

Global Fund Results Fact Sheet End-2011

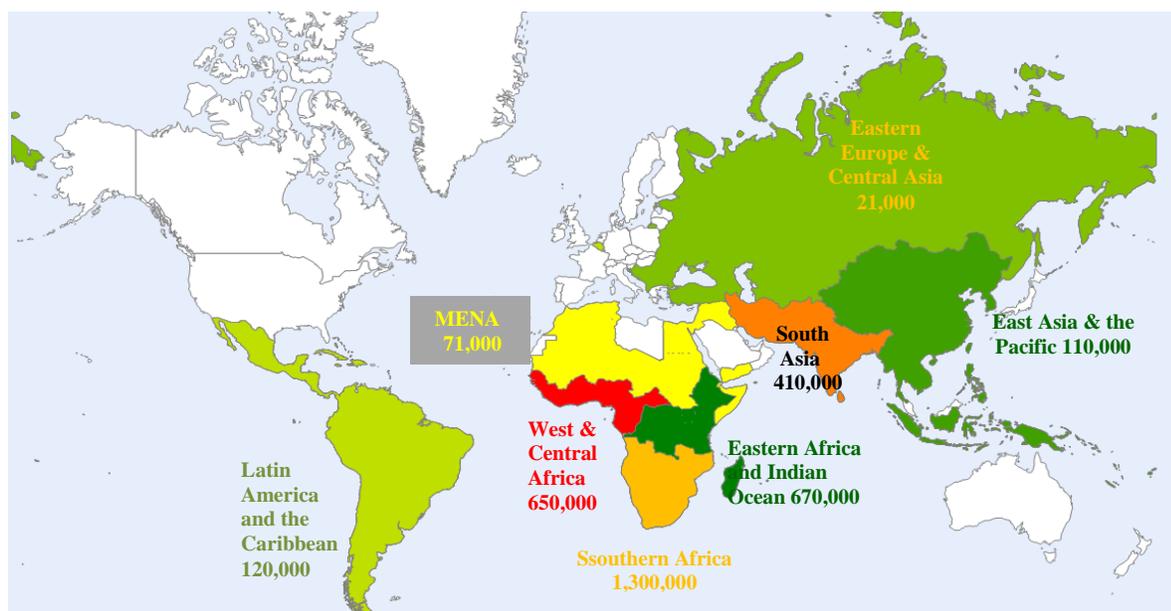
This fact sheet outlines some of the common questions and answers regarding results reported by Global Fund-supported programs, including the principles and approach in determining the number of people receiving antiretroviral therapy (ART).

Question 1: How many people are receiving ART from programs supported by Global Fund grants?

By end-2011, programs supported by the Global Fund have reported 3.3 million people currently on ART.

Question 2: What is the regional breakdown of people currently receiving ART?

The accompanying table below shows the regional breakdown of people on ART. Southern Africa has the highest number of people on ART, followed by East Africa and Indian Ocean, West and Central Africa, and South and West Asia.



Region*	Number of people receiving ART**
Sub-Saharan Africa: Southern Africa	1,300,000
Sub-Saharan Africa: East Africa and Indian Ocean	670,000
Sub-Saharan Africa: West & Central Africa	650,000
South Asia	410,000
Latin America & Caribbean	120,000
East Asia & Pacific	110,000
Middle East & North Africa	71,000
Eastern Europe & Central Asia	21,000
Grand Total	3,300,000

* The above regional numbers are rounded from the country figures on the next page

** Results of Global Fund-supported programs may include the delivery of services or products that are co-financed by partners

Question 3: What is the country-by-country breakdown of people receiving ART ?

The regional totals are further broken down into country-by-country results in the table below, based on latest available figures reported to the Global Fund by end 2011 (Oct-Nov).

Southern Africa	
Zambia	370,000
Zimbabwe	350,000
Malawi	260,000
Namibia	86,000
Lesotho	79,000
Swaziland	68,000
Angola	23,000
South Africa	18,000
Mozambique ¹	
Total	1,300,000

East Africa	
Tanzania (United Republic)	260,000
Ethiopia	240,000
Rwanda	97,000
Congo (Democratic Republic)	39,000
Burundi	25,000
Eritrea	5,400
Mauritius	950
Madagascar	260
Comoros	<100
Kenya ²	
Uganda ³	
Total	670,000

¹ Global Fund supports the national program in Mozambique but is excluded as it did not meet the criteria for reporting on national results.

² Although Global Fund financial support is used to purchase front line ART drugs in Kenya, it was decided not to include results from Kenya as Global Fund support made up only 17% of domestic public expenditure on HIV programs in the country

³ Due to investigations by the Office of the Inspector General the Global Fund did not disburse funds to HIV programs in Uganda in 2008 and most of 2009. Results from Uganda were therefore not included.

West and Central Africa	
Nigeria	360,000
Cameroon	89,000
Ghana	49,000
Burkina Faso	33,000
Togo	24,000
Benin	20,000
Central African Republic	14,000
Congo	12,000
Guinea	11,000
Gabon	7,900
Senegal	7,200
Sierra Leone	6,600
Liberia	4,800
Guinea-Bissau	4,000
Gambia	2,400
Equatorial Guinea	2,300
Multicountry Africa (West Africa Corridor Program)	2,200
Cape Verde	790
Côte d'Ivoire	580
Sao Tome and Principe	<100
Total	650,000

South Asia	
India	400,000
Nepal	5,900
Bangladesh	510
Iran (Islamic Republic)	240
Sri Lanka	170
Bhutan	<100
Afghanistan	<100
Maldives	<100
Total	410,000

Latin America & Caribbean	
Haiti	32,000

Dominican Republic	18,000
Peru	16,000
Guatemala	9,800
Honduras	8,100
Jamaica	8,100
El Salvador	7,800
Ecuador	7,200
Cuba	
Paraguay	3,800
Guyana	3,200
Belize	1,300
Bolivia	1,300
Nicaragua	1,200
Suriname	1,000
Multicountry Americas (CARICOM / PANCAP)	670
Multicountry Americas (Meso)	250
Total	120,000

East Asia & Pacific	
Cambodia	45,000
Indonesia	20,000
Viet Nam	19,000
China	7,100
Myanmar	7,000
Thailand	6,200
Lao (Peoples Democratic Republic)	1,800
Philippines	1,500
Multicountry Western Pacific	<100
Mongolia	<100
Timor-Leste	<100
Total	110,000

Middle East & North Africa	
Chad	25,000
Mali	25,000
Niger	7,800

Sudan	4,800
Morocco	3,600
Mauritania	1,100
Djibouti	1,100
Somalia	970
Egypt	550
Yemen	530
Tunisia	430
Jordan	<100
West Bank and Gaza strip	<100
Total	71,000

Eastern Europe & Central Asia	
Ukraine	4,600
Russian Federation	4,300
Uzbekistan	3,300
Belarus	2,900
Kazakhstan	1,600
Moldova	1,400
Georgia	1,000
Tajikistan	620
Azerbaijan	440
Bulgaria	400
Kyrgyzstan	360
Armenia	280
Albania	160
Bosnia and Herzegovina	<100
Macedonia (Former Yugoslav Republic)	<100
Total	21,000

Question 4: How is the number of people on ART determined?

There are three stages of calculation of the number of people receiving ART:

Step 1: Verified grant results: results from each grant of unique individuals currently on ART 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 ART program (see Question 5 below), 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: Partner harmonization: since 2004, before each release of country results from Global Fund-supported programs, the Global Fund has held regular data harmonization consultations with international partners (PEPFAR/WHO/UNAIDS/UNICEF). The objectives 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.

Harmonized ART results are then released as part of the GF results releases. These results, together with details and methodologies on the harmonization process, are published in the Results Fact Sheet and made available on Global Fund's public website. At the end of 2011, the Global Fund has expanded the harmonization of data with partners in other major categories, including TB case detection, distribution of bed nets, and PMTCT.

Only patients documented to be **currently on ART** at the time of grant reporting are included in these calculations (in accordance with the standard indicators in the Joint Partner M&E Toolkit, available at www.theglobalfund.org).

Question 5: What are the criteria used for reporting on national results for selected indicators?

In some countries, due to challenges and limitations inherent in the health information systems, some indicators may be able to report only at the national level, as it is not possible to disaggregate and report on Global Fund-specific results, or when doing so would lead to the creation of parallel reporting systems. Results of Global Fund-

supported programs may include services and commodity deliverables co-financed by others, including domestic counterpart financing and other donor support.

In cases where only national targets, or where both grant-specific and national targets are defined and reported by countries to the Global Fund for program monitoring purposes, the Global Fund has developed criteria to assess whether to incorporate national data as results of Global Fund-supported programs. Criteria exist for determining reporting on the important indicators (people currently receiving ART, PMTCT, TB case detection and the distribution of bed nets).

These criteria were presented and reviewed with international partner agencies – PEPFAR/WHO/UNAIDS for people receiving ART, PMTCT; WHO for TB case detection and distribution of bed nets. Where national results are reported by the grants on the above indicators, and where such results are significant⁴, the following criteria are used to determine whether these can be incorporated in aggregate reporting:

- 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 33% of reported expenditure⁵ per disease based on latest available data from international agencies;
- Contributing to essential elements on a national scale⁶;
- Programs supported by the Global Fund are performing adequately;
- The reported indicators have no major data quality issues.

Question 6: Can you provide some country examples of programs where the Global Fund reports national results?

Below are a few examples of countries that fulfill the above criteria, so that national results as reported by countries to the Global Fund are reported as results from Global Fund-supported programs.

Examples of countries where the Global Fund reports the national results of people receiving ART:

Ethiopia: The Global Fund has become the major financier for the purchase of first-line ART drugs for the national program, with PEPFAR providing second-line and pediatric ART drugs under a new national road map to coordinate national activities. Further coordination has occurred so that ART sites are supported jointly under the national program. Following the “Three Ones” principle, the national program does not report in parallel to PEPFAR and the Global Fund, rather they report only the total number of people treated by the national program. Key activities are supported on a national scale and Global Fund resources of USD 754 million have been disbursed for HIV programs to date.

⁴ 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.

⁵ 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 2010. For TB, expenditure data (received amounts) from Global Tuberculosis Control WHO Report 2011. For malaria, WHO World Malaria Report 2011 (Forthcoming).

⁶ E.g. for HIV: drug provision, HR, infrastructure, laboratory/testing.

This joint arrangement has allowed more efficient use of resources and national targets are being substantially accelerated. The health system has also been strengthened; to date, over 370 hospitals and clinics are supplied with STI drugs and reagents, and over 1,800 health facilities supported with infection prevention medicines.

India: India has the largest funding for HIV from the Global Fund in South and West Asia region. The program performance has been good and rapid scale-up of ART and systems were made possible due to large scale GF financing, with Global Fund disbursements to HIV programs in India reaching USD 514 million to date. As of the end of September 2011, 324 government-run ART centers providing first-line ART to over 400,000 adults, as well as 25 million sessions of HIV counseling and testing, all with Global Fund financial support, while finances for ART centers themselves are jointly supported by the government (including physical plant maintenance, salaries, laboratory services, opportunistic infections) and the Global Fund (including first-line ART drugs, CD4 test kits). finances.

Malawi: Along with PEPFAR and UNICEF, the Global Fund supports HIV programs in Malawi, and is the major financier of the national program. To date, the Global Fund has disbursed USD 360 million for HIV programs, and support includes the purchase and distribution of ART for hundreds of treatment sites in both the public and private health sectors, and management of opportunistic infections. Several hundred VCT sites have been established, providing over 3.7 million sessions of testing and counseling. The Global Fund supports crucial ART activities on a national scale, and the grant is performing adequately.

Rwanda: The Global Fund, together with PEPFAR and the World Bank, provide significant funding for ART. All major partners make use of the national central procurement facility, whereby procurement is pooled in a “common basket” approach and distributed centrally for health products, including drugs, reagents and equipment. There is also significant financial and programmatic contribution to the national HIV program beyond drug procurement, the Round 5 grant in HSS provided over 6 million insurance subscriptions for the poor and the extremely poor, almost 800,000 yearly subscriptions for PLWHAs and orphans and vulnerable children. To date, some USD 390 million have been disbursed to support HIV programs in the country.

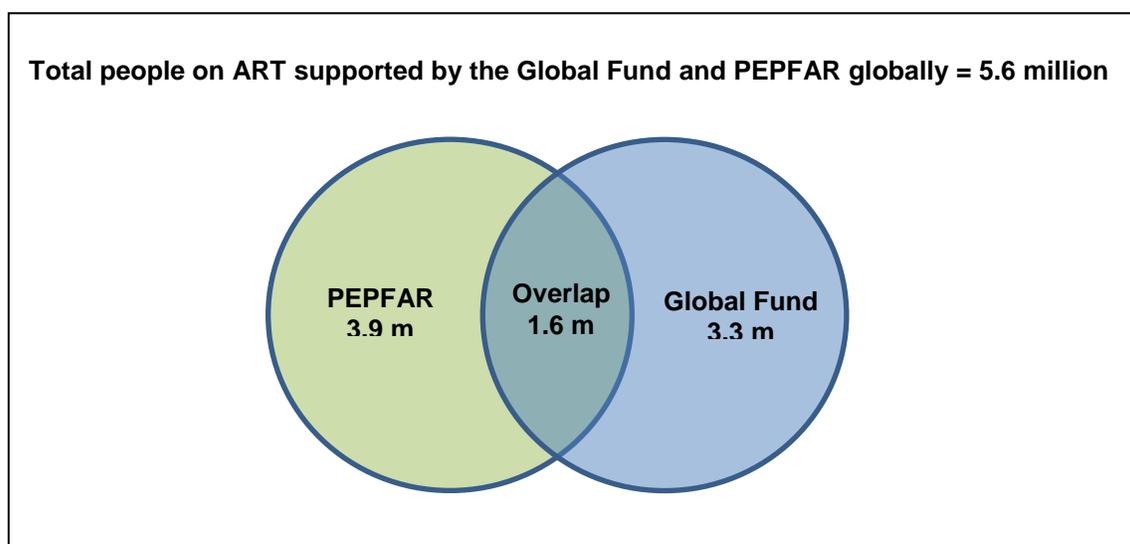
Examples of countries where the Global Fund does not report national results of people on ART: China, Cote d’Ivoire, Kenya, Mozambique, Pakistan, Russian Federation, South Africa, Thailand, Ukraine and Uganda : In China, Global Fund’s support is limited to providing second-line treatment for some 7,000 adults, and does not report on the national figure submitted by the country. For Cote d’Ivoire and Pakistan, following the end of Continuity of Services for ART, PEPFAR is now providing nearly 65,000 people with treatment, while the government provides treatment in Pakistan. In the Russian Federation, the Global Fund had been providing emergency supply of drugs for ART, which has now been taken over by the National program, with Global Fund supporting ART for some 4,200 migrants and prisoners. Going by the criteria above, the Global Fund at present does not report on national results in Thailand. Global Fund support had been instrumental in bringing about the initial scale-up of ART. As treatment for some 160,000 Thai citizens on ART has been taken over by the Thai government’s universal insurance scheme and the main grants have expired, the Global Fund now no longer reports on the national figure of ART for Thai citizens. Global Fund-supported

programs now fill the treatment gap by providing ART for non-Thai citizens and migrants who are not normally eligible for the insurance protection. In Ukraine, the national figure is not reported, since upon the closure of Global Fund grants from earlier rounds, the financing of the ART of some 20,000 patients is now being covered by the government, while Global Fund support some 4,600 people on treatment. Finally, the Global Fund does not report on any of its support for ART in Kenya, Mozambique and Uganda as these countries did not meet the criteria for incorporating national figures in the reporting.

Question 7: Is there overlap with the US government program PEPFAR?

Yes, there is frequent collaboration and joint financing in support of ART at the country level between PEPFAR and the Global Fund. Based on end 2011 release, the **joint figure of unique individuals on ART in programs supported by either the Global Fund or PEPFAR was 5.6 million**. This was the number of unique individuals supported by both programs, excluding any overlap. The figure below illustrates the reported results for each program and the combined total.

Illustration of combined total, GF total and PEPFAR total *



*At the end of 2011, the Global Fund-PEPFAR overlap was 1.6 million.

Question 8: How is the overlap with PEPFAR assessed?

The Global Fund assesses issues of double counting and overlap with partners working and reporting at country level. However, the Global Fund formalizes these discussions with PEPFAR and make available to WHO a joint Global Fund-PEPFAR result on contributions to “Universal access” (which reports on individual people currently on ART).

In assessing overlap the Global Fund reviews with PEPFAR and WHO data country by country. The two organizations jointly assess where both programs have made a

significant contribution to a national program and where there is likely to be overlap. They also compare the results to WHO projected figures as these provide a reference to national ART figures. Data from all sources are compared on a country-by-country basis. The aim is to count the number of individual people supported on treatment, thus contributing to the overall results. It should be understood that this is a conservative estimate and demonstrates the lower range of the number of individual people put on treatment by the combined financing of the two programs.

Overlap exists because the Global Fund is a financing organization (it does not put people on treatment itself) and works to harmonize its funding to support sustainable national programs alongside other donors. The Global Fund aims to support national strategies and to fill in significant gaps in available financing, rather than have standalone parallel Global Fund projects and individuals on treatment relying solely on Global Fund financing (though the Global Fund is flexible and supports a range of country situations and programs).

Question 9: What share of funds for supported HIV programs is contributed by the Global Fund?

Between the organizations the Global Fund and PEPFAR provided funding for HIV programs to 116 countries in 2009-2010. Excluding private sources, preliminary estimates indicate the breakdown of funding shares across these countries as Domestic Public sources 43%, PEPFAR 32%, Global Fund 13% and Other International sources 12%⁷. International funding had a greater focus on low income countries (Global Fund 20% of HIV program funds in low income countries vs. 10% in middle income countries; PEPFAR 52% vs. 22%; and Other international sources 21% vs. 6%), with Domestic funds providing a greater share in middle income countries (7% of HIV program funds in low income countries vs. 62% in middle income countries).

Question 10: What happens to people on ART once Global Fund grants to a country end?

A major reason to promote joint financing is to ensure the sustainability of the financing of country ART programs. This is an important reason why the Global Fund does not require complete attribution to identify Global Fund individuals on treatment. It requires programs to be performing and Global Fund financing to be additional to existing funds, but encourages the use of other finances, including increasing national commitments.

When Global Fund financing to a country is stopped for any reason (performance or otherwise), the Global Fund provides **continuity of financing for ART for an additional two years**. This does not fund additional scale-up but aims to sustain financing to people currently on ART in order to give the country enough time to find

⁷ The estimates were produced by a joint Global Fund-PEPFAR initiative on financial data harmonization; the estimation methods will be further developed and refined in collaboration with UNAIDS in the coming year. Data sources: Global Fund: Average disbursements for 2009-2010; PEPFAR: Average outlays for 2009-2010; Domestic Public: Average UNGASS reported domestic expenditures for 2008-9 (where available; where unavailable, domestic funding was estimated from earlier UNGASS reports; or counterpart financing data submitted as part of grant proposal documentation to the Global Fund); Other International: Estimated from average UNGASS reported international expenditures 2008-9 (excluding Global Fund and PEPFAR). It should be noted that the estimates of Other International funding are subject to considerable variation.

other sources of financing to support the ongoing program. Countries such as Equatorial Guinea, Pakistan, Ukraine, Russian Federation and Côte d'Ivoire are now either funding all or a majority of people on ART through national programs or other donors. In Mali, following OIG investigation and transfer to a new PR, the scope of Global Fund support was reduced in October 2011, with funding of essential services maintained to ensure the continuity of ART provision for some 25,000 people, plus the possibility of supporting new patients to start treatment.

The Global Fund encourages countries to seek complementary funding from other sources. By raising increasing and additional financing, the Global Fund aims to ensure the sustainability and scale-up of country HIV treatment programs through regular and additional rounds of financing to meet country needs.

Question 11: Does The Global Fund adjust for data quality issues of reported results from countries?

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.

All results submitted to the Global Fund in Progress Updates (generally two to four times per year, or when a disbursement is required) are then verified by the LFAs, following desk audits and site visits, and adjustments of results are made by the LFAs when there are data quality issues, such as the number of people receiving ART in Zambia and Zimbabwe. 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, e.g. in Chad, where over-reporting issue of the number of people receiving ART was identified and the results were adjusted downwards by the OIG.

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. During 2008-2011, some 30 DQAs and over 900 OSDVs were conducted on selected indicators from the Performance Frameworks in selected sites at different levels, e.g. service delivery points, administrative or district levels. Data quality findings have been used to feed into grant assessment and renewal decision-making, such as Phase 2 evaluations. In addition, results identified with major over-reporting issues based on verification of selected data points are put on hold from reporting until data quality issues are resolved. Based on available findings from these assessments conducted in 2009, 2010 and 2011, major over-reporting was identified in selected data points in the reporting of ITNs for some malaria grants. As a result of applying these criteria, a total of 13 million bed nets have been excluded from aggregate reporting, including results from Burkina Faso, Democratic Republic of Congo, Laos, Mauritania, Sierra Leone, Togo and Zambia.

The Global Fund has helped to harmonize data sharing among international partners and to mobilize support of national systems. Considerable progress has been made in recent years, and this will continue despite challenges in global reporting and in the implementation of the principles of the “Three Ones” in countries.