The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) raises funding in three-year cycles known as Replenishments. Approximately 95% of total funding for the Global Fund comes from donor governments and the remaining 5% comes from the private sector, private foundations and innovative financing initiatives.

Replenishments allow the Global Fund to inform implementing partners of a “funding allocation” and allows them to plan effectively.

The Investment Case

In preparation for the Replenishment, the Global Fund developed an “Investment Case” in collaboration with other technical partners such as UNAIDS, WHO, Stop TB Partnership and Roll Back Malaria Partnership to estimate the amount of funding required to fight the three epidemics for the next three years (2020 – 2022). The Investment Case explains the rationale, scope, and urgency of investing in the Sixth Replenishment.

The Investment Case for the Sixth Replenishment targets at least US$14 billion which represents an increase of US$1.8 billion, or 15% over the US$12.2 billion raised during the Fifth Replenishment period.

These figures are based on co-financing commitments made in the current cycle and broader political commitments to health systems development.

The Investment Case recognizes that there are budget constraints and competing priorities in the shifting development landscape. Yet this level of investment represents the minimum required to achieve the Global Fund Strategy goals for 2017 – 2022 to get back on track towards ending the epidemics.

Since its establishment in 2002, the Global Fund has held five Replenishments which have resulted in disbursing more than US$38 billion towards the fight against AIDS, Tuberculosis and Malaria. By 2018, the Global Fund had contributed towards putting 17.5 million people on ART, 102,000 drug-resistant people with TB on treatment and treated 108 million malaria cases. The Global Fund Results Report 2018 is available here.

“Technical Partners have estimated the total funding need for AIDS, TB and malaria at US$46 billion annually, of which GFAN estimates that at least US$16.8 to US$18 billion should be invested through the Global Fund for the 6th Replenishment (2020 – 2022). This would reflect a minimum increase of 22% compared to the US$11.9 billion announced pledges at the Fifth Replenishment for allocation cycle 2017 – 2019.”

The Sixth Replenishment

The Replenishment of the Global Fund is a long process in which donor and implementing governments, private sector, private foundations, High Net Worth Individuals (HNWIs) and communities and civil society collaborate to work and advocate to mobilise the required amount of investment to realise a fully funded Global Fund.

Traditionally, the Global Fund Replenishment consists of two key events:
- A Preparatory Meeting (held in New Delhi, India on the 7th & 8th February 2010)
- The Replenishment Conference, which also known as the Pledging Meeting (to be held in Lyon, France on the 9th & 10th October 2019)

The Preparatory Meeting provides Global Fund Partners with key information on the impact to be achieved and the financial resources needed to achieve the 2030 targets based on the Investment Case.

The Replenishment Conference convenes leaders from governments, the private sector, communities living with and/or affected by the three diseases, and civil society.

Leading up to, and during the Replenishment Conference, donors from different sectors will announce their pledges to the Global Fund.

Results of the pledges at the Fifth Replenishment Meeting are available here.

Most up to date information on pledges coming in for the Sixth Replenishment of the Global Fund is collated by GFAN and available here.

What this means for the Asia-Pacific

Decreasing HIV incidence yet growing legal barriers and conservatism; last mile for malaria elimination; more than one-third world’s cases; components transitioning from Global Fund support; withdrawal of bilateral support.

New HIV infections in Asia-Pacific decreased by 14% between 2010 – 2017 and annual deaths from AIDS-related illness declined by 39% during the same period. Yet, among the 5.2 million living with HIV in Asia-Pacific at the end of 2017, only 2.7 million people were accessing ART (only 53% of people living with HIV).1

TB case detection in the region had exceeded 69% by 2008 while treatment success rates have consistently surpassed 85% since 2008. Yet, one-third of the world’s burden of TB or about 4.9 million prevalent cases, is found in the South-East Asia Region defined by the World Health Organisation. In a region where one-fourth of the world’s population live, TB can lead to catastrophic out-of-pocket expenditures.2

The WHO South-East Asia Region continued to see a fall in the rate of malaria incidence – from 17 cases per 1,000 population at risk in 2010 to 7 in 2017. Yet, 5% of the total malaria cases in 2017 were in the WHO South-East Asia Region. Additionally, the Greater Mekong region is ground zero for the emergence of drug-resistant malaria.3

By 2020, in order to reach the Fast-Track resource target of US$ 4 billion per year, for TB alone, the resources required need to be doubled from what is required for 2018. 13 countries4 in the region which are either upper-middle income countries or lower-middle countries with low or moderate disease burdens, supported by the Global Fund, are expected to begin or build upon existing sustainability and transition plans during the 2017 – 2019 period for one, two or all three diseases.5

At the same time while the Global Fund prepares to transition from countries with decreasing disease burdens with higher economic capacity, many other bilateral donors have started to move resources away from or have already withdrawn resources away from the region. The President’s Emergency Plan for AIDS Relief (PEPFAR), administered by USAID which contributes close to 80% of the HIV response in Vietnam is planning to phase out in the next four years.6 Australia’s Department of Foreign Affairs and Trade (DFAT) has significantly reduced its HIV funding to Asia-Pacific countries such as Indonesia, Papua New Guinea and countries in the Mekong region, asking national governments to increase their funding for HIV efforts.7

The impact of the withdrawal of funding by multilateral and bilateral donors from the region may have a substantial impact on the fight against AIDS, TB and malaria. Key and vulnerable population-led programmes supported by these funders, including outreach and advocacy, will face significant funding challenges with domestic financing efforts. For example, key populations in Thailand account for more than 50% of new HIV infections but are allocated only 22% of HIV prevention programming, while in the Philippines, 95% of new HIV infections are amongst key populations while only 18% of HIV prevention programming is allocated. 19% of Global Fund investments are in Asia-Pacific, with over 16 countries being supported by the Global Fund from the 2017 – 2019 allocation. Out of the US$800 million catalytic funding allocation, 19.4% is invested in South Asia, East Asia and the Pacific. There are also three ongoing multi-country grants covering more than 10 countries in the region, with significant resources going towards NGO PPIs for the multi-country grants.

Therefore, communities and civil society organisations have a huge role to play in advocating for donor resources towards the Global Fund to ensure resources continue towards the efforts of the region for the Global Fund to leverage, and towards communities and civil society as increasing the funds for the Global Fund also means increasing the size of the pie and resources that can flow towards the region.

A Successful Global Fund Replenishment

New data show that the world is not on target to end the three epidemics and will not meet 2030 targets. If the global goal to end the three epidemics is to be met, significant increases in international funding is needed.

A fully funded Global Fund is needed to achieve the 2030 targets of the three diseases and to ensure that key populations and vulnerable communities are not left behind, regardless of the income classification of their country, that health and lives of people are placed ahead of profits ensuring people’s access to medicines and diagnostics, regardless of their ability to pay, that continuous progress towards the advancement of human rights and gender equality for all and that the strengths and contributions of communities and civil society in combating the three disease are acknowledged and meaningfully integrated in combating the three diseases.

1 UNAIDS Data 2018, p. 195
2 WHO Tuberculosis in the WHO South-East Asia Region
3 World Malaria Report 2018, p. 35
4 Avert, 2018, HIV and AIDS in Asia & the Pacific Regional Overview, HTTPS://WWW.AVERT.ORG/PROFESSIONALS/HIV-AROUND-WORLD/ASIA-PACIFIC/OVERVIEW, accessed 12 Dec 2018
5 World Bank report 2018, p. 28
6 The countries are Bangladesh (HIV, Malaria), Bhutan (HIV, Malaria), Kiribati (HIV), Lao PDR (HIV), Malaysia (HIV), Pakistan (Malaria), the Philippines (Malaria), Samoa (HIV, TB), Sri Lanka (HIV, TB, Malaria), Thailand (HIV, TB, Malaria), Timor-Leste (HIV), Tonga (HIV, TB) and Vanuatu (HIV, TB)
9 AIDS Information, 2016, Transitions from donor funding to domestic reliance for HIV responses, p. 8
Asia-Pacific Pledges from the Fifth Replenishment


The Global Fund, SDGs and UHC

The Global Fund is one of the 11 signatories to the Global Action Plan on SDG 3: Healthy Lives and Well-Being, a landmark commitment to find new ways of working together to accelerate progress towards achieving the UN SDGs.

The Global Fund Strategy 2017 – 2022 contributes to the 2030 agenda and especially SDG3 through contributions linked to its core mandate or indirect contributions.

The Global Fund Focus on UHC published in May 2019 emphasizes the role of the Global Fund and contributions towards UHC through building resilient and sustainable systems, supporting integrated health care, eliminating barriers to health care and supporting increased domestic resources through co-financing requirements of the Global Fund.

In the Asia-Pacific where the majority of the epidemics are in key and vulnerable populations, and where there is growing conservatism by countries and imposing legal barriers that hinder access to quality health services, the pledge by the global community to ensure everyone’s right to highest attainable health and wellbeing.

Governments to ensure a people-centred, equitable and rights affirming Universal Health Coverage (UHC) for all which is effectively and sustainably financed and meaningfully engages the participation of communities and civil societies.

Increased and meaningful engagement and participation of communities living with and affected by the three diseases defined #theUHCthatwewant – emphasizing the important role of the Global Fund in achieving UHC.

Through the upcoming 2019 – 2022 allocation which will be made possible through the Sixth Replenishment, the Global Fund will also be focusing more on resilient and sustainable systems for health (RSSH) and investing in Community Systems Strengthening (CSS) and communities responses.

Hence, we call for...

- Donors to make increased pledges – as early as possible – to realize a fully funded Global Fund and the donors of Asia-Pacific, especially Australia, China, India, Japan, New Zealand and South Korea to step up their pledges for the Sixth Replenishment of the Global Fund.
- Governments to increase sustainable and effective domestic financing for health to ensure everyone’s right to highest attainable health and wellbeing.
- Governments to ensure a people-centred, equitable and rights affirming Universal Health Coverage (UHC) for all which is effectively and sustainably financed and meaningfully engages the participation of communities and civil societies.
- Increased and meaningful engagement and participation of communities living with and affected by the epidemics throughout the Sixth Replenishment process.

How to Engage!

- Join the GFAN AP Listserv – click here.
- Share and join the GFAN Advocacy Campaigns for the Global Fund Sixth Replenishment on Facebook and Twitter.
- Share your stories of the impacts of the Global Fund through tweets and facebook posts using the hashtags #GFANAP #StepUpTheFight #GetBackOnTrack #AtLeast14Billion #theGlobalFundthatwewant

2019 Key Dates

- January 16th – 17th: Communities & Civil Society Planning Meeting for the Sixth Replenishment – New Delhi, India
- February 7th & 8th: Communities & Civil Society Premeeting (7th) and Preparatory Meeting for the Sixth Replenishment – New Delhi, India
- April 20th – 23rd: C20 Summit – Tokyo, Japan
- April 25th & 26th: Korean Civil Society Policy Forum for G20 – Seoul, South Korea
- April 29th: Interactive Multi-Stakeholder Hearing for the UN High Level Meeting on UHC – New York, USA
- June 28th & 29th: G20 Summit – Osaka, Japan
- July 9th – 18th: High-Level Political Forum 2019 – New York, USA
- August 14th & 15th: Asia-Pacific Communities & Civil Society, Strategising Meeting on the UHC HLM – Bangkok, Thailand
- August 17th & 18th: South Asia Malaria Civil Society Strategising Meeting – Bangkok, Thailand
- September 23rd– High-Level Meeting on UHC – New York, USA
- October 9th & 10th: Replenishment Conference – Lyon, France

About Us

The Global Fund Advocates Network Asia-Pacific (GFAN AP) is a platform of community and civil society advocates for a fully funded Global Fund. It supports community and civil society mobilisation in the areas of increased domestic financing for HIV, TB and malaria responses; increased donor contributions towards the Global Fund; and ensuring that policy frameworks on health financing take into account community, rights and gender issues. For more information, please visit our website at www.gfanasiapacific.org.