboratories were upgraded and over 30,000 laboratories and patient testing sites successfully participated in proficiency testing for diseases including HIV, TB, malaria, COVID-19 and mpox, to reinforce the quality of diagnostic services.
- Over 2,100 health administrative units rolled out event-based surveillance, and over 2,300 health facilities implemented infection prevention and control programs.
- More than 400 pressure swing adsorption oxygen plants were procured, delivered and/or installed.
- Nearly 117,000 community health workers and over 67,700 health professionals were trained, and 10 countries developed long-term financing plans for human resources for health.
- More than 7,400 health facilities put in place community-led monitoring.
- Over 50 central and sub-national warehouses were upgraded, more than 550 districts implemented logistics management information system upgrades, and over 140 incinerators were installed.

Data for these indicators were extracted from Global Fund Progress Updates and supplemented through a review of Principal Recipient, Public Health, Monitoring and Evaluation, and Local Fund Agent comments, as well as direct reports from Principal Recipients and technical assistance providers. Data cover the 2024–2025 reporting period, except for pressure swing adsorption (PSA) oxygen plants. Given the long lead times from procurement through installation, results for PSA oxygen plants are reported cumulatively since 2021.

In West Africa, the 4S model (Sentinel Syndromic Surveillance System) is expanding laboratory-based early warning pathogen detection across five countries, building on Senegal's experiences. The 4S model now comprises 31 sentinel sites, 12 reference centers and conducts around 200,000 consultations per year, simultaneously detecting malaria, dengue, influenza, hemorrhagic fevers and emerging threats. Across Asia-Pacific, the Regional Public Health Laboratory Network brings together 15 countries to share information, strengthen core laboratory capabilities and improve preparedness for emerging health threats.

Surveillance systems

Between 2024 and 2026, the Global Fund is investing over US$286 million in disease surveillance systems that enable countries to rapidly detect, report and respond to outbreaks of epidemic and pandemic potential. With our support, over 2,100 health administrative units across a number of countries are newly reporting, verifying and investigating community-based events of multiple epidemic-prone and endemic diseases, like viral hemorrhagic fevers, mpox, cholera, malaria and dengue.

Global Fund investments in strengthening disease surveillance emphasize integration and interoperability so that information can be shared rapidly and effectively. Future investments will be further integrated into sustainable models that simultaneously support health services, program monitoring and response to emerging threats.

In Zambia, Global Fund support helped integrate community event-based surveillance into the new polyvalent community health worker training curriculum for the first time. As a result, multiple public health threats, including mpox and anthrax, were rapidly detected, confirmed and contained. In parallel, the 7-1-7 performance measure – which aims to detect a suspected outbreak within seven days, notify public health authorities within one day, and initiate an appropriate response within seven days – was used to identify and address operational bottlenecks in detection and response, driving continuous quality improvement.

In Nigeria, Global Fund investments in the Nigeria Centre for Disease Control and Prevention helped establish community event-based surveillance for the first time in three states. Community event reporting was also integrated into the national health facility surveillance platform, strengthening early outbreak detection. In Bangladesh, our technical support helped national epidemic intelligence partners design and implement innovative AI-driven solutions that combine climate and health data to provide an earlier warning of potential disease outbreaks. Our technical support in Sierra Leone helped establish foundational climate-informed early warning surveillance capabilities.

Medical oxygen and respiratory care

The COVID-19 pandemic exposed major global gaps in access to medical oxygen. Reliable oxygen systems deliver benefits far beyond pandemic response – strengthening integrated services from maternal and newborn care to childhood pneumonia to safe surgery, while building preparedness for future outbreaks.

Building on lessons from COVID-19, which prompted unprecedented investment to strengthen oxygen systems in response to catastrophic supply shortages, the Global Fund and Unitaid joined partners to establish the Global Oxygen Alliance (GO_2AL), a multistakeholder initiative to expand access to medical oxygen. The Alliance supports countries by directly financing national oxygen road maps, providing technical assistance and training, and mobilizing resources and advocacy for equitable access to medical oxygen.

Since 2021, the Global Fund has invested nearly US$570 million across 95 countries to strengthen and sustain oxygen supply, distribution and delivery systems. The Global Fund has facilitated technical assistance in countries to assess oxygen needs, support procurement and installation, and build capacity for oxygen production and its medical use.

More than 400 pressure swing adsorption oxygen plants have been procured, delivered and/or installed, including extended warranty and maintenance contracts across 57 countries. Medical gas piping in over 500 facilities and 1.2 million units of distribution and delivery equipment – cylinders, ventilators, bedside oxygen concentrators, pulse oximeters and consumables – have been deployed globally.

Sustainability has been integrated throughout the process, from equipment specifications and site preparation to installation and post-installation support. We are also supporting countries to develop approaches such as hub-and-spoke cost-recovery and public-private partnership models for oxygen services.

Health workforce

Strong health and community systems depend on doctors, nurses, technicians, health promoters, community health workers and other health professionals who are well trained, managed, compensated and supported. The Global Fund is investing over US$485 million in strengthening human

Health workers with a medical oxygen cylinder at an obstetric intensive care unit in the Nampula Central Hospital in Mozambique. Across the country, Global Fund investments are supporting the installation of medical oxygen systems and pipelines in 20 priority hospitals, as well as the training of biomedical engineers.

The Global Fund/Vincent Becker

resources for health between 2024 and 2026. In 2024 and 2025, we supported nearly 117,000 community health workers with training, supervision or equipment across the countries where we invest.

Countries have moved toward more functional, government-led systems that enable community health workers to serve multiple roles within their communities and support the prevention, detection and management of a wide range of diseases and health conditions. Global Fund investments have strengthened health workforce governance, integration, digital systems and sustainable financing.

With our support, 10 countries developed long-term workforce financing plans in 2025, and 22 countries completed exercises to map resources and track expenditure, with the aim of improving efficiency and sustainability. Other countries have made substantial progress in mobilizing domestic resources to support the sustainability of community health worker programs. For example, leveraging a refreshed strategy framework and costed operational plan supported by the Global Fund, Uganda established a dedicated national budget line for community health workers and progressively transitioned community health extension worker payroll from Global Fund support to government financing. Kenya introduced co-financed community health worker stipends across all 47 counties. National and county governments share remuneration costs for community health promoters, and Global Fund investments support their equipment and training.

Community systems strengthening

Because of their close ties to the people they serve, community-based and community-led organizations play a critical role in connecting people affected by HIV, TB and malaria to healthcare. They can identify and address barriers to care, help ensure health services better respond to the needs of affected communities,

Health extension worker Aberu Birbirsa visits Wagahayo Abera and her 5-month-old son Yonathan at their home in Koka, Ethiopia. As one of the approximately 40,000 health extension workers in Ethiopia, Aberu provides prenatal care, health education and essential services directly to families.

The Global Fund/Brian Otieno

and effectively engage vulnerable and marginalized groups. Between 2024 and 2026, the Global Fund is investing US$235 million in strengthening community health systems, including US$82 million in community-led monitoring.

Community-led monitoring has proven effective in improving health outcomes. By December 2025, over 7,400 health facilities in 17 reporting countries had a community-led monitoring mechanism in place. Information and insights gathered by communities help health systems identify and respond to service delivery challenges more rapidly. In Burkina Faso, for example, community-led monitoring identified stock-outs of malaria health products and HIV testing kits, prompting emergency redistribution, policy action and innovative drone deliveries to insecure areas. In Malawi, community-led monitoring identified staffing shortages that led to the deployment of additional health workers and improved service delivery.

Digital health and health information systems

The Global Fund is one of the largest multilateral grant investors in country-led digital health in low- and middle-income countries, investing approximately US$130 million a year in digital systems in over 100 countries. These investments accelerate national digital health strategies – spanning infrastructure, data systems, interoperability, data warehousing, and data analytics and use. This is anchored by sustained support in over 70 countries for national health management information systems, a primary source of planning, continuous quality improvement, service delivery monitoring, program management and decision-making.

Building on these foundations, Global Fund investments are helping countries build more connected, data-driven and patient-centered health systems at scale – extending digital tools to frontline health workers, strengthening patient-level data, and improving continuity of care. For example, Ethiopia's electronic community health information system now covers around 27 million people across more than 9,000 health posts; Rwanda has rolled out a community electronic medical record system to over 58,000 community health workers; and Zimbabwe's Impilo electronic medical record system operates in more than 1,200 facilities, replacing many paper-based registries entirely.

Supply chain systems

Global Fund investments support countries to effectively and efficiently manage health products and medical waste, while improving stock visibility and equitable access to commodities. This integrated approach has enabled countries to better anticipate needs, proactively identify and address shortages and ensure lifesaving health supplies are available where and when they are needed most. In 2025, essential health products used to respond to HIV, TB and malaria were reasonably available across the Global Fund portfolio (see figure below).

Between 2024 and 2026, the Global Fund is investing approximately US$480 million to mature national supply chain systems. This includes an upgrade of over 50 central and sub-national warehouses and support for the safe management and disposal of medical waste, equipping more than 40 countries with over 140 incinerators and 110 autoclaves. Our catalytic investments have also expanded innovative last-mile delivery models for HIV prevention through private health facilities.

Digitalization is making supply chains more visible, traceable and responsive across 27 countries. In Ethiopia, enterprise resource planning systems have been implemented and stabilized across 21 Ethiopian pharmaceutical supply service warehouses, while in The Gambia, the electronic logistics management information system now reaches 98% of health facilities. In Nigeria, AI-powered tools have reduced the time required for key logistics oversight processes by approximately 87%, demonstrating how digital solutions can improve the efficiency, transparency and accountability of supply chains.

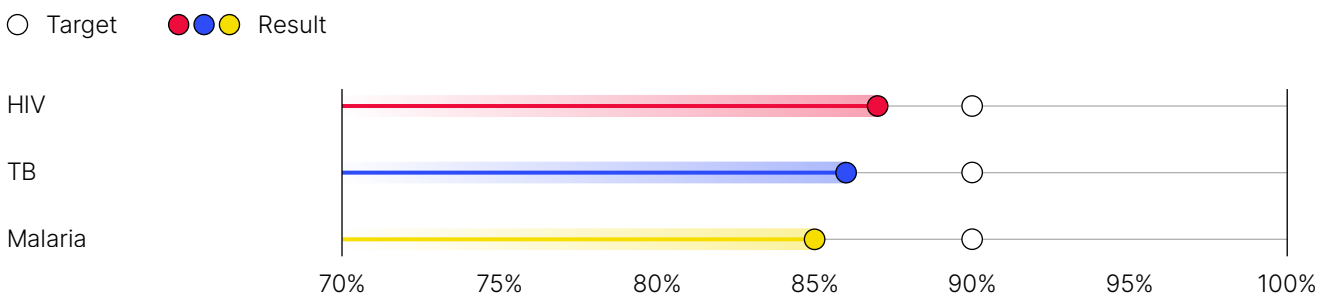
Promoting regional capacity building for manufacturing and collaborative procurement

As countries take on greater responsibility for financing and procuring health products, fragmented demand, uneven procurement capacity and limited regional coordination can lead to higher prices, weaker supply terms and greater supply risk. The Global Fund is therefore supporting regional capacity building for manufacturing and collaborative procurement to help preserve purchasing power, improve demand visibility, strengthen procurement systems and create more predictable market conditions. This work also aims to increase the readiness of regional manufacturers to meet quality and procurement requirements, while supporting regional and continental procurement platforms to play a stronger role in ensuring access to affordable, quality-assured health products over time.

The Global Fund's procurement systems support countries to access health products at lower prices. In 2025, US$1.02 billion in grant-funded health products were ordered through our Pooled

Average on-shelf availability

Countries with ongoing supply chain-strengthening activities



Based on results from 26 countries, reported by Principal Recipients for 2025 for Angola, Bangladesh, Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Eswatini, Ethiopia, Gambia (the), Ghana, Guinea, Kenya, Madagascar, Mozambique, Nigeria, Pakistan, Senegal, Sierra Leone, Somalia, Sudan, Tanzania (United Republic), Uganda, Viet Nam, Zambia and Zimbabwe. On-shelf availability is measured as the percentage of health facilities with tracer products available on the day of the visit or reporting through electronic logistics management information systems (eLMIS) compared to the total number of health facilities where the tracer products are expected to be available.

Procurement Mechanism.[12] This mechanism pools demand from over 80 countries and fosters partnerships with other large buyers and regional pooled procurement platforms, leveraging our scale and strategic sourcing activities to negotiate the best possible supply terms across health products and services. Since 2018, 30 countries have procured US$128 million in health products with non-Global Fund resources through this platform. What's more, the non-Global Fund-financed procurement channel has enabled countries and partners to access these benefits using domestic and other financial resources. We are leveraging our unique market-shaping position, procurement infrastructure and country and regional relationships to transform our non-Global Fund-financed procurement into a core strategic and scalable offering, along with other strategic collaborative procurement engagements with the Africa Centres for Disease Control and Prevention, several Regional Economic Communities in Africa, and with the Pan American Health Organization.

The Global Fund is also helping build regional manufacturers' capacity to meet quality-assurance standards and procurement requirements. The Global Fund procures selected products from eligible African manufacturers, including insecticide-treated mosquito nets, antimalarial medicines and antiretrovirals. In 2025, the Global Fund reached a historic milestone by procuring for the first time a first-line HIV treatment manufactured in Africa. The treatment was sourced from a leading Kenyan pharmaceutical company and delivered to Mozambique. In addition, the Global Fund procured the first HIV-only professional use rapid diagnostic tests from a Nigerian manufacturing site for use in Nigeria and Ghana.

Supporting inclusive and equitable health services
Stigma, violence, gender inequality, discrimination and criminalization continue to prevent many people from accessing essential health services. Despite a challenging funding environment in 2025, countries continued to protect and strengthen programs that help overcome these barriers. Through the Global Fund's Breaking Down Barriers initiative, efforts to reduce human rights- and gender-related barriers to HIV, TB and malaria services continued to expand in most of the 24 participating countries.

Results from 2025 show that integrated, gender-responsive community-led approaches are improving access to essential services. For example, in areas of Côte d'Ivoire covered by Global Fund-supported programs, community-based women's groups helped reconnect 48% of pregnant women who had been lost to follow-up for malaria prevention during pregnancy.

Complementing these efforts, the Global Fund's Catalytic Fund for Women and Girls provided focused funding to community-led organizations addressing gender-related barriers to health. In Mozambique, catalytic funding helped sustain critical gender-based violence programming during grant reprioritization, enabling more than 2,500 survivors to access medical, legal and psychosocial support while strengthening referral pathways linking communities, health services and justice actors.

Supporting integrated, sustainable financing
Global Fund grants also strengthen health financing and public financial management systems to support greater health services integration and financial sustainability.

Between 2024 and 2026, the Global Fund is scaling up investments in financial risk protection, including by supporting health insurance schemes that extend coverage to low-income and vulnerable populations affected by HIV, TB and malaria. In Zambia, Global Fund grants have helped provide health insurance to more than 20,000 disadvantaged households. This has enabled more people living with HIV to access a broader range of health services covered under the national health insurance package, reducing financial barriers to care. The program's success has also encouraged the government of Zambia to invest its own resources to expand coverage for additional low-income households enrolled in the national Social Cash Transfer Program.

In Nigeria, a US$10 million investment between 2024 and 2026 is expanding social health insurance to vulnerable people living with HIV and people affected by TB across Anambra, Ebonyi, Gombe, Kwara and Lagos states. By April 2026, more than 46,700 people had enrolled, gaining access to a wider range of essential health services covered by state health insurance. The program has significantly reduced the financial burden of healthcare, with the share of participating households facing catastrophic health costs falling from 70.6% to 57.1% across the five states. It is also helping lay the groundwork for HIV and TB services to be permanently included in state health insurance benefit packages, supporting more sustainable and equitable access to care.

12. Value of confirmed purchase orders in 2025. Includes product and procurement and supply management costs to country. Prior to delivery, includes purchase order value. Post-purchase order closure includes final invoiced value. Note that this is exclusive of most TB volumes (i.e., all TB medicines and most TB diagnostics), which are procured through the Stop TB Partnership's Global Drug Facility.

TB Tracker Uzbekistan is the country's national electronic platform for managing TB. It is replacing fragmented and paper-based reporting with a patient-level digital system that covers TB diagnosis, treatment, laboratory testing, reporting and medicine stocks, allowing health authorities to make better, faster and more evidence-based decisions.

The Global Fund/Vincent Becker

Adapting to a new context

As countries move toward greater self-reliance, Global Fund investments in health and community systems provide a foundation for sustainable national capacity. Countries are increasingly integrating HIV, TB and malaria services into primary healthcare while strengthening the health workforce, supply chains, laboratories, data, disease surveillance systems and community systems according to their own priorities. The Global Fund is also helping to align investments and technical support behind country-led health priorities and national plans. This includes deepening collaboration with partners to improve efficiency and reduce fragmentation. For example, the Global Fund is working with Gavi and the World Bank Group to strengthen collaboration on health systems investments – including supply chains, data systems, community health workers and public financial management – to better support countries in achieving greater impact with limited resources.

In a tighter funding environment, this work will become even more important. By investing in the core systems that countries need to manage and deliver care, we are supporting a path toward greater sustainability and self-reliance, while protecting hard-won gains against the three diseases. ●

Case Study

Resilient Laboratories

Strengthening disease detection despite years of war in Ukraine

Since the start of the full-scale war in Ukraine, the Global Fund has disbursed US$275 million to support national and local partners to deliver essential health services, respond to disease threats and reach vulnerable populations with lifesaving care.

The resilience of Ukraine's laboratory network is one example of the impact of these investments. Despite relentless attacks, mass displacement and immense pressure on health services, laboratories across Ukraine have continued to operate, ensuring timely diagnosis and helping prevent the spread of deadly diseases within the country and beyond.

At the heart of this effort is a national TB laboratory network of 224 laboratories run by the Public Health Center of the Ministry of Health with sustained support from the Global Fund. These facilities are equipped with modern diagnostic technologies, including rapid molecular testing tools such as GeneXpert, automated systems for growing and identifying TB bacteria, laboratory information systems, and specimen referral and transport networks.

To reach people in areas most affected by the war, mobile teams travel to towns and villages where access to health services has been disrupted. They collect biological samples and transport them to laboratories for rapid analysis, helping ensure that diagnosis and treatment are not delayed.

In Kharkiv, a city in one of the regions hit hardest by the fighting, the main laboratory conducted more than 11,400 TB tests in 2025. Hundreds of people were diagnosed with TB and rapidly linked to treatment, helping stop transmission before it could spread further.

Across Ukraine in 2025, 96% of newly detected TB cases were diagnosed using rapid molecular diagnostics, while 90% of confirmed cases were tested for drug resistance, meeting WHO targets for patients to receive effective, targeted treatment from the outset.

By maintaining and developing a nationwide laboratory network throughout the war, Ukraine is saving lives and strengthening its preparedness for future health threats. Its experience underscores the importance of resilient health systems during conflict, when disease risks are heightened, and health services are under pressure.

The Global Fund/Oleksandr Rupeta

Astan Diabate, who is 18 weeks pregnant, consults with a midwife at a community health center in Bamako, Mali. Astan received a mosquito net and preventive medicine to protect herself and her unborn baby from malaria.

The Global Fund/Vincent Becker

State of the Fight

Investing for Sustainable Impact

This chapter outlines how the Global Fund mobilizes, allocates and maximizes investments to fight HIV, TB and malaria while strengthening resilient and sustainable health systems. In a constrained financing landscape, we leverage our grant investments to encourage improved domestic investments in health systems, combining core grants with innovative financial approaches, market shaping and catalytic investments. The Global Fund also supports countries as they progressively move toward fully domestically funded and managed health systems.

Sustainability depends on strong and inclusive national systems, country leadership and the capacity to adapt to evolving health needs over time.

Investing in the fight against HIV, TB and malaria

Since our inception in 2002, the Global Fund has disbursed US$73.7 billion[13] to support programs in more than 100 countries to fight HIV, TB and malaria and strengthen health and community systems. In 2025, the Global Fund disbursed US$3.9 billion. Our partnership provides 28% of all international financing for HIV, 80% for TB and 57%[14] for malaria. Almost three-quarters (74%) of our investments are focused on sub-Saharan Africa, and this is projected to increase between 2027 and 2029.

The Global Fund fundraises in three-year cycles known as Replenishments, where our donors pledge the resources needed to fund the fight against AIDS, TB and malaria, strengthen health and community systems and bolster pandemic preparedness. The partnership's Eighth Replenishment raised US$12.68 billion[15] from governments (comprising 89% of all contributions), the private sector and philanthropy, underscoring continued global solidarity and strong donor confidence in our model.

The Global Fund model is designed to maximize both impact and long-term sustainability of our investments. At its core is country ownership: Countries define their own priorities and determine how resources should be used to achieve them, with communities and civil society playing an integral role alongside governments. Between 2023 and 30 June 2026, 57% of our funding was allocated to governments and 13% to other local organizations. The remaining 30% was implemented through multilateral agencies, such as the United Nations Development Programme, and international nongovernmental organizations, primarily in challenging and conflict-affected contexts where national institutions may lack the reach or capacity to deliver programs effectively.

Every dollar invested is intended to scale high-impact innovations, lower the cost of essential prevention and treatment tools, integrate service delivery into primary healthcare, bolster community systems, and improve domestic financing. Our partnership reinforces national capacity to sustain progress long after external funding ends. Achieving this requires more than just sustainable financing. Sustainability has multiple dimensions – financial, programmatic, epidemiological and political – and depends on strong and inclusive national systems, country leadership and the capacity to adapt to evolving health needs over time. Throughout this report, we have highlighted how the Global Fund is advancing these dimensions of sustainability. This chapter explores the financial contributions that support these efforts and help countries sustain progress over the long term.

Maximizing the impact of existing resources

Countries finance the majority of their own health programs, with Global Fund support representing a smaller but critical share of overall investment. Through our core grants, we provide predictable, long-term financing that helps sustain essential HIV, TB and malaria programs and strengthen health systems. We also deploy targeted financing mechanisms, including catalytic investments, to accelerate progress against the three diseases. Together, these investments help countries strengthen national responses, increase domestic ownership and build a path toward greater long-term sustainability and self-reliance.

13. As of 30 June 2026.
14. Based on data availability, the Results Report uses data from 2024. Recent significant funding shifts in international financing for malaria may significantly impact the share of the Global Fund's contribution to overall international malaria financing.
15. As of 30 June 2026.

Mongolian Anti-Tuberculosis Association volunteer Tsendhkuu (left) delivers TB medicines to a patient at her home on the outskirts of Ulaanbaatar, Mongolia. Supported by the Global Fund, the association has approximately 200 volunteers who bring TB care directly to people's homes.

The Global Fund/Kevin Keen

Blended finance

The Global Fund works with multilateral development banks and other partners on blended finance approaches, enabling countries to leverage borrowing more effectively while promoting greater collaboration and harmonization among development partners. These approaches can increase the overall impact of disease programs, strengthen critical pieces of health systems and ensure coordinated investments across external financiers.

In December 2025, the World Bank Group and the Global Fund signed a memorandum of understanding to support countries to build stronger, more resilient health systems and secure sustainable financing for primary healthcare and the fight against HIV, TB and malaria. Building on collaborations since 2017, the Global Fund and the World Bank Group have partnered on 13 blended finance investments and aim to mobilize significant additional resources in joint financing over the next three years through at least 10 additional blended investments. In early 2026, the Global Fund made its first joint investment with the Asian Development Bank, with a focus on supporting the Philippines to strengthen preparations for transition from external financing, and we are formalizing similar partnerships with additional multilateral development banks.

Debt2Health

Many low- and middle-income countries face mounting fiscal pressures, with 3.4 billion people living in countries that spend more on debt interest payments than on health or education.[16] This challenge is particularly acute in Africa, where high debt burdens have significantly constrained fiscal space.

The Global Fund's Debt2Health initiative converts bilateral debt into domestic investments in HIV, TB and malaria programs. Under negotiated debt-swap agreements, creditor countries cancel or restructure debt in exchange for debtor countries investing local resources in Global Fund-supported health programs.

By redirecting debt service into nationally prioritized health investments, Debt2Health helps countries protect essential services, increase domestic ownership and advance sustainability and transition objectives. The model builds on the Global Fund's existing grant architecture, country dialogue, performance-based funding and fiduciary controls, allowing debt-swap

16. A World of Debt: It is time for reform. UN Trade and Development (UNCTAD), 2025. https://unctad.org/publication/world-of-debt.

proceeds to be invested through established systems rather than creating parallel mechanisms. Debt2Health enables creditor countries to translate bilateral debt claims into tangible health and development impact, while debtor countries free up resources for priority health investments.

To date, Debt2Health has facilitated 14 agreements with Australia, Germany and Spain, converting nearly US$500 million in bilateral debt into approximately US$330 million in funding for health programs across 11 countries. As countries navigate debt challenges, the Global Fund will continue to work with countries, creditors and partners to leverage debt swaps to support tangible investments in the health sector.

Catalytic investments

Alongside the Global Fund's core grants, catalytic investments serve as important mechanisms to accelerate impact. Catalytic investments are one of the Global Fund's most effective vehicles for private-sector and philanthropic financing, because they match flexible, risk-tolerant partner capital with our ability to deliver at scale through country-led systems. Catalytic investments help countries test and scale innovative approaches, mobilize additional resources and embed successful models in national systems. These investments are becoming an increasingly important way for private sector and philanthropic partners to help sustain momentum, accelerate access to innovation and turn targeted funding into broader, lasting impact.

In 2025, the Africa Frontline First Catalytic Fund, supported by the Johnson & Johnson Foundation and the Skoll Foundation, unlocked US$218.7 million to strengthen community health across 11 countries, more than 12 times the value of the technical assistance invested, while directly supporting over 100,000 community health workers. The fund demonstrates the catalytic role of private philanthropic capital: Partners bring flexible and risk-tolerant financing, while the Global Fund provides scale, country platforms and a pathway to embed gains in government systems. This model has translated targeted technical support into stronger policies, costed plans, financing strategies and country-led implementation.

In 2025, the Climate x Health Catalytic Fund was launched in partnership with the Gates Foundation and the Sanofi Foundation. Fully funded by philanthropic donor financing, this catalytic fund aims to strengthen and safeguard global health gains by addressing climate-related risks to HIV, TB and malaria programs and the health systems that support them. Extreme weather events displace communities, disrupt health service delivery and weaken health systems.

The Climate x Health Catalytic Fund established two core delivery mechanisms: targeted grant investments of US$33.3 million to support climate-resilient health systems and technical assistance of US$9.1 million to deliver climate-health assessments, adaptation planning, data integration, and climate-informed surveillance and early warning systems. Implementation is underway in 19 priority countries and through one regional grant.

Supported by partners including Anglo American, the Patrick J. McGovern Foundation, Medtronic LABS, Dimagi, Medic Mobile, Orange and Zenysis, the US$50 million Digital Health Impact Accelerator (DHIA) combines catalytic private-sector funding and technical expertise to accelerate country-led digital health transformation in sub-Saharan Africa. DHIA invests in three system-level priorities: interoperable digital health information systems, reliable last-mile power and connectivity, and stronger public-sector governance and digital capacity. Together, these investments strengthen digital infrastructure, improve data quality, and enable the safe, responsible adoption of AI and other digital innovations at scale. For example, through DHIA, Rwanda is investing in interoperable, patient-centered digital health systems, including a national health portal that securely connects facility and community electronic medical records, giving patients secure access to their health information.

Backed by the Rockefeller Foundation, the Abbott Fund and IQVIA through (RED), with matching funding from the Global Fund, the US$54 million Laboratory Systems Integration Fund (LSIF) is strengthening laboratory systems and diagnostic networks across 59 countries. In 2025, LSIF supported the expansion of West Africa's Sentinel Syndromic Surveillance System to an additional four countries and connected more than 510 laboratories and testing sites through digital platforms, building stronger and more integrated systems.

The Catalytic Fund for Women and Girls, backed by GSK and ViiV Healthcare, supports community-led organizations to expand access to gender-responsive healthcare, challenge harmful gender norms, elevate the leadership of women and girls and improve health outcomes. Across six African countries, gender-sensitive indicators were integrated into malaria and maternal and child health scorecards, enabling communities and health providers to identify and address barriers to care. In Zambia, community dialogue led to the establishment of adolescent-friendly service corners and improved service responsiveness.

Investments in crisis settings

Approximately 16% of the global population lives in conflict-affected and humanitarian settings, yet these contexts account for more than one-third of all deaths from AIDS, TB and malaria. This disparity is particularly stark for malaria, with nearly two-thirds of global cases occurring in these challenging operating environments. Despite insecurity, population displacement and climate shocks, the Global Fund continues to deliver essential prevention, diagnosis and treatment services through flexible programming, partnerships with humanitarian actors, and community- and mobile-based service delivery. Reflecting the growing concentration of need, countries experiencing acute or protracted crises now account for close to 40% of the Global Fund's Grant Cycle 8 (2026-2028) portfolio, with over US$25 billion disbursed to these settings since 2002.

To complement long-term investments, our Emergency Fund provides rapid, flexible financing to sustain essential HIV, TB and malaria services when acute emergencies hit countries and existing grants cannot be reprogrammed in time or are insufficient. Between 2014 and 2025, the Global Fund awarded US$156.9 million through the Emergency Fund to 39 countries. US$54.8 million (35%) of this total funding was awarded for contexts impacted by natural hazards and extreme climate-related events, and US$53.3 million (34%) was for places affected by conflict.

Supporting countries on the path to self-reliance

Given the sharp reductions in international aid, the Global Fund partnership is working differently to accelerate progress, support countries to raise additional domestic financing for health, maximize the impact of existing investments, and ensure a focus on sustainable approaches for delivery of health interventions. In 2025, the Global Fund, responding to the significant funding constraints and uncertainties, undertook a reprioritization exercise, reducing Grant Cycle 7 (2023-2025) investments by 11% on average. Looking forward, we developed and approved strategic shifts for Grant Cycle 8, which are now being incorporated into funding requests for grants that will begin implementation in 2027. These shifts provide countries with more predictable financing through defined transition timelines in a sub-set of the portfolio. They also ensure that we prioritize the lowest income and highest disease burden settings and optimize the use of available funds to support progressive sustainability across all contexts in which we operate.

Planning for sustainability is an integral part of the Global Fund's approach, helping ensure that effective HIV, TB and malaria responses can be maintained over the long term and that countries can responsibly transition from external financing.

Differentiated co-financing

Global Fund financing complements domestic funding for HIV, TB, malaria and health systems strengthening. Through implementation of our co-financing policy, the Global Fund encourages and supports countries to increase domestic investment, reduce reliance on external funding and support sustainable program scale-up. Co-financing is central to accessing Global Fund resources: Part of each country's allocation of Global Fund financing is conditional on countries making and meeting domestic financing commitments during grant implementation.

Our co-financing approach promotes greater and more efficient and equitable domestic investment in health, ensuring that Global Fund resources act as a catalyst for sustainable improvements in domestic financing. The approach also calls for countries to finance an increasing share of costs of key programmatic interventions. These efforts reinforce country ownership and strengthen the long-term financial sustainability of national responses, particularly for interventions that have historically relied on Global Fund support. To encourage these investments, a minimum of 15% of a country's Global Fund allocation – and up to 35% in some countries – is linked to co-financing requirements. In Grant Cycle 7, governments demonstrated a growing commitment to invest in and lead their own national disease responses. Co-financing commitments for low- and lower middle-income countries supported by the Global Fund increased overall by approximately 23% in nominal terms compared with the previous cycle. As part of additional co-financing requirements for Grant Cycle 8, the Global Fund will work with countries to incentivize at least an additional US$1.4 billion of domestic funding for national responses and critical health systems investments between 2027 and 2029, in addition to existing investments.[17]

To support financial sustainability and preparations for transition, the Global Fund takes a highly differentiated approach to co-financing, tailoring requirements depending on countries' income level and disease burdens. In low- and lower middle-income countries, the focus is on increasing government health spending,

17. This includes countries with finalized co-financing compliance assessments for Grant Cycle 7 and is focused only on low- and lower middle-income countries. It is calculated by comparing Grant Cycle 6 realizations with Grant Cycle 7 commitments, as confirmed by countries in their formal Co-Financing Commitment Letters endorsed by governments.

gradually financing an increased share of Global Fund-supported interventions, and strengthening health and community systems. In low-income and crisis-affected settings, approaches are adapted to sustain impact in complex environments. Upper lower middle-income and upper middle-income countries are expected to accelerate financing of key interventions to support effective transitions, with particular attention to financing programmatic interventions targeting key and vulnerable populations, as relevant to the country context.

In 2025, co-financing continued to strengthen the financial sustainability of national HIV, TB and malaria responses across a wide range of country contexts. In the Republic of the Congo, for example, the government fulfilled key commitments to procure essential health products for the three diseases, including insecticide-treated mosquito nets, ACTs and rapid diagnostic tests. In Uganda, co-financing realization reached 106% for 2024-2025, marking a significant improvement over previous funding cycles. This strong delivery against agreed commitments reflects sustained government investment and growing national ownership of the response.

Domestic financing

In 2025, the Global Fund strengthened political commitment and momentum for sustainable health financing across Africa through global, regional and national advocacy efforts aligned with the African Leadership Meeting: Investing in Health agenda in collaboration with the African Union. This included supporting three national health financing dialogues (Namibia, Nigeria and Uganda) to drive strategic country dialogue on health sector prioritization and critical health financing reforms, expanding engagement with Africa's Regional Economic Communities, accelerating the adoption of health financing strategies and reform frameworks, and elevating domestic financing discussions at major global forums. Nigeria's flagship national health financing dialogue, attended by more than 2,000 stakeholders, exemplified the value added by these efforts, generating high-level commitments on health insurance expansion, evidence-based policymaking and innovative financing reforms.

Capacity building for financial sustainability

To strengthen sustainability and improve health outcomes in the countries where we invest, the Global Fund embeds public financial management within broader health sector efforts. Strong public financial management helps ensure that resources are coordinated, managed and used efficiently to maximize impact, while supporting integration and the development of resilient and sustainable health systems.

Working closely with ministries of finance and health, we leverage our public financial management strategy to support countries to sustain health gains, implement grant investments more effectively through country systems, save lives and strengthen national ownership. Rigorous and transparent public financial management enables more effective planning, execution and oversight of health spending, while preparing countries for a gradual transition to sustainable domestic financing.

We leverage public financial management to strengthen collaboration between ministries of health and finance and improve the planning, management and tracking of health resources. In 2025 we launched strategic partnerships with the Collaborative Africa Budget Reform Initiative to support enhanced collaboration between ministries of health and finance to build capacity for integrated planning and budgeting, align health priorities with fiscal policy, assess budget execution and address public financial management bottlenecks in the health sector. We also expanded support for health resource tracking across several African countries by integrating external health financing data into national budgeting and tracking systems and strengthening national frameworks to consolidate and routinely monitor health financing.

Similarly, working with regional institutions across Africa, we continued to strengthen accountability and oversight mechanisms within public financial management systems. This included expanding the capacity of audit institutions, accelerating the digital transformation of audit processes, enhancing health sector financial oversight by internal auditors and parliamentarians, and modernizing public finance professional qualifications through updated and digitalized certification pathways.

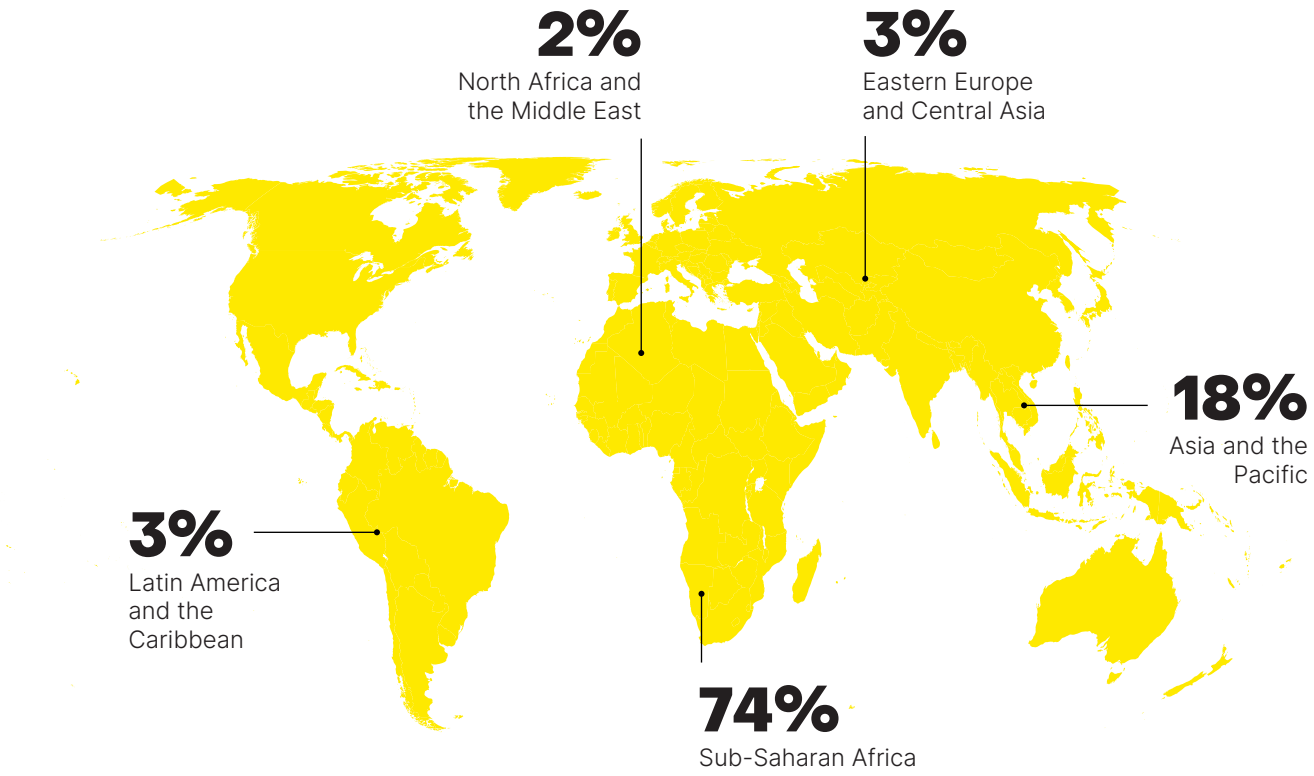
Our efforts over three years have yielded substantial system-level improvements: a 22% increase in Global Fund grant financing reflected in national budgets, a 14% expansion in audit coverage, and a remarkable 96% enhancement in the quality of audits conducted by country accountability institutions.

Transition

Since our inception in 2002, the Global Fund has provided support to countries, with the goal of enabling progressive self-reliance. As global health financing evolves and initiatives like the Accra Reset reflect a clear and necessary shift from externally driven models toward country-led systems, the Global Fund is supporting countries to have the clarity, predictable financing and advanced planning they need to sustain health gains over time.

Global Fund investments by region

From 2023 to 2026, as of June 2026



Transition is both achievable and essential. Since 2002, 52 disease components (HIV, TB and malaria) across 38 countries have transitioned from country-specific Global Fund grant financing.[18] In the last decade alone, approximately 34 disease components across 24 countries have transitioned from country-specific grant financing.[19] In Grant Cycle 7 (2023-2025), 18 disease programs across 12 countries are transitioning away from country-specific grant financing.[20]

For the next grant cycle, the Global Fund has introduced country-specific transition timelines for a sub-set of the portfolio. Defining clear, predictable and transparent transition timelines enables countries to plan in advance for the transition from Global Fund financing and make informed decisions about how Global Fund investments can best support that process. It also helps countries negotiate co-financing commitments that strengthen financial sustainability and align country dialogue, funding requests and grant design to support a successful transition. Transition timelines are designed to set clear expectations and appropriate incentives for increased self-reliance, while working to avoid abrupt transitions.

Under this new approach, Grant Cycle 8 (2026-2028) will be the final allocation for 63 disease components across 35 countries and three multicountry contexts, allowing all countries at least four years of advanced planning (and in some cases five years) to effectively transition from Global Fund financing. Grant Cycle 9 (2029-2031) will be the final allocation for 21 disease components across 12 countries. Among this group, all country components will have a minimum of seven years to plan for transition. ●

18. Includes all disease programs that received funds since the founding of the Global Fund and now no longer do.
19. Includes all disease programs that received funding and now no longer do.
20. Includes disease programs that are transitioning in Grant Cycle 7 (2023-2025) either based on the Eligibility Policy, because they moved to high income, and/or voluntarily transitioned, or did not receive a Grant Cycle 8 (2026-2028) allocation.

Case Study

Sustainable Transition

Advancing a managed path to domestic financing in Indonesia

Indonesia is demonstrating how a carefully planned transition from Global Fund support to domestically financed health systems can be effectively delivered to protect health outcomes and sustain progress against HIV, TB and malaria.

The Global Fund supported a comprehensive analysis of investments made in Indonesia to identify transition pathways and assess risks associated with a full shift to domestic financing. The analysis drew on extensive stakeholder consultations, assessments of available fiscal space and a review of the policy and regulatory environment governing domestic financing institutions.

Indonesia's malaria program is expected to transition from Global Fund support after the end of Grant Cycle 8, which finishes in 2029. The HIV and TB programs are scheduled to transition after the end of Grant Cycle 9, which finishes in 2032. The analysis identified critical areas requiring continued Global Fund support until the end of these transition timelines, including the procurement of essential, lifesaving medicines and diagnostics, as well as community-based health services.

In March 2026, the Ministry of Health formally assumed leadership of the transition agenda, presenting a time-bound roadmap for a managed shift in financing, purchasing mechanisms and contracting models to ensure continuity of essential health services. Transition planning will build on existing national systems, distinguishing between activities that can be fully financed domestically in the near term and those that will require a phased or blended approach.

Through a clearly defined timeline, targeted technical assistance and strong collaboration between the Global Fund Secretariat, the Country Coordinating Mechanism, the Ministry of Health and other in-country partners, Indonesia is advancing a well-planned transition to domestic financing, grounded in sustainability and focused on maintaining quality and continuity of care.

Indonesia has been a Global Fund donor since 2022, pledging to both the Seventh and Eighth Replenishments, which is a testament to the country's commitment to tackling HIV, TB and malaria globally and building strong and resilient health systems.

The Global Fund/Vincent Becker

Note on Methodology

Laboratory Manager Ismail Tofiq (left) and Bakr Hamadamin at the Chest and Respiratory Diseases Center in Erbil, northern Iraq.

The Global Fund/Ashley Gilbertson

The Global Fund is committed to accurate and transparent reporting of programmatic results and impact, and we make data available on the Global Fund website, in reports, information papers and numerous other publications. Everyone in the Global Fund partnership contributes to our collective efforts against AIDS, TB and malaria, and it is critically important that we measure and report our joint progress as effectively and transparently as possible.

The Global Fund reports the full national results[21] and impact of the countries where we invest, rather than reporting solely on the specific projects we fund. This reflects a core principle of the Global Fund partnership's approach: We support national health programs and strategies to achieve national goals. By reporting full national results, we avoid attempting to extricate the Global Fund's impact when it is so closely tied to the impact of other partners. In this way, we monitor and track the collective impact of the Global Fund partnership and the programs that we support toward achieving the 2030 target to end AIDS, TB and malaria. The Global Fund Results Report 2026 presents selected programmatic results (e.g., people on antiretroviral therapy, people treated for TB, mosquito nets distributed) achieved by supported programs in 2025. The programmatic results are also available for 2025 and previous years in a web annex on the Global Fund Data Explorer and for 2025 in an online interactive version of this report. The programmatic results are reported routinely to the Global Fund by the supported programs. The data collected by our technical partners[22] are also used for crosschecking and triangulation and for furnishing national data for selected services[23] to align with the Global Fund partnership's approach to results reporting.[24] For the remaining services, the results in some countries may include only subnational data, as comparable results are not available from the technical partners.

The Results Report 2026 also presents time-trend data for selected key programmatic coverage, outcome and impact measures. The data on the burden of the three diseases include new HIV infections, TB cases, malaria cases and deaths from the three diseases as well as the counterfactual trends representing hypothetical scenarios of absence of key health services. The data on service coverage and outcomes include antiretroviral therapy coverage, viral load suppression, TB treatment coverage and success rate, and mosquito net coverage and use. Reaching the 2030 global targets for these services is critical to achieve the SDG 3.3 target of ending AIDS, TB and malaria by 2030. As we do not estimate disease burden and impact ourselves, the main data sources for these measures are the latest published reports or databases of our technical partners, including WHO and UNAIDS.[25] The technical partners generate these data in close collaboration with countries, using country-reported data from various sources such as routine surveillance systems, population-based surveys and vital registration systems. In this report, estimates of the burden of HIV are up to 2025; in the case of TB and malaria, the 2025 TB and malaria burden estimates from WHO are not yet available at the time of publication, so we use the 2024 data. TB and malaria burden data will become available in the online interactive version of this report once WHO publishes them.

The "lives saved" figure from HIV, TB and malaria programs published in this report is generated using data from our technical partners, including WHO and UNAIDS, using state-of-the-art mathematical models and widely accepted data sources. The full time series of data from UNAIDS (for HIV) and WHO (for TB and malaria) are re-estimated annually using the latest country-level estimates. In addition, the underlying models are also continually refined. The latest estimates of lives saved are therefore not directly comparable to those published in previous years. The number of lives saved in a given country in a particular year is estimated by subtracting the number of deaths that occurred from the number of deaths that would have occurred in a counterfactual hypothetical scenario where key disease interventions did not take place. For example, consider a country in which there is a TB program that provides treatment to people with TB: In one year, 1,000 people diagnosed with TB were treated and 100 people died of TB. If, in that same country, studies showed that the probability of a person dying from TB after being diagnosed but without receiving treatment was 70%, it would be reasonable to assume that 700 people would have died had TB treatment not been available. Therefore, the estimate of the impact of the treatment intervention over that period, in this case, would be 600 lives saved. The same principle is used in all countries and for HIV and malaria. At this stage the Global Fund estimate of lives saved does not include the impacts of investments in fighting COVID-19 or in health and community systems, which will have saved numerous additional lives.

Additional information on the Global Fund's approach to reporting programmatic results and impact can be found on our website.

21. While national results are primarily used, in certain cases, subnational results were reported against subnational targets as specified in the Performance Frameworks.
22. UNAIDS (https://aidsinfo.unaids.org); WHO Global Tuberculosis Programme (http://www.who.int/tb/data); WHO Global Malaria Programme (https://www.who.int/teams/global-malaria-programme).
23. People on antiretroviral therapy for HIV, pregnant women who received medicine to keep them alive and prevent transmitting HIV to their babies, people treated for TB, people treated for drug-resistant TB and HIV-positive TB patients on antiretroviral therapy during TB treatment.
24. The Global Fund's current approach to results reporting was implemented from 2017.
25. Global AIDS Update 2026 (https://www.unaids.org/en/resources/documents/2026/20260727_special_report_AIDS2026); Global Tuberculosis Report 2025 (https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025); World Malaria Report 2025 (https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2025).

Glossary

Access Fund
A centrally managed fund providing temporary co-payments for product procurement using Global Fund country grants. It is part of the Global Fund's market-shaping toolkit, alongside the Revolving Facility, country readiness support and regulatory assistance. It helps seed demand, scale economies and bridge market evolution until prices drop or willingness to pay increases.

ACTs
Artemisinin-based combination therapies are antimalarial medicines that combine a fast-acting artemisinin derivative with a longer-acting partner drug to effectively treat malaria and mitigate emergence of drug-resistant malaria parasites.

AHD
Advanced HIV disease.

ART
Antiretroviral therapy is a combination of medicines that allows people living with HIV to live healthy lives, and prevents them from passing the virus on to others.

BPaL/M
The WHO-recommended 6-month all-oral, injection-free treatment regimen for drug-resistant TB, composed of four medicines – bedaquiline, pretomanid, linezolid and moxifloxacin.

C19RM
COVID-19 Response Mechanism.

CIFF
Children's Investment Fund Foundation.

challenging operating environments
The Global Fund defines challenging operating environments as countries, parts of countries or regions facing instability, disease outbreaks, natural disasters, armed conflict, poor access to health services, limited capacity and fragility due to man-made or natural crises and/or weak governance.

dual AI nets
Dual active ingredient insecticide-treated mosquito nets are coated with two insecticides – pyrethroid and chlorfenapyr – making them more effective against insecticide-resistant mosquitoes than conventional nets.

key populations
People who experience a greater epidemiological vulnerability to HIV, TB and malaria, and may have reduced access to services due to a combination of biological and socioeconomic factors.

lenacapavir
A new antiretroviral medicine that has shown high levels of efficacy in preventing new HIV infections.

NPOC
Near-point-of-care molecular diagnostic tests for TB deliver results in under an hour and offer significantly higher accuracy than smear microscopy. Small, lightweight, simple to use and with back-up power support capabilities, NPOC devices can operate in clinics without reliable electricity, making them ideal for last-mile health facilities.

public financial management
Public financial management is part of the solution to enable integration and sustainable health systems strengthening. It ensures that resources are efficiently coordinated, managed and used to achieve impact and improved health outcomes.

Pooled Procurement Mechanism
A key initiative that the Global Fund uses to aggregate order volumes on behalf of participating grant implementers to negotiate prices and delivery conditions with manufacturers.

PrEP
Pre-exposure prophylaxis. The use of antiretroviral medicines to prevent HIV among people who are HIV-negative.

Revolving Facility
A Global Fund financial mechanism that uses advanced market commitments, including volume guarantees, to drive more affordable access to quality-assured health products and accelerate health product introductions and innovations at greater scale.

Sustainable Development Goal 3
Sustainable Development Goal 3 aims to ensure healthy lives and promote well-being for all at all ages. Target 3.3 of Sustainable Development Goal 3 aims, by 2030, to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.

TACTs
Triple artemisinin-based combination therapies are antimalarial medicines that combine a fast-acting artemisinin derivative with two longer-acting partner drugs to continue to improve treatment efficacy and strengthen prevention of the emergence and spread of drug-resistant malaria parasites.

triple elimination
The elimination of mother-to-child (or vertical) transmission of HIV, syphilis and hepatitis B.

WHO
World Health Organization.

Read more about the
Global Fund's impact:

Results Report 2026 →

The Global Fund/Brian Otieno

THE GLOBAL FUND

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

September 2026