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REPORT REVEALS SIGNIFICANT INCREASE IN IMPACT OF PROGRAMMES SUPPORTED BY THE GLOBAL FUND

Every day, programmes supported by the Global Fund save at least 3,600 lives, and there has been a dramatic increase in the volume of services delivered. These are two of the highlights of “The Global Fund 2010: Innovation and Impact,” a report on results achieved which was released by the Global Fund on 8 March 2010. The Global Fund estimates that the cumulative number of lives saved from the Fund’s start in 2002 until the end of 2009 was 4.9 million.

Up to 31 December 2009, the Global Fund had approved proposals worth \$19.2 billion and had disbursed \$10 billion. Programmes financed by the Fund were providing antiretroviral therapy (ART) to 2.5 million people; were providing TB treatment to six million people; and had distributed 104 million insecticide-treated bed nets. Additional information on results for these and other services can be found in Table 4, below.

Table 4: Cumulative results¹ of programmes supported by the Global Fund – 2009 vs. 2008

(as reported by the Global Fund)

Service	Cumulative results to end of 2008	Cumulative results to end of 2009	Change from end 2008 to end 2009
People currently on ART	2.0 million	2.5 million	+ 25%
New smear-positive TB cases detected and treated	4.6 million	6.0 million	+ 30%

Cases of malaria treated	74 million	108 million	+ 46%
Condoms distributed	1.2 billion	1.8 billion	+ 50%
Basic care and support services provided to orphans and vulnerable children ²	3.2 million	4.5 million	+ 41%
Sessions of HIV counselling and testing provided	62 million	105 million	+ 69%
Nets distributed (ITNs and LLINs)	70 million	104 million	+ 49%
Indoor residual spraying services provided ²	14.1 million	19.0 million	+ 35%
HIV+ pregnant women receiving ARV prophylaxis for PMTCT	445,000	790,000	+ 78%
Community outreach prevention services provided (behaviour change communication) ²	91 million	138 million	+ 52%
Person-episodes of training ³ for health or community workers	8.6 million	11.3 million	+ 31%

ART = antiretroviral therapy / ITNs = Insecticide-treated bed nets

LLINs = long-lasting insecticide-treated bed nets

PMTCT = prevention of mother-to-child transmission

¹ The results are cumulative from 2002, when the Global Fund was established. Results reported in a year do not necessarily correspond to actual services provided during that year, since grant reporting cycles do not always follow calendar years.

² “Services provided” refers to the number of times individuals were provided with this service. (Some individuals are provided services more than once.)

³ “Person-episodes of training” is a cumulative figure that multiplies the number of persons attending a training programme by the number of training programmes.

(As indicated above, these results are attributable to programmes supported by the Global Fund. This does not mean that the Global Fund alone can take credit for this; many of these programmes were also supported by national governments and other donors.)

The Global Fund says that every dollar it receives goes to fund in-country programmes because the Fund’s operating expenses are almost entirely covered by interest earned on donations. The Fund says that the coming years will see even better results because half of the total disbursements to date by the Global Fund were made in 2008 and 2009 alone. In addition, much of the \$5.4 billion of financing approved in the last two rounds of proposals (8 and 9) will reach countries in 2010 and 2011, and will continue to significantly boost health outcomes.

According to the Global Fund, its investments have helped accelerate progress towards a number of Millennium Development Goals (MDGs). Programmes supported by the Global Fund make a direct contribution to MDG 6 (“Combat HIV/AIDS and malaria and other diseases”). In addition, major contributions have also been made to MDG 4 (on child mortality) and MDG 5 (on maternal mortality) by reducing the largest causes of mortality among women and children. The results report points out that continued, substantial increases in long-term financial commitments by donors will be needed to consolidate the gains and to reach the MDGs by the target date of 2015.

The results report documents numerous instances of positive outcomes in individual countries from Global Fund-supported programmes. For example:

- Bangladesh. The National TB Programme of Bangladesh has made great strides in the scaling up of DOTS over the last decade, in part due to the active collaboration between the public health system and NGOs. The case detection rates for new smear-positive cases improved from 26% in 2000 to 66% in 2007, and treatment success among these cases improved from 81% to 92%. During the same period, there has been an annual decline in estimated incidence, prevalence and mortality. Bangladesh represents a unique model where NGOs have traditionally supported the national programme in expanding the outreach and quality of DOTS through the involvement of communities.
- Cambodia. Through one particular Global Fund grant, the Khmer HIV/AIDS NGO Alliance provided financial, technical and capacity-building support to local community organisations for providing home-based care to people living with HIV, as well as to orphans and other vulnerable children. Through a subsequent grant, involving Cambodia's first national network of men who have sex with men, this experience is being used to extend HIV outreach to men who have sex with men and people who inject drugs.
- Ethiopia. Recent reports show that ART scale-up in Ethiopia resulted in a 50% decline in AIDS mortality in the country's capital between 2002 and 2007, and substantially improved the survival of patients on ART, with 60% of the expected number of AIDS deaths in 2007 averted as a result of ART availability.
- Malawi. Reports indicate that the rapid scale-up of ART in the country has had many positive results, including allowing 2,380 HIV-positive teachers to access life-prolonging treatment between 2002 and 2006. About 70% percent of the teachers who started treatment during this period were alive and on treatment at the end of 2006. Twelve months after treatment initiation, 250 deaths had been averted among health workers in a country with scarce human resources. Within eight months of the introduction of ART, overall adult mortality declined by 10% percent, and mortality among those with better access to ART services declined by 35%.
- Rwanda. In 2006, the Rwandan Ministry of Health launched a massive scale-up of LLINs and artemisin-based combination therapies (ACTs), which has led to a rapid decline in malaria cases and has freed up capacity in the health system to manage other health problems. Data from selected health facilities show that inpatient malaria cases in 2007 declined by 56% compared to the annual average for the years 2001-2006. At the same time, there was a 59% increase in non-malaria inpatient cases in 2007, as hospital beds became available for the treatment of other diseases.
- Tanzania. A comparison between two surveys shows that between 2003 and 2008, HIV prevalence declined from 4% to 3% among 15-to-24-year-old women, and from 3.6% to 1.1% among 15-to-24-year-old men.

The report also says that important challenges remain. For example, access to ART is still far below universal access levels; MDR-TB, which is difficult and expensive to treat, poses serious public health risks; coverage of HIV prevention is still too low; PMTCT coverage, though improving, lags far behind needs and targets; and weak health systems remain a key challenge to the scale-up of HIV, TB and malaria programmes, and to the attainment of the health MDGs overall.

The Global Fund says that there are "significant challenges to further scaling up prevention and treatment programmes, including barriers to access to treatment for most-at-risk groups, the poor integration of ART and drug dependence services, the lack of an adequate response to TB/HIV co-infections, stigma, ideological barriers (particularly regarding the scaling-up of harm reduction

programmes), laws and regulations or police practices limiting access to evidence-based interventions, and limited access to prevention and treatment services in prisons.”

Most of the information for this article comes from “The Global Fund 2010: Innovation and Impact,” a 132-page document available at www.theglobalfund.org/en/replenishment/hague/documents. An 8-page summary version is also available (look for “Results Summary 2010,” available in English, French and Spanish). The cumulative results to December 2008, shown in Table 4 above, were taken from earlier Global Fund results reports and/or were provided by the Global Fund Secretariat.

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