Results Report 2021: Annex 1

Updated 8 September 2021

The **Global Fund Results Report 2021** includes selected programmatic results such as people on antiretroviral therapy, people with TB treated and mosquito nets distributed delivered by supported programs in 2020. Table 1 below provides a comparison between the aggregated 2019 and 2020 results. Key drivers of notable increases or drops (+/- 10%) between 2019 and 2020 results are summarized in Table 2. Table 3 provides a qualitative explanation of the drivers of drops in certain countries.

Note that due to continuous retroactive updates and corrections, some of the 2019 results might differ from what was published in the Report that was issued in September 2020. To access most up-to-date country and indicator-specific results, please refer to https://data.theglobalfund.org.

Table 1: Comparison between the 2019 and 2020 selected programmatic results in countries where the Global Fund invests

	Selected services in countries where the Global Fund invests	2019	2020
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	20.1M (97)	21.9M (99)
	HIV TESTS TAKEN	134M (99)	104M (100)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	719K (51)	686K (50)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	1.3M (8)	922K (8)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS & SERVICES • MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS • YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	9.7M (98) 4.8M (96) 3.5M (20)	8.7M (99) 4.5M (97) 3.1M (20)
TB	PEOPLE WITH TB TREATED	5.8M (90)	4.7M (89)
	HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY DURING TB TREATMENT	321K (73)	271K (73)
	PEOPLE WITH DRUG-RESISTANT TB ON TREATMENT	125K (93)	101K (89)
	PEOPLE WITH EXTENSIVELY DRUG-RESISTANT TB ON TREATMENT	6070 (14)	3813 (12)
	CHILDREN IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	171K (29)	194K (29)
Malaria	MOSQUITO NETS DISTRIBUTED	162M (57)	188M (59)
	CASES OF MALARIA TREATED	136M (64)	135M (62)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	11.4M (24)	11.5M (25)
	SUSPECTED CASES TESTED FOR MALARIA	259M (64)	248*M (62)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	9.1M (22)	9.4M (21)

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

** To make the 2019 and 2020 results comparable for malaria testing, 2020 data for Congo (DR) is adjusted to include the same reporting units as 2019. Including the full 2020 data from DR Congo, the results increase to 259m in 2020*

Table 2: Notable (+/-10%) **changes between 2019 and 2020**

Services	2019	2020	% change	# of countries showing a decline	# of countries showing an increase	**Largest declines** (% share of portfolio decline, % decline between 2019 and 2020)	**Largest increases** (% share of portfolio increase, % increase between 2019 and 2020)
HIV TESTS TAKEN	134M	104M	-22%	56 of 100 (56%) **{-32.9M}**	43 of 100 (43%) **{+3.1M}**	India (-37%, -23%) *which means that number of HIV tests taken in India declined by 23% between 2019 and 2020. This accounts for 37% of total decline of 32.9M at portfolio level between 2019 and 2020.* Uganda (-14%, -47%) Tanzania (-13%, -34%)	Nigeria (+49%, +21%) *which means that number of HIV tests taken in Nigeria increased by 21% between 2019 and 2020. This accounts for 49% of total increases of 3.1M at portfolio level between 2019 and 2020.* DR Congo (+24%, +26%)
MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	1.3M	922K	-27%	8 of 8 (100%) **{-340K}**	0 of 8 (0%) **{0}**	Kenya (-20%, -57%), Malawi (-19%, -57%), Lesotho (-7%, -72%)	
PEOPLE REACHED WITH HIV PREVENTION PROGRAMS & SERVICES	9.7M	8.7M	-11%	51 of 99 (52%) **{-2.3M}**	48 of 99 (48%) **{+1.3M}**	Malawi (-23%, -52%), South Africa (-16%, -71%)	Zambia (+19%, +89), Ethiopia (+18%, +45%), Nigeria (+10%, +190%)
PEOPLE WITH TB TREATED	5.8M	4.7M	-18%	71 of 90 (79%) **{-1.1M}**	19 of 90 (21%) **{+61K}**	India (-37%, -20%), Indonesia (-18%, -43%), Philippines (-13%, -36%)	DR Congo (+33%, +11%), Nigeria (+30%, +11%)
HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY DURING TB TREATMENT	321K	271K	-16%	55 of 73 (75%) **{-52K}**	17 of 73 (23%) **{+2K}**	South Africa (-16%, -10%), Mozambique (-12%, -19%), Uganda (-11%, -23%)	Sierra Leone (+38%, +37%), Central African Republic (+26%, 26%)

Services	2019	2020	% change	# of countries showing a decline	# of countries showing an increase	**Largest declines** (% share of portfolio decline, % decline between 2019 and 2020)	**Largest increases** (% share of portfolio increase, % increase between 2019 and 2020)
PEOPLE WITH DRUG-RESISTANT TB ON TREATMENT	125K	101K	-19%	57 of 93 (61%) **{-25K}**	31 of 93 (33%) **{+821}**	India (-30%, -15%), South Africa (-10%, -30%), DR Korea (-9%, -100%), Ukraine (-9%, -29%)	Kenya (+33%, +40%), DR Congo (+16%, +17%)
PEOPLE WITH EXTENSIVELY DRUG-RESISTANT TB ON TREATMENT	6,070	3,813	-37%	12 of 14 (86%) **{-2.4K}**	2 of 14 (14%) **{+182}**	India (-38%, -45%), Ukraine (-19%, -31%), Kazakhstan (-14%, -100%), Uzbekistan (-11%, -38%)	Turkmenistan (+83%, +134%), Viet Nam (+17%, +14%)
CHILDREN IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	171K	194K	+13%	13 of 29 (45%) **{-15K}**	16 of 29 (55%) **{+38K}**	Indonesia (-27%, -76%), Mozambique (-23%, -11%), Haiti (-10%, -69%)	DR Congo (+41%, +54%), Ethiopia (+24%, +260%), Viet Nam (+12%, 75%)
MOSQUITO NETS DISTRIBUTED*	162M	188M	+17%	25 of 61 (41%) **{-80M}**	36 of 61 (59%) **{+107M}**	Burkina Faso (-15 -94%), Nigeria (-14%, -35%), Guinea (-10%, -91%), India (-10%, -82%)	Uganda (+21%, +1914%), Mozambique (+17%, +2231%)

**Country mass net distribution campaigns occur every three years and are not evenly distributed across the three-year implementation cycle, so it is difficult to compare year-on-year progress. However, such a significant increase between 2019 and 2020 indicates countries were able to successfully adapt their campaigns.*

Table 3: Drivers of declines between the 2019 and 2020 in selected countries

Services	Notes
HIV TESTS TAKEN	**India:** Delivery of most services was negatively affected by COVID-19 leading to reduced demand for services and shift of human resources to fight COVID-19. **Uganda:** Due to COVID-19, community-level HIV counselling and testing services were put on hold. HIV testing was restricted to health facilities and even smaller numbers of patients were visiting the facilities due to public transport restrictions to tackle COVID-19. **Tanzania:** Health services including community-based HIV testing services faced disruption due to COVID-19 prevention restrictions.
MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	**Kenya:** Restrictions due to responses to COVID-19 reduced patient visits to health facilities. All community mobilization efforts were suspended coupled with closure of schools which significantly affected the program whose target population is school-age children. **Malawi:** Due to COVID-19 restrictions VMMC was scaled down/ stopped. **Lesotho:** Decline in demand of services as few people attended health facilities due to fear of COVID-19. Moreover, all community work was suspended during part of 2020.
PEOPLE REACHED WITH HIV PREVENTION PROGRAMS & SERVICES	**Malawi:** Community-based activities were stopped due to COVID-19 travel restrictions.

Services	Notes
PEOPLE WITH TB TREATED	**India:** Delivery of most services was negatively affected by COVID-19 leading to reduced demand for services and shift of human resources to fight COVID-19. **Indonesia:** Declines mainly due to shifting resources from health programs to fighting COVID-19. Travel restrictions also played a role. In addition, the geographic coverage of program changed to more focused/high burden districts. **Philippines:** Mainly due to COVID-19 -related General Community Quarantine (GCQ) / Enhanced Community Quarantine (ECQ) in several regions affected by COVID. It included restrictions in travel / transport, which affected the mobility of health workers, TB patients and their families, repurposing of staff from government hospitals and RHUs, which required them to allocate time for the COVID-19 response. Laboratory staff were assigned to COVID-19 centers to process specimens, while nurses and other health facility staff were assigned to checkpoints to assist in policing the borders and as COVID-19 contact tracers. In many localities, there were shifts from implementing active case finding (ACF) activities for TB to COVID-19 contact tracing leading to a decline in active case finding. Significant decline in notification from the private sector played a role. Although TB mandatory notification is implemented nationwide (in 12 regions), most cases (~ 95%) reported to the NTP originate from the three major regions, which were heavily impacted by quarantine.
HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY DURING TB TREATMENT	**South Africa:** COVID-19 affected TB case notification which is the denominator for this service. **Mozambique:** COVID-related restrictions resulted in reduced patient visits to health facilities. This was also compounded by stigma related to coming health facilities among clients and fear of contracting COVID-19. **Uganda:** COVID-19 lockdown led to an overall decline in TB case notifications and hence, a proportional decline in the number of HIV-positive TB cases; and a decline in HIV testing among TB patients. **Kenya:** COVID-19 restrictions reduced patient visits to health facilities. This was compounded by stigma associated with accessing health facilities among clients in need of care and fear of contracting COVID-19.
PEOPLE WITH DRUG RESISTANT TB ON TREATMENT	**South Africa:** Lockdowns prevented many people from going to the health facilities. **Ukraine:** COVID-related restrictions were the major contributor.
PEOPLE WITH EXTENSIVELY DRUG-RESISTANT TB ON TREATMENT	**Kazakhstan:** Due to COVID-19-related restrictions. **Uzbekistan:** Due to COVID-19 pandemic, notified cases had limited access to TB facilities. Many regional TB hospitals were closed for quarantine and did not allowed for patients' reception. Primary health care facilities' personnel could not provide directly observed treatment due to COVID-19.