

DEADLY GAPS: DON'T TURN AWAY FROM SAVING LIVES

NOW IS THE TIME TO PROTECT THE GLOBAL FUND'S VITAL LIFELINE FOR
PATIENTS AND COMMUNITIES AFFECTED BY HIV, TB AND MALARIA



EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS

The 2025 Global Fund replenishment (grant cycle; GC8) is taking place during a moment of extreme global instability. Economic uncertainty, shifting donor commitments, and a retreat from multilateralism are threatening decades of progress in global health.

These pressures are compounded by intersecting crises - climate change, growing political conservatism, and increasingly complex and protracted conflicts - that are disproportionately affecting low- and middle-income countries (LMICs). For people and communities on the frontlines of these crises, the consequences are being felt now. Disruptions to health services, shortages of essential medicines, and the withdrawal of key funding streams are translating into real harm: delayed diagnoses, unavailable or interrupted treatments, which are causing preventable deaths, and widening inequities in access to care. Without urgent and sustained investment, the global response to HIV, tuberculosis (TB), and malaria risks unravelling, reversing hard-won gains, increasing death, ill-health and transmission of infections, fuelling drug resistance, and further weakening already fragile health systems.

As a medical humanitarian organisation working in over 70 countries, Médecins Sans Frontières/Doctors Without Borders (MSF) provides healthcare in contexts of conflict, displacement, epidemics, and system collapse - often where no or few other actors are present. Independently funded and without alignment to any government donor, MSF can speak freely about the critical gaps we see on the ground. Across a wide range of contexts, our teams are already witnessing the impact of shrinking donor support: antiretroviral, antimalarial and TB drug stockouts, people travelling long distances only to be turned away, community health workers unpaid or under-supported, and critical prevention activities left unfunded. These challenges are not confined to 'fragile' settings, but also in countries with functioning health systems that are simply under-resourced. This report draws on MSF's operational experience and field-level evidence from multiple countries (included in the following pages are insights from MSF projects in Burundi, Central African Republic (CAR), Democratic Republic of Congo (DRC), Guinea, Kenya, Malawi, Mali, Mozambique, Pakistan, Philippines, South Sudan and Sudan) to assess critical gaps in the HIV, TB and malaria responses.

The Global Fund to Fight AIDs, Tuberculosis and Malaria (Global Fund for short) plays a fundamental role in financing the fight against HIV, TB and malaria, particularly in countries where domestic funding capacity is limited and with fragile health systems, undermining future progress against the three diseases. However, the Global Fund's investment case for the 8th replenishment is proposing a **minimal ask to the donors when compared to the immense needs.**

While economic challenges, like conflict, inflation, debt burdens, and fragile tax bases, hinder many LMICs' ability to increase health funding, the withdrawal of donor funding and over-reliance on domestic resource mobilisation (DRM) is creating significant funding gaps. The financial burden of timely accessing care is then increasingly shifted onto people, requiring them to pay out-of-pocket (OoP) or to forego care when unaffordable. Fragile and conflict-affected states, where health systems rely heavily on external support, are particularly vulnerable to the collapse of services. Transitioning to greater domestic financing without appropriate safety nets risks severe consequences, such as **reduced health service coverage and rising financial barriers for patients.** Innovative financing solutions, while proposed, have yet to prove effective. To prevent deepening health inequities, financial plans must align with economic realities, involve civil society input, and prioritise short-term needs over theoretical long-term goals. Continued international support remains essential to avoid worsening global health disparities.

IMPACT OF SHRINKING DONOR SUPPORT:



ANTIRETROVIRAL, ANTIMALARIAL AND TB DRUG STOCKOUTS



PEOPLE TRAVELLING LONG DISTANCES ONLY TO BE TURNED AWAY



COMMUNITY HEALTH WORKERS UNPAID OR UNDER-SUPPORTED



CRITICAL PREVENTION ACTIVITIES LEFT UNFUNDED

Significant funding shortfalls undermine lifesaving interventions and need urgent mitigation. Without the necessary financial commitments, gaps in essential services will deepen and widen further, with increased mortality, ill health and epidemic spread as a consequence. The Global Funds' country registers of Unfunded Quality Demand (UQD) and Prioritised Above Allocation Request (PAAR) already give some visibility as to how funding shortfalls put important supplies and services on hold. For instance, in DRC, funding was unable to fund better coverage of prevention of mother-to-child transmission (PMTCT) - services, nor needed expansion of care for advanced HIV (AHD) patients. In CAR, the training of service providers for case management of Malaria in three Health Regions (RS1, RS2 and RS6) have been put in the UQD, although key to ensure quality of care. In Guinea, means for genotyping and the study on resistance of anti-TB drugs had to be put on the UQD considering the lack of space in the grant and in the Philippines, the current US\$225 million PAAR request for 2024–2026.¹ Additional deficits exist but are not always acknowledged as such, nor reported in transparent ways.

People who face specific vulnerability and access barriers to essential services are at particular risk of seeing lifesaving interventions de-prioritised by funding shortfalls. These include key populations (KPs), people in crisis including refugees and displaced, people most at risk of dying rapidly due to severe illness, and children.

Key populations face exclusion, criminalisation, and systemic barriers that prevent them from accessing essential HIV, TB, and malaria services. Stigma, punitive laws and hostile environments undermine both prevention and care efforts, leaving those most at risk without support. The growing rollback on rights for key populations, including **LGBTQI+ communities, sex workers, and people who use drugs**, infringes on the goal of ensuring equitable access to quality healthcare, and now takes away the ability of the most at risk to access lifesaving care. Recent political and legal changes reinforced stigma and exclusion, among others in Kenya and DRC.

The urgent health needs of people affected by crisis - including **conflict, displacement and epidemic outbreaks** - tend to be neglected, due to slow and ill-adapted aid for continuity of treatment, care and prevention. As emergency

situations are increasing in scale and complexity, growing pressure is placed on the few humanitarian actors who cannot meet the gaps, nor have the capacity of health actors, including the Global Fund, to respond effectively. More flexibility is needed in grant modalities to allow for better-adapted interventions and alternative grant holders. MSF has witnessed delayed or inadequate responses to malaria outbreaks (as noted in the following pages, contexts including Burundi, Mali and Sudan, to name a few), often due to rigid funding structures that prevent rapid scale-up or reallocation of resources. Inability to adapt funding in real time leaves communities exposed and underserved.


Without early detection and treatment of alarm signs and severe complications, **people with advanced HIV disease (AHD) or Acquired Immunodeficiency Syndrome (AIDS) cannot be saved**, and high fatality rates are reported by MSF teams in many countries, such as Mozambique, South Sudan, DRC, CAR and Guinea.

Children's needs in HIV, TB and malaria are underserved and affected by funding shortfalls. High mortality is a consequence of insufficient coverage of adapted diagnostics and therapies in Mozambique, the Philippines, DRC, CAR, and South Sudan.

During these times of funding cuts or shortfalls the risk is real that **crucial strategies** will fail to be supported financially. Without the specific added value and demonstrated effectiveness of these approaches funded by the Global Fund, results will fail to be achieved.

One of the vital and unique roles of the Global Fund is its capacity and mandate to **support communities** most affected by HIV, TB and malaria, particularly those who are marginalised or excluded from mainstream health systems. Global Fund support to civil society and community-based organisations is crucial, as they play a key role in more effective service delivery and independent monitoring of supply gaps, including for the most neglected or marginalised communities. Evidence shows the usefulness of **community approaches, decentralised care and differentiated service delivery models** in bringing adapted services and tools closer to affected people. However, insufficient priority is given to roll out these mechanisms more systematically.

¹ The Global Fund. Data explorer - Philippines <https://data.theglobalfund.org/location/PHL/access-to-funding>

A photograph of a body of water, likely a pond or lake, with numerous green lily pads floating on the surface. In the lower-left corner, a person is visible in a small, dark-colored boat, possibly a traditional dugout canoe, navigating through the water. The background is filled with dense green foliage and trees, suggesting a tropical or subtropical environment. The water is dark and reflects the surrounding greenery.

Insufficient funding is given towards **prevention tools** for the three diseases. The promise of rolling out game-changing new tools such as malaria vaccination, innovative vector control methods, oral and injectable Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP), and long working medicines for HIV such as Cabotegravir (CAB LA) is at risk due to funding cuts. Examples in this report of low or missing prevention coverage are provided from Mozambique, South Sudan, CAR, Malawi, DRC, Mali, the Philippines and Pakistan.

Additional lack of funding for **medical supplies** compounds problems created by fragile and inefficient supply chains, leading to recurring stockouts. Without rapid mitigation, this leads to long periods of exclusion of necessary care for people, forcing them to interrupt treatment, switch to less effective medicines or rely on unaffordable and lower quality options in private outlets.

The US funding cuts have created additional shortfalls in key medical supplies, leading to dangerously empty pipelines. For instance, shortfalls are expected in **rapid diagnostic tests (RDTs) and artemisinin-based combination therapy (ACT)** within three to six months in Burundi, Nigeria, South Sudan and Sudan.

With funding for HIV, TB and malaria under strain, it is imperative to keep the existing tools available, not derail progress made and improve opportunities to **lower prices for medical supplies**, make them more accessible. Negotiations and market-shaping efforts can maintain accessibility of vital tools but also create dynamic opportunities for competitive pricing, innovation, supporting regulation, and lowering the costs of essential medicines and diagnostics to ensure a transparent and healthy market. Experience in Guinea, the Philippines and Pakistan shows how high prices place diagnostics and treatment out of reach.

While the Global Fund has played a key role in pooled procurement and price negotiations, too many essential commodities remain unaffordable, particularly **second-line malaria treatments**,² new HIV prevention tools, such as **long-acting PrEP**, and **diagnostics for drug-resistant TB and HIV, early infant diagnosis (EID) and viral-load testing**.

The high cost of GeneXpert tests, produced by the US based company Cepheid, is a stark example of how pharmaceutical companies continue to set prices far above what is affordable for many countries, when compared to public cost-of-goods analyses, despite receiving public funding for research and development.

In conclusion, MSF teams see in their daily work the consequences for people and populations in many countries and communities. The people harmed include the poorest and most vulnerable members of society. Funding deficits and service gaps in many countries and communities have been highlighted in this report. Without urgent mitigation measures, mortality, morbidity, medical complications, new infections and outbreaks will increase, bringing the response to HIV, TB and malaria further off-track and once again overwhelming health systems. Severely ill people and communities crippled and impoverished by ill health and death will replace past progress with fast backsliding.

The Global Fund remains one of the few mechanisms capable of supporting large-scale, inclusive responses to the three diseases. Without its full replenishment, much of the previous efforts, investments and achievements will be lost. The 8th Global Fund replenishment is therefore a decisive moment - an opportunity to reaffirm global solidarity and translate commitment into action. Without urgent and sustained financial support, progress made over the past two decades risks being undone. Failure to secure sufficient funding will lead to rising numbers of new infections, treatment interruptions, growing antimicrobial resistance, and preventable deaths becoming the norm rather than the exception. The consequences will be borne most heavily by the world's most vulnerable communities. **Now is the time to step up - to protect gains already made and ensure a future in which HIV, TB and malaria no longer threaten millions of lives each year.**

² Second-line malaria treatments are essential for conducting mass activities in emergency contexts, such as mass drug administrations (MDAs), seasonal malaria campaigns where the seasonal malaria chemoprevention (SMC) drug SPAQ (a combination antimalarial medication composed of sulfadoxine-pyrimethamine and amodiaquine) may be less suitable, or for implementation in other WHO recommended interventions such as post discharge malaria chemoprevention to reduce the risk of readmissions in health facilities.

KEY RECOMMENDATIONS

As the 8th replenishment of the Global Fund approaches, Médecins Sans Frontières/Doctors Without Borders (MSF) identifies six critical recommendations that must be addressed in order to sustain and strengthen the fight against HIV, TB and malaria.

Our recommendations to the Global Fund and its donors to address these challenges are as follows:

1. Full replenishment of the Global Fund

Full financing of the 8th replenishment is fundamental – this is the bare minimum; even with this full replenishment, many unmet needs in the global fight against HIV, TB and malaria remain. One cannot pretend that any shortfall will be sufficiently compensated for by hypothetical increases in Domestic Resource Mobilisation (DRM), innovative financing methods such as blended financing. External financing and the Global Fund grants remain at the core of an effective response. As most countries face bleak economic prospects and shrinking fiscal space for health expenses, DRM expectations – including for countries' co-financing and transition plans – need to be adapted, based on an updated and realistic assessment of the specific country's situation, avoiding undue further pressure to shift the financial burden for essential care onto countries unable to increase public health budgets or onto people through out-of-pocket (OoP) payments. Financial sustainability plans need to have built-in flexibility and caution. Such analysis should be made including inputs of civil society and patient organisations.

2. Priority for funding: start with reality, the existing gaps impacting on people now

Key gaps and unmet needs registered in updated UQD and PAAR registers indicate which high-quality interventions that could not be financed during previous grant-making should now get urgent priority. Additional, non-registered shortfalls for important interventions should be analysed. Through meaningful involvement of civil society in grant making, information from community led monitoring (CLM) on existing gaps and civil society organisation (CSO) or community-based organisation (CBO) propositions to tackle those should be included. Ensuring sufficient availability of supplies for diagnostics and treatment at health facility and patient level should be prioritised, mitigating the effects of shortages in essential medical supplies such as treatment interruption, delays in care, and sub-standard quality of care; these lead to death, medical complications, treatment failure and resistance, reduced coverage of preventive measures and financial distress for people through OoP expenses.

3. Focus on interventions supporting most vulnerable people

Some people face worse vulnerability and access barriers to essential services and interventions. These include key populations, people in crisis including refugees, displaced people, and those most at risk of dying rapidly due to severe illness and children. Funding should be prioritised for concrete, effective support to reduce their mortality and morbidity risks, and to protect them from exclusion from care, neglect and abuse.

Where key populations are criminalised, peer-delivered models of care should be expanded and the Global Fund's support to patient protection and human rights approaches should be strengthened.

For people affected by crises, such as conflict, displacement, epidemic outbreaks or natural disasters, specific mitigation measures are urgently needed. The Global Fund's Challenging Operating Environment (COE) policy should be more widely applied to obtain better flexibility. In countries prone to (recurrent) crisis, grant planning should include clear contingency plans that allow rapid mobilisation of additional resources, shifting priorities to life saving interventions and possibly a change in grant holders.

The implementation of detection and treatment packages for people with AHD is urgently needed to mitigate severe complications and high risk of imminent death. This includes early detection, reference and treatment through access to CD4 count, lipoarabinomannan (LAM) and cryptococcal antigen (CrAg) diagnostic tools at primary care level and making treatment for key opportunistic infections available beyond the now limited number of hospitals.

Availability of child-adapted diagnosis and treatment needs to receive more funding, to reduce risk of death by HIV, TB and malaria through decentralised models of care (such as self-management, community-based approaches etc). For HIV there is an urgent need to scale up early infant diagnosis (EID) and improved postnatal prophylaxis; financing child-friendly treatment formulations against HIV and TB can improve coverage and outcomes. Malaria mortality in children should be brought down by countering funding shortfalls for ACT therapy, bed nets and preventive tools, including during outbreaks.



4. Protect the strategies of value

During times of funding cuts or shortfalls, crucial strategies need to be protected because of their added value in effectiveness, coverage and efficiency reaching key results. Previous evidence and experience should inspire priority in promoting those strategies most effective in saving lives and reaching those most in need.

Give priority support to civil society and community-based organisations as they are the backbone of the most effective service delivery and of real-time monitoring of supply or service gaps, including for the most neglected or marginalised communities. In a context of dwindling financial support by other donors, the Global Fund funding to CSO- and CBO- delivering services, advocating for people and holding health systems accountable, should receive enhanced priority and simplified funding application and reporting processes.

Community approaches, decentralised care and differentiated service delivery models (community antiretroviral therapy or ART groups, multi-month dispensing, family-based TB care, integrated community malaria interventions) should be funded as priority, including sufficient availability of tools for early diagnostic and detection at primary health care level (GeneXpert, malaria RDTs, PIMA, or point-of-care integrated monitoring and analysis, CrAg, etc

Prevention tools for the three diseases should be financed, including new tools such as malaria vaccination, innovative vector control methods, oral and injectable HIV PrEP and PEP, and long- working medicines such as CABLA (cabotegravir long-acting. Where PMTCT and tuberculosis preventive therapy (TPT) coverage remains limited, extra efforts need to be funded.

5. Sufficient funding focused on patient and service benefits

Health systems funding should prioritise those interventions that have a direct impact on patient and health benefits, protecting them from disruptions in treatment, care and prevention. This includes a focus on uninterrupted and sufficient availability of essential medical supplies, provided free of charge to people. This implies support to ensure adequately trained, motivated and remunerated frontline health workers (including community and lay workers), in order to avoid essential medicines going missing or becoming unaffordable for people. Without clear direct contribution to improved results, patient- and community- level interventions funded under the general umbrella of 'health systems strengthening' should be critically reviewed - and possibly paused.

6. Price reductions for medicines through negotiation and market shaping

With health budgets under strain, obtaining lower prices for essential products will be key and the Global Fund should increase its role in negotiation and market shaping. Available resources must be prioritised for the improved purchasing of medical supplies, price negotiations and market-shaping efforts. In addition to obtaining more value for money overall in terms of essential medicines and thus providing treatment for more people, specific attention should be paid to reducing the price of now unaffordable products, such as GeneXpert tests, paediatric ARVs, long-acting PrEP, and second-line malaria drugs. As the Global Fund is increasing its proportion in medical purchase for HIV, TB and malaria, the importance of its role increases in the negotiation of more affordable prices, pooled procurement and securing quality supplies. A combination of increased efforts in market-shaping is needed to increase access to life-saving tools to more people in need.

CRITICAL INCIDENTS AS WITNESSED IN THIS REPORT AND EXAMPLES OF POTENTIAL RESPONSES NEEDED

