



Independent observer
of the Global Fund

New Report Published on Results and Impact

In preparation for the Fourth Replenishment meetings, the Global Fund has published an “Update on Results and Impact.” This article provides some of the highlights of the report; more details are provided in separate articles on each of the three diseases.

Some of the big numbers in the report – such as 4.2 million people receiving antiretroviral therapy (ART) as of the end of 2012 – have been published before (see [GFO article](#)). The table below, based on a table in the Global Fund’s report, provides the 2012 numbers and compares them with the numbers from one year ago and five years ago.

Table: Results from Global Fund-supported programmes at end 2012, with comparisons to 2011 and 2007 (numbers = million)

Results	End 2012	End 2011 (one year ago)	End 2007 (five years ago)
HIV- People currently on ARV therapy	4.2 m.	3.3 m.	1.4 m.
HIV – People reached with PMTCT	1.7 m.	1.3 m.	0.147 m.
HIV – People reached with HIV counselling and testing	250.0 m.	188.0 m.	34.0 m.
HIV – People receiving care and support	19.0 m.	14.0 m.	3.0 m.
HIV – Outreach to high-risk groups	29.0 m.	23.0 m.	7.0 m.
HIV/TB – Services provided	6.0 m.	4.0 m.	0.350 m.
TB – New smear-positive TB cases detected and treated	9.7 m.	8.6 m.	2.9 m.
TB – Community-based prevention activities	15.0 m.	12.0 m.	3.0 m.

TB – People treated for MDR-TB	0.069 m.	0.057 m.	0.010 m.
Malaria – ITNs and LLINs distributed	310.0 m.	230.0 m.	46.0 m.
Malaria – Cases treated	234.0 m.	187.0 m.	44.0 m.
Malaria – Indoor residual spraying	46.0 m.	43.0 m.	6.0 m.

In its paper, the Global Fund said that it has observed two important financing trends: (1) domestic financing has doubled in the last five years; and (2) declines in unit costs of commodities over the past five years, particularly first-line HIV treatment and insecticide-treated nets, have made interventions more accessible.

The Global Fund said that the continued increase in programme delivery is such that what it called “transformative improvements” in mortality and morbidity are within reach. The Fund explained that when 80% coverage for key interventions is reached in key populations, significant returns in terms of impact on incidence, morbidity and mortality are observed.

“Significant scale-up and progress have not only allowed individual countries to reach this threshold but more importantly [have] put the coverage target within reach globally,” the Fund said.

Some of the highlights of the results achieved by programmes supported by the Global Fund are as follows:

- in sub-Saharan Africa, an estimated 56% percent of people eligible for ART are receiving it, compared to less than 5% in 2000;
- of the estimated 8.7 million people who fall ill with TB, 67% are diagnosed and 85% are successfully treated, compared to 43% and 67%, respectively, in 2000; and
- in sub-Saharan Africa, 53% of households at risk of malaria are estimated to own at least one insecticide-treated net, compared to 3% in 2000.

The Global Fund said that this level of achievement in such a short space of time presents the global health community with a challenge and a major opportunity. The challenge is to maintain coverage and prevent resurgence and drug resistance.

The opportunity is that coverage can be extended towards universal access, defined as 80% coverage, through incremental investments, the Global Fund said. Countries that have extended access to this level of coverage have shown documented impact on Millennium Development Goals 4, 5 and 6 (e.g. Rwanda and Ethiopia), as well as the potential to control the HIV, TB and malaria epidemics. The Fund said that when coverage has reached this threshold, countries have also been able to address gaps in health systems, and focus on implementing high-impact interventions and accessing most-at-risk populations, “all of which can have a multiplier effect on impact.”

The Update on Results and Impact 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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