



Independent observer  
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## Global Fund Reports Significant Progress on ART and PMTCT

Significant progress has been achieved in providing antiretroviral therapy (ART) and preventing mother-to-child transmission of HIV (PMTCT), but low antenatal care coverage and other health systems and gender-related challenges are hampering further progress on these fronts.

This is one of the observations of the Global Fund's "Update on Results and Impact" report published on the eve of the Fund's pre-replenishment meeting in Brussels, Belgium on 9–10 April.

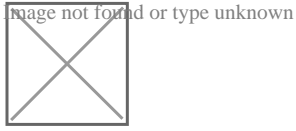
"While the number of new infections remains significant, HIV incidence and mortality are declining across the world," the report said. "More than half the countries are on track to meet internationally agreed targets."

With respect to ART, the report said that among the 105 countries the Global Fund supports for which it has sufficient data, 41% have met, or are on track to meet, the international target of universal access to ART by 2015. In Ethiopia, Ghana, and Zimbabwe, the report said, ART coverage has at least doubled between 2007 and 2011. Between 2009 and 2011, average ART coverage among the Global Fund's 20 high-impact countries rose from 39% to 56%.

So far, the report said, ten countries have reported reaching universal ART access (defined as coverage of at least 80%). Seven of these countries experienced reductions in AIDS-related deaths of at least 50% between 2005 and 2011. Nine of these countries report ART retention rates of at least 80%; inadequate data on retention was available for the tenth country.

The figure below, taken from the report, show ART coverage in 22 high-burden countries.

## Figure: Coverage of ART in high-burden countries



Source: UNAIDS, 2012

Regarding PMTCT prophylaxis, the report said, a third of the countries have met, or on track to meet, global targets by 2015. By the end of 2012, Global Fund-supported PMTCT programmes had reached 1.7 million women in 84 countries. Almost 90 percent of these women were from sub-Saharan Africa; most of them were in the 22 so-called “high-burden” countries.

The results and impact report said that four countries accounted for about 50% of the numbers of women reached with PMTCT services: Mozambique, Tanzania, Zambia and Zimbabwe. These countries reported coverage of ART for PMTCT of 51%, 74%, 86% and 54%, respectively.

As of 2011, the report said, five out of the 22 high-burden countries – Botswana, Namibia, South Africa, Swaziland and Zambia – had achieved at least 80% PMTCT coverage. Of these countries, all but South Africa had achieved 80% coverage specifically of ART for PMTCT.

Among the eight countries that underwent grant reprogramming to step up PMTCT initiatives – Chad, Ethiopia, Ghana, Nigeria, South Africa, Swaziland, Zambia and Zimbabwe – coverage of ART for PMTCT increased by 45% from 2011 to 2011, according to the report.

To achieve universal coverage, the report argues, several health system and gender challenges need to be addressed. For example, antenatal care coverage needs to increase and needs to be combined with the delivery of PMTCT. In addition, pregnant women need greater access to HIV testing and counselling services.

The “Update on Results and Impact” report is available on the Global Fund website [here](#).

This is one of a series of GFO articles on the documents released by the Global Fund for the pre-replenishment meeting in Brussels.

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