



Independent observer
of the Global Fund

Results for the Global Fund partnership in 2017 reveal large increases in lives saved and people treated for HIV, TB and malaria

The Global Fund has released its [Results Report 2018](#), the first such report to use the revised methodology adopted by the Fund for tracking and reporting impact and results. The Results Report 2018 provides results for the year 2017.

The report was officially launched on 12 September at an event in Paris, France. (The Global Fund had [previously announced](#) that France would host the Sixth Replenishment Conference in 2019.)

This article provides highlights of the report.

The report revealed that health programs supported by the Global Fund partnership have saved 27.0 million lives as of the end of 2017, up from 22.0 million at the end of 2016. The report also divulged that 17.5 million people were on antiretroviral therapy (ART) at the end of 2017, an increase of 6.5 million compared to the end of 2016.

Changes to the methodology for tracking and reporting contributed to the large increase for these two indicators. (See the next section of this article for a description of the changes.)

In the 2018 report, the Global Fund revealed that during 2017, 696,000 pregnant women received medicine to prevent transmission of HIV to their babies; 5.0 million TB cases were treated; 102,000 people received treatment for drug-resistant TB; 108.0 million malaria cases were treated; 195.0 million mosquito nets were distributed; and 12.5 million structures were covered by indoor residual spraying.

Because the Results Report 2018, showing data for 2017, was the first one produced under the revised

methodology, it does not include any comparisons to the 2016 results. Starting next year, with the Results Report 2019, the Global Fund expects to include year-over-year comparisons.

The Results Report 2018 also included a number of new indicators. For example, the Global Fund reported that in 2017, 79.1 million HIV tests were taken; 4.9 million members of key populations were reached with HIV prevention programs; 343,000 HIV-positive TB patients were on ART during TB treatment; 213.0 million people suspected of having malaria were tested; and 6.0 million pregnant women received preventive treatment for malaria.

(A full list of the new indicators for the three diseases is provided later in this article.)

While new indicators have been added, other indicators used in the past have been dropped. These include: number of condoms distributed; number of behaviour change communication interventions; and number of TB cases successfully treated. Also, the indicator “number of counselling and testing encounters” has been replaced with “number of HIV tests taken.”

Revised methodology

Seth Faison, the Global Fund’s Head of Communications provided Aidsplan with the following description of the major changes in the methodology for tracking and reporting results:

“In the previous strategy period (2012-16), the Fund tracked and reported results that combined achievements directly by Global Fund grants with achievements by other donors, recognizing that most grants contributed to programs with multiple donors. Those included national results where appropriate, i.e., where the Fund contributed to a certain percentage of overall funding, and that varied by country. In preparation for the 2017–2022 strategy, the Global Fund took part in extensive discussions with partners including PEPFAR, the World Health Organization, UNAIDS and others, and agreed to move to a model that included full national results, where available. Under the revised methodology, starting with 2017 data, the Fund is tracking and reporting a lot more national results.

“The revised methodology allows a more consistent way of reporting results over a period of time and against targets. It also allows further harmonization of reporting with other partners.”

Because the methodology has been revised, the Fund will now report annual results instead of cumulative results. The main exception is lives saved, where the Fund will continue to report on a cumulative basis. The methodology for estimating lives saved is rather more complicated (and is explained in the Note on Methodology in the Results Report 2018).

Faison explained that when reporting results, the Fund has said in the past – and will continue to say – that these results were achieved by programs supported by the Fund. In some places, he said, including the Results Report 2018, the Fund says that certain results were achieved by countries and regions where the Global Fund invests. “Both [formulations] are aiming to say the same thing,” Faison said, “as we consider ‘programs’ to mean national programs, and not just individual programs supported by individual grants.”

In a separate [Note on Methodology](#) published online the same day as the report, the Global Fund said that it “is not claiming credit for national results. As agreed with our partners, we are acknowledging the catalytic effect of international funders. We are gathering and reporting more granular data about the funding landscape in countries where the Global Fund invests to ensure we have a clear picture of our contribution to the results we are reporting.”

Starting with the 2018 report, the results reports will be produced only once each year (vs twice a year under the old methodology).

Results for new indicators

See the table for a list of the results included in the Results Report 2018 for new indicators.

Table: Results for new indicators in the Results Report 2018

Disease	Indicator	Results for
HIV	No. of HIV tests taken	79.1 million
	No. of people living with HIV who received care and support services	3.4 million
	Medical male circumcisions for HIV prevention	1.1 million
	Total no. of people reached with prevention programs	9.4 million
	No. of key populations reached with prevention programs	4.9 million
	Young people reached with prevention programs	1.6 million
TB	No. of HIV+ patients on ART during TB treatment	343,000
	No. of people with extensively DR TB on treatment	3,180
	No. of children in contact with TB patients who received preventive therapy	97,500
Malaria	No. of pregnant women who received preventive treatment for malaria	6.0 million
	No. of suspected cases tested for malaria	213.0 million

Note: The results shown in the Table are only for the year 2017; unlike in past reports, the figures are not cumulative.

Health systems

The Results Report 2018 revealed that in 2017, 27% of Global Fund investments went into health systems strengthening. This includes 10.8% invested directly in strengthening cross-cutting systems such as data, supply chain and service delivery integration.

“Achieving universal health coverage and Sustainable Development Goals requires an integrated approach between many partners,” the report said, “Ultimately, ending epidemics will only be achieved with sustainable health systems that are fully funded by countries through their own domestic resources.”

Other results

The following are some additional highlights from the Results Report 2018:

- Global Fund grants disbursed \$4.2 billion in 2017.
- Deaths from AIDS have been cut in half since 2000; malaria death rates have dropped by 60% in that period; and TB deaths have dropped 37% since 2005.
- Data currently available from approved funding requests for the 2018–2020 grant implementation period shows that domestic investments have increased by more than 40% compared to the 2015–2017 period.
- The Global Fund contributes 20% of international funding for HIV; 65% for TB; and 57% for malaria.
- In many countries, HIV infections remain extremely high among key populations and among adolescent girls and young women. On the current trajectory, we are unlikely to reach the goal of reducing new infections to 500,000 globally by 2020.

- The Global Fund has increased allocations to prevention interventions for key populations by almost 30% in 2017–2019 compared to the previous period.
- Matching funds in the amount of \$55 million for prevention programs focusing on adolescent girls and young women will leverage more than \$150 million to be invested in 13 high-burden countries.
- Because of drug and insecticide resistance, there were five million more cases of malaria in 2016 compared to 2015. Countries tend to fall into one of two categories: those progressing toward malaria elimination and those with a high burden that are slipping backwards in their response. Nearly all countries in the second category are in Africa.

Country-level profiles

The Global Fund Secretariat has prepared results profiles for HIV, TB and malaria and for health systems in the 21 high-impact countries. The Results Report 2018 contains four examples: Uganda HIV, India TB; Ghana malaria and Democratic Republic of Congo health systems.

For now, the full set of 21 country-level reports have been shared only with the Board and are intended to aid the Board’s decision-making. Faison told Aidspace that these reports will be more widely disseminated in future.

Threats and solutions

The Results Report 2018 provided examples of the threats facing the Global Fund partnership. They include the following:

- Six G20 countries — Brazil, China, India, Indonesia, Russia and South Africa — are among those with the world’s highest TB burden, shattering the myth that TB has been relegated to low-income countries.
- Antimicrobial resistance is one of the biggest threats to our future health and economic security. Deaths from drug-resistant TB now account for about one-third of all antimicrobial-resistance deaths worldwide.
- Development spending grew substantially in the first decade of this century, plateauing at \$12 billion in 2012. Development spending has since declined by almost a quarter.
- Africa’s youth population is growing rapidly. If prevention strategies remain the same, we can expect more new infections, risking a return to levels of the epidemic in the 2000s.

The Results Report 2018 also described some of the solutions for ending the three epidemics. They include the need to:

- increase investments in health systems;
- increase investment in initiatives to remove human rights-related barriers;
- implement a nuanced and focused approach to address gender-related barriers;
- increase domestic resource mobilization and plan as early as possible for transition from Global Fund support;
- invest in the discovery and deployment of better drugs and new tools for health; and
- promote the public-private partnership model.

At the launch of the Results Report 2018, Global Fund Executive Director Peter Sands said, “The

numbers in this report show how far we have come. We have in our sights, but not yet firmly in our grasp, the prospect of freeing communities from the burden of HIV, TB and malaria.”

The full Results Report 2018 is available in English and French on the Global Fund website. A summary version is available in English, French, Spanish and German.

At the launch of the results report, the Fund announced the date of the Sixth Replenishment Conference: 10 October 2019. It also announced the exact location: the city of Lyons, France.

[Read More](#)
