THE GLOBAL FUND

Regional Impact Report

Latin America and the Caribbean



Saving lives through catalytic investments and a focus on sustainability

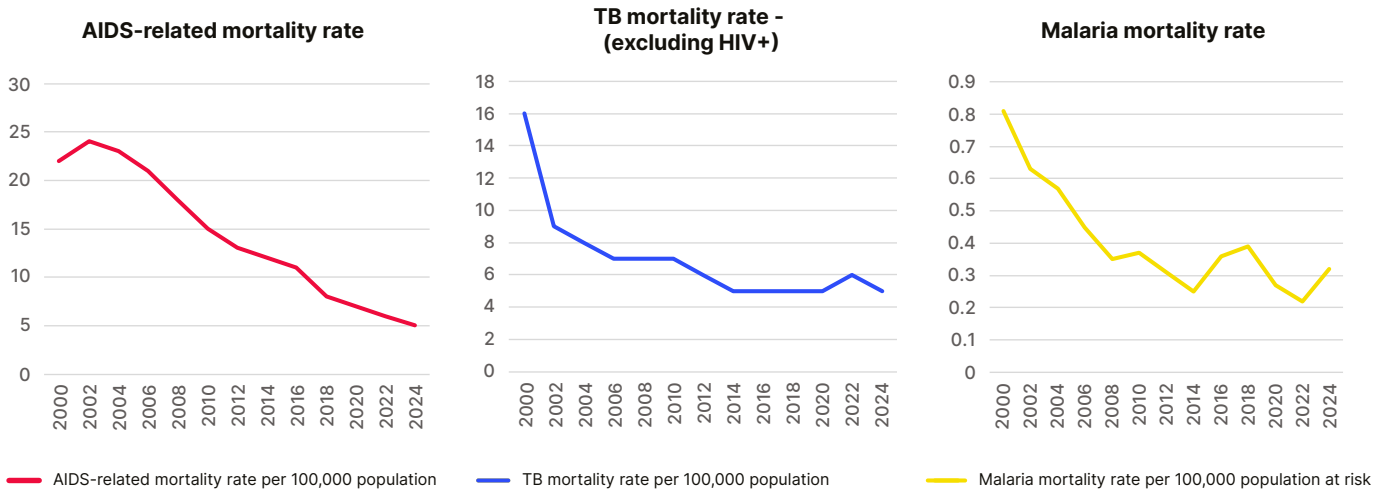
The Global Fund is the largest multilateral funder of HIV, tuberculosis (TB) and malaria grants in Latin America and the Caribbean (LAC),[1] where we have invested more than US$3 billion since 2002 to fight the three diseases and strengthen health and community systems.

Although Global Fund investments represent a small share of total funding for HIV, TB and malaria responses in LAC, they are catalytic by design: focused on the people, tools, systems and partnerships that can help countries close gaps, protect gains and build more sustainable responses.

This report highlights how that approach is supporting progress across the region, including in challenging operating environments or areas where insecurity, displacement or other pressures can disrupt access to services. It brings together examples of work toward elimination; efforts to reach priority populations, including migrants, Indigenous communities and others who face barriers to care; the introduction and scale-up of innovations in prevention, diagnosis and treatment; partnerships that advance impact; and support for sustainability and transition.

Across these areas, Global Fund investments support countries to strengthen nationally owned responses, mobilize domestic resources, integrate services into health systems and sustain progress against HIV, TB and malaria over the long term.

Trends in mortality from AIDS, TB and malaria in LAC countries supported by the Global Fund



Source: UNAIDS 2025 release data, WHO Global Tuberculosis Report 2025 data, WHO World Malaria Report 2025 data

1. For the purposes of this report, LAC refers to countries from Latin America and the Caribbean that have been supported by the Global Fund since our inception.

Cover photo: Liz Tatiana Mereles and her children in Asunción, Paraguay. Liz and her family have been forced from their home eight times in a little over 10 years due to flooding. Liz was screened for TB at the San Felipe Health for All Mutual Aid Center, which is part of a national TB awareness campaign that provides people with a safe and convenient place to be tested.

The Global Fund/Johis Alarcón/Panos

Working toward elimination

Reducing mother-to-child-transmission in the Caribbean

The Caribbean region has made notable progress in reducing the transmission of HIV from mothers to their children. In 2023, eight Caribbean countries and territories were revalidated as having achieved the elimination of mother-to-child transmission of HIV and syphilis (EMTCT), with Cuba being the first country globally to receive such validation from the World Health Organization (WHO) in 2015. In 2024, Belize, Jamaica and St. Vincent and the Grenadines also received the EMTCT certification from WHO. This certification highlights the dedication and collaborative efforts of governments, healthcare professionals and communities, as well as the critical importance of enhancing prevention and treatment services within primary healthcare and maternal and child health frameworks.

By implementing interventions focused on strengthening primary prevention and treatment services within the maternal and child health framework, these countries have demonstrated exemplary leadership and perseverance. Global Fund grants have contributed significantly to this achievement, particularly in the areas of laboratory, information systems strengthening and HIV service integration. The Global Fund acknowledges the accomplishments of these Caribbean countries and remains committed to supporting their ongoing efforts to eliminate communicable diseases as public health concerns.



In 2024, Belize attained WHO certification for eliminating mother-to-child transmission (EMTCT) of HIV and syphilis.

Flickr/Pan American Health Organization (PAHO)

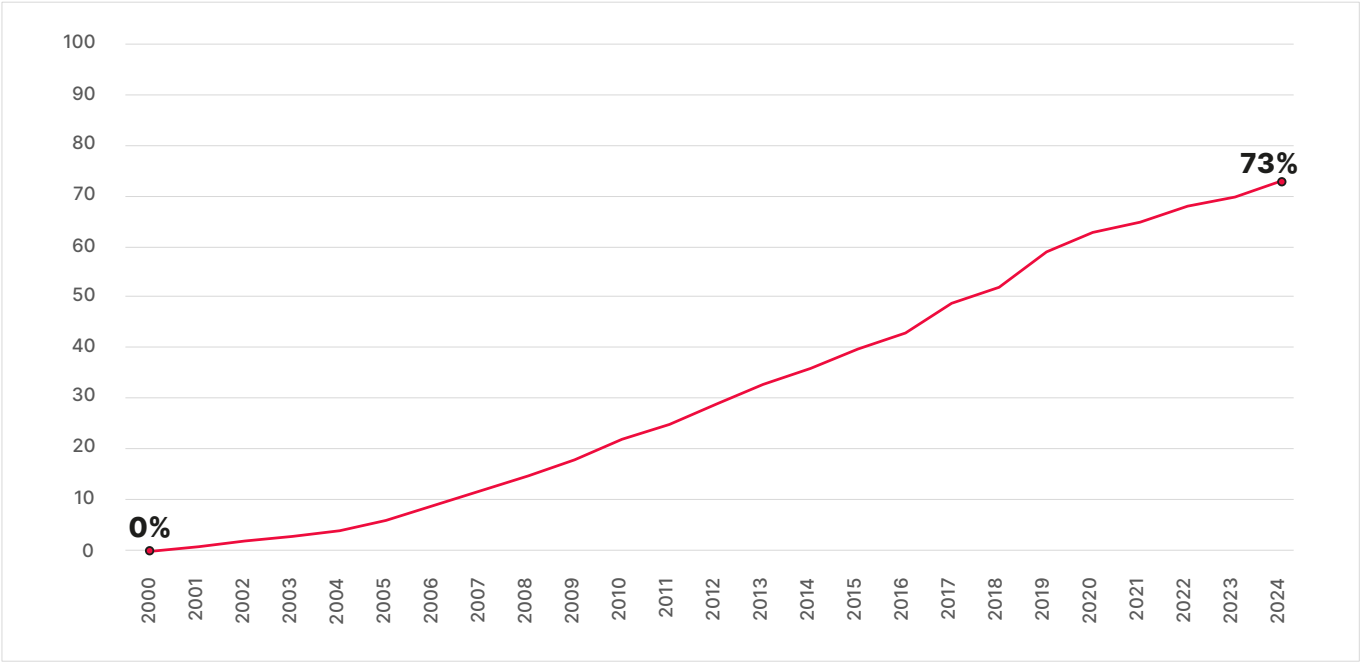
Advancing toward HIV elimination in Ecuador through innovation, collaboration and informed decision-making

Global Fund investments in Ecuador have significantly enhanced HIV prevention, testing and access to healthcare over time. Recent grants have supported 25 primary care services to provide stigma-free HIV testing and prevention services for key and vulnerable populations; the expansion of pre-exposure prophylaxis (PrEP) from 5 to 56 facilities; and increased access to HIV prevention, diagnosis and linkage to care through a results-based payment model involving the Ministry of Health and two civil society organizations, Kimirina and CEPVVS.

This approach has strengthened community response capabilities, improved coordination with public health efforts, and reduced the administrative burden by focusing on measurable outcomes. In the coming years, the payment-for-results model will transition to government-funded social contracting, promoting innovation, collaboration with communities and informed public funding decisions.

New HIV infections and AIDS-related deaths in Ecuador have declined significantly, falling by 31% and 69%, respectively, between 2010 and 2024. By 2024, 92% of people living with HIV knew their status; of those, 89% were receiving antiretroviral therapy, and 92% of people on treatment had achieved viral suppression. These results indicate that Ecuador is on track to eliminate HIV as a public health threat by 2030.

Percentage of people living with HIV on antiretroviral therapy in LAC countries supported by the Global Fund



Source : UNAIDS 2025 release data



Belize was certified malaria-free in 2023 and was recognized as a PAHO Malaria Champion of the Americas in the same year.

Estefanía Bravo/UN Foundation

Ending malaria in LAC

In 2018, Paraguay celebrated a significant milestone: The country was certified malaria-free by WHO. This remarkable achievement was facilitated by a grant from the Global Fund, which aimed to expedite the nation's progress toward malaria elimination. This investment of approximately US$3 million was strategically allocated to enhance the national health system by integrating a specialized malaria response within the broader health framework. This included the procurement of essential laboratory supplies and comprehensive training for health workers at both central and peripheral levels. An innovative reward system was incorporated into the grant to further strengthen the national health system, whereby part of the funds were disbursed upon achieving WHO malaria-free certification.

Paraguay's success in obtaining WHO certification in 2018 caused a ripple effect across the region, fostering a competitive spirit among neighboring countries. Argentina achieved WHO certification in 2019. This regional momentum underscores the effectiveness of collaborative and sustained efforts in combating malaria.

In Central America, a collaborative sub-regional effort toward malaria elimination was established through the Regional Malaria Elimination Initiative. This innovative, results-based funding, multi-country grant was cosponsored by the Global Fund, the Gates Foundation and the Carlos Slim Foundation. Implemented by the Inter-American Development Bank, the grant incorporated loan and national funding as counterpart financing, and included performance-based disbursement tranches upon achieving pre-identified malaria elimination milestones. This initiative

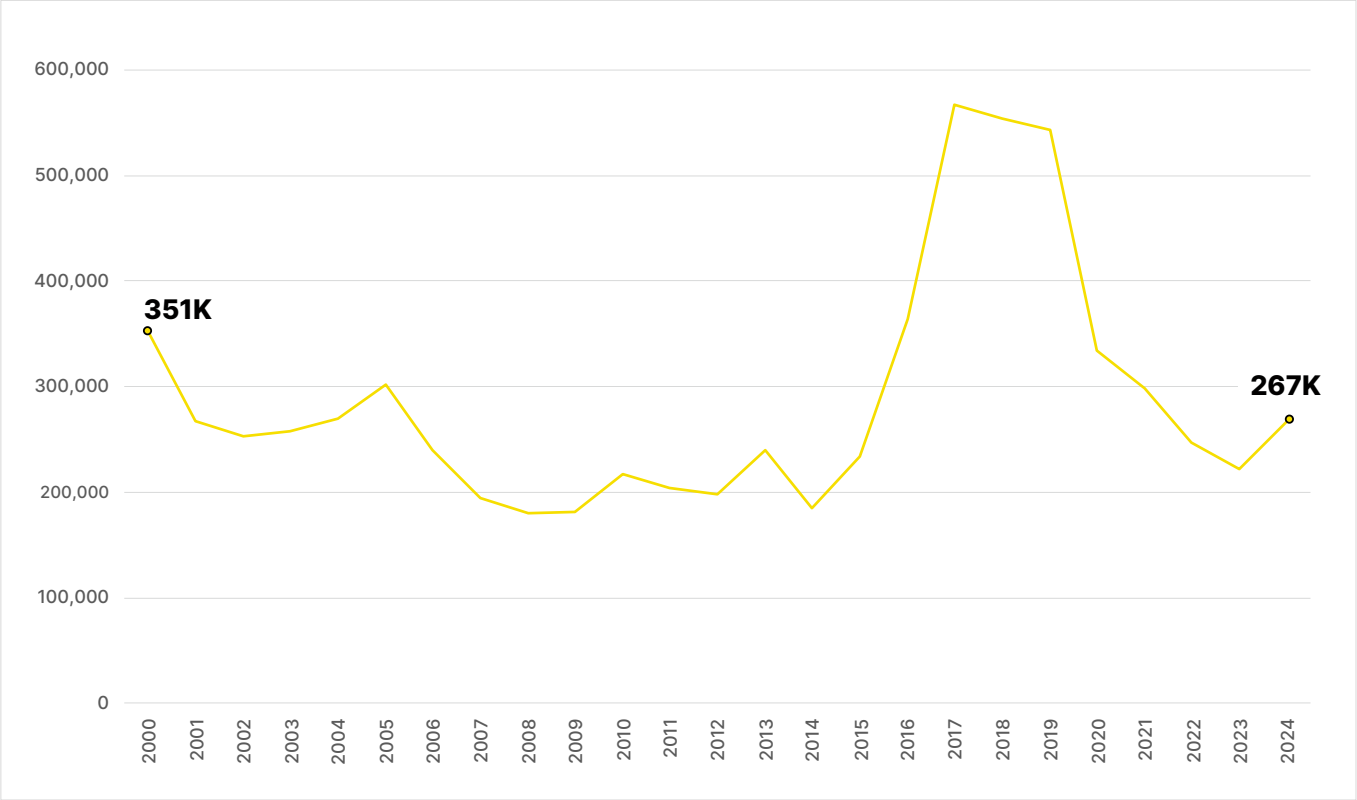
complemented malaria allocations disbursed by the Global Fund through national grants in eligible countries.

In 2021, El Salvador reached a historic milestone by achieving malaria elimination, becoming the first country in Central America to achieve this target. With the continued support of the Global Fund, El Salvador fortified its national health system and integrated malaria-specific interventions into it, which have been crucial in maintaining low transmission rates and achieving elimination.

Belize followed suit in 2023, becoming the second country in Central America to achieve WHO malaria-free certification within the last four years. Additionally, Belize was recognized as a Pan American Health Organization (PAHO) Malaria Champion of the Americas in the same year. These accomplishments highlight Belize's commitment to public health and serve as an inspiration to other nations in the region. Through strategic investments in surveillance, diagnosis and vector control, Belize demonstrated that with dedicated effort and international support, malaria can be eliminated.

These achievements highlight the dedication and collaboration within the region, underscoring the importance of continued support and investment from donors to sustain and expand these efforts. Together, these initiatives demonstrate that eliminating malaria is achievable with strategic planning, investment and international cooperation.

Number of malaria cases in LAC countries supported by the Global Fund



Source: WHO World Malaria Report 2025 data

Reaching priority populations

Supporting Indigenous populations in the Amazon region of Peru to access HIV services

The population of the Amazon region of Peru faces significant health challenges, including a high prevalence of HIV in communities such as the Asháninka population living in Cusco, Huánuco, Pasco, Ayacucho and Junín. These communities encounter substantial barriers to accessing health services due to geographical remoteness, lack of health infrastructure, and cultural and linguistic differences. To address these barriers, the Global Fund has financed interventions in collaboration with the Ministry of Health that offer screening for HIV, hepatitis and other sexually transmitted infections, as well as referrals to health services and comprehensive care.

These efforts are bringing health services closer to the Indigenous population. In 2025, 49,702 individuals from the Indigenous population in these regions were tested for HIV under these programs. These measures aim to reduce mortality from AIDS in Indigenous communities by improving early diagnosis and timely treatment in these populations.

Providing HIV, TB and malaria services for migrants

Migration has long shaped health and development across LAC, but its scale, drivers and humanitarian implications have shifted dramatically over the past decade. The Venezuelan displacement crisis – one of the largest in the world – has reshaped migration flows across the region, with consequences for health systems and HIV, TB and malaria responses.

Although crossings through the Darién Gap have fallen sharply, the health challenges linked to migration remain acute. Migrants and deportees returning to, moving through or stranded in transit countries often lack documentation, continuity of care and access to health services. Many face elevated risks of HIV, malaria and other conditions, compounded by sexual violence, exploitation and interrupted treatment. In Colombia, an estimated 22,000 Venezuelan migrants are living with HIV, representing 15% of new HIV infections. In LAC, the persistence and resurgence of malaria is closely linked to human mobility, with migration routes such as the Darién Gap contributing to imported cases and complicating elimination efforts.

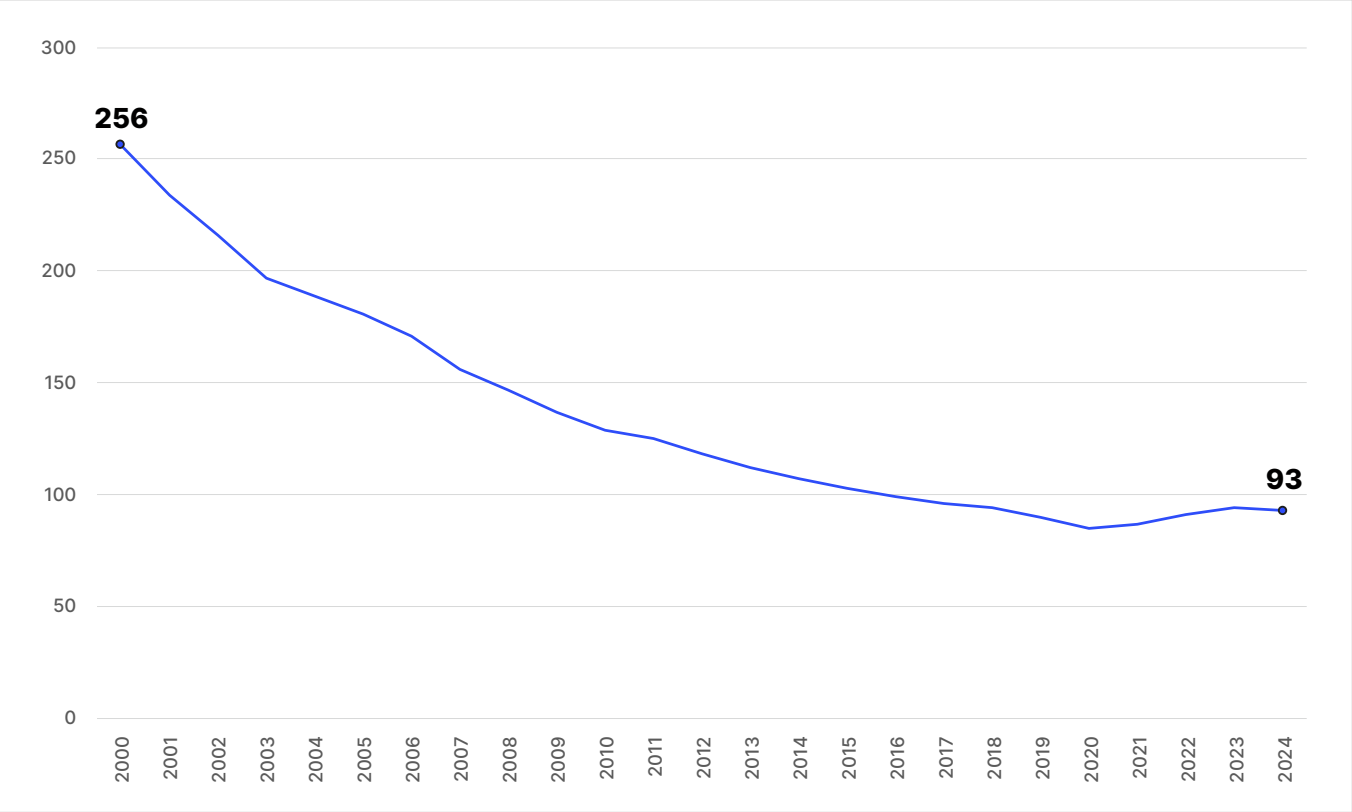
The Global Fund has adapted its support in this evolving context. In Colombia, an increased grant allocation, including a US$5 million blended financing mechanism with the World Bank, supports efforts to reduce barriers to HIV diagnosis and treatment for over 800,000 migrants. Global Fund investments include support for HIV prevention, testing and linkage to treatment for Haitian migrants in the Dominican Republic, malaria grants to support mobile populations in border areas of Honduras and Nicaragua, and an Emergency Fund initiative with the International Organization for Migration (IOM) focusing on migrants crossing the Darién Gap and crossing Central America. Working with partners including IOM, the United Nations High Commissioner for Refugees (UNHCR), civil society and affected communities, the Global Fund helps sustain services for people who often fall outside national coverage, protecting progress against HIV, TB and malaria amid fragile health systems and changing migration flows.

Achieving significant health outcomes in Colombia through community-led monitoring

Fundacion ANCLA has made remarkable strides in public health through its various programs in Colombia. One such initiative is community-led monitoring (CLM), funded by the Global Fund. CLM includes affected communities and civil society actors in the collection and analysis of data to enhance the design, implementation, and monitoring of activities aimed at improving health outcomes, particularly for TB and HIV. The CLM strategy encompasses 14 sites across 14 cities in Colombia, addressing the AAAQ indicators (acceptability, accessibility, affordability, quality) of these services. This approach ensures that the voices and needs of the most vulnerable populations are heard and met, leading to significant improvements in service delivery and access.

The achievements of ANCLA's CLM are substantial. Over 2,900 service users have been reached through the CLM mechanisms at both health facilities and community service delivery sites. The data collected through this initiative is regularly presented to health facilities and local governments, fostering a collaborative effort towards continuous program improvement. The CLM activities have been directly linked to increases in TB case finding, TB preventive therapy and HIV testing and treatment enrollment. This success is attributed to the combined efforts of community engagement, health promotion and awareness-raising campaigns, as well as the organization's strong collaboration with local authorities and its diversified funding sources. ANCLA's community-driven approach serves as a model for the region, demonstrating the power of integrated and participatory public health strategies.

TB incidence rate per 100,000 population in LAC countries supported by the Global Fund



Source: WHO Global Tuberculosis Report 2025 data

Delivering essential health services amid crisis and displacement in Haiti

Security challenges and socioeconomic instability in Haiti – classified by the Global Fund as a challenging operating environment – continue to pose major barriers to sustaining health services. Escalating gang violence and widespread displacement have disrupted access to care and increased vulnerability, particularly among women, children and displaced communities. In response, Global Fund support has enabled flexible, community-based approaches to help maintain essential HIV, TB and related services amid ongoing insecurity and humanitarian pressures.

In 2025, through the Global Fund's Emergency Fund, 144 integrated mobile clinics were deployed across 11 displacement sites, providing HIV, TB and related health services to more than 34,500 internally displaced people and survivors of violence. More than 3,300 survivors of sexual violence received HIV prevention and post-violence medical care across 24 supported health facilities, up from 224 people in 2024. Emergency resources also helped protect patients from HIV transmission through blood transfusions, with approximately 14,600 blood units safely processed – a significant recovery of transfusion safety capacity under crisis conditions.



Women and children displaced by violence in Port-au-Prince face precarious conditions and disrupted access to care, underscoring the importance of emergency funding and flexible, community-based approaches that can sustain essential HIV, TB and related services.

UNICEF

These results show how Global Fund emergency funding can sustain lifesaving services, reduce HIV transmission risks, safeguard access to care for women, children and displaced populations, and preserve core health system functions where formal systems are disrupted.



In Haiti, emergency funding helped bring HIV, TB and related health services to more than 34,500 displaced people and survivors of violence in 2025.

Introducing and scaling innovations

Expanding access and innovation in pre-exposure prophylaxis (PrEP)

Since 2022, the Global Fund has steadily increased catalytic investments to support the integration of PrEP into existing combination prevention programs for key and vulnerable populations. At that time, only four countries had implemented small-scale PrEP introduction projects to inform programming, and three countries were progressively integrating PrEP and post-exposure prophylaxis (PEP) into national prevention programs through national expansion plans. Several countries lacked national policies, including guidelines for PrEP/PEP delivery and operational plans and budgets for its introduction and scale-up.

In recent years, the Global Fund has intensified collaboration with technical partners and donors in the region to ensure that existing grants address key challenges identified by national programs. While Global Fund investments remain mostly catalytic, key interventions supported include:

1) designing and implementing differentiated approaches for demand creation and communication campaigns, including information, education and communication materials;

2) accelerating the development of national strategic plans, including PrEP targets;

3) building capacity for service delivery of PrEP, expanding its geographic availability;

4) designing and implementing differentiated approaches for PrEP/PEP service delivery;

5) introducing or expanding community-based PrEP referral and/or service delivery;

6) strengthening information systems, monitoring and evaluation to track progress in eligible countries.

The number of people receiving any PrEP product in Global Fund-supported countries has significantly increased, reaching 79,463 in 2024, up from 12,214 in 2021. Data from 2025 is expected to show further scale-up. This progress has been made possible because most countries have developed national strategic plans that include PrEP targets. Countries have also shifted from small-scale pilots to national progressive PrEP/PEP scale-up plans, based on national targets, to close gaps in geographic access and coverage of key and vulnerable populations who might benefit from PrEP/PEP.

In 2026, Global Fund investments and support are enabling lenacapavir (LEN) – a twice-yearly injectable form of PrEP that is nearly 100% effective at preventing HIV – to be introduced in the Dominican Republic, Haiti and Honduras, with in-country product delivery and implementation expected in the last trimester of the year. These countries will pioneer the introduction of this breakthrough HIV prevention option in Latin America and the Caribbean, generating lessons for the wider region.

Enhancing Peru's TB response through innovation



Artificial intelligence is improving active case detection of tuberculosis in Peru.

Flickr/Pan American Health Organization (PAHO)

Global Fund investments are helping Peru accelerate the introduction and scale-up of WHO-recommended innovations to strengthen its national TB response. Although Global Fund support represents a relatively small share of Peru's TB financing, it plays a catalytic role by supporting evidence-based decision-making, expanding access to new tools, and facilitating the integration of innovations into national systems.

In 2024, with Global Fund support, Peru introduced the six-month BPaL/M regimen for multidrug-resistant TB, replacing the previous 18-month regimen. The all-oral treatment is simpler to administer, has fewer toxic side effects and is easier for patients to complete. Patients receiving BPaL/M achieved an 84% treatment success rate, compared with 54% among patients on the previous injectable regimen, while treatment attrition fell from 31% to 13%. By December 2024, the government had incorporated BPaL/M into national treatment guidelines and fully absorbed procurement costs.

Global Fund support is also helping Peru expand active TB case finding through digital X-ray, AI-assisted screening and rapid molecular testing, with a focus on high-risk groups such as contacts of TB patients, people in prisons, people with diabetes and older people. By 2025, the program had further expanded, and more than 159,872 people were screened using AI-powered X-ray. The strategy is being co-financed by the government of Peru and is becoming an integral part of the national TB response.

Peru is also 1 of 13 countries preparing to roll out new near-point-of-care (NPOC) molecular TB tests through a Global Fund initiative, supported by the Children's Investment Fund Foundation and implemented by the Aurum Institute. These portable tests can deliver results in under an hour, bringing rapid, accurate diagnosis closer to communities and supporting more decentralized, patient-centered TB care. This shift is expected to reduce case finding costs, increase equity and dramatically expand access to WHO-recommended rapid diagnostics. By adopting NPOC testing early, Peru is helping lead a global shift in TB diagnosis, bringing faster, more accurate testing to people and places that have historically had the least access, and accelerating progress toward ending TB.

Bringing faster TB diagnosis closer to vulnerable populations in Guatemala



GeneXpert technology has helped Guatemala expand access to rapid molecular TB diagnosis, enabling faster detection and treatment among people in prisons, Indigenous communities and other vulnerable populations.

The Global Fund/Vincent Becker

With support from the Global Fund, Guatemala has expanded the use of innovative tools to detect TB earlier, particularly among people who often face barriers to timely diagnosis, including people in prisons, people living with HIV, Indigenous communities, health workers, children and other at-risk populations.

Since 2017, Global Fund investments have supported the rollout of GeneXpert technology, helping expand access to rapid molecular testing. By 2018, Guatemala had achieved 100% coverage of molecular TB diagnosis among people in prison, enabling faster detection and treatment and reducing the risk of transmission in high-risk settings.

In 2020, Global Fund support enabled the procurement of a mobile unit equipped with GeneXpert machines. The unit visited 21 penal centers, prioritized by the highest TB and HIV incidence rates, and tested for TB, HIV, hepatitis B and C, and COVID-19. The strategy helped bring services closer to vulnerable populations and contributed to a more than 100% increase in TB diagnoses among people in prisons compared with 2019.

Building on this progress, the Global Fund supported two additional mobile units in 2024: one to continue strengthening TB diagnosis and care in prisons, and another to expand TB services to Indigenous communities in remote areas. Global Fund investments also supported the procurement of ultra-portable digital X-ray units equipped with computer-aided detection. These tools screened 576 people in prison, as well as people from other vulnerable populations. Of those screened in prison, 12% showed signs of possible TB, and every person with a positive screening result received rapid molecular testing. Among those tested, 52% were confirmed with TB.

In 2025, Guatemala recorded its highest level of TB incidence in more than 15 years – a result of stronger active case-finding and differentiated strategies to identify people with TB earlier. Taken together, this shows how innovations in technology and approaches can strengthen case finding, link people to treatment faster and support more efficient, sustainable TB responses.

Advancing impact through partnership

Fostering regional partnership for sustainable health responses

In Central America, the Global Fund is advancing sustainability and transition through a partnership anchored in the Council of Ministers of Health of Central America (COMISCA) and working closely with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and U.S. government partners. Among other efforts, Central American countries are assessing their progress towards the sustainability of the HIV response through a shared Sustainability Index. Countries are adapting the index to their own context and have committed to reporting results periodically to the COMISCA. This collaboration shows how regional platforms can play a more active role in supporting countries as they move away from donor dependency, helping to strengthen domestic financing, align efforts across partners, and create mutual accountability. By leveraging COMISCA's convening power and political mandate, partners are supporting more coordinated approaches, reinforcing accountability, and helping translate sustainability commitments into concrete actions, while maintaining the focus on protecting progress against HIV, TB and malaria.

Strengthening partnership with PAHO for affordable, sustainable procurement

For more than a decade, the Global Fund and PAHO have collaborated through a Memorandum of Understanding that enables PAHO Member States to access competitively negotiated, affordable prices for quality-assured health products. Through the Strategic Fund – PAHO's pooled procurement mechanism – Member States can leverage selected Global Fund-negotiated long-term agreements to procure antiretroviral medicines and other essential health products using domestic resources.

The Strategic Fund has provided predictable, affordable access to lifesaving HIV medicines. Colombia, for example, has increasingly used the Strategic Fund to procure dolutegravir and other essential commodities, integrating this procurement approach into national procurement plans – a key step toward sustainability and country ownership of the HIV response.

In July 2025, the Global Fund and PAHO further strengthened their partnership by amending the existing agreement to enable countries and grant recipients to procure HIV, TB and malaria health products from PAHO that comply with Global Fund quality assurance requirements. The amended agreement also significantly expanded the strategic collaboration between the two organizations by formalizing the exchange of market intelligence, supplier performance information, demand forecasts and sourcing strategies.

This expanded collaboration supports countries in the context of sustainability, transition and co-financing by broadening the range of Global Fund-financed health products that can be procured through PAHO and, over time, sustained through domestic financing, including after countries transition from Global Fund support. It also strengthens the ability of both organizations to coordinate procurement strategies, engage more effectively with suppliers, and improve market visibility in support of affordable, sustainable access to quality-assured health products. The partnership will also support continued sharing of experience and lessons learned to strengthen sustainable and collaborative procurement across the region.

Working together to increase health investments for migrants in Colombia



Mirleni, a Venezuelan migrant in Colombia, tested positive for HIV during pregnancy. With support from doctors at La María Hospital in Medellín, she began antiretroviral therapy, and her son was born HIV-free. Global Fund investments help fund a loan and grant package in Colombia that provides HIV services and treatment for migrants like Mirleni.

(RED)/Federico Rios

In Colombia, a partnership between the Global Fund, the World Bank and others is helping expand HIV services for migrants. The Global Fund's contribution of US$5 million formed part of a larger World Bank US$305 million health system loan and grant package. The initiative aims to ensure comprehensive HIV services and access to antiretroviral therapy for migrants, using a disbursement-linked indicator valued at around US$55 million focused specifically on access to antiretroviral therapy. By the end of 2025, almost 6,300 migrants living with HIV had been linked to antiretroviral treatment and care.

The strategic value of this initiative is significant: It supports national development goals while recognizing and addressing HIV as a critical health challenge in the context of migration. It promotes national ownership of essential health interventions for vulnerable communities, supports a comprehensive service package for Venezuelan migrants living with or at risk of HIV, and helps reduce new infections by reaching people who do not know their HIV status. This case shows how collaborative financing can generate wider benefits for public health systems and vulnerable populations.

Supporting sustainability and transition

Using co-financing to strengthen health outcomes and sustainability

Across LAC, Global Fund investments represent a small share of national HIV, TB and malaria responses, but they play a significant catalytic role in strengthening impact, sustainability and transition. During Grant Cycle 6, countries in the region exceeded co-financing commitments by 132%. For every US$1 invested by the Global Fund in national responses, countries increased government investment by US$1.8 for targeted interventions.

This increased domestic financing is helping shift responsibility for core program costs to countries over time. Among the funded countries in the region, 80% absorbed all treatment costs, while half took over most health products, as well as absorbing human resources, equipment maintenance and other costs. Other countries are using Global Fund support as a catalyst to commit to full responsibility for grant-supported interventions by the grant's final year.

Co-financing has also helped drive programmatic and policy changes that support longer-term sustainability, including PrEP guidelines, pooled procurement, social contracting, stronger civil society capacity, and the integration of HIV, TB and malaria services into primary healthcare. Together, these shifts are helping countries move toward sustainable, nationally owned responses while protecting the gains achieved against the three diseases.

Embedding TB progress in national systems in Paraguay

Paraguay shows how transition planning can help countries support progress by strengthening the systems and governance needed for a sustainable TB response. Over the course of a 20-year partnership with the Global Fund, the country achieved significant gains against TB. During the transition period, the focus was on strengthening the foundations of a sustainable response and reducing the risks associated with the withdrawal of external financing.

A central priority has been programmatic readiness. Paraguay strengthened its diagnostic network to help ensure universal access to rapid molecular testing as the initial diagnostic method for TB, enabling suspected cases to be evaluated quickly and accurately. Since 2023, the country has achieved drug susceptibility coverage for 88% of TB cases, supporting better-targeted treatment and improved clinical outcomes.

Paraguay also enacted a TB law that establishes rights and obligations related to prevention, comprehensive care and social protection for people affected by TB. By embedding the TB response in a legal framework and its implementing regulations, the country has been able to secure sustained funding, strengthen governance, protect access to services and reinforce accountability. Paraguay has shared this experience with parliamentarians and civil society from across the region, offering a practical example of how political commitment can support responsible transition and long-term sustainability.

Mapping Paraguay's transition to a sustainable and integrated HIV response

In Paraguay, Global Fund investments are supporting a transition towards a more sustainable, nationally owned HIV response by helping integrate community-led services into the national system. This approach expands prevention, diagnosis and treatment for populations at risk while positioning civil society as a key partner in service delivery and long-term sustainability.

In recent years, the national HIV program, with Global Fund support, has scaled up interventions such as rapid testing, self-testing and PrEP as part of routine prevention services, complemented by telemedicine to expand access. In 2025, more than 12,000 people from key and vulnerable populations accessed a comprehensive HIV prevention package, and almost 2,000 people received PrEP – an 84% increase compared to 2024. HIV diagnostic and treatment services have also been expanded nationwide. By 2025, 14,548 people living with HIV were on antiretroviral therapy, a 9% increase from 2024, with 10,139 achieving viral suppression. Differentiated care models and strengthened laboratory systems have further improved treatment outcomes.

This progress has been driven by strong leadership from the national government and its efforts to systematically integrate community-led interventions into the national response. Looking ahead to the next grant cycle, Paraguay is consolidating this transition by further integrating HIV services into primary healthcare, exploring options to advance service delivery through national payment-for-results mechanisms, and expanding digital solutions to strengthen linkage to prevention and care.

These efforts will be reinforced by stronger stewardship and evidence-based decision-making within the Ministry of Health, alongside targeted support to enhance the self-sustainability of community-based organizations. Although the Global Fund contributes less than 7% of total HIV financing, our role is catalytic, supporting Paraguay to increase national ownership and sustain results over the long term.



Working together, civil society groups and the national HIV program have been key in delivering HIV services in Paraguay.

Flickr/Pan American Health Organization (PAHO)

Enhancing laboratory systems in the Dominican Republic

In the Dominican Republic, Global Fund investments are supporting the country to build stronger, more resilient laboratory systems that can sustain progress against HIV, TB and other infectious diseases over the long term. Investments in the national laboratory network have improved the country's capacity to detect pathogens early, strengthened disease surveillance and enhanced the quality and safety of laboratory services.

The purchase of VITEK2 Compact systems for the National Bacteriology Laboratory and two major hospitals has accelerated bacterial identification, leading to faster patient care and helping reduce the spread of infections. A MALDI-TOF system installed at the National Bacteriology Laboratory enables microorganisms to be identified within minutes. The National Tuberculosis Laboratory received an MGIT 960 system, strengthening the country's capacity to conduct drug susceptibility testing and improve TB diagnosis and treatment. New biological safety cabinets have improved working conditions for laboratory staff, while new tools for the Genomic Surveillance Laboratory have strengthened sample quality and operational capacity.

These investments reach far beyond the equipment itself. They are helping build national institutional capacity, improve quality assurance and embed stronger surveillance and diagnostic systems within the public health infrastructure – essential elements for sustainability and transition.

Strengthening genome surveillance in Colombia

In Colombia, investments through the Global Fund's COVID-19 Response Mechanism have supported the Instituto Nacional de Salud to strengthen genomic surveillance capacity and achieve WHO certification as a Regional Reference Laboratory. This milestone reflects Colombia's growing role as a regional public health asset and demonstrates how targeted investments can support both national preparedness and wider regional resilience.

The certification recognizes Colombia's genomic surveillance capabilities and establishes a platform for collaboration with other countries in the region. By enabling countries to draw on Colombia's sequencing capacity, the investment supports more efficient use of regional expertise and infrastructure, while strengthening preparedness for future health threats.

This is an important gain for sustainability: Rather than creating parallel capacity, Global Fund support is helping reinforce a national institution that can serve both Colombia and the wider region. In doing so, we are supporting the transition toward stronger, country- and regionally-owned systems for surveillance, testing and response.

About the Global Fund

The Global Fund is a worldwide partnership to defeat HIV, TB and malaria and ensure a healthier, safer, more equitable future for all. We raise and invest up to US$4 billion a year to fight the deadliest infectious diseases, challenge the injustice that fuels them, and strengthen health systems and pandemic preparedness in more than 100 of the hardest hit countries. We unite world leaders, communities, civil society, health workers and the private sector to find solutions that have the most impact, and we take them to scale worldwide. Since 2002, the Global Fund partnership has saved 70 million lives.

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