HIV

All data is based on mid-point estimates from UNAIDS, except for Global Fund disbursements, which are available on the Global Fund Data Explorer. The denominator for the three 95s is people living with HIV.

The aggregate numbers presented as "countries where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US$24.4 billion from 2002 to end-June 2021 to support HIV and AIDS and a portion of TB programs. Additionally, they received US$1 billion to support cross-cutting support across the three diseases, resulting in a total of US$25.4 billion. Countries/programs that did not receive an allocation over the 2017-2019 cycle received US$1.3 billion since 2002, resulting in a total of US$25.7 billion.

Having received more than US$1.26 billion in HIV and AIDS funding from the Global Fund, India ranks 5th in terms of share of Global Fund investment in HIV. However, the data for disease burden estimate and service coverage were not available from UNAIDS at the time of publication.

Having received more than US$143 million in HIV and AIDS funding from the Global Fund, Bangladesh ranks 39th in terms of share of Global Fund investment in HIV. However, the data for disease burden estimate and service coverage were not available from UNAIDS at the time of publication.

Having received more than US$392 million in HIV and AIDS funding from the Global Fund, Myanmar ranks 17th in terms of share of Global Fund investment in HIV. However, the data for disease burden estimate and service coverage were not available from UNAIDS at the time of publication.

TB

All data is based on mid-point estimates from the WHO Global Tuberculosis Report 2021, except for Global Fund disbursements, which are available on the Global Fund Data Explorer.

The aggregate numbers presented as "countries where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US$7.8 billion from 2002 to June 2021 to support TB and a portion of HIV programs. Additionally, they received US$1 billion to support cross-cutting support across the three diseases, resulting in a total
of US$8.9 billion. Countries/programs that did not receive an allocation over the 2017-2019 cycle received US$778 million since 2002, resulting in a total of US$8.6 billion.

Due to the improved method for monitoring treatment outcomes in India, which is a significant country for portfolio-level results, the treatment success rate results from 2014 to 2018 cannot be compared with the historical results. The TB patients reported from the private sector to the national program were excluded from the 2014 and 2018 cohort for India, since the monitoring system for assessing their outcome was not fully in place.

Malaria

Data is based on mid-point estimates from the WHO World Malaria Report 2021, World Malaria Atlas Project data for bed net access and use in countries for which estimates are available, and Global Fund disbursements, which are available on the Global Fund Data Explorer.

The aggregate numbers presented as “countries where the Global Fund invests” are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US$13.8 billion from 2002 to June 2021 to support malaria programs. Additionally, they received US$991 million to support cross-cutting support across the three diseases, resulting in a total of US$14.8 billion. Countries/programs that did not receive an allocation over the 2017-2019 cycle received US$842 million since 2002, resulting in a total of US$14.7 billion.

General note

In line with the Global Fund results reporting methodology, the charts reflect the achievements of national health programs, representing the outcomes, efforts and investments of all partners, domestic and international. For High Impact countries, Country Results Profiles provide further detail, including investment from all funding sources: https://data.theglobalfund.org/. See a description of the Global Fund results methodology here.