

Results Report 2024: Annex 1

Updated 19 September 2024

The **Global Fund Results Report 2024** includes selected programmatic results – such as people on antiretroviral therapy, people with TB treated and mosquito nets distributed – delivered by Global Fund-supported programs in 2023. Table 1 below provides a comparison of the aggregated results over 2020-2023. Countries accounting for a large share of portfolio-level increases or drops over 2022-2023 are listed in Table 2. Table 3 provides a qualitative explanation of the drivers of notable changes over 2022-2023 in selected countries.

Note that due to continuous retroactive updates and corrections, some of the historical results might differ from what was published in previous Results Reports. To access the most up-to-date country and indicator-specific results, please refer to <https://data.theglobalfund.org/results>.

Table 1: Selected programmatic results over 2020-2023 in countries where the Global Fund invests*

	Services	2020	2021	2022	2023
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY (ART) FOR HIV	21.9M (99)	23.1M (98)	24.5M (97)	25.0M (97)
	HIV TESTS TAKEN	102.5M (99)	70.8M (103)	53.4M (102)	53.8M (102)
	• HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS ¹	5.8M (97)	12.7M (101)	12.5M (101)	13.1M (101)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	686.3K (50)	668.1K (50)	711.0K (48)	695.4K (48)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	1.2M (8)	1.1M (8)	0.9M (7)	0.9M (6)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	8.5M (99)	12.5M (102)	15.5M (101)	17.9M (101)
	• MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS ²	4.6M (97)	5.8M (100)	7.3M (100)	8.0M (100)
	• YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	2.9M (19)	6.1M (20)	7.4M (22)	8.5M (22)
	○ ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS	1.7M (17)	3.7M (18)	3.3M (18)	3.9M (18)
	○ YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION IN SCHOOLS	0.7M (7)	2.4M (9)	4.0M (13)	4.5M (14)
	PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS ³	51.4K (9)	97.3K (25)	177.4K (36)	321.6K (39)
TB	PEOPLE TREATED FOR TB	4.7M (90)	5.3M (92)	6.5M (88)	7.1M (85)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	272.5K (73)	286.9K (75)	344.4K (74)	353.0K (76)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	100.4K (89)	108.7K (90)	119.8K (86)	120.6K (83)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	0.2M (29)	0.4M (47)	1.5M (48)	2.0M (49)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	4.4M (34)	3.1M (50)	2.4M (54)	1.7M (54)
Malaria	MOSQUITO NETS DISTRIBUTED ⁴	202.0M (61)	133.3M (60)	218.1M (62)	227.2M (57)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	10.1M (21)	9.6M (22)	9.8M (22)	7.9M (19)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	11.5M (25)	11.3M (29)	14.6M (30)	15.5M (29)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	26.7M (9)	34.5M (10)	37.1M (10)	44.6M (12)
	SUSPECTED CASES TESTED FOR MALARIA	261.4M (64)	284.1M (67)	323.1M (67)	334.9M (63)
	CASES OF MALARIA TREATED	137.1M (64)	147.5M (65)	163.9M (63)	171.0M (60)

* Numbers in parentheses represent the number of countries/multicountry grants that have contributed to the reported results, M indicates million; K indicates thousands.

1. Priority and key populations include infants, adolescent girls and young women, adolescent boys and young men, gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, people in prisons and other vulnerable populations.

2. The prevention results in certain countries may represent instances of a person receiving various services and not the number of unique people being served due to limitation of data collection and indicator design; therefore, the number of unique people being served might be lower than total results.

3. The results of people who initiated oral antiretroviral pre-exposure prophylaxis are not included in the total prevention results.

4. Country mass net distribution campaigns occur every three years and are not evenly distributed across the three-year implementation cycle, so year-on-year comparison has limited value in measuring progress and success of the national malaria programs.

Table 2: Trends in selected programmatic results over 2022-2023 in countries where the Global Fund invests

	Services	Absolute / relative change over 2022-2023	Absolute / relative increase (# of countries showing an increase) over 2022-2023	Absolute / relative drop (# of countries showing a drop) over 2022-2023
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	519.0K / 2.1%	1.0M / 5.5% (81)	-494.1K / -8.0% (17)
	HIV TESTS TAKEN	446.3K / 0.8%	6.2M / 22.3% (74)	-5.7M / -22.4% (29)
	<ul style="list-style-type: none"> • HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS 	583.5K / 4.7%	2.6M / 35.6% (80)	-2.0M / -37.3% (22)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	-15.6K / -2.2%	21.4K / 8.4% (25)	-37.0K / -8.1% (23)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	-16.9K / -1.8%	198.8K / 48.9% (3)	-215.8K / -40.3% (4)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	2.4M / 15.5%	3.1M / 27.3% (78)	-659.7K / -15.2% (24)
	<ul style="list-style-type: none"> • MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS 	648.8K / 8.9%	1.3M / 29.5% (76)	-612.3K / -20.2% (25)
	<ul style="list-style-type: none"> • YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS 	1.1M / 15.4%	1.5M / 28.4% (16)	-328.1K / -14.8% (6)
	<ul style="list-style-type: none"> ○ ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS 	563.7K / 17.0%	1.2M / 76.6% (13)	-616.0K / -34.7% (5)
	<ul style="list-style-type: none"> ○ YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION IN SCHOOLS 	497.8K / 12.4%	724.8K / 22.5% (8)	-227.0K / -29.0% (5)
	PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS	144.1K / 81.2%	149.4K / 89.0% (35)	-5.3K / -55.2% (3)
TB	PEOPLE TREATED FOR TB	618.6K / 9.5%	717.5K / 12.4% (67)	-98.9K / -14.5% (21)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	8.7K / 2.5%	19.1K / 14.3% (50)	-10.4K / -5.0% (25)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	0.8K / 0.7%	4.1K / 9.6% (43)	-3.2K / -4.2% (40)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	469.2K / 31.2%	478.6K / 34.5% (38)	-9.5K / -8.2% (10)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	-721.7K / -29.5%	80.9K / 29.8% (22)	-802.6K / -37.0% (34)
Malaria	MOSQUITO NETS DISTRIBUTED	9.1M / 4.2%	130.2M / 193.9% (29)	-121.1M / -80.2% (32)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	-1.9M / -19.4%	703.9K / 22.5% (9)	-2.6M / -39.1% (12)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	870.9K / 6.0%	1.5M / 14.0% (16)	-600.6K / -14.7% (13)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	7.5M / 20.2%	7.6M / 22.4% (9)	-133.4K / -4.4% (3)
	SUSPECTED CASES TESTED FOR MALARIA	11.7M / 3.6%	29.8M / 14.1% (40)	-18.0M / -16.0% (27)
	CASES OF MALARIA TREATED	7.0M / 4.3%	18.9M / 17.0% (36)	-11.9M / -22.6% (26)

Table 3 Top-5 countries driving portfolio-level trends in selected programmatic results over 2022-2023 in countries where the Global Fund invests

	Services	Absolute / relative increase over 2022-2023 (% share of portfolio increase)	Absolute / relative drops over 2022-2023 (% share of portfolio drop)
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY (ART) FOR HIV	India: 223.0K / 14.3% (22.0%)	Nigeria: -175.7K / -9.2% (35.6%)
		Mozambique: 185.4K / 9.4% (18.3%)	Colombia: -125.3K / -100.0% (25.4%)
		South Africa: 166.1K / 3.2% (16.4%)	Ghana: -68.1K / -30.6% (13.8%)
		Ethiopia: 50.6K / 11.1% (5.0%)	Tanzania (United Republic): -41.4K / -2.6% (8.4%)
		Congo (Democratic Republic): 40.8K / 10.1% (4.0%)	Angola: -25.5K / -16.8% (5.2%)
	HIV TESTS TAKEN	Kenya: 2.4M / 64.2% (38.2%)	Tanzania (United Republic): -1.7M / -16.8% (29.7%)
		Zambia: 768.9K / 24.5% (12.4%)	Nigeria: -1.6M / -52.4% (28.0%)
		Mozambique: 633.3K / 5.7% (10.2%)	Malawi: -1.4M / -45.7% (23.9%)
		India: 589.2K / 75.5% (9.5%)	Ghana: -408.0K / -20.7% (7.1%)
		Nepal: 301.2K / 110.5% (4.9%)	Sudan: -173.6K / -100.0% (3.0%)
	<ul style="list-style-type: none"> HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS 	India: 589.2K / 75.5% (23.0%)	Nigeria: -1.6M / -52.4% (81.2%)
		Zambia: 426.2K / 96.1% (16.6%)	Congo (Democratic Republic): -100.4K / -67.6% (5.1%)
		Nepal: 301.2K / 110.5% (11.8%)	Zanzibar: -87.3K / -41.9% (4.4%)
		Ethiopia: 117.4K / 42.4% (4.6%)	Sudan: -56.8K / -100.0% (2.9%)
		Dominican Republic: 91.0K / 35.2% (3.6%)	Indonesia: -28.7K / -4.2% (1.5%)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	Uganda: 3.5K / 4.5% (16.6%)	Tanzania (United Republic): -11.4K / -9.7% (30.7%)
		Zambia: 2.2K / 4.4% (10.5%)	Malawi: -6.1K / -14.8% (16.4%)
		India: 2.1K / 13.5% (9.9%)	Mozambique: -3.8K / -3.3% (10.3%)
		Kenya: 2.1K / 4.4% (9.6%)	Nigeria: -3.2K / -9.8% (8.6%)
		Angola: 1.8K / 9.1% (8.2%)	Cameroon: -2.1K / -13.4% (5.7%)
MEDICAL MALE CIRCUMCISONS FOR HIV PREVENTION	Zambia: 198.0K / 52.7% (99.6%)	Malawi: -132.2K / -100.0% (61.3%)	
	Namibia: 0.8K / 3.7% (0.4%)	Rwanda: -74.3K / -23.6% (34.4%)	
		Kenya: -8.5K / -11.3% (4.0%)	
PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	Nepal: 404.4K / 117.0% (13.2%)	Togo: -204.9K / -28.5% (31.1%)	
	Tanzania (United Republic): 394.4K / 952.6% (12.9%)	Nigeria: -134.6K / -7.4% (20.4%)	
	Mozambique: 271.8K / 9.1% (8.9%)	Congo (Democratic Republic): -100.9K / -67.8% (15.3%)	
	Ethiopia: 224.4K / 29.8% (7.3%)	Côte d'Ivoire: -96.4K / -30.6% (14.6%)	
	Pakistan: 177.5K / 127.0% (5.8%)	Sudan: -61.0K / -100.0% (9.2%)	

	Services	Absolute / relative increase over 2022-2023 (% share of portfolio increase)	Absolute / relative drops over 2022-2023 (% share of portfolio drop)
	<ul style="list-style-type: none"> MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS 	Pakistan: 177.5K / 127.0% (14.1%)	Nigeria: -362.4K / -25.4% (59.2%)
		Ethiopia: 88.2K / 54.1% (7.0%)	Congo (Democratic Republic): -100.9K / -67.8% (16.5%)
		Ecuador: 73.2K / 312.4% (5.8%)	Sudan: -61.0K / -100.0% (10.0%)
		Ukraine: 68.4K / 27.5% (5.4%)	Malaysia: -21.4K / -38.2% (3.5%)
		Sri Lanka: 64.9K / 156.6% (5.1%)	Uganda: -15.7K / -16.2% (2.6%)
	<ul style="list-style-type: none"> YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS 	Tanzania (United Republic): 384.3K / .% (26.3%)	Togo: -217.7K / -32.0% (66.4%)
		Nigeria: 227.8K / 57.0% (15.6%)	Côte d'Ivoire: -86.4K / -29.9% (26.4%)
		Mozambique: 217.9K / 7.6% (14.9%)	South Africa: -16.0K / -4.3% (4.9%)
		Uganda: 173.8K / 59.7% (11.9%)	Botswana: -4.9K / -72.1% (1.5%)
		Malawi: 120.1K / 19.9% (8.2%)	Cape Verde: -1.7K / -15.9% (0.5%)
	<ul style="list-style-type: none"> ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS 	Tanzania (United Republic): 384.3K / .% (32.6%)	Zambia: -228.9K / -71.2% (37.2%)
		Nigeria: 227.8K / 57.0% (19.3%)	Mozambique: -213.9K / -25.5% (34.7%)
		Uganda: 173.8K / 59.7% (14.7%)	Côte d'Ivoire: -86.4K / -29.9% (14.0%)
		Malawi: 108.2K / 47.6% (9.2%)	South Africa: -86.1K / -26.5% (14.0%)
	<ul style="list-style-type: none"> YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION IN SCHOOLS 	Kenya: 98.9K / 78.7% (8.4%)	Botswana: -0.5K / -56.2% (0.1%)
		Mozambique: 431.8K / 21.4% (59.6%)	Togo: -217.7K / -32.0% (95.9%)
		Zambia: 227.6K / 42.1% (31.4%)	Botswana: -4.4K / -74.7% (1.9%)
		Angola: 16.0K / 65.6% (2.2%)	Kenya: -2.3K / -4.1% (1.0%)
		Lesotho: 14.9K / 16.1% (2.1%)	Cape Verde: -1.7K / -15.9% (0.7%)
	PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS	Malawi: 11.9K / 3.2% (1.6%)	Swaziland: -1.0K / -3.1% (0.4%)
Zambia: 33.4K / 227.8% (22.4%)		Ghana: -2.4K / -40.3% (45.6%)	
South Africa: 32.9K / 69.8% (22.0%)		Costa Rica: -1.6K / -84.4% (31.0%)	
Kenya: 19.9K / 175.5% (13.3%)		Botswana: -1.2K / -74.3% (23.4%)	
Thailand: 8.4K / 35.0% (5.6%)			
TB	PEOPLE TREATED FOR TB	Viet Nam: 7.6K / 61.8% (5.1%)	
		India: 204.4K / 9.4% (28.5%)	Korea (Democratic People's Republic): -64.6K / -100.0% (65.3%)
		Philippines: 149.0K / 33.5% (20.8%)	Tanzania (United Republic): -7.9K / -7.9% (7.9%)
		Nigeria: 85.3K / 29.9% (11.9%)	Uganda: -7.8K / -8.3% (7.9%)
		Indonesia: 74.4K / 10.5% (10.4%)	Sudan: -5.9K / -30.6% (5.9%)

	Services	Absolute / relative increase over 2022-2023 (% share of portfolio increase)	Absolute / relative drops over 2022-2023 (% share of portfolio drop)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	Pakistan: 50.5K / 11.9% (7.0%)	South Africa: -2.5K / -1.2% (2.5%)
		Kenya: 3.3K / 16.9% (17.1%)	South Africa: -4.0K / -4.4% (38.3%)
		Nigeria: 2.2K / 15.2% (11.3%)	India: -2.9K / -7.8% (28.1%)
		Ethiopia: 2.1K / 36.2% (10.9%)	Mozambique: -1.0K / -3.5% (9.3%)
		Uganda: 1.7K / 5.7% (8.8%)	Tanzania (United Republic): -0.7K / -4.4% (6.8%)
		Myanmar: 1.6K / 42.9% (8.2%)	Angola: -0.5K / -13.6% (4.4%)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	Indonesia: 1.3K / 17.2% (31.7%)	India: -0.9K / -1.7% (27.2%)
		Bangladesh: 0.8K / 66.3% (20.6%)	Kazakhstan: -0.3K / -6.9% (10.6%)
		Mozambique: 0.2K / 17.6% (5.9%)	Uzbekistan: -0.3K / -12.3% (8.8%)
		Ukraine: 0.2K / 5.3% (5.4%)	Angola: -0.2K / -12.3% (6.4%)
		Myanmar: 0.2K / 9.3% (5.3%)	Nigeria: -0.2K / -5.6% (5.5%)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	Nigeria: 184.2K / 173.3% (38.5%)	South Africa: -6.5K / -62.5% (69.0%)
		Uganda: 109.6K / 81.4% (22.9%)	Congo (Democratic Republic): -1.1K / -1.9% (11.9%)
		Mozambique: 25.9K / 36.5% (5.4%)	Afghanistan: -0.7K / -2.3% (7.8%)
		Pakistan: 23.3K / 179.6% (4.9%)	Côte d'Ivoire: -0.3K / -5.4% (3.5%)
		Indonesia: 18.9K / 130.9% (3.9%)	Zimbabwe: -0.2K / -5.4% (2.5%)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	Zimbabwe: 24.4K / 12.4% (30.2%)	Nigeria: -274.7K / -73.4% (34.2%)
		Ethiopia: 16.5K / 101.7% (20.4%)	India: -73.3K / -34.8% (9.1%)
		Myanmar: 9.9K / 67.8% (12.3%)	Rwanda: -68.2K / -70.7% (8.5%)
		Lesotho: 7.6K / 88.7% (9.4%)	Kenya: -58.4K / -61.8% (7.3%)
Congo: 5.9K / 275.1% (7.3%)		Zambia: -58.2K / -21.0% (7.3%)	
Malaria	MOSQUITO NETS DISTRIBUTED	Uganda: 25.5M / 961.2% (19.6%)	Nigeria: -30.2M / -64.2% (24.9%)
		Congo (Democratic Republic): 20.9M / 68.5% (16.1%)	Sudan: -18.4M / -100.0% (15.2%)
		Ethiopia: 10.9M / 367.3% (8.4%)	Burkina Faso: -13.4M / -91.2% (11.0%)
		Mali: 10.8M / 773.9% (8.3%)	Cameroon: -10.3M / -91.5% (8.5%)
		Chad: 10.3M / 2276.5% (7.9%)	Guinea: -8.6M / -90.4% (7.1%)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	Ethiopia: 391.4K / 48.3% (55.6%)	Zambia: -1.2M / -70.5% (45.7%)
		Mozambique: 199.1K / 11.2% (28.3%)	Rwanda: -522.7K / -42.6% (20.1%)
		Ghana: 34.2K / 18.5% (4.9%)	Namibia: -381.9K / -53.6% (14.7%)
		Eritrea: 29.9K / 16.1% (4.3%)	Multicountry: -231.4K / -100.0% (8.9%)
		Nicaragua: 22.8K / 35.3% (3.2%)	Uganda: -173.4K / -12.1% (6.7%)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	Nigeria: 614.9K / 39.3% (41.8%)	Senegal: -181.8K / -64.1% (30.3%)
		Tanzania (United Republic): 204.9K / 12.6% (13.9%)	Madagascar: -148.0K / -38.5% (24.6%)

	Services	Absolute / relative increase over 2022-2023 (% share of portfolio increase)	Absolute / relative drops over 2022-2023 (% share of portfolio drop)
		Congo (Democratic Republic): 175.1K / 5.7% (11.9%)	Benin: -80.4K / -24.5% (13.4%)
		Niger: 148.4K / 28.9% (10.1%)	Liberia: -60.4K / -94.0% (10.1%)
		Mali: 65.1K / 16.3% (4.4%)	Ghana: -44.7K / -7.7% (7.4%)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	Niger: 3.9M / .% (51.2%)	Togo: -100.3K / -20.9% (75.2%)
		Nigeria: 3.2M / 12.5% (41.5%)	Ghana: -18.1K / -1.3% (13.6%)
		Burkina Faso: 223.0K / 4.9% (2.9%)	Chad: -15.0K / -1.3% (11.3%)
		Mali: 136.3K / 4.8% (1.8%)	
		Benin: 73.1K / 49.5% (1.0%)	
	SUSPECTED CASES TESTED FOR MALARIA	Zambia: 4.7M / 29.6% (15.7%)	Sudan: -4.0M / -100.0% (22.1%)
		Pakistan: 3.2M / 41.1% (10.8%)	Burundi: -3.4M / -26.8% (19.1%)
		Malawi: 2.9M / 26.4% (9.7%)	Ethiopia: -3.2M / -22.4% (17.6%)
		Tanzania (United Republic): 2.3M / 17.1% (7.7%)	Rwanda: -2.0M / -49.8% (11.3%)
		Madagascar: 1.9M / 42.2% (6.5%)	Senegal: -1.3M / -59.2% (6.9%)
	CASES OF MALARIA TREATED	Zambia: 3.0M / 38.5% (15.8%)	Uganda: -4.2M / -20.4% (35.1%)
		Tanzania (United Republic): 2.8M / .% (14.7%)	Burundi: -3.0M / -42.3% (25.2%)
		Malawi: 1.7M / 37.1% (9.0%)	Sudan: -1.4M / -100.0% (11.8%)
		Congo (Democratic Republic): 1.5M / 6.1% (7.9%)	Burkina Faso: -863.7K / -8.2% (7.3%)
Nigeria: 1.4M / 5.7% (7.2%)		Benin: -665.6K / -27.7% (5.6%)	

Table 4: Notes on notable changes over 2022-2023 in selected countries where the Global Fund invests

	Services	Notes
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY (ART) FOR HIV	<p>Mozambique: An ART validation exercise was commissioned by the national AIDS program to ensure quality of reported results.</p> <p>Nigeria: A national facility-level ART data quality audit (DQA) and cleaning was conducted, leading to a lower number of people on ART in 2023 as compared with 2022. The DQA and data cleaning was a joint effort by the government, PEPFAR/the U.S. government, the Global Fund, UNAIDS and other partners.</p> <p>South Africa: Multi-month dispensing of medication (MMS) through differentiated service delivery (DSD) contributed to the increase, which is part of the HIV acceleration plan to ensure those diagnosed with HIV receive sustained ART.</p>
	HIV TESTS TAKEN	<p>Ethiopia: Due to the impact of COVID-19 and of the conflicts in the northern region, there was a severe disruption of all health services that spilled over to other regions, and no reporting on data from the two most-affected regions. In the aftermath of the conflict, the HIV program developed a national plan for restoration of services and acceleration of performance, with a focus on the conflict-affected regions. The plan consisted of restoring infrastructure and clinical and laboratory services at the facility level, and outreach, human resources, supply chain, capacity building, mentorship, ongoing supervision and restoration of data reporting. The HIV program formed a technical working group to monitor progress against set goals and targets. On the prevention side, there was also an acceleration of engagement of all civil society organizations (CSOs) that had been delayed since the beginning of the grant, as well as close monitoring of their performance towards targets. There was strong emphasis on strengthening the provision of services in clinics serving key populations (KPs) through peer referrals for testing, which contributed to the increase in number of HIV tests taken among sex workers.</p> <p>India: The performance of the prison program improved in 2023 and the implementers managed to test higher number of inmates.</p> <p>Nigeria: The main reason for the decline in results (e.g., HIV tests taken among sex workers) between 2022 and 2023 was due to incomplete reporting in 2023 as a result of the transition of the reporting channel from partners to the national system, which was new and did not receive the complete data from all states.</p> <p>Ukraine: As a result of the ongoing war, the number of HIV tests taken among people who use drugs decreased, but the program implemented a new, tailored mobile service delivery to increase access to the service.</p> <p>Zambia: The increased number of HIV tests taken among adolescents and youth was due to a range of activities including the development of prevention guidelines and an emphasis on HIV testing, the scale-up of comprehensive sexuality education in and out of schools with referrals and linkage to prevention services in health facilities, the scale-up of peer support for adolescent girls and young women (AGYW) and improved availability of HIV testing in AGYW-friendly services and corners, scale-up of mobile outreach prevention services for AGYW, revision of the HIV testing algorithm to loosen the criteria for testing to reduce missed HIV cases, introducing and improving reporting of HIV for young people aged 10-14 and strengthening the testing among young people aged 10-16 by strengthening the provision of patient-centered services, and engaging caregivers to address issues of age of consent.</p>

<p>MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES</p>	<p>Malawi: Prevention of mother-to-child transmission (PMTCT) coverage remains high (96% in 2023, UNAIDS). The reduced number of pregnant women who received ART mainly reflects the reduction in new HIV infections among women aged 15-49 years old (-73 % reduction between 2010 and 2023).</p> <p>Mozambique: PMTCT coverage remains relatively high (90% in 2023, UNAIDS). The reduced number of pregnant women who received ART partly reflects a reduction in new HIV infections among women aged 15-49 years (-40% reduction between 2010 and 2023).</p>
<p>MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION</p>	<p>Zambia: The increased number of voluntary medical male circumcisions (VMMC) was due to the integration of counseling and referrals for VMMC in all points of entry at health facilities; integration of VMMC in HIV care services; changes in focus of the prevention program from AGYW-only to include adolescent boys and young men (ABYM); integration of VMMC information and education into comprehensive sexuality education; increased peer education, support and referrals for VMMC for ABYM; increased outreach activities in hard-to-reach areas and for hard-to-reach men; scale-up of male clinics and the offering of VMMC; an improved VMMC technique, reducing complications from VMMC; engagement of local authorities and leaders on social mobilization for VMMC; and procurement of additional ShangRings under C19RM.</p>
<p>PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES</p>	<p>Ethiopia: See above under “HIV tests taken.”</p> <p>Indonesia: The decline in results for the HIV prevention programs for men who have sex with men (MSM) between 2022 and 2023 was partly due to catching up with reaching out to the key populations who had been missed during COVID-19 restrictions following easing of the COVID-19 restrictions in 2022 by conducting outreach operations and mobile voluntary counseling and testing (VCT) services as well as strong coordination of peer outreach with the health services and partly due to a greater scrutiny on quality of data and quality of services in 2023.</p> <p>Iran (Islamic Republic): The increase in the number of prisoners reached with HIV prevention programs between 2022 and 2023 was partly due to strengthened HIV services provision by increasing the service-providing sites in prison as well as screening the new prisoners before admission.</p> <p>Nigeria: The increase in the number of adolescent girls and young women (AGYW) reached with HIV prevention programs services was mainly due to efforts to scale up services for AGYWs most at risk, but the coverage of the population in need is still very low. For the reason for the decrease in number of sex workers reached with prevention programs, see above under “HIV tests taken.”</p> <p>Pakistan: The increase in the number of MSM reached with HIV prevention programs was due to the expansion of service delivery points to most of the high-burden cities.</p> <p>Sri Lanka: The increase in the number of prisoners reached with HIV prevention programs was partly due to a large scale-up in the number of training sessions by multi-sectoral unit/NSACP and STD clinics as well as peer-led outreach in the prisons.</p>
<p>PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS (PrEP)</p>	<p>South Africa: The increase was largely driven by reaching out to adolescent boys and young men (ABYM), who showed a high uptake.</p>

TB	PEOPLE TREATED FOR TB	<p>Indonesia: The increase between 2022 and 2023 was mainly due to political commitment and leadership at the Ministry of Health, leading to an increase in laboratory capacity for TB diagnosis through domestic and Global Fund investment (e.g., over 2,000 GeneXpert machines were made available for TB diagnosis); ensuring mandatory TB notification through the health insurance scheme (BPJS) such that TB cases are notified through the SITB data system as a prerequisite for submission of insurance claims; engagement of private providers (hospital and clinics in TB notification and treatment, improving quality and timeliness of data (e.g., re-arrangement of SITB servers into seven regions to reduce the real-time data input constraint due to slow connection to SITB, resulting in timely reporting of data, and regular data validation at all 34 provinces to support timely reporting of quality data); expansion of contact investigation active case-finding by the community in 25 districts.</p> <p>Philippines: The increase between 2022 and 2023 was partly due to an increase in the number of private sector providers complying through mandatory notification, increase in case-finding activities including resuming those previously on hold due to COVID-19 restrictions, introducing new technologies to increase case finding such as ultra-portable X-rays with artificial intelligence (AI) function – both funded by the Global Fund and USAID.</p>
	HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY (ART) DURING TB TREATMENT	<p>Ethiopia: The increase between 2022 and 2023 was partly due to an increase in the number of GeneXpert machines from fewer than 300 in 2022 to around 575 in 2023, strengthened engagement of community volunteers in TB screening, implementation of several TB screening campaigns and increased use of urine lipoarabinomannan (LAM) for TB screening in HIV-positive patients.</p>
	PEOPLE TREATED FOR DRUG-RESISTANT TB	<p>Bangladesh: In 2022, drug-resistant TB case finding was affected by shortages of GeneXpert cartridges. These supply bottlenecks were remedied in 2023 and have resulted in more people receiving GeneXpert as initial diagnosis. Consequently, this has contributed to improved case finding for drug-resistant TB. Further, the Global Fund supported the National TB Program to develop a monthly monitoring tool for drug-resistant TB (DR-TB), which supports addressing the service delivery bottlenecks in a timely manner.</p> <p>Indonesia: The increase in service delivery between 2022 and 2023 was due to supporting the enablers package for multidrug-resistant TB (MDR-TB) cases from point of diagnosis; improved coordination at the community level between the health facility and community actors; expansion of services for diagnosis, with GeneXpert machines available at the health facility level with strong sample transportation for drug susceptibility testing (DST) and linkage to treatment; expansion of DR-TB treatment sites in Puskesmas [community health clinics] (150 Puskesmas available by December 2023) with active tracing of patients by Puskesmas within 2 days after receiving report that patients had not yet enrolled on treatment; involving community leaders and related Dinas if needed; introduction of a new regimen with shorter treatment duration (BPaLM); and strengthened patients' counselling at diagnosis, engaging trained counsellor, psychologist (training).</p> <p>Mozambique: The increase between 2022 and 2023 was partly due to an increase in the diagnostic network of WHO-recommended molecular diagnostic tests.</p>
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	<p>Mozambique: The increase between 2022 and 2023 was partly due to the expansion of service delivery from children under 5 years old to children under 15 years old.</p> <p>Nigeria: The increase between 2022 and 2023 was partly due to the implementation of the TB preventive therapy (TPT) surge intervention with Global Fund catalytic funding. This initiative facilitated the development of a costed TPT surge implementation plan. In addition, the country switched to a shorter regimen drug for TPT, facilitating uptake in the communities.</p>

Malaria	MOSQUITO NETS DISTRIBUTED	<p>Ethiopia: There has been a sharp increase in malaria transmission and in the number of malaria cases in Ethiopia, resulting in areas where malaria was already eliminated and nearing elimination to report an increased number of cases. There was a total of 250 low malaria transmission districts that were earmarked for elimination by 2025, but with the increase in the number of malaria cases, nearly 140 experienced malaria resurgence to high transmission levels. The increase in the number of malaria cases is due to the conflict in the northern region, increased migration and the impact of climate change. To tackle this issue, through government allocation, reprogramming of Global Fund funds and the U.S. President's Malaria Initiative (PMI), there was increased investment in long-lasting insecticidal nets (LLINs) to target districts with high transmission of malaria as well as a shift in strategy to ensure 85% of the populations in districts with high transmission are covered by LLINs.</p> <p>Nigeria: The results for 2022 were higher than results for 2023. The reason is that Nigeria implements a rolling insecticide-treated net (ITN) mass campaign with each state having a different due year for the campaign. In 2022, more states were due for the campaign compared to 2023, hence the higher number of nets distributed in 2022 than 2023. In addition, some states that were due for campaigns didn't implement theirs due to delays in securing funding and a restriction by the Federal Ministry of Health to procure ITNs locally.</p>
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING (IRS)	<p>Botswana: The low performance against the target and compared to the previous year is attributed to the very late arrival of pesticides and insufficient vehicles and other needed materials for the campaign, which was a result of insufficient funding for the campaign. It is, however, noted that some of the regions started their indoor residual spraying (IRS) campaign in January 2024.</p> <p>Ethiopia: There has been a sharp increase in malaria transmission and in the number of malaria cases in Ethiopia, resulting in areas where malaria was already eliminated and nearing elimination to report an increased number of cases. There was a total of 250 low malaria transmission districts that were earmarked for elimination by 2025, but with the increase in the number of malaria cases, nearly 140 experienced malaria resurgence to high transmission levels. The increase in the number of malaria cases is due to the conflict in the northern region, increased migration and the impact of climate change. To tackle this issue, through government allocation and through PMI there was an increased investment in IRS to target districts where malaria has been reemerging.</p> <p>Zambia: The national malaria control program revised the vector control strategy from a mosaic approach to have universal LLIN distribution as the main vector control. IRS was downscaled to Lusaka and urban districts nearing elimination, with Annual Parasite Incidence (API) <10 accounting for an estimated 600,000 households.</p>
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	<p>Nigeria: The target of mothers receiving intermittent preventive treatment of malaria in pregnancy (IPTp) is still low, though a gradual increase is noted. The main reason for underperformance is the non-availability of Sulfadoxine–pyrimethamine (SP) due to stock-outs of SP in the health facilities, hence missed opportunities as the number of mothers attending antenatal care visits is high. There has been a ban on the importation of SP into the country, but this year, the country has received the first Swiss Pharma Nigeria's SP dispersible tablet prequalification by WHO, which will facilitate local production of SP.</p>
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION (SMC)	<p>Burkina Faso: The increase in the results between 2022 and 2023 is likely to be partly due to data quality issues and partly not strictly adhering to seasonal malaria prevention (SMC) age-related guidelines, i.e., children over 59 months old were being presented for SMC.</p> <p>Niger: In 2022, the country was not able to report on this indicator as per the definition (i.e., number of children that received the full number of courses). They were only able to report on the number of children that received one round of SMC and therefore the</p>

	<p>Global Fund was not able to report the results. In 2023, the country developed tools to be able to capture the full number of courses and this allowed the Global Fund to report the results.</p> <p>Nigeria: The increase in the number of children receiving SMC between 2022 and 2023 is due to the scale-up and start of SMC in those states that initially didn't have funding for SMC implementation.</p>
SUSPECTED CASES TESTED FOR MALARIA	<p>Pakistan: In 2022, Pakistan experienced devastating floods, which triggered an explosion of malaria cases. The Principal Recipients (PRs) have been responding to the challenge by expanding access to testing services, which explains the increase in the number of suspected malaria cases tested.</p> <p>Zambia: There has been a sharp increase in malaria transmission and in the incidence of malaria cases countrywide, hence increasing the number of suspected malaria cases in 2023 reaching the levels last seen in 2020. The increase in malaria transmission was due to low coverage of long-lasting insecticidal nets (LLINs) in the 2020 campaign coupled with low utilization rates; low coverage of continuous LLIN distribution in maternal and child health services; slight delays in the 2023 LLIN campaign; and the impact of climate change events.</p>
CASES OF MALARIA TREATED	<p>Zambia: See above.</p>