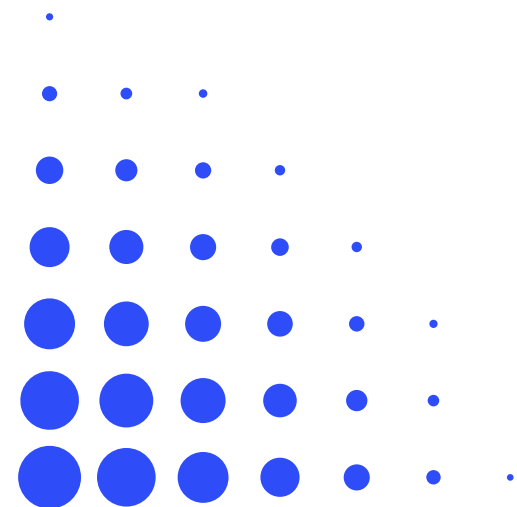
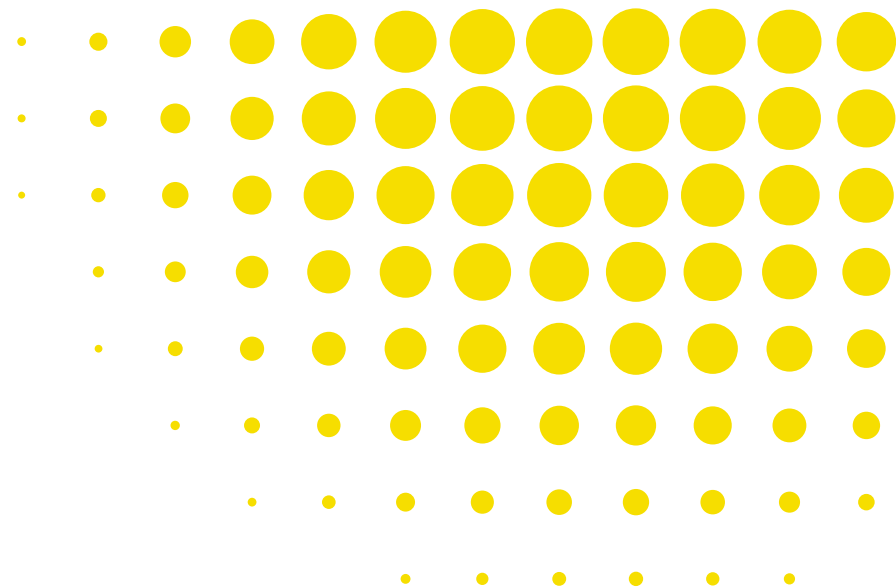




# **The Global Fund and AMR: Past, Present, and Future**



# Key points

1. TGF and partners have been contributing to the global AMR effort
2. Our new strategy is aligned with helping countries advance action against AMR, and current funding opportunities exist
3. We are uniquely positioned to accelerate these efforts as the world moves beyond COVID-19 toward pandemic preparedness

# About the Global Fund

**We unite world leaders, communities, civil society, health workers and the private sector to find out what works and take it to scale – so the world makes more progress, more rapidly in the fight against AIDS, TB and malaria.**

**Together we have saved  
50 million lives**



# What Makes Us Unique

## DIVERSITY AND PARTNERSHIP

We unite world leaders, governments, affected communities, civil society, technical partners, health workers and the private sector to **work together as a global partnership**.

## COUNTRY LED

We recognize, respect and leverage the **unique expertise within each country** – and this leads to better solutions and more impact.

## EQUAL VOICES AND EQUAL CHANCES

We **fight injustice and challenge power dynamics** to ensure affected communities have an equal voice and an equal chance at a healthy future.

## INTEGRITY AND TRANSPARENCY

We are trusted to bring the world's resources together. We operate with complete transparency and accountability, **ensuring public and private money reaches those in need**.

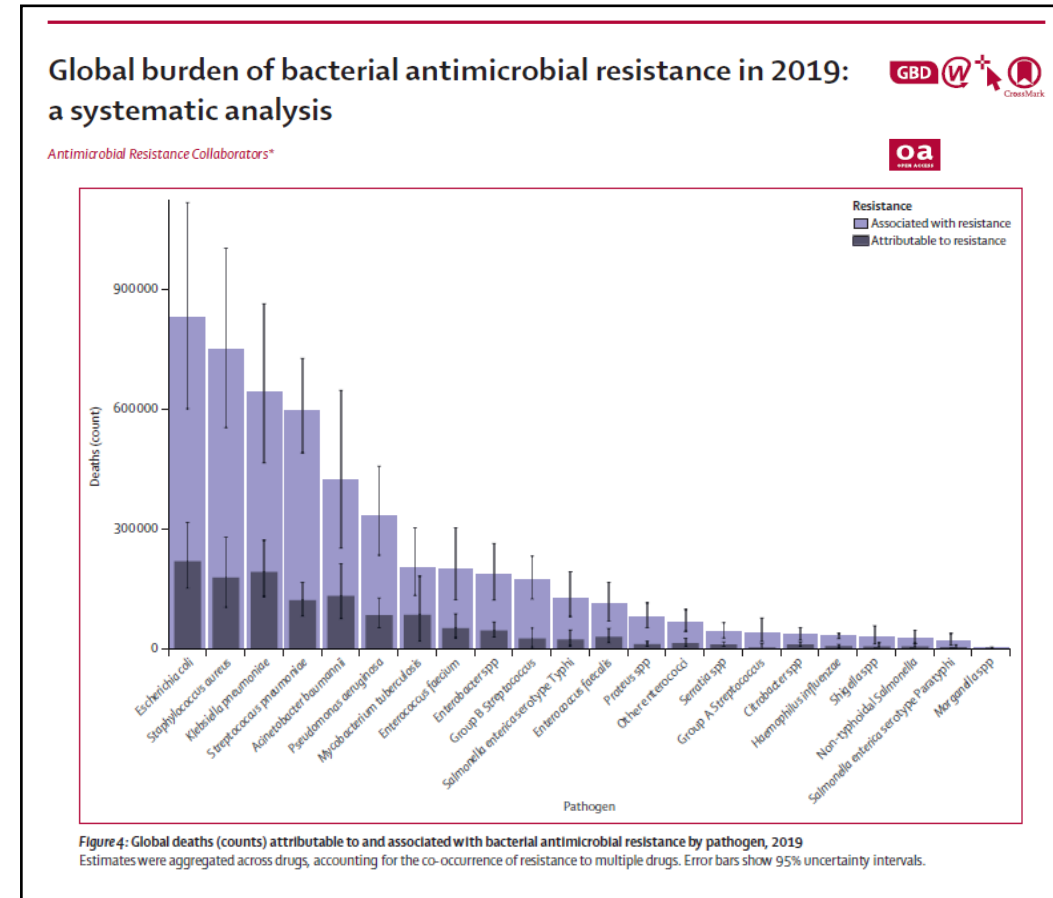
## IMPACT

We find out what works, and we take it to scale worldwide.  
We seek lasting change by finding the root causes of problems and solving them.  
We have saved 50 million lives to date, and we will keep fighting until we finish the job.

# Combating all AMR is important to the Global Fund.

AMR is associated with nearly 5M deaths/ year, and sub-Saharan Africa is most impacted. Addressing AMR requires strengthening the whole health system

- **TB is a major cause of AMR deaths (7<sup>th</sup>)**
- **However most deaths are from other bacterial infections common in hospitals and communities.**
- **HIV, TB, and malaria patients suffer substantially from these bacterial co-infections and AMR.**
  - Bacterial infections are the second-leading cause of hospitalization among PLWH, after AIDS-related illnesses
  - HIV and TB patients access healthcare more frequently, increasing their risk of healthcare-associated infections
  - Misdiagnosed TB and malaria lead to overtreatment with antibiotics, increasing risk of AMR





# The Global Fund has been investing in AMR and health systems for years.

- **Investments have already been helping to address AMR related specifically to HIV, TB and malaria and more broadly**
- **We are the largest external source of financing for drug-resistant TB in low- and middle-income countries.**
- **483,000 people with MDR/RR-TB treated in 2018-2020**
- **US\$4.9Bn invested in health systems through core grants and COVID-19 response (2021-23) – about one-third of our total investments**

## Key TB results in 2021 in countries where the Global Fund invests:



**5.3m**

People treated for TB



**283,000**

HIV positive TB patients on ARV



**1,600**

People on treatment for extensively drug-resistant TB



**395,000**

People exposed to TB received TB preventive therapy

# The Global Fund provided critical assistance during the COVID-19 pandemic, particularly for health systems.

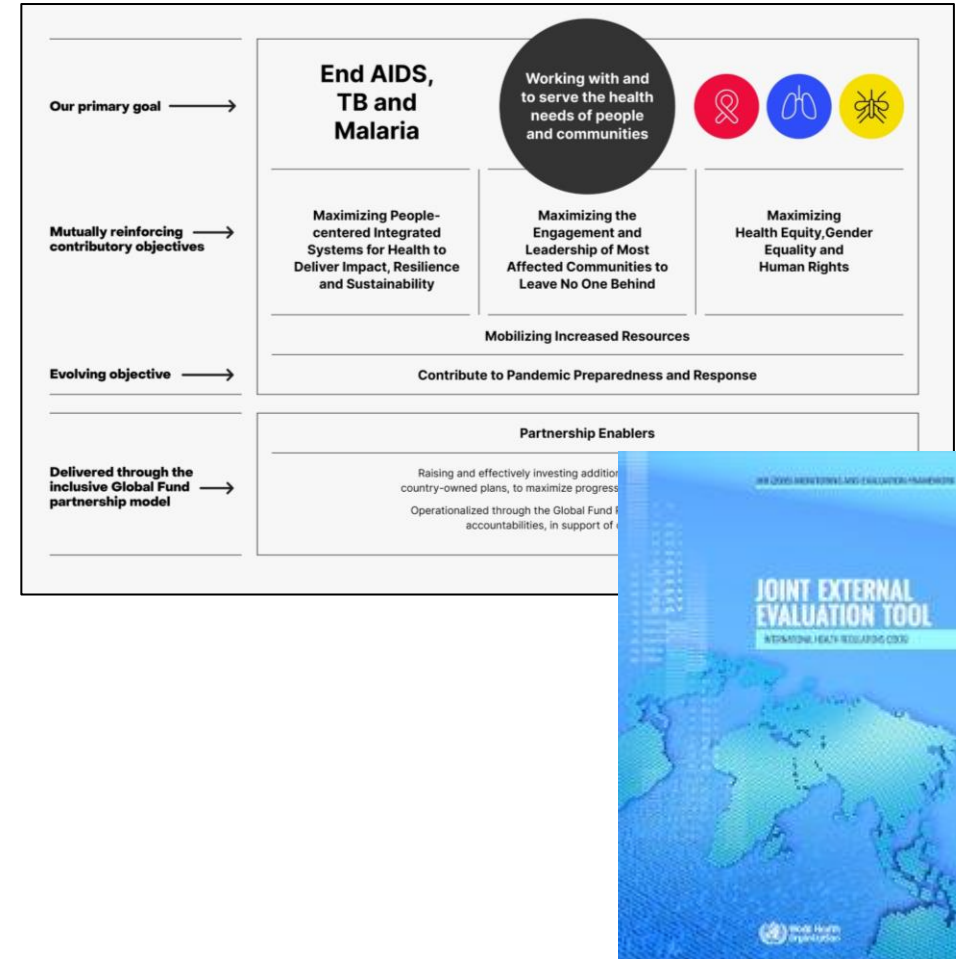
- **US\$4.4Bn approved for the Global Fund's COVID-19 response**
- **109 countries and 22 multicountry programs**
- **75.6%:** Reinforcing national COVID-19 response
- **12.7%:** Making urgent improvements to health and community systems to help fight COVID-19
- **11.7%:** Mitigating COVID-19 impact on HIV, TB, and malaria programs



Dr. Jayanthi Shastri implements COVID-19 testing, Mumbai, India. The Global Fund/Atul Loke

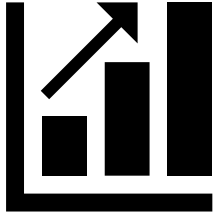
# The Global Fund's new strategy (2023-2028) emphasizes the importance of health systems and pandemic preparedness.

- **Primary goal to end AIDS, TB, and malaria is underpinned by maximizing resilient and sustainable systems for health (RSSH).**
- **Supporting pandemic preparedness and response (PPR) is a new, evolving objective**
- **TGF's PPR investments will align with accepted, normative frameworks (i.e., JEE, NAPHS) to work towards measurable progress**





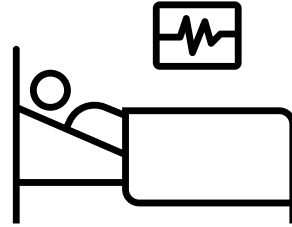
# Why does the Global Fund consider AMR to be an important pandemic preparedness issue?



**AMR has been increasing and spreading, especially during COVID-19.**

**72%** of ICU

**bloodstream infections in India are now untreatable or nearly untreatable**



**Deaths from AMR disproportionately impacts LMIC, especially GF countries.**

**4X** AMR death rate in

**sub-Saharan Africa compared to Australasia**



**Global Fund's strengths and strategic investments in surveillance, lab, IPC, and HRH can impact AMR.**

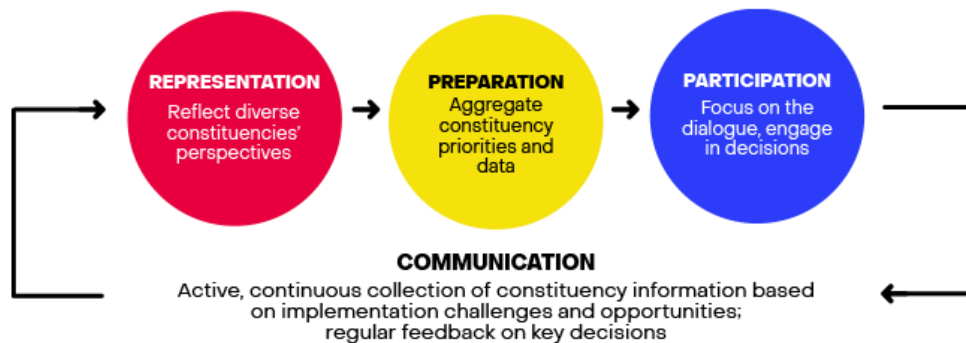
**\$1.5Bn**

**yearly investment in health systems in 2021-23**

# Funding for AMR will be available this year, through GC7 funding and the COVID-19 Response Mechanism (C19RM).


**GC7 is the GF's core allocation aimed at HIV, TB, malaria and building RSSH.**

- \$13.12Bn approved for 2023-2025
- *AMR is an excellent example* of strengthening health systems (RSSH), which may be funded through GC7.
- **Country Coordinating Mechanisms (CCMs)** develop funding requests and coordinate grants, following inclusive country dialogue



**C19RM is emergency funding for the COVID-19 pandemic.**

- \$4.4Bn approved for COVID-19 response
- With evolving need and extension of funds until end 2025, shift toward health systems and pandemic preparedness
- Portfolio optimization and reinvestment
- **CCMs also coordinate C19RM funding requests and grants**

 THE GLOBAL FUND  
UNITE to FIGHT

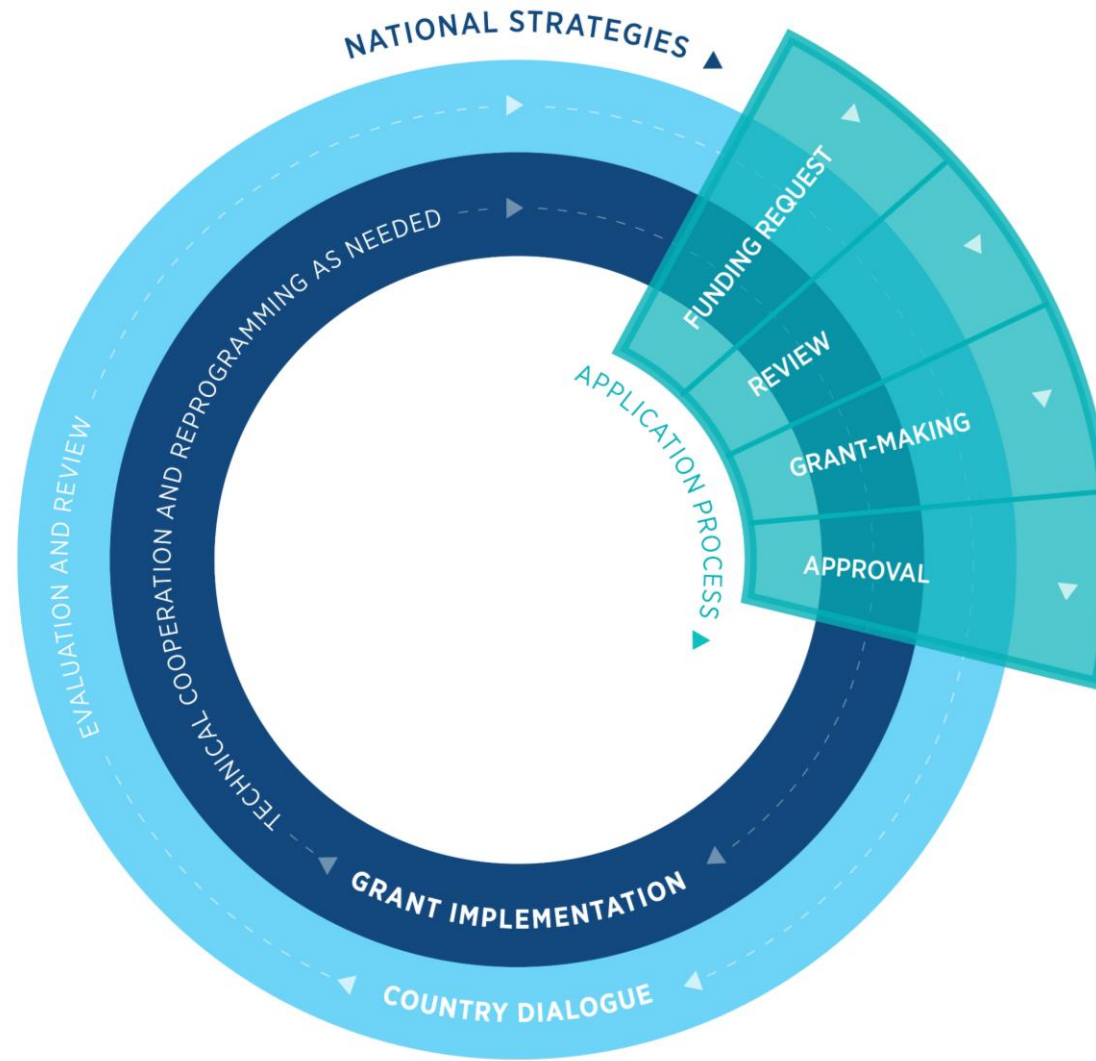
COVID-19 RESPONSE MECHANISM

**C19RM INFORMATION SESSION**

**Reinvesting C19RM Funds**  
Refocusing C19RM Investments to Maximize Impact

# Access to funding process

- CCMs received an **Allocation Letter** from the GF in Dec 2022
- CCM leads **country dialogue** to determine investment priorities and prepare the funding request
- Independent **Technical Review Panel** (TRP) assesses funding request for technical soundness and potential for impact
- TRP also reviews Prioritized Above Allocation Requests to identify interventions to include in the **Register of Unfunded Quality Demand**
- After funding request recommendation, GF negotiates **3-year grants** with Principal Recipients, subject to Board approval.
- **Reprogramming** is on-going to optimize grant performance.



# The Global Fund is positioned to accelerate progress on AMR and strengthen health systems/ pandemic preparedness.

1. **The Global Fund’s comparative advantage is in supporting countries to build more resilient and sustainable health systems.**
2. **We are already investing heavily in the same key components, including laboratory networks, disease surveillance systems, supply chains, primary health care facilities and community health workers.**
3. **We should help countries build on top of ongoing disease-specific investments. This would enable countries to build pandemic preparedness on a marginal cost basis, rather than as a separate – and more expensive – silo.**
4. **Taking an integrated approach would enable countries to create fungible capacities, which could be used for HIV, TB, malaria and other diseases when there is no immediate threat or outbreak, and can be repurposed to counter any new potential pandemic.**

BMJ Global Health

Financing global health security: estimating the costs of pandemic preparedness in Global Fund eligible countries

Stephanie Eaneff <sup>1</sup>, Matthew R Boyce <sup>1</sup>, Ellie Graeden <sup>1</sup>, David Lowrance,<sup>2</sup> Mackenzie Moore,<sup>1</sup> Rebecca Katz <sup>1</sup>

Table 1 Select investments that are directly or indirectly related to HIV, TB and/or malaria (HTM) efforts by core capacity of the JEE		
JEE core capacity	3-year costs directly and indirectly related to HTM efforts	Selected examples of costed activities directly and indirectly related to HTM efforts
Real-time surveillance	US\$13 billion	Training, capacity building and ongoing support for skilled healthcare and public health workforce to enable both indicator and event-based surveillance; development and maintenance of electronic disease surveillance data platforms.
Antimicrobial resistance	US\$8 billion	Resources to support and enable infection prevention and control in healthcare facilities, including decontamination kits, airborne infection isolation rooms and hand hygiene kits; outbreak investigation kits; training, development and ongoing support for skilled healthcare, animal health and public health workforce.
National laboratory system	US\$3 billion	Durable and consumable laboratory materials that support efforts aligned with multiple disease areas (eg, virus culture, serology and PCR capability, microscopy and bacterial culture capability); select rapid diagnostic tests.
Workforce development	US\$1 billion	Expand national field epidemiology training capability and provide programmatic support and essential supplies for training; develop, maintain and evaluate national workforce strategy.
Of note, these costs represent overlap between investments related to HTM efforts and need as assessed for progress against the specified JEE indicators; as such, they do not represent the total magnitude of global need in each area. All costs estimated in 2021 US\$; results reported rounded to the nearest billion or million, depending on the order of magnitude. Selected activities are intended as illustrative examples but do not cover the full costs for each core capacity. JEE, Joint External Evaluation.		

# Pandemic Fund and Global Fund

- Pandemic Fund launched in September 2022
- GF is an approved Implementing Entity (IE) and Board Observer
- First Call for Proposals (CfP) to be issued in January 2023
  - Focus on Surveillance, Laboratory, Workforce
  - ~\$300-400M in initial allocation
  - Countries and IE's can submit proposals
  - Eligible IEs: African Development Bank; Asian Development Bank; Asian Infrastructure Investment Bank; European Investment Bank; Inter-American Development Bank; International Finance Corporation; World Bank; Food and Agriculture Organization of the United Nations; UNICEF; WHO; CEPI; Gavi; and Global Fund
  - Proposals to be reviewed by Technical Advisory Panel (akin to TRP)
- CfP will coincide with GC7 and C19RM PO2 FR development
- Strong coordination for aligned prioritization and programming will be critical



**The  
Pandemic  
Fund**

FOR A RESILIENT WORLD 13



# How can the Global Leaders Group help?

- 1. Pandemic preparedness frameworks, policies, and financing must include AMR.**
- 2. The Global Fund brings transparency, experience, and results and would be an ideal partner to finance PPR and AMR.**
- 3. Addressing AMR fits within the Global Fund's strategy, and we bring unique strengths to help finance AMR with health systems and PPR.**

## A Global Pandemic Treaty Must Address Antimicrobial Resistance

Global Health Law

*Lindsay A. Wilson,  
Susan Rogers Van Katwyk,  
Isaac Weldon, and  
Steven J. Hoffman*

**Keywords:** Antimicrobial Resistance, International Health Regulations, Pandemic Andemic Treaty, World Health Organization, Global Health Law

to catalyze collective action against future pandemics.<sup>3</sup> However, early discussions of the treaty have taken an overly narrow approach to defining pandemics, with the majority of attention focusing on the need for better surveillance and monitoring of emerging zoonotic infections.<sup>4</sup>



# Thank you



The Global Fund to Fight  
AIDS, Tuberculosis and Malaria

+41 58 791 1700  
[theglobalfund.org](http://theglobalfund.org)