

		CHEAT SHEET - Global Fund Results Report 2025 (on 2024 results)				
	Key results in 2024	Link to 2030 targets	Challenges & main barriers	Main trends	Language used by Global Fund	GFAN's take on a sub-\$18B Global Fund replenishment
HIV	25.6M on ART; 46.6M HIV tests (11.7M among priority/key pops); 12.3M reached with prevention; 648k mothers received PMTCT; 772k VMMC; 1.4M received PrEP	Off-track vs UNAIDS pathway: infections/deaths need steeper declines to 2030; 2024 coverage: 88% know status / 79% on ART / 74% suppressed vs 2025 targets 95/90/86	Funding drops; stigma/criminalization; gender inequities for AGYW; service disruptions	ART up (+2.9%); prevention down sharply (-31% overall; youth/AGYW steep declines); PrEP surges (+325%)	“Decreasing international funding... puts millions of lives at risk... progress at stake"	Treatment interruptions; prevention collapse; failure to scale PrEP/long-acting tools -> more infections/deaths
TB	7.4M treated; 120k DR-TB treated; 3.4M TB contacts got preventive therapy; 2.2M PLHIV on ART initiated TB preventive therapy	Need acceleration to End TB milestones by 2030; 2024 shows recovery but gap to targets remains	DR-TB underfunded; health system constraints; fragile settings; debt distress	Case-finding/treatment continue rebounding; prevention for contacts up +71% YoY	“Record momentum... but goals still challenging"	Fewer people found/treated; DR-TB spreads; pandemic preparedness weakened
Malaria	162.5M ITNs distributed; 27.2M people covered by IRS; 17.8M pregnant women received IPTp; 50.9M children received SMC; 359.9M suspected cases tested; 173.0M cases treated	Aim for universal coverage/use; 2024 mixed picture: some services up (IPTp/SMC/testing), nets down (campaign cycle)	Conflict/extreme weather; insecticide/drug resistance; funding volatility	Nets down (-28%) due to campaign timing; testing/SMC/IPTp up	“Restart stalled progress; deploy new tools (dual-AI nets, vaccines)"	Coverage gaps -> resurgence, more deaths, lost momentum vs 2030
Human rights results	Community- and rights-based approaches prioritized; focus on removing gender/HR barriers to access	Ending AIDS/TB/Malaria requires tackling stigma, discrimination, criminalization	Legal/policy barriers; violence; inequitable access for key pops and AGYW	Increased emphasis on community-led monitoring and people-centered design	“People-centered and community-led... tackle human rights and gender-related barriers"	Cuts shrink HR/gender programs -> lower uptake, worse outcomes, wasted biomedical gains
Economic results	US\$103Bcumulative health-system cost savings (2002–2023) from reduced HIV/TB/malaria burden; rising life expectancy; reduced global inequality	2030 gains hinge on sustained investment to lock in productivity and health-security benefits	Fiscal stress/debt; macro shocks; climate impacts	Strong economic dividend documented; savings concentrated in SSA (US\$56B)	“Investments save lives and drive economic productivity and broader development"	Lost savings/productivity; higher future costs to regain ground; instability risks
Split of all diseases (portfolio snapshot)	Combined death rate down 63%since 2002; incidence down 42%; 25.6M on ART; 7.4M TB treated; 162M nets in 2024	On current trajectory, not fast enough to hit 2030 without scale-up	Funding volatility; resistance; fragile contexts	Mixed YoY: HIV Tx up, malaria nets down (cycle), TB improving	“Proven model translating donor dollars into impact at scale"	Cross-disease backsliding; higher mortality; missed 2030 goals
Gender approach	Increased focus on AGYW prevention and women-controlled options (ring; injectables)	Gender-responsive programs essential to reach 2030	Disproportionate risk for AGYW; access/autonomy gaps	AGYW prevention fell sharply in 2024 (-48%)	“Focus on those most at risk... women and girls"	Cuts hit AGYW first -> rising infections and maternal/child impacts
	The report tracks coverage of interventions: HIV (ART		Indicator	Integration	“Integrate within primary health	

	<b>UHC indicators</b>	coverage, TB treatment coverage/success, malaria ITN access/use/testing);	UHC progress via integrated HIV/TB/Malaria within PHC	discontinuities (GC6->GC7), data quality shifts	emphasis grows; indicator sets evolve	care; strengthen systems for UHC and preparedness"	Cuts stall integration and weaken UHC trajectories
	<b>Cost of GF (efficiency)</b>	Secretariat operating expenses average ~6% of pledges; in addition to cuts already made in 2025 to opex, a further 20% reduction in 2026 is anticipated; tight partner management costs; efficient procurement	Cost-effective channel to 2030: low overhead maximizes program dollars	Rising input costs; admin burden on countries	Process streamlining, automation, shared services	"Best-in-class cost-efficiency"	Cuts reduce already-lean core -> program delivery bottlenecks
	<b>Market shaping</b>	ARV price from ~US\$10,000/yr (2002) -> ~US\$35 today; Revolving Facility (2023), Access Fund (2024); first African-manufactured ARVs procured for another country (2025); wambo.org & PPM access for <del>non-profit funds</del>	Faster, affordable access to innovations is critical to 2030	Supply security; timely regulatory pathways; initial uptake barriers	Expanded use of dual-AI nets, AI diagnostics, long-acting PrEP	"Leverage purchasing power to shape markets and drive down prices"	Cuts undercut advance commitments -> slower scale/ higher prices
	<b>Country ownership</b>	>95% of grant funding overseen by CCMs; decisions led by national actors; accelerated STC policy (2024) with tighter co-financing & transitions	Sustainable, nationally-led responses by 2030/35 require paced transitions	Too-abrupt transitions derail progress & leave vulnerable behind	GC8 shifts more to poorest; blended finance/Debt2Health expand	"Country-driven, inclusive decision-making"	Cuts force premature transitions -> service collapse
	<b>Communities' role</b>	Highest levels of funding for community-based interventions and community-led monitoring; decision-making power at country and Board levels	Community leadership is essential to reach marginalized groups by 2030	Shrinking civic space; safety risks; underfunded community systems	Expanded CLM; people-centered design improves uptake	"People-centered and community-led"	Cuts silence community voice -> lower service reach/effectiveness
	<b>ROI</b>	Documented US\$103B cost savings; life-expectancy gains; ~½ of reduced global inequality in life expectancy (2002–2021) linked to progress on the three diseases	Donor dollars yield outsized social & economic returns through 2030	Underinvestment forfeits high-ROI prevention and systems	Clear macro-benefits where burden AND least ability to health access is greatest	"One of the most effective ways to save lives and reinforce health security"	Cuts erase high-ROI gains; future costs surge
	<b>Number of lives saved</b>	70 million lives saved cumulatively by end-2024; combined death rate down 63%since 2002	On-track only with sustained acceleration to 2030	Funding cliff; overlapping crises (conflict, climate, debt)	Long-term gains now at risk	"Our results prove... with sustained commitment we can end the diseases"	Lives at risk immediately; mortality rebounds
	<b>Resilient health systems (RSSH &amp; preparedness)</b>	US\$6.1B systems investments in current cycle; GF investments support diagnostics, digital health, and supply chain innovations; AI DX in >20 countries; integration into PHC/UHC	Stronger systems are prerequisite to 2030 targets & preparedness	System strain; PFM gaps; workforce & supply chain capacity	Deeper Gavi/GF collaboration; joint units; shared services	"Strengthen health & community systems; biggest external investor in preparedness"	Cuts weaken core capacities; slower outbreak detection/response
		Matching Fund does not contribute					

Catalytic investments	PrEPscale-up (5 countries ≈ half of PrEP investment 2024–26); CIFF: US\$33M for PrEP/PEP; US\$25M HIV self-testing (14.1M people reached, 2021–2024); lenacapaviraccess agreement; 150k dapivirine rings to catalyze demand ; NextGen Market shaping : access to a diversified portfolio of artemisininbased in 4 east african coutries ; Cimate and health- emergency response to climate disasters and solar-system facilities in Zimbabwe and Zambia	Catalytic tools de-risk and speed innovation to 2030	Early-uptake costs; demand creation; last-mile delivery	Rapid scale when funded (PrEP +324% YoY)	"Accelerating access to innovations"	Cuts stall roll-out of long-acting prevention & new tools; lost time cannot be recovered
Human rights	The Global Fund prioritized people-centered, community-led programs that remove human rights and gender-related barriers to access (e.g., community-led monitoring, non-discrimination, gender/rights approaches). Communities have real decision-making power at country level (CCMs) and at the Board; the Fund provides the highest levels of financing for community-based interventions among global health actors	Hitting 2030 goals for AIDS, TB and malaria requires removing HR/gender barriers so those most at risk can access prevention, testing and treatment; rights-based, community-led delivery is positioned as essential to accelerate toward 2030.	Stigma, discrimination, criminalization, gender inequities, shrinking civic space; broader pressures (conflict, debt distress, climate impacts) that erode human rights and impede service uptake	Stronger emphasis on community leadership and CLM, integration of programs into PHC/UHC, and explicit focus on equity for key populations and AGYW as part of the delivery model	"People-centered and community-led... tackling human rights and gender-related barriers"; commitment that no one should die of preventable disease, with inclusive, country-driven decision-making	The report warns that decreasing international funding will weaken HR/gender programs, reduce access for marginalized groups, undercut biomedical impact, and derail 2030 trajectories—hence the need for donors to give more than the last replenishment

### Key take aways from the Results report

- A somber context, but not a time to forget ProgressA somber context, but not a time to forget progress collectively built
- The Global Fund is the most efficient vehicle for impact (~6% overhead; US\$103B cost savings documented; 70M lives saved)
- 2024 shows fragility: HIV prevention plunged; malaria nets down; DR-TB treatment slipped—right as innovations are ready to scale (long-acting PrEP, dual-AI nets, AI diagnostics)
- With this years cuts to PEPFAR and broader ODA cuts in the US and elsewhere, donors must give more than in the 7th Replenishment to avoid a reversal and keep 2030 within reach
- As we have been saying: the path we choose is before us. The decision is stark — but so is the opportunity to protect the gains achieved and to finish what we started.