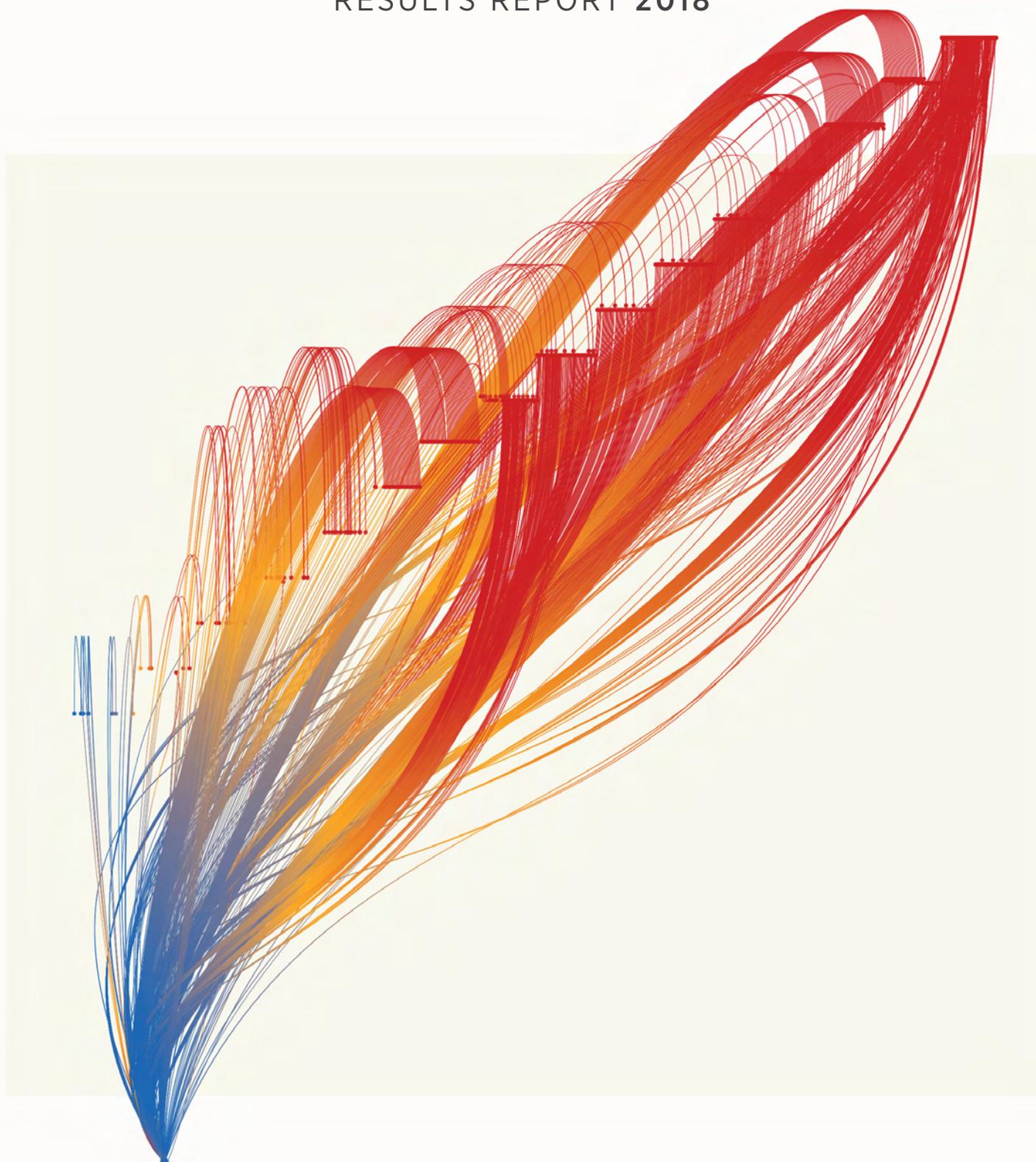
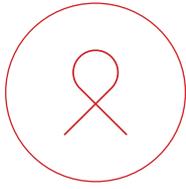


 **The Global Fund**
RESULTS REPORT 2018



2 7 M I L L I O N
L I V E S S A V E D



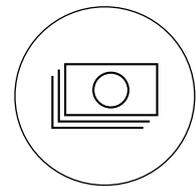
17.5
MILLION
**PEOPLE ON
ANTIRETROVIRAL
THERAPY FOR HIV**

79.1
MILLION

**HIV TESTS
TAKEN**

9.4
MILLION
**PEOPLE REACHED
WITH HIV PREVENTION
PROGRAMS & SERVICES**

Results: At a Glance



US\$

4.2

BILLION

**GLOBAL FUND
GRANTS DISBURSED**



5
MILLION
**PEOPLE WITH
TB TREATED**

102
THOUSAND
**PEOPLE WITH
DRUG-RESISTANT
TB ON TREATMENT**



197
MILLION
**MOSQUITO
NETS DISTRIBUTED**

108
MILLION
**CASES OF
MALARIA TREATED**

US\$

205

MILLION

**SAVINGS GENERATED
BY POOLED
PROCUREMENT**

Results achieved during 2017 by countries and regions where the Global Fund invests.

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In Mozambique, malaria accounts for more than 40 percent of deaths in children under 5. Correct, consistent use of an insecticide-treated mosquito net can save lives.



Letter from the Executive Director

During my first months as Executive Director of the Global Fund, I have been struck by the tension between recognizing the extraordinary progress that has been achieved in the fight against HIV, tuberculosis and malaria, and acknowledging the daunting challenges we still face in ending these epidemics. The numbers in this report show we have made enormous progress. Deaths from AIDS have been cut in half since 2005, and TB deaths have dropped 37 percent since 2000. The combination of mosquito nets treated with insecticide and improved diagnostics and treatment have radically reduced the burden of malaria.

We should not let the scale of the challenges before us diminish such achievements, nor should we let our successes blind us to the serious threats we must overcome. This year's Results Report seeks to strike that balance, capturing the strides we have made in reducing mortality and infection rates over the last few years, but also highlighting the risks and challenges to continued progress.

Everyone involved in the hundreds of partnerships that comprise the Global Fund should be proud that our combined efforts have supported programs that have saved over 27 million lives, while building more resilient and sustainable systems for health, and working to dismantle human rights barriers to health. Yet too many people are still dying of AIDS, TB and malaria; and far too many are still getting infected. The loss of lives, the impact on families and communities, and the cost to economies and societies are still unacceptably high.

There is no room for complacency. Having been sharply reduced since the peak of the epidemic, global HIV infection rates are now declining frustratingly slowly, and are actually rising in some regions and among some populations. While we are making progress on diagnosis, treatment and keeping people on the lifelong treatment, we need to do more to halt new infections. This means addressing weaknesses in health systems that threaten to impede progress across all three diseases, as well as the attainment of universal health coverage.

On TB – now the biggest killer of the three diseases – the priority is to ensure many more people are diagnosed and treated. Unless we can significantly reduce the roughly 40 percent now missed, we cannot hope to beat the epidemic. And we all need to raise our game in identifying and treating the drug-resistant forms of the disease that pose such a terrifying threat to global health security.

It is alarming that the number of malaria cases is now rising, after declining for more than a decade. While a significant number of countries are on track to eliminating malaria – such as Paraguay, which celebrated certification as malaria-free earlier this

year – drug and insecticide resistance, environmental factors, funding shortfalls and demographics pose severe challenges in the highest-burden countries.

To meet the Sustainable Development Goal of ending the epidemics by 2030, we must act with urgency to surmount these challenges. More of the same will not be enough. Together, we must reinvigorate the political impetus that is the key to mobilizing more funding, both international and domestic. We must constantly refine our approaches – leveraging innovation more effectively, supporting programs to be more integrated and people-centered, ensuring sustainability from the outset, and targeting our interventions through data-driven insights. We must renew our determination to address the gender and human rights barriers that fuel the diseases. And we must recognize that our fight is an integral part of the journey toward universal health coverage, a fundamental building block of global health security and a crucial element of the overall sustainable development agenda.

We have in our sights, but not yet firmly in our grasp, the prospect of freeing communities from the burden of AIDS, TB and malaria. It is hard to exaggerate what an extraordinary achievement this will be, and what impact it will have on lives saved, on community well-being, and on overall social and economic development.

I have been inspired every day by the energy, commitment and spirit of collaboration that infuses every part of the Global Fund partnership network – an astonishing ecosystem of implementing and donor governments, civil society, the private sector, technical partners and people affected by the diseases, as well as our staff. The Global Fund is a powerful catalyst for mobilizing political will and financial resources, a proven mechanism for scaling up innovations and delivering results, and an inclusive and effective means of managing the difficult trade-offs that are inevitable in such an ambitious and challenging endeavor. Together, we can end these epidemics, but achieving this goal will require change – increased investment, accelerated innovation, even more effective partnerships and a relentless focus on impact.

Peter Sands
Executive Director



27 MILLION LIVES SAVED

The impact of investments in health can be measured in many ways, and one of the most important measures is how many lives are saved. Health programs supported by the Global Fund partnership have saved 27 million lives as of the end of 2017.

Credit for this achievement is shared by policymakers and activists, scientists and community health workers, donors, drug makers and many more partners. Overall, the number of deaths caused by AIDS, TB and malaria each year has been reduced by one-third since 2002 in countries where the Global Fund invests.

A Note on Methodology

During preparatory work for implementing the Global Fund Strategy 2017-2022, the Global Fund conducted extensive consultations with partners about how to best report results and measure impact of Global Fund investments in national programs. A broad group of partners, including representatives from donor nations, implementing nations and technical partners, eventually came to a consensus that results achieved by country-led programs with additional contributions from bilateral and multilateral funders should be estimated and classified with a more contributive model.

Partners agreed that, due to the catalytic role of international funders, it is neither practical nor desirable to disaggregate programmatic results and impact of country-led programs by trying to attribute specific results to a singular source of financing. Instead, it makes more sense to recognize the reality that many partners contribute to the success of any specific health program. An updated methodology incorporating an increased focus on national results was approved by the Global Fund Board in November 2016, and informed the targets set in the 2017-2022 strategy.

The Global Fund Results Report 2018 is based on data collected by the end of 2017. With more national results included, these results in some cases are significantly higher than in years past. At the same time, because the methodology has changed, it makes less sense to report cumulative figures since 2002. Instead of providing a cumulative total for each indicator, we now report an annual figure.

The “lives saved” indicator is the sole exception, where we report a cumulative total. The methodology for lives saved employs models that analyze raw data. These models, using the most advanced modeling methods currently available, yield sophisticated estimates, not scientifically exact figures. They rely on widely accepted data sources, recommended by technical partners, such as routine surveillance, population-based surveys and vital registration systems.

The number of lives saved in a given country in a particular year is estimated by subtracting the actual number of deaths from the number of deaths that would have occurred in a scenario where key disease interventions did not take place. For example, in a country where studies show that 70 percent of smear-positive TB patients will die in the absence of treatment, if 1,000 smear-positive TB patients were treated in a particular year, yet only 100 people were recorded as dying from TB, the model can conclude that 600 lives were saved. Without treatment, 700 would have died.

To complement the reporting of national results, and to provide stakeholders with more granular data about the financing landscape and the amount and use of

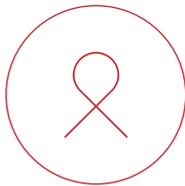
Global Fund financing in particular country contexts, the Global Fund now provides the Board with results profiles for all “high-impact” countries. Three examples of these profiles – for Uganda/HIV, India/TB and Ghana/malaria – are included in this report.

When the Global Fund began in 2002, results-based funding was a new concept in global health. Just 16 years later, results-based funding has been mainstreamed into many organizations, and is so broadly embraced it is almost taken for granted that any organization that provides funding must show its results. We will continue to refine and improve our methods for measuring impact. We are always eager to hear from partners who have come up with more effective ways to gauge results, so that we can continue learning and improving.

Results: Essential Indicators

During 2017, countries and regions where the Global Fund invests achieved the following results:

countries or regions reporting full or partial results / countries due for reporting example: 50 / 100



17.5
MILLION
**PEOPLE ON
ANTIRETROVIRAL
THERAPY FOR HIV**

95 / 95

79.1
MILLION
HIV TESTS TAKEN

97 / 99

3.4
MILLION
**PEOPLE LIVING WITH
HIV RECEIVED CARE AND
SUPPORT SERVICES**

28 / 29

696
THOUSAND
**MOTHERS RECEIVED MEDICINE
TO PREVENT TRANSMITTING
HIV TO THEIR BABIES**

52 / 53

1.1
MILLION
**MEDICAL MALE
CIRCUMCISIONS FOR HIV
PREVENTION**

7 / 7

4.9
MILLION
**MEMBERS OF KEY
POPULATIONS REACHED
WITH HIV PREVENTION
PROGRAMS***

92 / 94

1.6
MILLION
**YOUNG PEOPLE REACHED
WITH HIV PREVENTION
PROGRAMS**

13 / 13

9.4
MILLION
**TOTAL PEOPLE REACHED
WITH HIV PREVENTION
PROGRAMS**

96 / 98

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



5
MILLION

PEOPLE WITH TB TREATED

88 / 89

343
THOUSAND

HIV-POSITIVE TB PATIENTS
ON ANTIRETROVIRAL
THERAPY DURING TB
TREATMENT

73 / 75

102
THOUSAND

PEOPLE WITH DRUG-
RESISTANT TB
ON TREATMENT

91 / 92

3,180

PEOPLE WITH
EXTENSIVELY
DRUG-RESISTANT TB ON
TREATMENT

6 / 6

97,500

CHILDREN IN CONTACT
WITH TB PATIENTS
RECEIVED PREVENTIVE
THERAPY

19 / 20



197
MILLION

MOSQUITO NETS
DISTRIBUTED

55 / 58

108
MILLION

CASES OF MALARIA
TREATED

63 / 64

6
MILLION

PREGNANT WOMEN
RECEIVED PREVENTIVE
TREATMENT FOR MALARIA

16 / 16

213
MILLION

SUSPECTED CASES
TESTED FOR MALARIA

54 / 57

12.5
MILLION

STRUCTURES COVERED
BY INDOOR RESIDUAL
SPRAYING

17 / 18

HIV



“Allowing the HIV epidemic to rebound would be catastrophic – for the communities most affected by HIV, but also for the broader field of global health. If the world cannot follow through on HIV, which prompted such an unprecedented global mobilization, hopes for achieving the ambitious health aims outlined in the SDGs will inevitably dim.”

— Report of the International AIDS Society-Lancet Commission on the Future of Global Health and the HIV Response



About 1,000 girls are infected with HIV every day. To tackle HIV, we must address root causes of inequality that fuel the epidemic.

STATE OF THE FIGHT

- Improved access to HIV treatment has cut the number of AIDS-related deaths in half since the peak in 2005, from 1.8 million to under 1 million in 2017.
- In many countries, HIV infections remain extremely high among key populations and among adolescent girls and young women. On the current trajectory, we are unlikely to reach the goal of reducing new infections to 500,000 globally by 2020.
- Human rights and gender-related barriers, including gender inequalities, drive new infections and reduce uptake and retention of health services. In some countries in Africa, young women aged 15-24 are up to eight times more likely to be HIV positive than young men.
- Development assistance for HIV and AIDS reached its peak in 2012, at US\$12 billion, but has since declined by almost a quarter.
- In many countries, the progress toward normalizing the lives of people living with HIV has had the paradoxical effect of reducing the sense of urgency around prevention, particularly among young people.

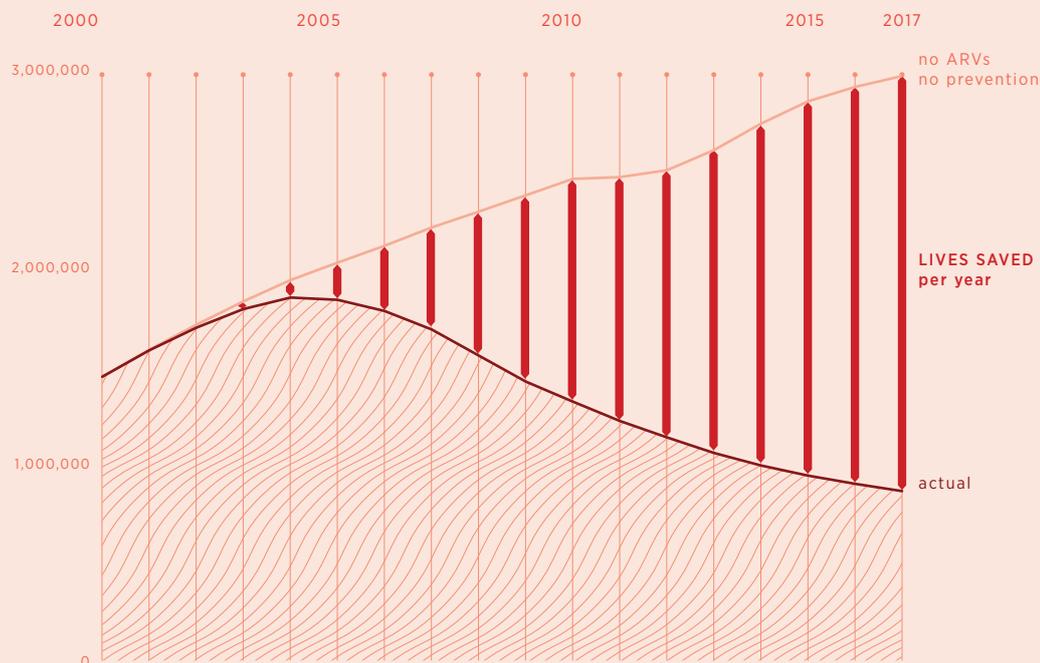
GLOBAL FUND RESPONSE

- The Global Fund has increased allocations to prevention interventions for key and vulnerable populations by nearly 30 percent for 2017-2019 over the previous funding period. We are investing in partnerships that bring together communities, schools, law enforcement agencies, the private sector, health care workers, public health planners and technical partners to implement comprehensive strategies and improve reach. Through collaborative efforts with governments, we ensure our prevention investments support robust national primary prevention targets.
- Global Fund-supported programs have put 17.5 million people on antiretroviral therapy, optimized treatment regimens and helped develop models of differentiated care, tailoring services to populations in need and focusing on high-burden geographies.
- We are investing in community systems that deliver HIV prevention to hard-to-reach populations and bring diverse stakeholders directly into planning and decision-making.
- US\$105 million of US\$200 million in catalytic funding for HIV – in addition to country allocations – has been designated for prevention, including matching funds for key populations and adolescent girls and young women for priority countries.
- US\$55 million in matching funds for prevention programs focusing on adolescent girls and young women will leverage more than US\$150 million to be invested in 13 high-burden countries. We are working to maximize efficiency and increase impact by aligning Global Fund and PEPFAR investments in prevention programs for these key groups.
- To improve the quality and thereby the impact of our investments, we assess and adjust the “what” and the “how” of service delivery, allocating resources strategically to the optimal interventions and driving technical efficiency.



TRENDS IN AIDS-RELATED DEATHS IN GLOBAL FUND-SUPPORTED COUNTRIES

AIDS-RELATED DEATHS



DEATHS IN ABSENCE OF PREVENTION AND ARVs from 2000 to 2017

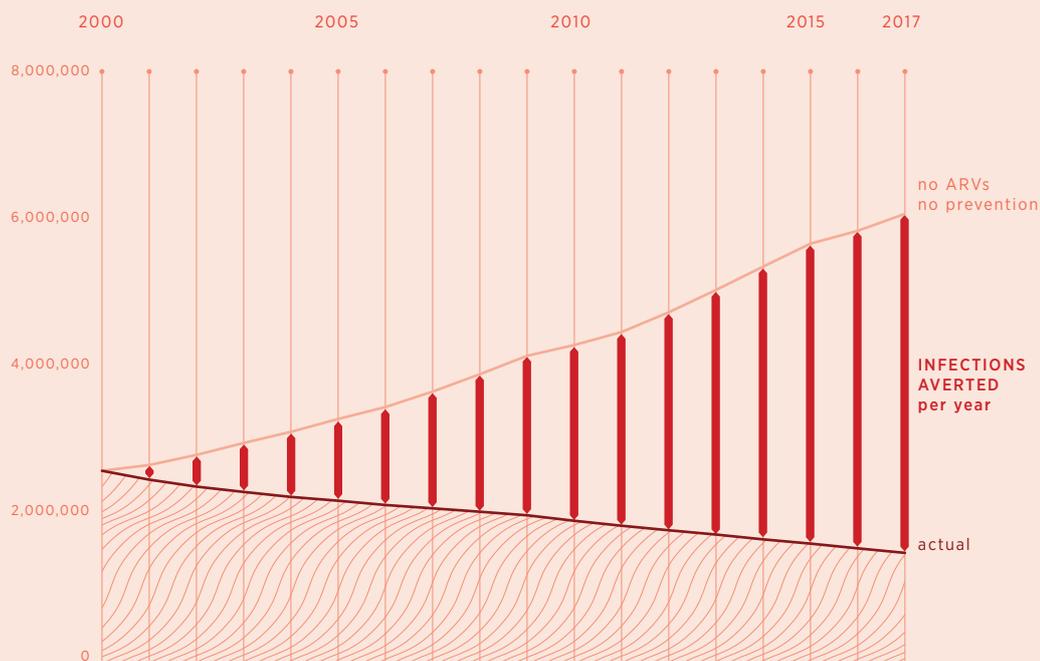
+106%

CHANGE IN AIDS DEATHS from 2000 to 2017

-40%

TRENDS IN NEW HIV INFECTIONS IN GLOBAL FUND-SUPPORTED COUNTRIES

NEW HIV INFECTIONS



NEW INFECTIONS IN ABSENCE OF PREVENTION AND ARVs from 2000 to 2017

+135%

CHANGE IN NEW HIV INFECTIONS from 2000 to 2017

-43%

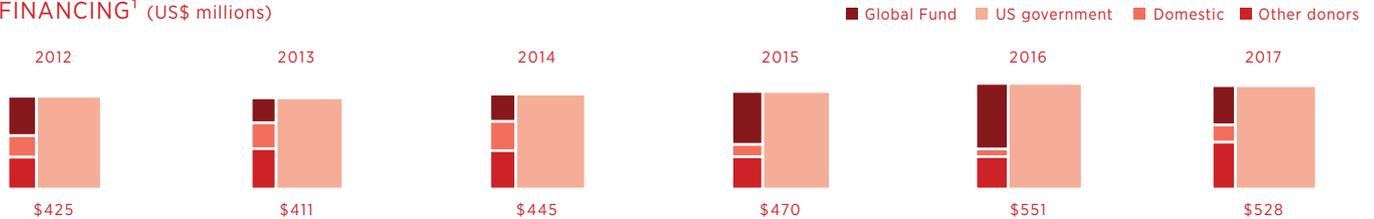
Source: HIV burden estimates from UNAIDS, 2018 release. Estimation of “no ARV, no prevention” trends from Goals, AEM and AIM models.

Uganda has made significant progress in its national HIV response. Notably, with increasing coverage of the core interventions, including prevention of mother-to-child transmission and antiretroviral therapy, new HIV infections as well as AIDS-related deaths have been reduced significantly since 2000. The Global Fund's investment is harmonized with other partners' and fully aligned with the national strategic plan.

1. FINANCES

What resources were available to support the national strategic plan (NSP) in the past six years? What resources are available in the coming three years?

HIV FINANCING¹ (US\$ millions)



¹Domestic - National Health Accounts, funding request submitted to the Global Fund; External - country reported, OECD development assistance committee creditor reporting system

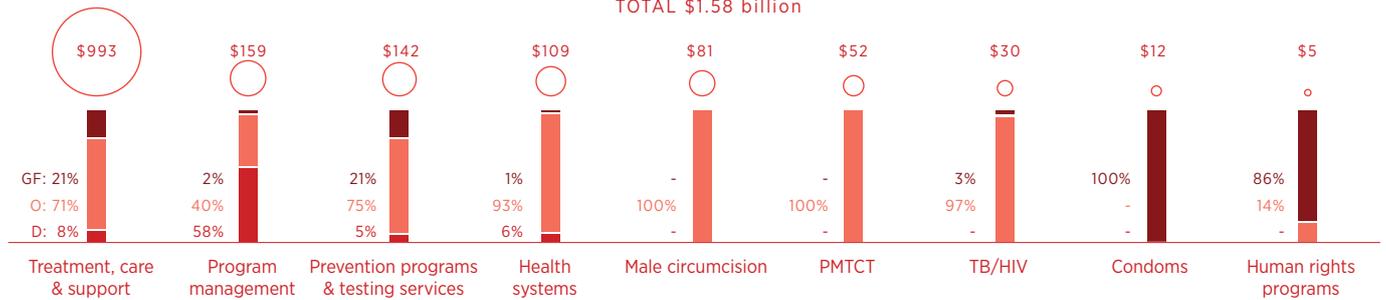
NSP NEED FUNDED from 2015 to 2017

82%

FINANCING AVAILABLE PER CCM FUNDING REQUEST² (2018-2020 / US\$ millions)

○ Total ■ Global Fund ■ US gov. & other donors ■ Domestic

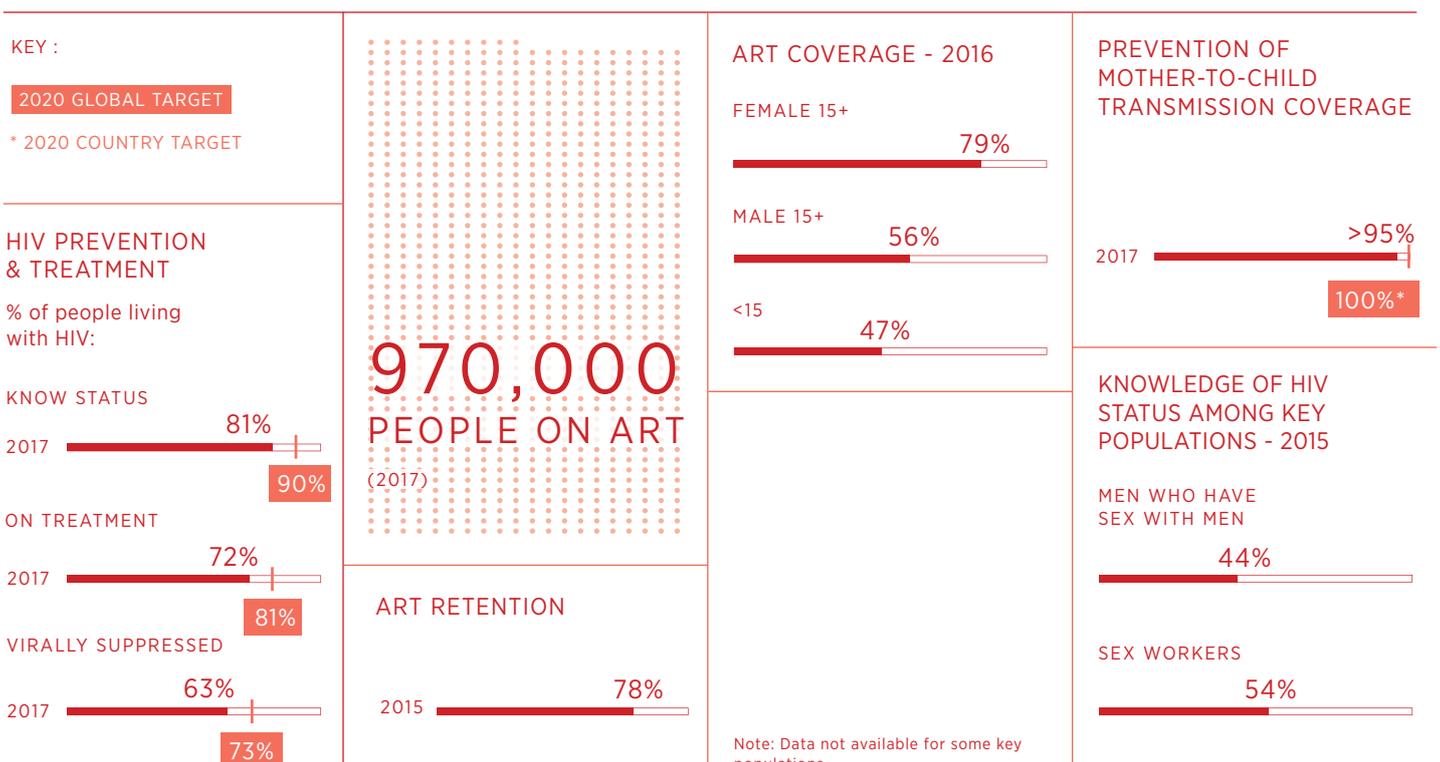
TOTAL \$1.58 billion



²Detailed financial gap analysis reported by country based on Global Fund Modules

2. OUTCOME

How many people received basic treatment and prevention services?

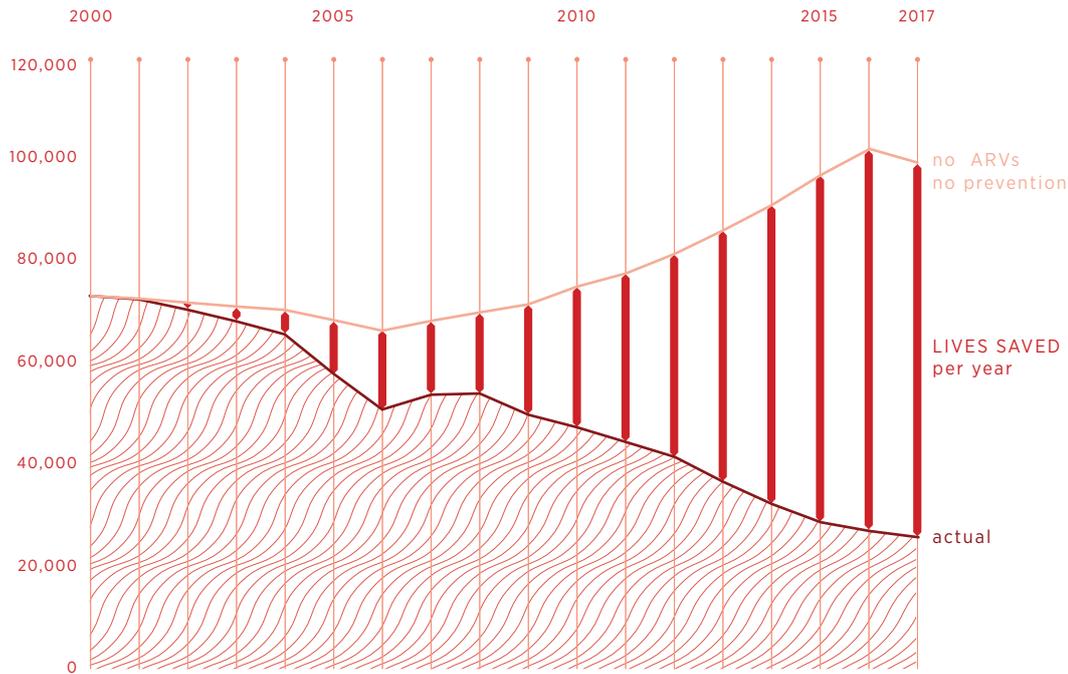


UGANDA

3 a. IMPACT

What is the trend in AIDS-related deaths?

TRENDS IN AIDS-RELATED DEATHS



DEATHS IN ABSENCE OF PREVENTION AND ARVs from 2000 to 2017

+36%

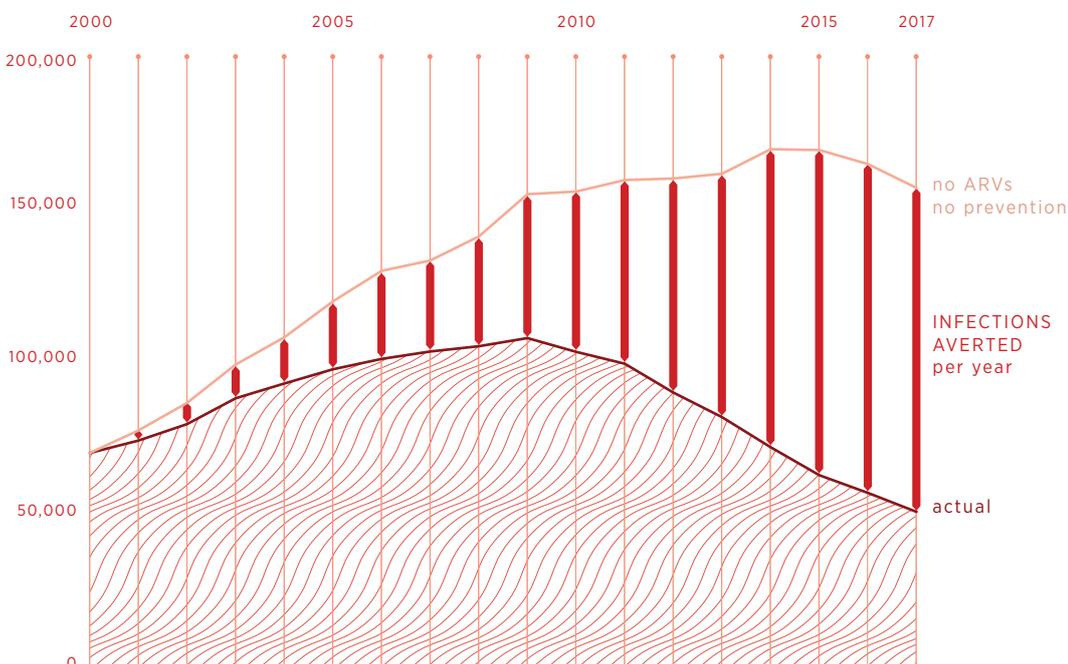
CHANGE IN AIDS DEATHS from 2000 to 2017

-65%

3 b. IMPACT

What is the trend in new HIV infections?

TRENDS IN NEW HIV INFECTIONS



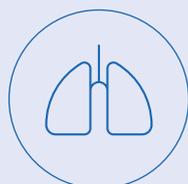
NEW INFECTIONS IN ABSENCE OF PREVENTION AND ARVs from 2000 to 2017

+124%

CHANGE IN NEW HIV INFECTIONS from 2000 to 2017

-28%

TUBERCULOSIS



“I believe that when a task is being done for 10 years or 20 years without the expected results then we should think about changing our approach. We need to analyze the way the work is being done on the ground and the way the plans are being implemented. When you seriously analyze old processes, the path of new approaches opens up.”

— India’s Prime Minister Narendra Modi, pledging in March 2018 to eliminate TB in India by 2025, five years ahead of target



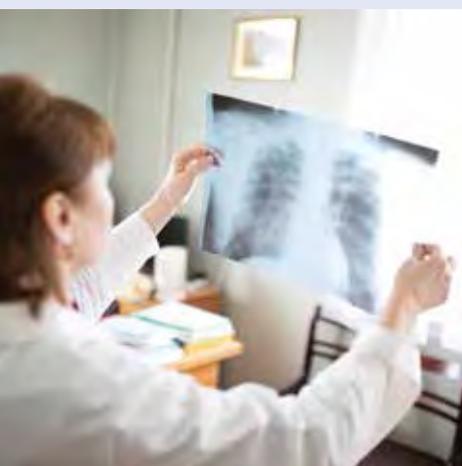
Tuberculosis can thrive in challenging environments like refugee camps. The Global Fund supports prevention, diagnosis and treatment for the most vulnerable.

STATE OF THE FIGHT

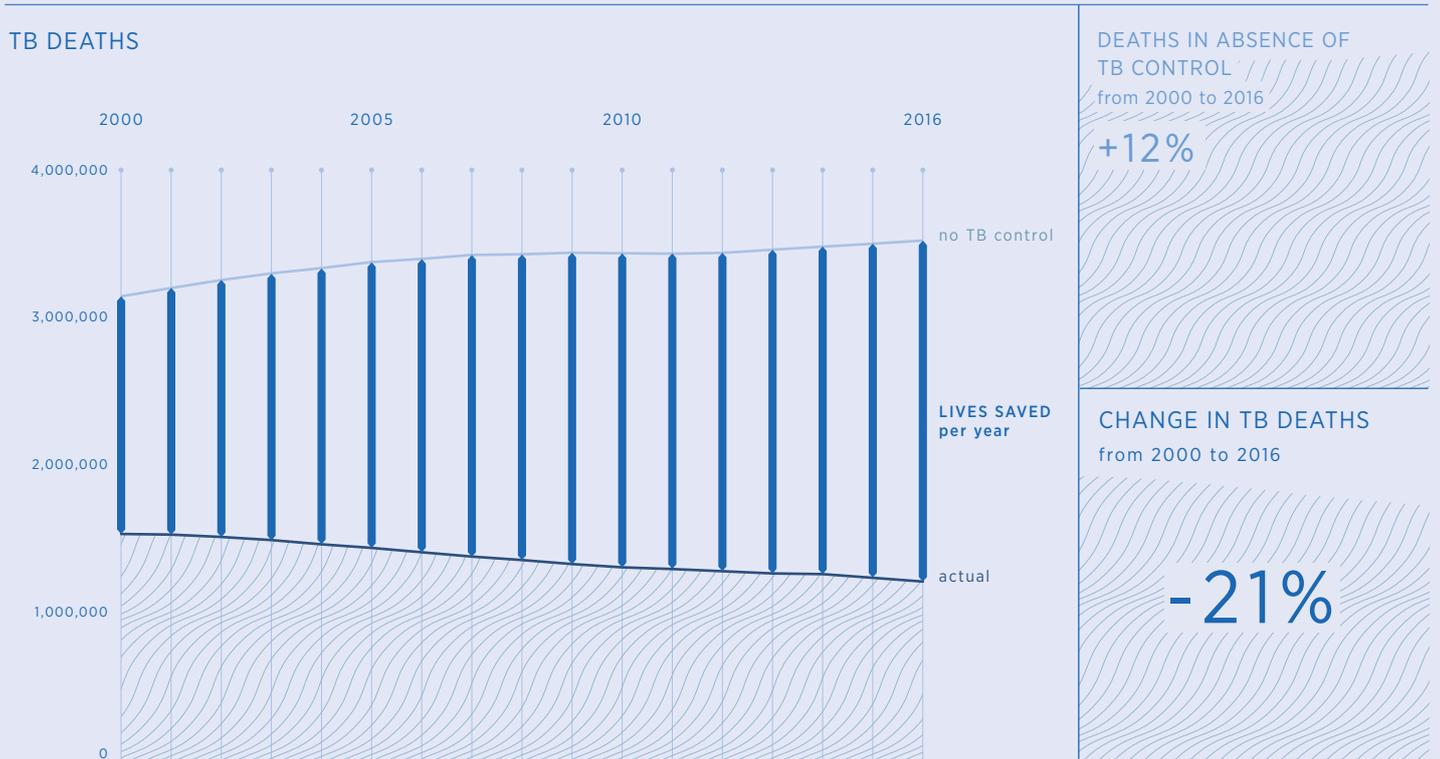
- Tuberculosis is now the leading cause of death from infectious disease, with 1.3 million deaths per year, not including HIV co-infections.
- Globally, the rate of decline in TB incidence has been slow, at 2 percent per year from 2000 to 2016, mainly due to low case notification. An estimated 4.1 million people with TB have been missed every year and contribute to ongoing transmission. To achieve the milestones set in the End TB Strategy, we must accelerate the rate of reduction to 4-5 percent each year by 2020.
- Antimicrobial resistance (AMR) is a growing threat to global health security. TB is responsible for about one-third of all AMR deaths. If trends continue, 2.6 million people will die of drug-resistant TB per year by 2050, costing the global economy an estimated US\$16.7 trillion.
- Globally, 10 percent of TB patients are co-infected with HIV, but many countries with high TB/HIV co-infection burden have made progress. About 60 percent of TB patients on average know their HIV status and 85 percent of HIV-positive people receive treatment for both.

GLOBAL FUND RESPONSE

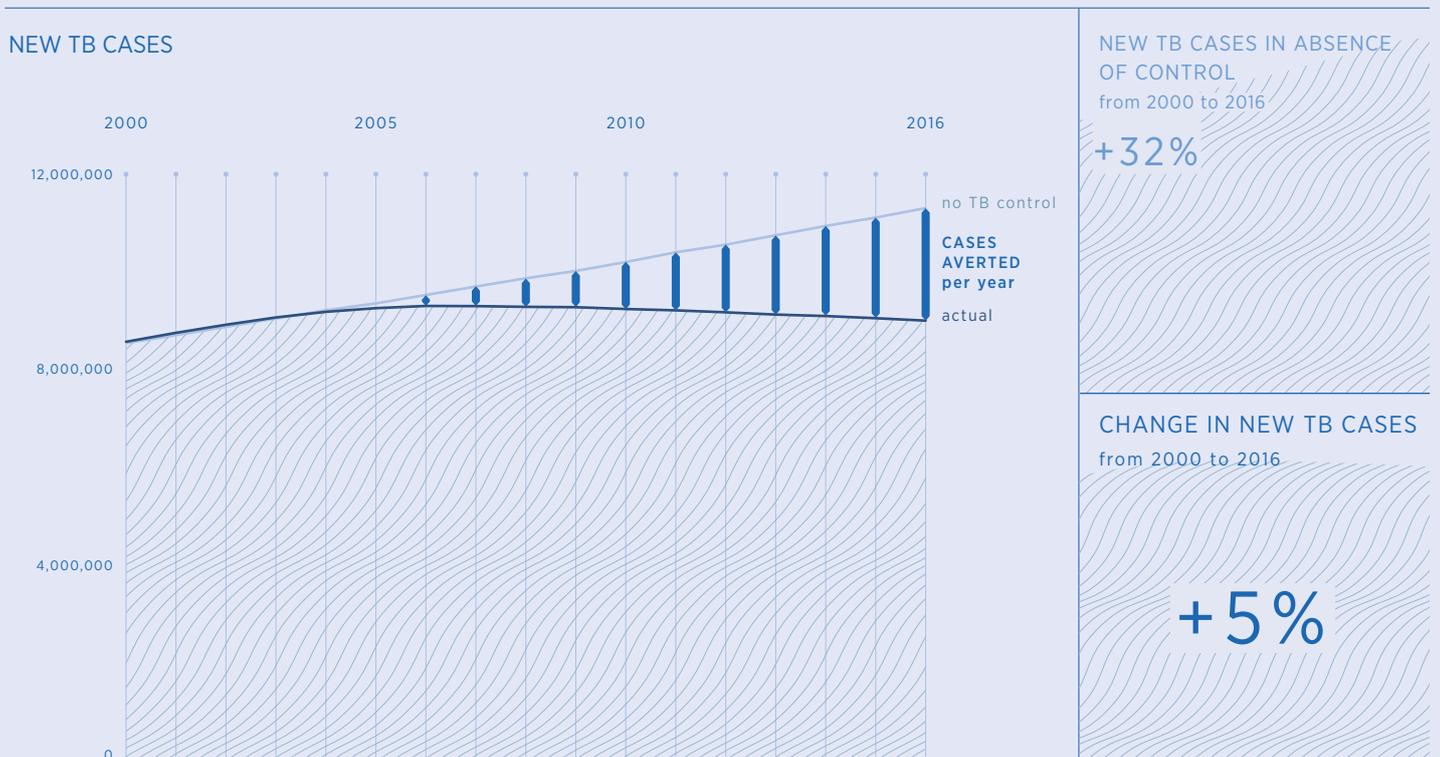
- Progress on the TB epidemic depends on improved case finding. We are investing US\$115 million above allocation in 13 countries that account for 75 percent of missing people with TB globally to find an additional 1.5 million cases by the end of 2019.
- The Global Fund is working with partners to integrate TB screening into other routine check-ups, engage private health care providers who are diagnosing and/or treating people with TB, and develop more efficient ways to ensure those cases are reported to national TB programs.
- As the leading international financier of TB programs, the Global Fund has the ability and responsibility to drive innovation. We are investing heavily in the expansion of molecular diagnostic technology, which delivers faster, more accurate results and can detect TB and drug resistance within two hours. With partners, we are documenting human rights and gender-related barriers to TB services and developing interventions to address them.
- The Global Fund is supporting countries to introduce and expand shorter treatment regimens, and bedaquiline and delamanid – two new drugs for the treatment of drug-resistant TB.
- Since 2014, the Global Fund has promoted integration of TB and HIV services through single funding requests and joint programming, improving collaboration and impact.
- The UN High Level Meeting on TB in September 2018 is the cornerstone of what is widely considered a crucial year to accelerate momentum to reach the SDG targets. The Global Fund partnership is working to secure more resources from domestic and international sources, high-level political commitment, and investment in research and development.



TRENDS IN TB DEATHS (EXCLUDING HIV-POSITIVE) IN GLOBAL FUND-SUPPORTED COUNTRIES



TRENDS IN TB CASES (ALL FORMS) IN GLOBAL FUND-SUPPORTED COUNTRIES



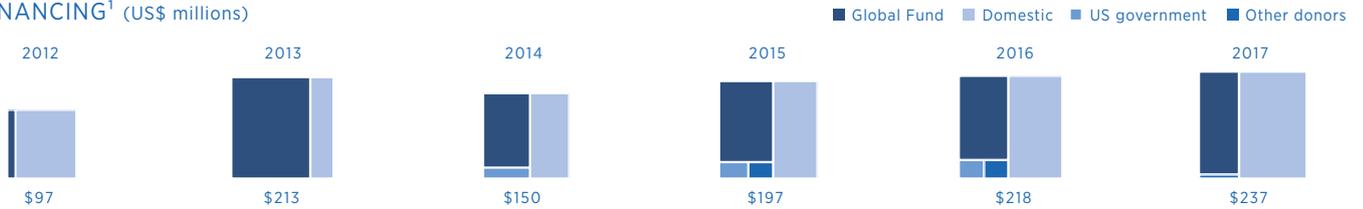
Source: TB burden estimates from WHO Global TB Report 2017. Estimation of “no TB control” trends for TB deaths from WHO and for new TB cases based on the assumption of constant trend in new TB cases since 2000.

India's TB epidemic is without parallel worldwide, which is why it's the Global Fund's largest TB portfolio. Recognizing the scale and urgency of the situation, the Indian government has set an ambitious 2025 elimination goal and made strong commitments to leveraging technology, engaging private sector providers and preparing to transition gradually from Global Fund support.

1. FINANCES

What resources were available to support the national strategic plan (NSP) in the past six years? What resources are available in the coming three years?

TB FINANCING¹ (US\$ millions)



¹ Domestic - National Health Accounts, funding request submitted to the Global Fund; External - country reported, OECD development assistance committee creditor reporting system

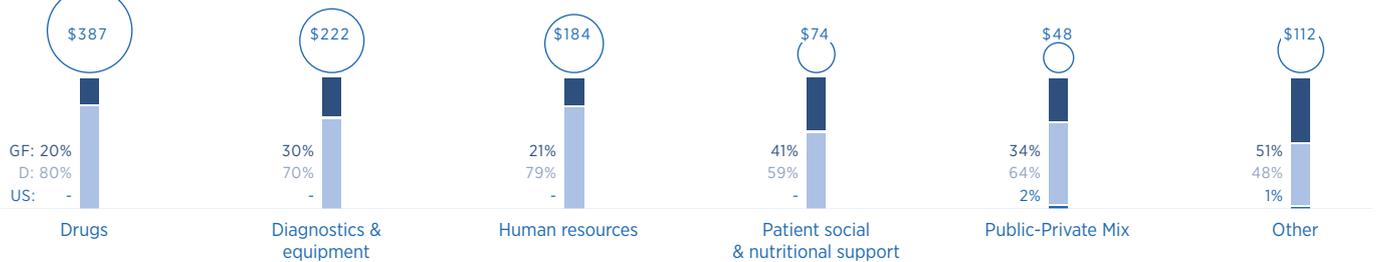
NSP NEED FUNDED from 2015 to 2017 **52%**

FINANCING AVAILABLE PER CCM FUNDING REQUEST²

(2018-2020 / US\$ millions)

TOTAL \$1.03 billion

○ Total ■ Global Fund ■ Domestic ■ US gov. and other donors



² Detailed financial gap analysis reported by country based on NSP categories (Domestic contributions represent central government commitments); Global Fund investments cover the period of 2018-2021; cross-cutting investments embedded across modules

2. OUTCOME

How many people received basic treatment and prevention services?

KEY : 2020 GLOBAL TARGET

TB CASE FINDING

TB TREATMENT COVERAGE



MDR-TB TREATMENT COVERAGE



TB TREATMENT OUTCOMES

TB SUCCESS RATE



MDR-TB SUCCESS RATE



HIV+ TB SUCCESS RATE



HIV+ TB PATIENTS ON ART



PREVENTATIVE TB THERAPY FOR HIV+

