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of the Global Fund

SAVING LIVES: WHO CAN CLAIM THE CREDIT?

The Global Fund's fact sheet "Results at a Glance: 2008" says "Global Fund-supported programs have provided millions of people with lifesaving services. As a result, at least 2.5 million lives have been saved."

Well, yes and no. The lives have been saved as a result of the programs, but not necessarily as the result of the Global Fund financial support for those programs – because in many cases, money from the Fund represented only a small part of the overall cost.

Don't get me wrong: nobody is playing fast and loose with the numbers. But claiming credit for saving lives is tricky territory. For instance, the table discussed in the previous article shows that in Guyana, the number of people receiving ARV treatment at the end of 2007 was 2,000. And the number of people receiving treatment with Global Fund support was... 2,000. And the number of people receiving treatment with Pefpar support was... 2,000. And probably the number of people receiving treatment with government support was also 2,000. Who is saving the lives? Either "everybody", or "nobody", depending on how one defines the term.

In nine countries (Djibouti, Eritrea, Guyana, Indonesia, Jamaica, Mali, Nicaragua, Niger and Sudan), the number of people for whom the Global Fund says it is supporting ARV treatment is equal to all of the people whom UNAIDS and WHO say are receiving treatment within the country. And in nine of the fifteen countries where Pefpar operates (Botswana, Ethiopia, Guyana, Haiti, Kenya, Namibia, Rwanda, Uganda and Zambia), the number of people for whom Pefpar says it is supporting ARV treatment is again equal to all of the people whom UNAIDS and WHO say are receiving it in the country.

The GF's and Pefpar's methods of counting the number of people for whom they support ARV treatment includes counting people who receive treatment at sites where GF/Pefpar might have only financed, say, training or quality assurance, but not, say, drug provision or staff salaries. In some countries, people are

included even if GF/Pepfar have provided no financing at all for the site where those people received treatment, but have provided financing at the national level for things such as testing facilities or logistics systems (in the case of the GF) or policy development or management information systems (in the case of Pepfar). (See www.pepfar.gov/press/106290.htm and www.theglobalfund.org/en/files/publications/factsheets/aids/ARV_Factsheet_2007.pdf. The Fund does describe its methodology clearly, and does make it clear how it works carefully with Pepfar to avoid double-counting.)

Thus, although the treatment numbers may be technically correct based on the methodologies that the GF and Pepfar use for computing them, the fact remains that those numbers are somewhat misleading, because many of the people who have been included have had most or all of the direct costs of providing treatment paid by their government or employer. In the case of Pepfar, the methodology used suggests that, in an extreme case, a modest financial contribution by Pepfar to national policy development could be counted as supporting all of those receiving treatment in that country.

So what would I like the Fund to say? Something like “Programs financed by the Global Fund, and usually also by other donors, national governments, and employers, have provided millions of people with essential services, leading to the saving of at least 2.5 million lives.” It may not be a sexy sound-byte. But at least it’s unlikely to be mis-interpreted.

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