



Results Factsheet

January 2016
Geneva, Switzerland

The Global Fund Results Factsheet presents the latest programmatic data from recipients of Global Fund grants. It also outlines some of the common questions and answers regarding results reported by Global Fund-supported programs.

There is a 6-month lag between the end of implementing periods and the official reporting of programmatic results. This is due to data collection and verification processes. Therefore, this release of results corresponds to Global Fund's actual mid-2015 results.

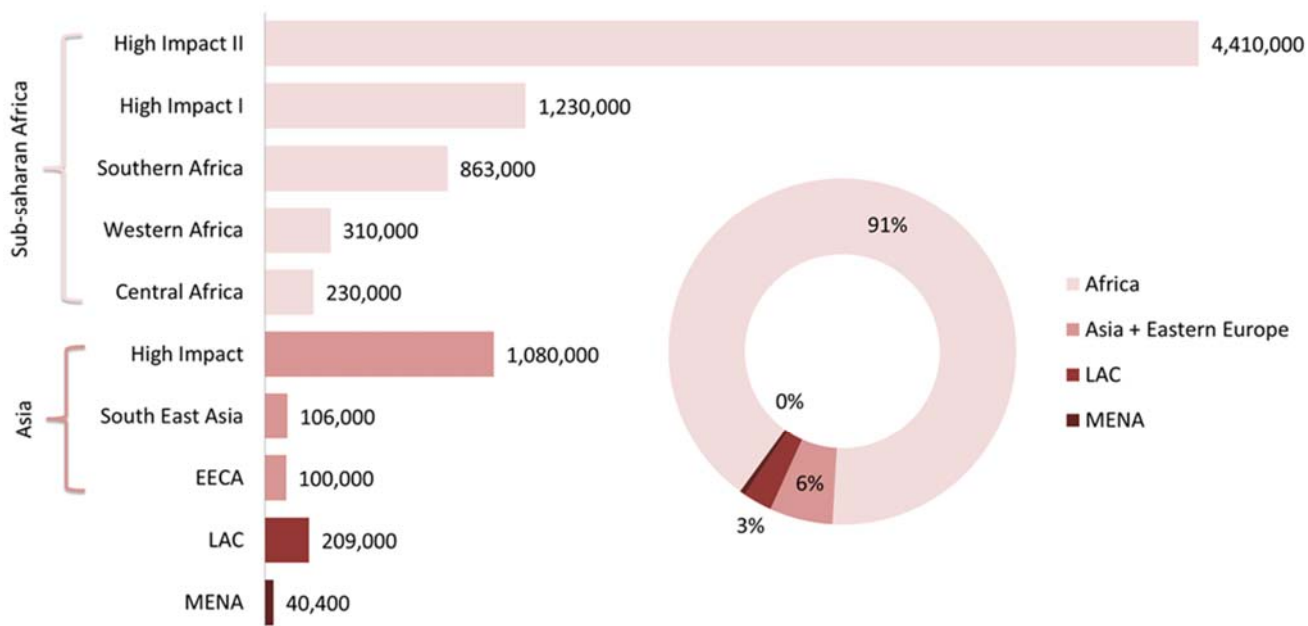
I. HIV results

In the first half of 2015, an additional 500 thousand people were put on treatment for HIV in programs supported by the Global Fund, a 7 percent increase, bringing the total to 8.6 million people. Over half (51 percent) of the people on ART are in High Impact II region in Sub-Saharan Africa; a region that consists of Ethiopia, Kenya, Mozambique, Uganda, Tanzania, Zambia and Zimbabwe. Counselling and testing for HIV rose by 12 percent to reach 470 million sessions. An additional 250,000 pregnant women were reached with PMTCT services, representing an 8 percent increase from end-2014.

Main indicators

Indicator	Scale-up		Mid-2015 (cumulative)
	6 month	12 month	
People currently on ART ¹	7%	17%	8,600,000
Seropositive pregnant women receiving ARV for PMTCT	8%	22%	3,300,000
Counselling and Testing encounters	12%	21%	470,000,000
Basic care and support services provided to OVCs	4%	8%	7,800,000
Associated infections: People receiving treatment for STIs	4%	8%	23,000,000
Condoms distributed	2%	5%	5,200,000,000

ART results by region



¹ Cote d'Ivoire, Namibia and Swaziland were excluded from the mid-2015 ART results as they did not meet the criteria for reporting national results (Refer to section V. below). The Global Fund reports 10% of the national number of people on ART in South Africa, as it provides 10% of the national ARV drugs. It also reports 50% of Kenya national results for the same reason.

II. Tuberculosis results

The latest results show progress in the response to the Tuberculosis epidemic:

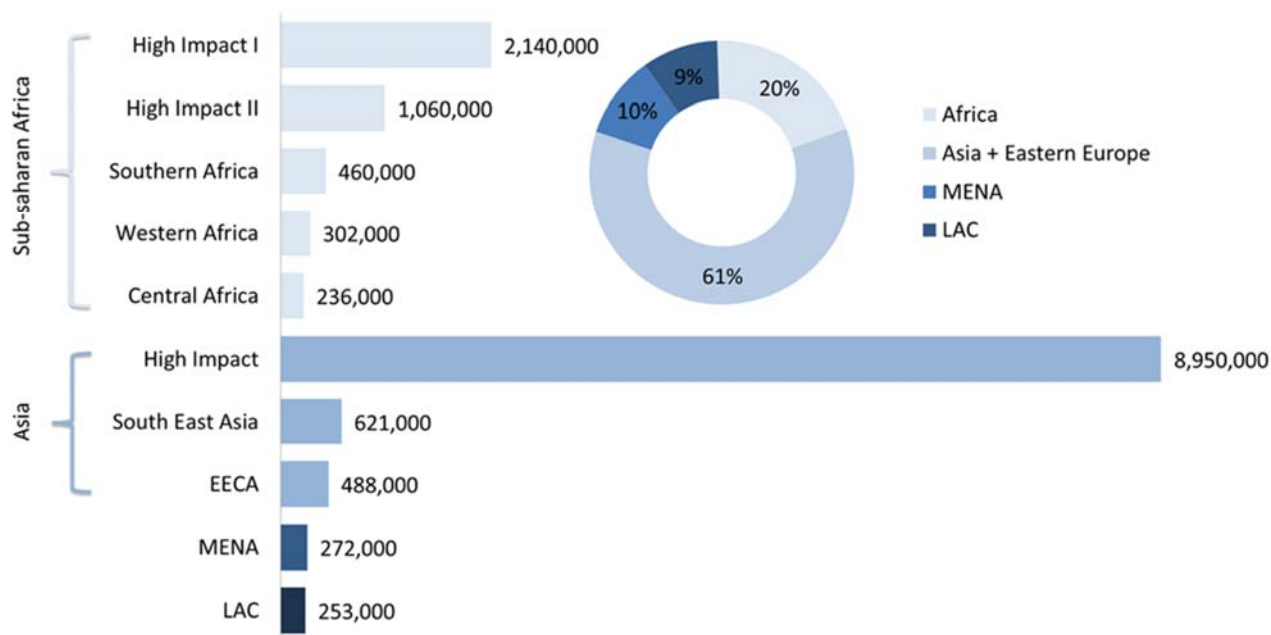
800 thousand new smear-positive cases were detected and treated in the first half of 2015; an increase that brings the cumulative result to 15 million. High Impact Asia countries - Bangladesh, China, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Viet Nam - accounted for 61 percent of the cumulative result.

“People treated for MDR-TB” rose by 10 percent compared to the December 2014 mark.

Main indicators

Indicator	Scale-up		Mid-2015 (cumulative)
	6 month	12 month	
New smear-positive TB cases detected and treated	12%	21%	15,000,000
People treated for MDR-TB	10%	53%	230,000
Cases successfully treated	4%	11%	11,000,000

Tuberculosis results by region



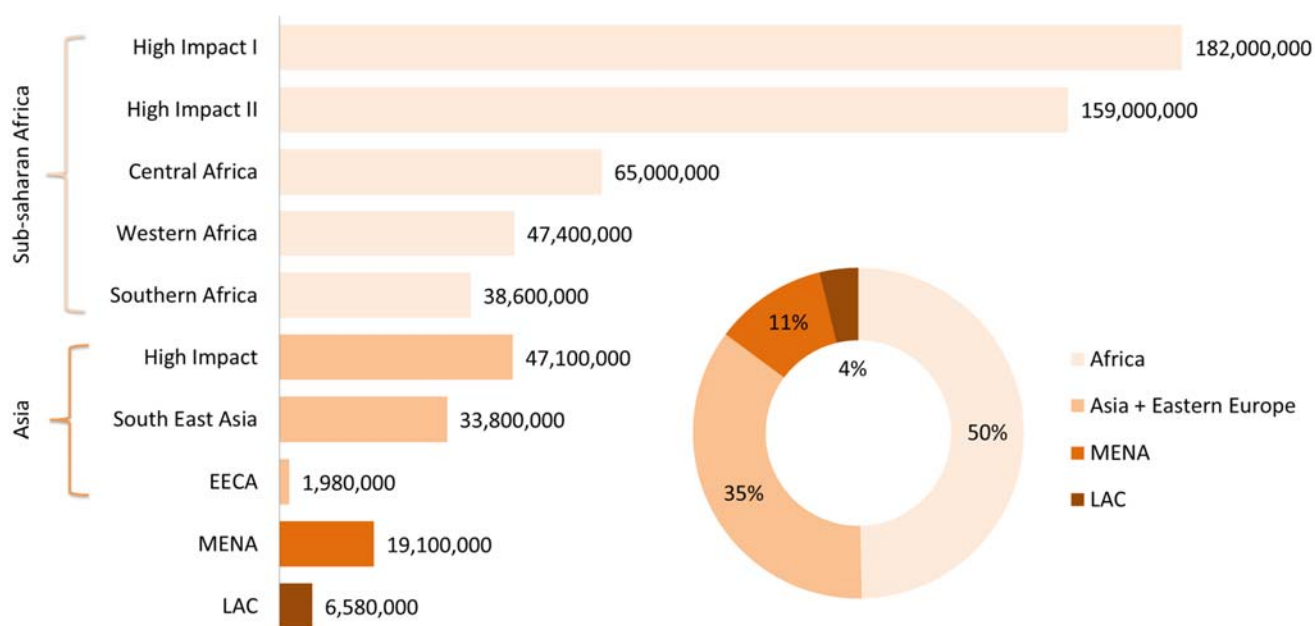
III. Malaria results

In the first half of 2015, just over 50 million mosquito nets were distributed for prevention against malaria, an increase of 9 percent, to reach a cumulative total of 600 million. Over the same time span, the cases of malaria treated increased by 9 percent to reach 560 million. The highest number of nets has been distributed in High Impact Africa I countries where 30 percent of the nets have been distributed; the countries include Cote d'Ivoire, Democratic Republic of Congo, Ghana, Nigeria and Sudan.

Main indicators

Indicator	Scale-up		Mid-2015 (cumulative)
	6 month	12 month	
Prevention: Nets distributed	9%	35%	600,000,000
Prevention: Structures covered by Indoor Residual Spraying	4%	10%	61,000,000
Treatment: Cases of Malaria treated	9%	19%	560,000,000

Malaria results by region



IV. Reporting and harmonization of the results from Global Fund-supported programs

There were two stages in the calculation of Global Fund results:

Step 1 - Verified grant results:

Results from each grant are verified by the Local Fund Agent (LFA) in country, then submitted to the Global Fund and compiled in a database. The Local Fund Agent verifies the documentation for each report and undertakes a site verification of results once per year. In addition the monitoring and evaluation systems of the country are assessed, and a data quality audit undertaken on a sample of grants.

Step 2 - Country compilation:

In countries where there are multiple grants, data from each grant are assessed individually against the criteria shown below to determine if the Global Fund provides significant support to the national program or whether it supports a more restricted project. Grant data for all of the grants in the country are then compiled to produce overall country figures.

Step 3 - Data harmonization:

Since 2004 the semi-annual release of aggregated country results for antiretroviral therapy (ART) from Global Fund-supported programs has been preceded by data harmonization consultations with international partners such as PEPFAR, WHO, UNAIDS.

In 2014, partners from Tuberculosis and Malaria agencies have been associated to the consultations. The objectives of partners' consultations are:

- To discuss the consistency of country-level data and consider issues of data reliability and reporting, e.g. to identify data quality issues with country-level reporting;
- To assess the level of financial contribution for each organization, and to identify overlap and rectify potential double-counting of reported figures, e.g. where PEPFAR and the Global Fund have joint financing in countries for ART support;
- To enhance global reporting processes, e.g., UNGASS and universal access, and joint results release with PEPFAR, UNAIDS ... if possible.

V. Criteria used for reporting on national results

The Global Fund is aligning its support with national programs. The majority of Global Fund reported results therefore is based on national reporting and may include services and commodity deliverables co-financed by others, including domestic counterpart financing and other donor support.

In order to assess whether to incorporate nationally reported results the Global Fund has developed a set of criteria. They were presented and reviewed with international partner agencies –

PEPFAR/WHO/UNAIDS for people receiving ART, and with WHO for TB case detection and distribution of bed nets²:

- ✎ Total disbursements to countries in the specific programs must be at least USD 50 million (past three years for HIV, cumulative amounts for TB and malaria),
- ✎ Total annual disbursement of Global Fund to countries is at least 15% of reported public expenditure³ per disease based on latest available data from international agencies,
- ✎ Contributing to essential elements on a national scale⁴,
- ✎ Programs supported by the Global Fund are performing adequately,
- ✎ The reported indicators have no major data quality issues.

These criteria are applied when Global Fund-supported grants report national results, and where such results are significant⁵.

VI. Data quality assessment in grant management

While there are of course well-acknowledged reporting and data verification challenges in individual situations, the quality of reporting systems is assessed by the Local Fund Agent (LFA) for every grant at the time of grant signing. The Global Fund recommends 5-10 percent of its grant finances be used to improve monitoring and evaluation systems. Just as significantly, it includes powerful incentives in its performance-based funding model to establish systems for accurate and externally-verifiable reporting. If a grant cannot show reliable results, financing can be stopped at any stage.

Results are submitted to the Global Fund in Progress Updates, as stipulated in the grant performance framework, and are verified by the LFAs, through desk audits and site visits.

Results and requests for continued funding also pass through the Country Coordinating Mechanism (CCM) of the country. The CCM includes national and international partners in-country who are responsible for providing oversight. Global Fund processes encourage transparency and accountability by building monitoring and evaluation into all stages of the grant process. In addition, result-specific issues identified by the Office of the Inspector General (OIG) are also reflected and adjusted in the reporting.

Two main tools for assessing grant data quality are the On-Site Data Verification (OSDV) and Data Quality Audit (DQA) of indicators reported in grants. Data quality findings have been used to feed into grant assessment. In addition, results identified with major over-reporting issues based on

² The criteria are systematically applied to ART data. For TB and Malaria they are subject to the availability of financial information.

³ Data sources: For HIV, AIDS expenditure data based on National AIDS Spending Assessment methodology UNGASS Indicator 1, from UNAIDS Report on the Global AIDS Epidemic. For TB, expenditure data (received amounts) from Global Tuberculosis Reports. For malaria, WHO World Malaria Reports.

⁴ E.g. for HIV: drug provision, HR, infrastructure, laboratory/testing.

⁵ For people receiving ART, figures reported to the Global Fund as national and >100,000. For TB case detection, figures reported to the Global Fund as national in the 22 TB high burden countries. For the distribution of nets, figures reported to the Global Fund as national in the 31 malaria endemic countries.

verification of selected data points are put on hold from reporting until data quality issues are resolved.

VII. Timing

Collecting and reporting results occurs over a period of several months. Results included here mostly reflects data collected in countries by mid-2015.