

Results Report 2019: Methodology Annex 1

Updated 19 September 2019

The **Global Fund Results Report 2019** includes selected programmatic results such as people on antiretroviral therapy, people with TB treated and mosquito nets distributed delivered by supported programs in 2018. Table 1 below provides a comparison between the aggregated 2017 and 2018 results. Key drivers of notable drops between 2017 and 2018 results are summarized in Table 2. Note that due to continuous retroactive updates and corrections, some of the 2017 results might differ from what was published in the 2018 Report. To access most up-to-date country and indicator-specific results, please refer to <https://data.theglobalfund.org>.

2018 marks the first year in the 2018-2020 grant implementation cycle. The Country Coordinating Mechanisms – the committee of local community, government and health experts that develop and guide Global Fund-supported programs in a country – adapt performance framework agreements for each new grant cycle, as part of the tailoring and targeting of Global Fund investments to maximize impact and build on lessons learned from the previous cycle. As the associated indicators identified by the CCMs can significantly change from one cycle to the next, some 2018 results are not directly comparable to the results of 2017. This is particularly notable for HIV prevention services which are an aggregation of a range of services determined by countries and tracked at national or subnational level. See Table 2, for additional notes. For a full explanation of the Global Fund's results reporting methodology, visit theglobalfund.org/en/methodology

Table 1: comparison between the 2017 and 2018 selected programmatic results in countries where the Global Fund invests

Selected services in countries where Global Fund invests		2017	2018
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	17.6M ⁽⁹⁷⁾	18.9M ⁽⁹⁵⁾
	HIV TESTS TAKEN	90M ⁽⁹⁶⁾	125M ⁽⁹⁸⁾
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	720K ⁽⁵³⁾	719K ⁽⁵²⁾
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	1.0M ⁽⁷⁾	1.5M ⁽⁸⁾
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS & SERVICES	10M ⁽⁹⁶⁾	8.3M ⁽⁹⁶⁾
	<ul style="list-style-type: none"> • MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS • YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS 	4.8M ⁽⁹³⁾ 2.6M ⁽¹⁵⁾	4.6M ⁽⁹⁴⁾ 1.8M ⁽¹⁶⁾
TB	PEOPLE WITH TB TREATED	5.0M ⁽⁹¹⁾	5.3M ⁽⁹⁰⁾
	HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY DURING TB TREATMENT	368K ⁽⁷¹⁾	332K ⁽⁷¹⁾
	PEOPLE WITH DRUG RESISTANT TB ON TREATMENT	103K ⁽⁸⁹⁾	114K ⁽⁸⁹⁾
	PEOPLE WITH EXTENSIVELY DRUG-RESISTANT TB ON TREATMENT	3973 ⁽⁵⁾	6771 ⁽¹⁴⁾
	CHILDREN IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	98K ⁽¹⁹⁾	143K ⁽²⁶⁾
Malaria	MOSQUITO NETS DISTRIBUTED	204M ⁽⁵⁵⁾	131M ⁽⁵⁰⁾
	CASES OF MALARIA TREATED	108M ⁽⁶⁴⁾	110M ⁽⁶⁴⁾
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	5.1M ⁽¹⁶⁾	9.4M ⁽²⁵⁾
	SUSPECTED CASES TESTED FOR MALARIA	210M ⁽⁵⁶⁾	220M ⁽⁶³⁾
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	8.8M ⁽¹⁵⁾	6.7M ⁽¹⁶⁾

M indicates Million; K indicates thousands; brackets show the number of countries contributing to the results.

Table 2: Drivers of notable change in selected programmatic results over 2017-2018 in countries where the Global Fund invests

Explanations for notable change (+/-10%) in selected programmatic results between 2017 and 2018. Countries mentioned account for 75%-90% of increase between 2017 and 2018.

Services	2017	2018	Percentage change	Explanations for notable change (+/-10%) in selected programmatic results
HIV TESTS TAKEN	90M	125M	+39%	Countries are accelerating implementation of WHO's "treat all" guidance and the UNAIDS 90-90-90 strategy (global targets of 90% of HIV-positive people who know their status; 90% of HIV-positive people who know their status on treatment; 90% of people on ARVs with suppressed viral load by 2020) has led to a significant increase in the number of people tested and started on therapy. In particular in 2018, India and Tanzania greatly scaled up their testing programs.
MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	1.0M	1.5M	+48%	Recognizing that "treat all" alone will not end the HIV epidemic, the Global Fund is committed to increasing the reach and quality of prevention and care services. MCC is one of the five pillars of the Global HIV Prevention Coalition and its 10-point plan to improve country delivery of prevention programming. In particular in 2018, Rwanda, Malawi and Zambia greatly scaled up their MMC programs.

Services	2017	2018	Percentage change	Explanations for notable change (+/-10%) in selected programmatic results
PEOPLE REACHED WITH HIV PREVENTION PROGRAMS & SERVICES	10.0M	8.3M	-17%	<p>Note that 2017 and 2018 results are not directly comparable due to changes occurring from one grant cycle to the next (see introductory paragraph for details). Some of the key changes to country programs and indicators from 2017 to 2018:</p> <ul style="list-style-type: none"> - More focused, differentiated prevention services, particularly for key and vulnerable populations¹: Provision of comprehensive package of interventions for key populations to prioritized districts, in contrast to the previous cycle where lighter interventions provided to larger number of districts and young populations. Refocusing prevention programs from general populations to key populations recommended by technical partners. Change for a more comprehensive minimum prevention package for key population. Downward estimation of size of key populations in some countries. Note: According to data collected by UNAIDS, the number of key populations reached by prevention programs in the portfolio of Global Fund supported countries has increased by 10% between 2017 and 2018. - Change in indicator: Change in the choice of indicator being reported to the Global Fund from male and female youth to female youth only for which a better tracking system is in place, but no reduction in the activities being provided by the country to male youth.
PEOPLE WITH DRUG RESISTANT TB ON TREATMENT	103K	114K	+11%	In response to the growing rates of drug-resistant TB (DR-TB), countries are scaling up their work to find, test and treat more patients. The Global Fund's catalytic program to find an additional 1.5 million people with TB by 2019 is part of this scale-up. In particular in 2018, India, Indonesia and Philippines – three countries with high DR-TB burden – scaled up their treatment programs.
PEOPLE WITH EXTENSIVELY DRUG-RESISTANT TB ON TREATMENT	3,973	6,771	+70%	In response to the growing rates of extensively drug-resistant TB (XDR-TB), countries are scaling up their work to find, test and treat more patients. The Global Fund's catalytic program to find an additional 1.5 million people with TB by 2019 is part of this scale-up. In particular in 2018, Ukraine, Kazakhstan, Uzbekistan and Belarus – four countries with high XDR-TB burden – scaled up their treatment programs.

¹ Key populations include men who have sex with men, sex workers, people who use drugs and transgender people.

Services	2017	2018	Percentage change	Explanations for notable change (+/-10%) in selected programmatic results
CHILDREN IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	98K	143K	+46%	The 2018 United Nations High-Level Meeting on Tuberculosis set ambitious new goals: find and treat 40 million people with active TB between 2018 and 2022 and provide preventive treatment for 30 million people with latent TB – particularly vulnerable people like children and people living with HIV. Countries are already accelerating progress towards these goals and scaling up their programs to provide preventive therapy to vulnerable people. In particular in 2018, Nigeria, Democratic Republic of Congo, Guinea, Senegal, Indonesia and Zimbabwe scaled up their programs to provide children with preventive therapy for TB.
MOSQUITO NETS DISTRIBUTED	204M	131M	-36%	Country mass net distribution campaigns occur every three years and are not evenly distributed across the 3-year implementation cycle. As 2018 was the first year of the current implementation cycle, many countries procured nets for distribution in 2019, so net distribution will increase again in 2019 and 2020
PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	5.1M	9.4M	+83%	To reduce the number of malaria cases, countries are increasing focus on preventive measures including preventive treatment for malaria for pregnant women and seasonal malaria chemoprevention for children. In particular in 2018, Tanzania, Nigeria, Mozambique, Uganda and Zambia scaled up their programs for pregnant women.
STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	8.8M	6.7M	-24%	CCMs set the priorities for choice of prevention measure most appropriate for their country and regions. The reduction in indoor residual spraying is due to a combination of a change in national policy in choice and coverage of intervention coverage; delays in implementation, meaning some structures will be treated in 2019 instead of 2018; and missing data on structures sprayed compared to available data for 2017. Note: the 2017 IRS result published in the Global Fund 2018 Report (12.5M) erroneously included the result for two consequent years for one of the high burden countries. This has been corrected and the updated result for 2017 is 8.8M.