



Independent observer
of the Global Fund

GLOBAL FUND RELEASES NEW RESULTS REPORT

Between 2002 and 2016, the number of people dying from HIV, TB and malaria declined by one-third in countries where the Global Fund invests. In the last seven years, Fund contributions to programs for women and girls have increased significantly, to the point where they currently represent about 60% of the Fund's investments. These are just two of results included in a new report ("[Results Report 2017](#)") released by the Fund on 13 September.

The report presents results to December 2016. In July, the Global Fund issued a [fact sheet](#) on the results for the same period. We reported on the contents of the fact sheet in [GFO 317](#). We indicated that programs supported by the Fund had resulted in (among other things):

- 22 million lives saved;
- 11 million people on antiretroviral therapy for HIV – more than half the global total;
- 17.4 million people receiving TB treatment; and
- 795 million mosquito nets distributed through programs for malaria.

(See also the table later in this article depicting the number of services provided for select years between 2005 and 2016.)

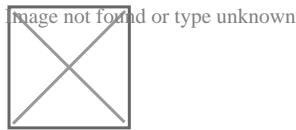
The report released in September provides considerably more results than what was in the fact sheet. In the balance of this article, we report on some of these additional results. All results are as of the end of 2016 unless otherwise indicated.

(In addition to providing results, the report revealed that the Global Fund is implementing an ambitious fundraising drive to raise an additional \$500 million before the next replenishment conference in 2019.)

The Global Fund provides more than 20% of all international financing for HIV; 65% for TB; and 50% for malaria. Since 2002, the Fund has invested \$17.0 billion in HIV programs; \$5.8 billion in TB and TB/HIV programs; and \$9.1 billion in malaria programs.

With respect to domestic financing for health, to date countries have committed an additional \$6 billion to their health programs for 2015-2017 compared with spending in 2012-2014, representing a 41% increase.

Figure 1: Number of lives saved through Global Fund–supported programs



Source: The Global Fund

The Global Fund began investing heavily in procurement four years ago. Today, the Pooled Procurement Mechanism (PPM) covers 60% of procurement supported by the Fund and has generated savings of more than \$650 million. On-time and in-full deliveries for the PPM increased to 80% in 2016 and are at levels comparable to the private sector.

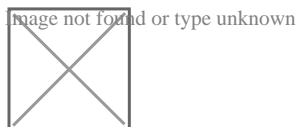
In 2016, operating expenses totaled U\$281 million, which represents about 2% of grants under management.

HIV results

In 2000, a one-year supply of antiretrovirals (ARVs) cost more than \$10,000. It can now cost as low as \$84 thanks to the introduction of generic ARVs, economies of scale in purchasing large volumes, and the Fund working with partners and negotiating directly with manufacturers.

Between 2000 and 2016, the number of new HIV infections declined by 40% in countries supported by the Global Fund.

Figure 2: Number of people on ARVs through Global Fund–supported programs



Source: The Global Fund

The Global Fund has committed \$55 million in catalytic funding for 2017-2019 for 13 of the most affected countries in East and Southern Africa to support integrated prevention, treatment and care programs for adolescent girls and young women. This includes programs such as keeping girls in school, services to address and prevent gender-based violence, social protection programs, girls' empowerment groups, and youth-friendly health services and care.

TB results

In countries supported by the Global Fund, the mortality rate from TB declined 35% and actual deaths declined 21% between 2000 and 2015 (excluding HIV-positive people).

In addition, the number of people being treated for multi-drug-resistant forms of TB has increased to 373,000 – a 50-fold increase since 2005.

Malaria results

Since 2000, the number of malaria deaths among children under five years of age has fallen by 56% in countries supported by the Global Fund, largely through the use of insecticide-treated mosquito nets and artemisinin-based combination therapy to treat malaria cases.

Health systems

More than one-third of Global Fund investments go toward building resilient and sustainable systems for health.

In the Democratic Republic of Congo, the Global Fund and partners are supporting the implementation of a health management information system to boost the collection and use of disaggregated and real-time data.

Human rights

The Global Fund says it will undertake efforts in all countries to reduce human rights barriers. However, 20 countries have been selected through a consultative process to receive intensive support over the next six years: Benin, Botswana, Cameroon, Democratic Republic of Congo, Cote d'Ivoire, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine.

For example, a Global Fund TB/HIV grant in Botswana provides human rights training for police and judges to support them to apply the law in ways that support access to health services. Grants in Indonesia and other countries support efforts to reduce stigma and discrimination in health care facilities.

In the 20 countries selected for intensive support, in-depth baseline studies are being undertaken to document existing barriers to services and ways in which they could be overcome. These assessments will guide evidence-based programming to reduce human rights–related barriers to services over the next five years.

The Global Fund has released a [Q&A](#) on its intensified efforts in 20 countries.

In 2016, the Global Fund collaborated with UNAIDS to issue a [technical brief](#) on seven key programs the Fund will support to reduce human rights–related barriers to services: stigma and discrimination reduction; training for health care providers on human rights and medical ethics; sensitization of lawmakers and law enforcement agents; reducing discrimination against women in the context of HIV; legal literacy; HIV-related legal services; and monitoring and reforming laws, regulations and policies relating to HIV.

For the first time, the Global Fund has defined programs to reduce human rights– and gender-related barriers to TB and malaria services. The Fund has issued one technical brief for [TB](#) and another for [malaria](#).

(The Global Fund has also issued technical briefs on the following topics: [Adolescent Girls and Young Women](#), [Harm Reduction for People Who Use Drugs](#), and [Human Rights and Gender Programming in Challenging Operating Environments](#). A full list of technical briefs and other applicant resources is available [here](#).)

Table: Number of services provided through Global Fund–supported programs: 2005, 2010, 2016

		2005	2010	2016
HIV				
Treatment: people currently receiving ARV therapy	(millions)	0.4	3.2	
Basic care and support services provided to OVC	(millions)	0.5	5.6	
Condoms distributed	(billions)	0.3	3.1	
Counseling and testing encounters	(millions)	6.9	173.0	
HIV-positive pregnant women receiving ARV prophylaxis for PMTCT	(millions)	0.1	1.1	
TB				
Treatment: people (laboratory-confirmed) treated for pulmonary TB	(millions)	1.5	8.2	
People treated for multidrug-resistant TB	(000's)	7.6	52.0	
MALARIA				
Prevention: insecticide-treated nets distributed	(millions)	12.0	194.0	

Prevention: structures covered by indoor residual spraying	(millions)	4.5	36.0
Treatment: cases of malaria treated	(millions)	12.0	212.0
CROSS-CUTTING			
Community outreach prevention services (BCC)	(millions)	13.0	211.0
People receiving care and support	(millions)	0.8	13.0
“Person episodes” of training for health or community workers	(millions)	1.7	14.0

Source: The Global Fund

Gender equality

The Global Fund’s initiative to improve national data systems, including sex and age disaggregated data collection and analysis, now covers more than 50 countries. In addition, the Fund is working with the Stop TB Partnership to conduct gender assessments in up to 10 countries by the end of 2018 to inform the development of national TB plans.

Sustainability and transition

According to the results report, Morocco recently completed a transition readiness assessment with the support of the Global Fund and UNAIDS. The country is developing a multi-year plan to prepare for transition of HIV and TB control, including establishing a high-level finance committee to explore sources of additional funding; and it plans to increase social protection for people living with HIV under health insurance.

The Dominican Republic has gradually taken up the costs of ARV therapy previously financed by the Global Fund. Working with partners and communities, the Ministry of Health gradually absorbed the cost of ARVs and is working on including ARVs in the social health insurance package.

Challenging operating environments

Challenging operating environments account for one-quarter of the global disease burden for HIV, TB and malaria and one-quarter of Global Fund investments. The Global Fund invests in 24 very high-risk countries and 20 high-risk countries.

In Rwanda, the Global Fund is working with UNHCR, the UN Refugee Agency, to address health needs for Burundian refugees.

Under a \$2.1 million emergency fund grant from the Global Fund, UNHCR is providing refugees services that include access to HIV testing and counseling; treatment to prevent mothers from passing HIV to their babies; antiretroviral therapy for people living with HIV; indoor residual spraying of homes and schools to ward off mosquitoes; and TB screening and treatment services.

Similarly, in East Africa, the Global Fund and the Intergovernmental Authority on Development regional bloc are supporting refugee populations in 20 refugee camps. In the Middle East, the International Organization for Migration is implementing a regional grant to provide TB, HIV and malaria services in Syria, Yemen, Jordan and Lebanon. In the Central African Republic and in Chad, the Global Fund is working with Médecins Sans Frontières and the World Food Programme to support the distribution of mosquito nets in hard-to-reach regions.

The URL in the first paragraph of this article links to the full “Results Report 2017.” A summary report is available [here](#).

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