



Independent observer  
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## India to host Global Fund preparatory meeting for Replenishment

The Global Fund announced on its website on 5 September that India will host the preparatory meeting for the Sixth Replenishment in New Delhi, on 8 February 2019.

The purpose of the preparatory meeting is “to provide Global Fund partners with key information on the impact to be achieved and the financial resources needed to end the epidemics by 2030, in line with the Sustainable Development Goals,” the Fund says.

The meeting will also offer a forum to all Global Fund stakeholders – representatives of governments, civil society organisations, the private sector, other multilateral agencies, and communities affected by the diseases to share views on “how to achieve the global goals through increased investment, innovation and a sharper focus on results”.

The Global Fund’s Sixth Replenishment will be held eight months after the preparatory meeting in New Delhi, on 10 October 2019, hosted by President Emmanuel Macron in Lyons, France.

The meeting will raise funds for the period 2020 to 2022.

For the Global Fund’s full news release on the preparatory meeting, click [here](#).

India’s Prime Minister, Narendra Modi, in 2017 called for India to end its tuberculosis epidemic, which is one of the largest in the world, in 2025, five years earlier than the global target of 2030. Since 2010, India has already made major progress against HIV, reducing new infections by 46% and AIDS-related deaths by 22%. It has also halved the number of malaria cases since 2000.

India is home to one sixth of the world’s population, and accounts for one quarter of the global TB burden.

The country has 2.1 million people living with HIV – mostly in key populations but widely dispersed throughout the huge landmass – and also has the second highest number of HIV-TB coinfections in the world (after South Africa).

The Global Fund has so far invested \$2.05 billion in Indian programs to fight HIV (\$1.116 billion), TB (\$680 million) and malaria (\$186 million) as well as TB/HIV coinfection (\$17.3 million).

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