



FRIENDS
OF THE GLOBAL FIGHT

AGAINST AIDS,
TUBERCULOSIS
AND MALARIA



U.S. GLOBAL HEALTH INVESTMENTS AND PANDEMIC PREPAREDNESS

March 2023



Photo: Nelli Solomon, coordinator of a Global Fund-supported mobile clinic in Tserovani, Georgia, examines a patient's digital chest X-ray. The Global Fund.

One of the best ways to prepare for future threats is to invest *now* in the programs, systems and people needed to respond to existing threats.

The U.S. is the global leader in fighting the world's deadliest infectious diseases. Altogether, HIV, TB and malaria caused nearly 3 million deaths in 2022. Through its contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria and its own bilateral programs, the U.S. government contributes 73% of global funding to fight AIDS¹ and the United States Agency for International Development (USAID) is the largest bilateral donor for TB in low- and middle-income countries.² Together, the Global Fund and U.S. bilateral assistance accounts for nearly all international funding for malaria control.³

These U.S. investments in infectious control programming are critical in their own right, saving millions of lives and improving global health and well-being. But they also serve another, vital purpose – strengthening fragile health systems and preparing countries to detect and respond effectively to future health emergencies. Prior U.S. investments in health systems through bilateral programs and the Global Fund helped countries respond effectively to COVID-19.

As the U.S. and the rest of the world work to build strong pandemic preparedness and response capacity, ensuring robust funding for existing infectious disease programs is a strategic necessity. Indeed, one of the best ways to prepare for future threats is to invest *now* in the programs, systems and people needed to respond to existing threats. By doing so, we build the resilient, people-centered infrastructure that will serve us well when the next pandemic arrives.

U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

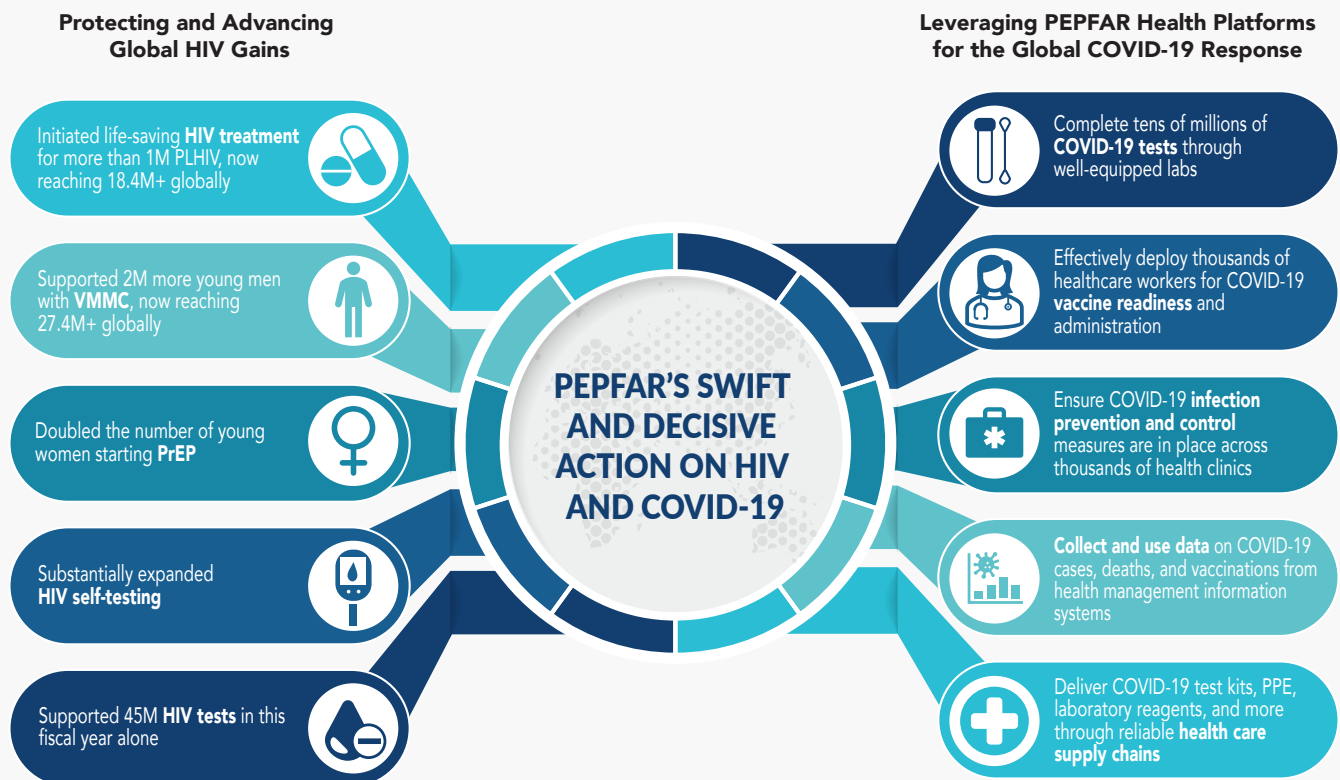
PEPFAR is the largest bilateral health program ever dedicated to a single disease. Since PEPFAR was created in 2003 under the administration of President George W. Bush, American taxpayers have invested more than \$110 billion in responding to the global HIV pandemic. In countries receiving PEPFAR support, AIDS-related deaths have fallen by 64% since 2004, driving historic increases in overall life expectancy.⁴ Over nearly two decades of work, PEPFAR has saved more than 25 million lives and prevented millions of HIV infections.⁵

Each year, PEPFAR invests more than \$1 billion in strengthening health systems in low- and middle-income countries. PEPFAR has supported health service delivery in more than 70,000 clinics, trained over 300,000 health care workers and built the capacity of at least 3,000 laboratories.⁶ PEPFAR's support for the thousands of clinical facilities in low- and middle-income countries has helped bolster health service delivery, especially in light of the fact that nearly one billion people worldwide currently rely on health facilities that lack reliable electricity.⁷ Through the provision of lifesaving antiretroviral therapy, PEPFAR has brought into the health care system more than 20 million men, women and children enabling diagnosis and treatment for other conditions.⁸

These infrastructure investments by PEPFAR proved pivotal during COVID-19.⁹ Laboratories built with PEPFAR funding identified the Omicron variant of SARS-CoV-2, providing the U.S. with weeks of advance warning to plan for this most infectious version of the virus that causes COVID-19. The hundreds of thousands of health care workers trained with PEPFAR funding swiftly became the frontline workers for responding to COVID-19. And the community systems built through PEPFAR support rapidly pivoted to educate communities about COVID-19 and to preserve health services in the face of the COVID-19 pandemic.

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Figure 1. PEPFAR's action to fight HIV and COVID-19



Cumulatively, PMI has invested over \$8 billion since the start of the initiative, contributing to over 11.7 million lives saved and 2 billion cases averted since 2000.

President's Malaria Initiative

Launched in 2005 by President George W. Bush, the U.S. President's Malaria Initiative (PMI) funds malaria programs in 27 partner countries in sub-Saharan Africa and Southeast Asia. USAID funds also support regional activities in Latin America and the Caribbean.¹⁰ Cumulatively, PMI has invested over \$8 billion since the start of the initiative, contributing to over 11.7 million lives saved and 2 billion cases averted since 2000.¹¹ PMI investments benefit 700 million people annually with a range of malaria prevention interventions (including insecticide-treated mosquito nets, insecticide spraying, preventive treatment in pregnancy and seasonal preventive treatments) as well as the diagnosis and treatment of malaria cases.¹²

Malaria infrastructure built through years of U.S. investments played a key role in helping resource-limited countries respond to COVID-19. As fever is an early symptom of both malaria and COVID-19, programs integrating malaria and COVID-19 control interventions aided in the prompt and accurate diagnosis of both diseases.¹³ Malaria control and elimination programs have trained tens of thousands of health care workers in early diagnosis, health promotion and contact tracing to interrupt the chain of transmission, both for malaria and for future pandemic diseases.¹⁴ PMI is further strengthening the health workforce in sub-Saharan Africa through the recruitment, training and deployment of community health workers to extend access to malaria care and the programmatic reach of malaria control efforts, while also buttressing health care systems to respond to future pandemics.¹⁵

USAID TB Program

Global efforts to end TB – supported by \$4.6 billion dollars of USAID assistance since 2000 – have saved more than 74 million lives.¹⁶ USAID provides direct TB assistance in 24 countries with high TB burdens as well as targeted technical assistance to national TB programs in an additional 31 countries.

Of all the major infectious causes of death, TB has the clearest overlap with COVID-19, as an airborne respiratory disease with similar symptoms. In 2021, USAID and the Stop TB Partnership developed technical guidance on the integration of TB and COVID-19 screening and testing for individuals presenting at health facilities with respiratory symptoms to ensure access to rapid and appropriate diagnosis.¹⁷ This not only prevented the spread of these deadly diseases but enabled the TB infrastructure built through American assistance to be leveraged to address the new pandemic throughout Asia and Africa.^{18,19} Integrated TB/COVID-19 services leverage not only TB laboratory capacity but also airborne infection control measures and experienced health workers trained through U.S. Government TB investments. In 2021 alone, USAID's TB program trained nearly 164,000 health workers.²⁰



Photo: Safi Ouango gives Seasonal Malaria Chemoprevention (SMC), a preventive malaria treatment, to her 2-year-old daughter in Ouagadougou, Burkina Faso. The Global Fund.

Global Fund to Fight AIDS, Tuberculosis and Malaria

The U.S. is the single biggest donor to the Global Fund, which distributes over \$4 billion per year to more than 120 low- and middle-income countries to end the pandemics of AIDS, TB and malaria. Since its creation two decades ago, the Global Fund has saved 50 million lives and contributed to marked gains in life expectancy in sub-Saharan Africa.²¹ By law, the U.S. cannot contribute more than 33% of Global Fund support, helping ensure that U.S. support is effectively leveraged to attract additional financing from other donors. In addition, the Global Fund requires implementing countries to increase their own health financing.

Each year, the Global Fund invests about \$1.5 billion in strengthening health systems – recruiting and training health personnel, building strong surveillance and laboratory systems, enabling multi-disease diagnostic platforms, strengthening procurement and supply management systems for drugs and diagnostics and helping communities fill health system gaps.²² These are precisely the health system functions that are critical when a new health threat emerges.

Procurement and supply chain management systems strengthened through Global Fund investments supported the purchase and distribution of COVID-19-related health commodities, including ventilators, personal protective equipment, diagnostics and novel therapeutics. In 2022, the Global Fund doubled its investments in the recruitment, training and deployment of community health workers – to \$377 million annually, with plans to further increase such investments.

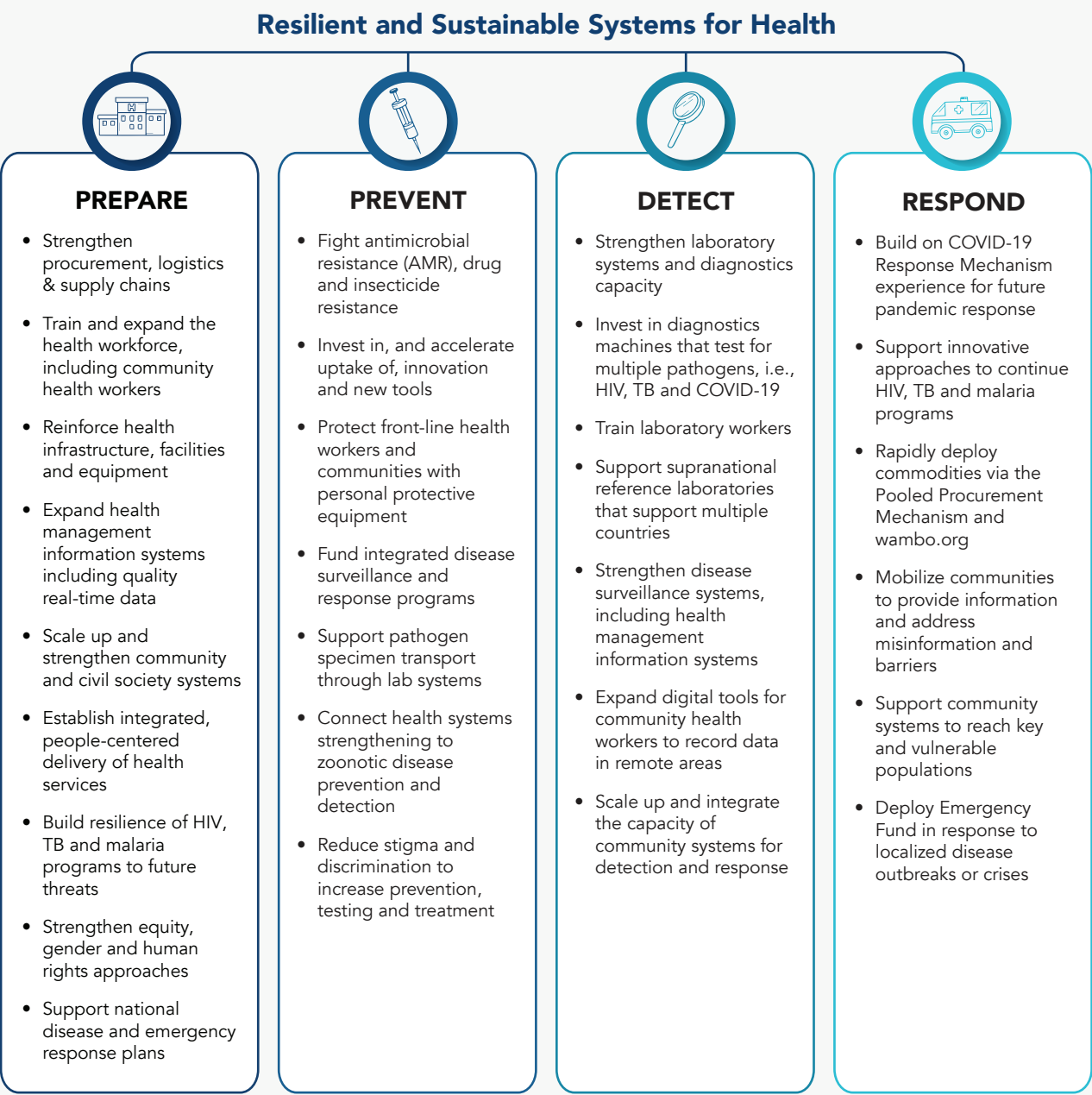
With the support of the U.S. and other donors, the Global Fund created the COVID-19 Response Mechanism and awarded more than \$4.4 billion to help countries respond to COVID-19 and to preserve HIV, TB and malaria services in the face of the COVID-19 pandemic. In addition to supporting health services for HIV, TB and malaria that rapidly adapted to address COVID-19 as well, the Global Fund itself proved to be institutionally resilient in the face of the most serious pandemic in a century. Moving forward, a recent analysis found that 85% of investments needed to build health security over the next three years are in countries that are already eligible for Global Fund support.²³ The Global Fund board recently extended the COVID-19 Response Mechanism through 2025, to enable funding for pandemic preparedness and response activities in eligible countries.



Photo: Mohammed Asad Mia defeated TB while supporting his family and growing his business during the COVID-19 pandemic. The Global Fund.

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Figure 2. Global Fund investments in formal and community health systems are the foundation for pandemic preparedness and response



Using every available avenue to prepare for future pandemics

Every pandemic is different, but all pandemics share certain characteristics. All require bold and evidence-based health leadership, diagnostic and laboratory systems that provide essential intelligence for personal and public health decision-making, service systems that are both resilient and capable of reaching those most likely to be left behind, and mechanisms that engage communities and leverage their leadership and unique insights.

COVID-19 confronted U.S.-funded infectious disease programs with profound challenges, yet these programs delivered – not only on their core mandates but also to strengthen and accelerate the fight to bring COVID-19 under control. The U.S. needs to continue investing in disease-specific programs to fight the deadliest infectious diseases – not only because these programs save millions of lives each year but also because they serve as essential building blocks to prepare for future pandemics.

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Endnotes

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Photo: A doctor wears a protective mask while making rounds in her clinic. The Global Fund.



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Advocacy to end epidemics.

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Cover photo: Oyinlola Oyindamolola is a health volunteer at Heart to Heart clinic in Ikorodu General Hospital in Nigeria where a PMTCT program is supported by the Global Fund. The Global Fund.