Results Report 2023: Annex 1

Updated 18 September 2023

The **Global Fund Results Report 2023** includes selected programmatic results, such as people on antiretroviral therapy, people with TB treated and mosquito nets distributed, delivered by Global Fund-supported programs in 2022. Table 1 below provides a comparison of the aggregated results over 2019-2022. Countries accounting for a large share of portfolio-level increases or drops over 2021-2022 are listed in Table 2. Table 3 provides a qualitative explanation of the drivers of notable changes over 2021-2022 in selected countries.

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

Table 1: Selected programmatic results over 2019-2022 in countries where the Global Fund invests*

	Services	2019	2020	2021	2022
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY (ART) FOR HIV	20.1M (97)	21.9M (99)	23.1M (98)	24.5M (97)
	HIV TESTS TAKEN	127.0M (99)	102.5M (99)	70.7M (103)	53.1M (101)
	• HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS[1]	6.4M (96)	5.8M (97)	12.7M (101)	12.2M (100)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	718.5K (51)	686.3K (50)	667.1K (50)	710.4K (48)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	1.3M (8)	1.2M (8)	1.1M (8)	0.830M (7)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	9.5M (98)	8.5M (99)	12.5M (102)	15.3M (100)
	• MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS[2]	4.8M (96)	4.6M (97)	5.8M (100)	6.8M (99)
	• YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	3.3M (19)	2.9M (19)	6.1M (20)	7.6M (22)
	○ ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS[3]	1.5M (17)	1.7M (17)	3.7M (18)	3.6M (18)
	○ YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION IN SCHOOLS	1.4M (8)	658.9K (7)	2.4M (9)	4.0M (13)
	PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS[4]	26.3K (7)	51.4K (9)	97.3K (25)	338.0K (34)
TB	PEOPLE TREATED FOR TB	5.8M (89)	4.7M (90)	5.3M (91)	6.7M (88)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	321.4K (73)	272.5K (73)	287.0K (75)	331.3K (74)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	125.0K (93)	100.4K (89)	108.7K (90)	118.1K (86)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	0.171M (29)	0.194M (29)	0.400M (47)	1.5M (48)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	3.6M (34)	4.4M (34)	2.9M (50)	2.2M (53)
Malaria	MOSQUITO NETS DISTRIBUTED[5]	161.7M (57)	202.0M (61)	133.4M (60)	219.7M (60)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	9.1M (22)	10.1M (21)	9.1M (21)	8.5M (21)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	11.4M (24)	11.5M (25)	11.3M (29)	14.6M (30)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	14.7M (9)	26.7M (9)	34.5M (10)	37.1M (10)
	SUSPECTED CASES TESTED FOR MALARIA	258.9M (64)	261.4M (64)	284.1M (67)	321.0M (66)
	CASES OF MALARIA TREATED	138.1M (64)	137.1M (64)	149.1M (64)	165.3M (62)

** Numbers in parentheses represent the number of countries/multicountry grants that have contributed to the reported results, M indicates million; K indicates thousands. 1. Priority and key populations include infants, adolescent girls and young women, adolescent boys and young men, gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, people in prisons and other vulnerable populations. 2. The prevention results in certain countries may represent instances of a person receiving various services and not the number of unique people being served due to limitation of data collection and indicator design; therefore, the number of unique people being served might be lower than total results. 3. Due to applying a stricter counting method to report on the number of adolescent girls and young women reached with a defined package of HIV prevention programs, i.e., excluding the mixed boy/girl results, the 2021 result that was previously reported in the 2022 Results Report (4.4M across the 13 priority countries in 2021) is now updated to 2.5M. The comparable number for 2022 is also 2.5M. 4. The results of people who initiated oral antiretroviral pre-exposure prophylaxis are not included in the total prevention results. 5. Country mass net distribution campaigns occur every three years and are not evenly distributed across the three-year implementation cycle, so year-on-year comparison has limited value in measuring progress and success of the national malaria programs.*

Table 2: Trends in selected programmatic results over 2021-2022 in countries where the Global Fund invests

	Services	Absolute / relative change over 2021-2022	Absolute / relative increase (# of countries showing an increase) over 2021-2022	Absolute / relative drop (# of countries showing a drop) over 2021-2022
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	1.4M / 6.0%	1.5M / 6.5% (91)	-80.7K / -14.1% (8)
	HIV TESTS TAKEN	-17.7M / -25.0%	9.7M / 30.8% (66)	-27.3M / -69.3% (38)
	• HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS	-490.7K / -3.9%	3.2M / 80.8% (73)	-3.7M / -43.0% (30)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	43.3K / 6.5%	81.5K / 24.7% (23)	-38.2K / -11.3% (28)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	-282.3K / -25.4%	41.8K / 65.3% (3)	-324.1K / -30.9% (5)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	2.8M / 22.2%	3.4M / 31.5% (75)	-592.2K / -32.1% (28)
	• MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS	1.0M / 17.7%	1.6M / 39.6% (70)	-554.7K / -30.4% (32)
	• YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	1.5M / 24.6%	1.8M / 34.2% (18)	-290.4K / -33.4% (4)
	○ ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS	-111.2K / -3.0%	888.2K / 93.2% (12)	-999.4K / -36.7% (7)
	○ YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION IN SCHOOLS	1.6M / 65.7%	1.6M / 67.1% (12)	-1.9K / -4.1% (1)
	PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS	240.6K / 247.2%	240.7K / 247.5% (33)	0.0K / -38.0% (1)
TB	PEOPLE TREATED FOR TB	1.4M / 26.1%	1.4M / 27.3% (76)	-28.9K / -22.5% (17)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	44.4K / 15.5%	52.0K / 22.0% (44)	-7.6K / -15.0% (31)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	9.4K / 8.6%	12.6K / 14.1% (52)	-3.2K / -16.5% (35)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	1.1M / 285.6%	1.2M / 323.2% (41)	-15.5K / -37.2% (7)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	-732.1K / -24.9%	616.4K / 72.2% (40)	-1.3M / -64.8% (16)
Malaria	MOSQUITO NETS DISTRIBUTED	86.3M / 64.7%	158.8M / 377.5% (44)	-72.5M / -79.4% (21)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	-671.7K / -7.4%	1.8M / 59.8% (9)	-2.5M / -40.3% (12)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	3.3M / 28.9%	3.5M / 40.9% (24)	-179.2K / -6.2% (5)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	2.7M / 7.7%	7.1M / 27.9% (8)	-4.4M / -49.1% (3)
	SUSPECTED CASES TESTED FOR MALARIA	36.9M / 13.0%	54.8M / 28.9% (46)	-17.9M / -19.0% (23)
	CASES OF MALARIA TREATED	16.2M / 10.9%	26.8M / 25.8% (37)	-10.6M / -23.7% (28)

Table 3 Top-5 countries driving portfolio-level trends in selected programmatic results over 2021-2022 in countries where the Global Fund invests

	Services	**Absolute / relative increase over 2021-2022** (% share of portfolio increase)	**Absolute / relative drops over 2021-2022** (% share of portfolio drop)
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY (ART) FOR HIV	Mozambique: 283.1K / 16.7% (19.2%)	Ukraine: -34.7K / -22.2% (43.0%)
		Kenya: 175.5K / 15.6% (11.9%)	Ghana: -22.6K / -9.2% (28.1%)
		India: 167.6K / 12.1% (11.4%)	Panama: -17.3K / -100.0% (21.4%)
		Nigeria: 121.6K / 6.8% (8.3%)	Colombia: -2.2K / -1.7% (2.7%)
		Tanzania (United Republic): 104.4K / 6.9% (7.1%)	Morocco: -2.1K / -11.8% (2.7%)
	HIV TESTS TAKEN	Tanzania (United Republic): 5.1M / 100.7% (52.8%)	India: -22.3M / -96.6% (81.6%)
		Mozambique: 1.3M / 13.2% (13.4%)	Nigeria: -3.1M / -50.2% (11.3%)
		Zambia: 740.1K / 30.8% (7.7%)	Kenya: -665.7K / -15.3% (2.4%)
		Indonesia: 663.4K / 3308.5% (6.9%)	Iran (Islamic Republic): -269.1K / -76.8% (1.0%)
		Malawi: 352.7K / 13.3% (3.7%)	Botswana: -260.5K / -77.6% (1.0%)
	• HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS	India: 772.5K / 5111.7% (23.8%)	Nigeria: -3.1M / -50.2% (82.8%)
		Indonesia: 399.2K / 140.5% (12.3%)	Iran (Islamic Republic): -269.1K / -76.8% (7.2%)
		Zambia: 360.1K / 431.8% (11.1%)	Ukraine: -83.2K / -20.7% (2.2%)
		Mozambique: 200.3K / 78.2% (6.2%)	Dominican Republic: -57.4K / -18.2% (1.5%)
		Nepal: 192.0K / 238.1% (5.9%)	South Africa: -52.1K / -12.8% (1.4%)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	Tanzania (United Republic): 45.6K / 63.9% (56.0%)	Uganda: -11.5K / -12.7% (30.0%)
		Botswana: 9.6K / -% (11.8%)	Kenya: -6.2K / -11.8% (16.3%)
		Swaziland: 3.9K / 178.3% (4.7%)	Zimbabwe: -4.1K / -8.5% (10.6%)
		Mozambique: 3.1K / 2.8% (3.8%)	Nigeria: -2.1K / -6.1% (5.5%)
		Rwanda: 3.0K / 84.2% (3.7%)	Ghana: -2.0K / -12.1% (5.2%)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	Kenya: 31.9K / 73.1% (76.2%)	Rwanda: -196.2K / -49.1% (60.5%)
		Botswana: 5.3K / 127.1% (12.7%)	Zambia: -112.6K / -23.1% (34.7%)
		Namibia: 4.6K / 28.4% (11.0%)	Malawi: -13.5K / -9.3% (4.2%)
			Swaziland: -0.9K / -100.0% (0.3%)
			Lesotho: -0.9K / -6.0% (0.3%)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	Uganda: 342.0K / 747.8% (10.2%)	Iran (Islamic Republic): -219.5K / -72.3% (37.1%)
		Zambia: 297.2K / 52.1% (8.8%)	Ukraine: -99.1K / -28.5% (16.7%)
		Indonesia: 253.0K / 79.5% (7.5%)	India: -81.5K / -67.3% (13.8%)
		Ethiopia: 180.5K / 31.6% (5.4%)	Nicaragua: -39.8K / -75.4% (6.7%)
		Togo: 179.3K / 33.2% (5.3%)	Angola: -33.4K / -47.7% (5.6%)
	• MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS	Nigeria: 326.6K / 29.6% (20.6%)	Iran (Islamic Republic): -219.5K / -72.3% (39.6%)
		Indonesia: 253.0K / 79.5% (16.0%)	Ukraine: -99.1K / -28.5% (17.9%)
		Philippines: 95.8K / 65.3% (6.1%)	India: -81.5K / -67.3% (14.7%)
		Myanmar: 89.9K / 46.0% (5.7%)	Nicaragua: -39.8K / -75.4% (7.2%)

	Services	Absolute / relative increase over 2021-2022 (% share of portfolio increase)	Absolute / relative drops over 2021-2022 (% share of portfolio drop)
		Mozambique: 65.8K / 96.2% (4.2%)	Dominican Republic: -23.3K / -11.1% (4.2%)
	• YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	Zambia: 291.6K / 51.1% (16.3%)	Nigeria: -229.2K / -36.4% (78.9%)
		Uganda: 290.8K / -% (16.2%)	Angola: -27.5K / -52.9% (9.5%)
		South Africa: 183.6K / 98.0% (10.2%)	Chad: -25.2K / -16.2% (8.7%)
		Togo: 170.6K / 33.5% (9.5%)	Cameroon: -8.6K / -25.6% (3.0%)
		Tanzania (United Republic): 146.1K / 139.3% (8.1%)	
	○ ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS	Uganda: 290.8K / -% (32.7%)	Mozambique: -524.1K / -38.4% (52.4%)
		Tanzania (United Republic): 146.1K / 139.3% (16.5%)	Nigeria: -229.2K / -36.4% (22.9%)
		South Africa: 137.7K / 73.5% (15.5%)	Zambia: -168.9K / -34.5% (16.9%)
		Ethiopia: 132.9K / 141.6% (15.0%)	Angola: -41.8K / -100.0% (4.2%)
		Malawi: 76.2K / 50.5% (8.6%)	Chad: -25.2K / -16.2% (2.5%)
	○ YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION IN SCHOOLS	Mozambique: 631.6K / 45.6% (39.8%)	Zimbabwe: -1.9K / -4.1% (100.0%)
		Zambia: 460.5K / 576.6% (29.0%)	
		Togo: 170.6K / 33.5% (10.7%)	
		Namibia: 112.5K / -% (7.1%)	
		Lesotho: 92.6K / -% (5.8%)	
	PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS	Indonesia: 162.7K / -% (67.6%)	Namibia: 30 / -38.0% (100.0%)
		Zambia: 11.7K / 403.3% (4.9%)	
		South Africa: 10.6K / 29.2% (4.4%)	
		Kenya: 9.3K / 454.7% (3.9%)	
		Mozambique: 8.2K / 556.1% (3.4%)	
TB	PEOPLE TREATED FOR TB	Indonesia: 370.1K / 109.3% (26.2%)	Korea (Democratic People's Republic): -22.8K / -26.1% (79.2%)
		India: 335.5K / 17.5% (23.8%)	Panama: -1.4K / -100.0% (4.7%)
		Philippines: 176.3K / 65.7% (12.5%)	Dominican Republic: -1.3K / -36.4% (4.4%)
		Pakistan: 85.3K / 25.1% (6.0%)	Ukraine: -0.7K / -3.9% (2.6%)
		Nigeria: 77.7K / 37.4% (5.5%)	Botswana: -0.6K / -20.0% (2.0%)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	South Africa: 17.2K / 23.6% (33.2%)	Sierra Leone: -2.5K / -100.0% (33.2%)
		Nigeria: 6.8K / 92.6% (13.2%)	South Sudan: -0.9K / -47.3% (12.4%)
		Uganda: 6.4K / 28.0% (12.4%)	Viet Nam: -0.7K / -31.5% (8.9%)
		Mozambique: 4.2K / 17.9% (8.0%)	Ukraine: -0.4K / -12.8% (5.8%)
		Ethiopia: 2.8K / 91.7% (5.3%)	Botswana: -0.4K / -38.6% (5.1%)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	Indonesia: 2.6K / 54.6% (21.1%)	Ukraine: -1.2K / -21.9% (36.4%)

	Services	Absolute / relative increase over 2021-2022 (% share of portfolio increase)	Absolute / relative drops over 2021-2022 (% share of portfolio drop)
		Philippines: 2.2K / 35.4% (17.1%)	Korea (Democratic People's Republic): -0.815K / -100.0% (25.5%)
		Myanmar: 1.0K / 78.4% (8.1%)	Kazakhstan: -0.143K / -2.8% (4.5%)
		Nigeria: 1.0K / 44.9% (7.8%)	Bangladesh: -0.108K / -7.9% (3.4%)
		Viet Nam: 0.9K / 33.5% (6.8%)	Maldives: -0.088K / -15.2% (2.8%)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	India: 602.8K / 19608.8% (52.1%)	Ukraine: -13.6K / -43.2% (87.7%)
		Bangladesh: 154.9K / 405.2% (13.4%)	Niger: -0.983K / -13.4% (6.3%)
		Uganda: 112.5K / 508.7% (9.7%)	Rwanda: -0.582K / -73.3% (3.7%)
		Nigeria: 88.7K / 504.7% (7.7%)	Swaziland: -0.2K / -100.0% (1.5%)
		Mozambique: 27.8K / 64.5% (2.4%)	Burkina Faso: -0.091K / -6.1% (0.6%)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	Zambia: 146.5K / 111.9% (23.8%)	Kenya: -915.1K / -90.6% (67.9%)
		Tanzania (United Republic): 146.0K / -% (23.7%)	South Africa: -181.4K / -59.2% (13.4%)
		Nigeria: 140.3K / 60.0% (22.8%)	Uganda: -94.1K / -37.9% (7.0%)
		Congo (Democratic Republic): 52.7K / 583.7% (8.6%)	Zimbabwe: -90.1K / -31.4% (6.7%)
		Côte d'Ivoire: 44.3K / 232.8% (7.2%)	Cameroon: -17.2K / -36.9% (1.3%)
Malaria	MOSQUITO NETS DISTRIBUTED	Nigeria: 30.7M / 188.2% (19.4%)	Côte d'Ivoire: -17.9M / -90.3% (24.7%)
		Congo (Democratic Republic): 22.1M / 261.6% (13.9%)	India: -16.2M / -100.0% (22.3%)
		Sudan: 18.4M / -% (11.6%)	Ghana: -11.7M / -77.8% (16.1%)
		Burkina Faso: 13.4M / 1052.0% (8.4%)	Madagascar: -10.4M / -76.2% (14.4%)
		Cameroon: 10.6M / 1569.1% (6.7%)	Malawi: -7.1M / -100.0% (9.8%)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	Mozambique: 683.7K / 96.8% (38.1%)	Sudan: -724.9K / -100.0% (29.4%)
		Uganda: 502.0K / 53.9% (27.9%)	Zambia: -687.2K / -28.9% (27.8%)
		Namibia: 479.1K / 204.8% (26.7%)	Rwanda: -657.5K / -56.3% (26.6%)
		Ethiopia: 53.6K / 7.1% (3.0%)	Burundi: -139.0K / -35.0% (5.6%)
		Ghana: 24.9K / 15.6% (1.4%)	Malawi: -118.4K / -22.9% (4.8%)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	Congo (Democratic Republic): 1.8M / 145.5% (52.2%)	Senegal: -80.5K / -22.1% (44.9%)
		Nigeria: 447.1K / 40.0% (12.9%)	Uganda: -50.4K / -4.6% (28.2%)
		Mozambique: 218.6K / 21.3% (6.3%)	Guinea: -29.4K / -6.6% (16.4%)
		Tanzania (United Republic): 210.9K / 14.8% (6.1%)	Côte d'Ivoire: -12.4K / -2.7% (6.9%)
		Benin: 187.6K / 134.0% (5.4%)	Niger: -6.4K / -1.2% (3.6%)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	Nigeria: 3.6M / 16.6% (50.8%)	Niger: -4.4M / -100.0% (99.7%)
		Mali: 2.8M / 47490.7% (40.1%)	Gambia: -10.4K / -18.4% (0.2%)
		Togo: 479.9K / -% (6.8%)	Burkina Faso: -2.5K / -0.1% (0.1%)
		Ghana: 98.2K / 7.6% (1.4%)	
		Guinea: 48.3K / 4.7% (0.7%)	
	SUSPECTED CASES TESTED FOR MALARIA	Congo (Democratic Republic): 9.5M / 32.8% (17.2%)	Angola: -6.7M / -74.6% (37.1%)
		Ethiopia: 7.5M / 110.8% (13.6%)	Tanzania (United Republic): -3.6M / -21.2% (20.0%)
		Uganda: 5.0M / 18.6% (9.1%)	Malawi: -2.3M / -17.2% (12.6%)

	Services	Absolute / relative increase over 2021-2022 (% share of portfolio increase)	Absolute / relative drops over 2021-2022 (% share of portfolio drop)
		Kenya: 4.2M / 112.4% (7.7%)	Rwanda: -2.2M / -52.0% (12.1%)
		Mozambique: 4.0M / 20.8% (7.3%)	Ghana: -791.0K / -8.2% (4.4%)
	CASES OF MALARIA TREATED	Congo (Democratic Republic): 5.9M / 31.6% (21.8%)	Sudan: -3.6M / -72.0% (33.8%)
		Uganda: 5.7M / 38.7% (21.3%)	Angola: -3.3M / -80.1% (31.0%)
		Mozambique: 2.3M / 23.0% (8.6%)	Malawi: -2.0M / -30.8% (19.3%)
		South Sudan: 2.2M / 384.0% (8.3%)	Ghana: -345.4K / -7.7% (3.3%)
		Nigeria: 1.9M / 8.6% (7.1%)	Madagascar: -263.2K / -12.7% (2.5%)

Table 4: Notes on notable changes over 2021-2022 in selected countries where the Global Fund invests

	Services	Notes
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY (ART) FOR HIV	**Mozambique:** The number of patients newly enrolled on ART continues to increase, and retention in care has also improved. This performance is related to the scale-up of differentiated service delivery, targeting high-risk groups such as key populations, adolescents and youth, people who use drugs, and other groups. This includes the scale-up of HIV self-testing, the effectiveness of index case testing, new testing algorithms at the health facility level, as well as targeted services for retention in care. **Nigeria:** The scale-up differentiated approaches (including multi-month drug and ART refills at community pharmacies) contributed to the scale-up of results in 2022.
	HIV TESTS TAKEN	**Botswana:** The drop in the total number of tests between 2021 and 2022 reflects replacing the indicator that captures HIV testing in the total population with one that focuses on the priority and high-risk groups. However, the number of tests provided to adolescent girls and young women significantly increased over 2021-2022. **Cuba**: The significant increase in the number of HIV tests taken among men who have sex with men is due to portfolio optimization during 2022, leading to procuring more HIV tests for key populations, in addition to the other interventions. **India:** The drop in the total number of tests between 2021 and 2022 reflects replacing the indicator that captures HIV testing in the total population with testing in key populations in the community. The large increase in the number of HIV tests taken among people in prisons between 2021 and 2022 is partly due to a delay in the start of implementation in 2021 to obtain necessary permissions required by the states. **Indonesia**: The increase in the number of HIV tests taken among men who have sex with men is due to the expansion of geographic coverage from 111 districts in 2021 to 158 districts in 2022, as well as the introduction of virtual interventions and community-based testing. **Iran (Islamic Republic)**: The drop in the number of tests taken among key populations between 2021 and 2022 is partly due to incomplete reporting. **Mozambique**: The increase in the total number of HIV tests taken between 2021 and 2022 is due to the implementation of various approaches including community testing, index testing and self-testing. **Nigeria**: The drop in the total number of HIV tests taken between 2021 and 2022 is partly due to incomplete and inconsistent reporting since the current national system is not set up to systematically gather and synthesize data from all states/communities/partners at the national level. The National Agency for the Control of AIDS (NACA) in Nigeria is making efforts to improve this. However, according to data published by PEPFAR, the number of people tested and who received their results increased from 9.9 million 2021 to 10.7 million in 2022. The increase in the number of HIV tests taken among people who use drugs, sex workers and men who have sex with men between 2021 and 2022 is partly due to the slow start-up of a key populations program in 2021, which was then compensated with a catch-up plan introduced towards the end of 2021 that contributed to a much higher result in 2022. **Philippines**: The increase in the number of HIV tests taken among men who have sex with men between 2021 and 2022 was mainly driven by the reduced impact of COVID-19 on the health system and HIV programs, leading to increased demand by key populations for HIV prevention and testing services.

		Thailand: The increase in the number of HIV tests taken among people in prisons was partly due to a recovery from the impact of COVID-19 (in 2021, prisons were closed, preventing access to services from the outside). Moreover, the use of oral fluid test screening contributed to improved results in 2022. **Ukraine**: The drop in HIV testing among key populations between 2021 and 2022 is mainly due to the impact of the war.
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	**Botswana**: Global Fund support for prevention of mother-to-child transmission started in 2022.
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	**Botswana**: The increase in results between 2021 and 2022 is mainly due to post-COVID-19 acceleration of implementation. **Lesotho:** The drop in results between 2021 and 2022 is due to various factors, including the expansion of the program to the highland regions with a lower uptake of voluntary medical male circumcision, the transition of the service provider from an international nongovernmental organization to the government, which led to changes in the mode of service provision from outreach to facility-based care, and a lack of trained personnel in facilities to conduct the circumcisions. **Malawi**: The drop in results between 2021 and 2022 is due to incomplete reporting, since the 2022 results only included the first semester. **Namibia**: The drop in results between 2021 and 2022 is partly due to a saturation of the targeted population, e.g., boys at school, and challenges in reaching the over-15-year-old population out of school. The program also moved from single-use materials to reusable materials, and it took time to procure the incinerators to enable this shift to come into effect. **Zambia**: The drop in results between 2021 and 2022 is partly due to shortages of key consumables that were expected from the Ministry of Health and from other partners, and inadequate funding for outreach activities.
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	**Angola**: The drop in the number of adolescent girls and young women reached with HIV prevention services between 2021 and 2022 is due to measuring the support through a different indicator, which is the number of young people aged 10-24 years reached by comprehensive sexuality education and/or life skills-based HIV education out of schools. **Cameroon:** The drop in results between 2021 and 2022 is mainly due to a disruption in the implementation of grant activities in 2022, as there was a change to the Principal Recipient/implementer. **Chad:** The drop in results between 2021 and 2022 is due to a delay in the implementation of grant activities. **Cuba**: The results for the number of men who have sex with men reached with HIV prevention programs in 2022 show significant improvements, mainly due to post-COVID-19 recovery. The results are reflective of two main areas that the national program, with support from the Principal Recipient, focused on to improve performance: 1) Ensuring availability of key commodities for prevention (condoms and lubricants) and HIV testing (HIV rapid tests) with funds from portfolio optimization to cover the financial gap on the domestic contribution to these services as a result of the impact of the COVID-19 pandemic, especially since 2021; 2) Overcoming programmatic challenges to increase men who have sex with men outreach capacity guided/informed by data after the national scale-up of the Unión de Informáticos de Cuba. This allowed site-based services in prioritized areas, and it allowed community-

		based services to have better planning of interventions and improve targeting, considering data was referring to people, not only contacts; 3) Fully implementing risk mitigation interventions to strengthen civil society networks' contribution to delivering prevention packages and HIV testing for men who have sex with men in the community and linking them to site-based prevention services through COVID-19 Response Mechanism funding. **Indonesia**: The increase in the number of sex workers and men who have sex with men reached with HIV prevention programs is mainly due to expanding the geographic scope from 111 districts in 2021 to 158 districts in 2022. The increase in reaching people in prisons with HIV prevention programs is also due to an expansion of the geographic scope from 100 districts in 2021 to 238 districts in 2022. **Iran (Islamic Republic):** The drop in the number of people in prisons reached with HIV prevention programs between 2021 and 2022 is partly due to incomplete reporting. **Madagascar:** The increase in the number of sex workers reached with HIV prevention programs is partly due to a greater geographic focus (e.g., higher prevention targets were assigned to the best-performing cities/sites), and the use of more efficient strategies. **Malawi**: The increase in the number of adolescent girls and young women reached with HIV prevention programs reflects improved reporting and program performance through a range of activities, including sustained hiring and training of additional peer educators and matrons at schools and at health facilities, and timely reporting of the implemented activities. The school reporting systems have also been continuously improved through quarterly data review meetings. **Nepal:** The increase in the number of vulnerable populations reached with HIV prevention programs is due to an expansion of the geographical area and strategic prioritization to increase coverage of vulnerable populations, including the migrant population, which accounts for a significant share of new infections. **Nigeria:** The drop in the number of the adolescent girls and young women reached with HIV prevention programs is partly due to incomplete reporting in 2022 (see the note above under "HIV tests taken"). **Philippines:** The increase in the number of men who have sex with men reached with HIV prevention programs between 2021 and 2022 was mainly driven by the reduced impact of COVID-19 on the health system and HIV programs, leading to increased demand by key populations for HIV prevention and testing services. **Ukraine:** The drop in the number of people who use drugs reached with HIV prevention programs between 2021 and 2022 is mainly due to the impact of the war.
	PEOPLE WHO INITIATED ORAL ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS (PrEP)	**Indonesia**: The rollout of this intervention started in 2022. **Viet Nam:** The increase in results between 2021 and 2022 is mainly due to an increase in access to PrEP as a result of improving communication activities and applying new models in service provision, such as mobile PrEP, tele-PrEP, PrEP at pharmacies, PrEP at universities, community-led PrEP clinics, and public/private clinics.

TB	PEOPLE TREATED FOR TB	**India:** The increase in results between 2021 and 2022 reflects post-COVID-19 recovery exceeding the 2019 level of case finding. **Indonesia**: The significant increase in results between 2021 and 2022 is largely due to a concerted effort led by the national program to increase TB case notification. This includes improving TB reporting by conducting several exercises to ensure data entry and reporting of TB cases at all levels (including the periphery) into the electronic data systems; scaling up public-private partnerships such that the private sector facilities accessing GeneXpert testing through specimen transportation; actively engaging large hospitals in TB treatment; incorporating health services for drug-susceptible TB management under national health insurance; and expanding rapid diagnostic tools all over the country using 1,700 GeneXpert machines distributed across 713 hospitals, 30 labs and 918 *puskesmas* (primary health care centers) in 500 districts. Note: due to retroactive corrections, the national results reported by the country to the Global Fund (and published in the Global Fund Results Reports) are lower than final results submitted to the World Health Organization (WHO): • **2017**: 442,172 (reported to WHO); 426,977 (reported to the Global Fund) • **2018**: 568,865 (reported to WHO); 436,053 (reported to the Global Fund) • **2019**: 559,847 (reported to WHO); 466,898 (reported to the Global Fund) • **2020**: 384,025 (reported to WHO); 267,396 (reported to the Global Fund) • **2021**: 432,577 (reported to WHO); 338,510 (reported to the Global Fund) **Nigeria**: The continuous increase over recent years is due to a range of activities, including catalytic interventions (e.g., intensified program quality improvement, active contact-tracing, X-rays for bacteriological negative clients and health facilities saturation with TB services), active case-finding in the community supported with hotspot mapping to improve on the yield (including nomads, people in prisons and internally displaced persons), expansion of TB services to up to 20,000 TB DOT health facilities, significant improvements in detection and diagnostic investigations (over 600 molecular machines have been deployed in Nigeria, with over 80% of all cases notified having been diagnosed using molecular tests), improvement in public private partnerships with focused TB services expansion in private facilities, including patent and proprietary medicine vendors. **Pakistan**: The significant increase in results between 2021 and 2022 was due to several factors, including an expansion of access to rapid molecular diagnostic tools, expansion of the sample transportation network and onboarding of more private sector providers. **Philippines**: The significant increase in results between 2021 and 2022 mainly reflect recovery from the impact of COVID-19 through improved health system and TB program capacity to respond (from the supply side) and increased demand by TB patients and patients suspected to have TB, as well as responding to the backlog of cases unserved from the previous year. **Viet Nam**: The increase in results between 2021 and 2022 mainly reflects recovery from the impact of COVID-19, supported by accelerated implementation of public-private partnerships and increased utilization of WHO-recommended rapid molecular diagnostics for screening, reaching close to the pre-pandemic level of service delivery.
	HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY (ART) DURING TB TREATMENT	**Mozambique**: The one-stop model approach implemented in the TB sector contributed to the continuous increase of coinfected TB/HIV patients initiated on ART. **Viet Nam:** There were delays in providing HIV-positive TB patients with ART in 2022, which is under investigation by the national TB program.

	PEOPLE TREATED FOR DRUG-RESISTANT TB	**Indonesia**: The drop in 2022 in enrolling TB patients diagnosed with multidrug-resistant TB on treatment is mainly due to a large initial loss to follow-up. A concerted effort has been made to engage the community to address this loss-to-follow-up issue. **Nigeria**: The country has developed and implemented a plan to accelerate the results through decentralization and expansion of drug-resistant TB services, a switch to shorter treatment regiments, the use of patient-centered approaches, as well as support mechanisms and social protection for drug-resistant TB patients. **Pakistan**: The increase in results between 2021 and 2022 is largely due to an expansion of rapid molecular diagnostic tools and an expansion of public-private partnerships. It also reflects overall improvement of case detection for all forms of TB. **Philippines**: The increase in results is mainly due to a recovery from the impact of COVID-19, through a better health system response to find and treat patients and deal with the backlog of cases from the previous period. **Ukraine**: The drop in the results between 2021 and 2022 is mainly due to the impact of the war. **Viet Nam**: See the note above for "People treated with TB."
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	**Bangladesh:** The significant increase in results between 2021 and 2022 is largely due to intensified social behavior change communication delivered by the national TB program and BRAC at the community level and in the private and public sectors. **Mozambique**: The increase in results between 2021 and 2022 is partly due to the expansion of the quality improvement strategy in targeted health facilities, which aims to improve the quality of care for users, including TB preventive treatment (TPT) initiation and completion in children under 15 years. **Nigeria**: The significant increase in results between 2021 and 2022 is due to the implementation of an integrated TPT surge plan that led to an increase in the number of contacts screened and put on TPT. The plan ensured that both cases identified under HIV and TB services are all screened and put on TPT. **Rwanda**: The drop in results between 2021 and 2022 is due to incomplete results, since the country annual reporting cycle covers July 2022 to June 2023, and the data for a 12-month period was not available at the time of publication of the Global Fund Results Report. **Viet Nam**: See the note above for "People treated with TB."
Malaria	MOSQUITO NETS DISTRIBUTED	**Burkina Faso**: The increase in results between 2021 and 2022 was mainly due to the implementation of a mass campaign in 2022. **Cameroon**: The increase in results between 2021 and 2022 was mainly due to the implementation of a mass campaign in 2022 (595K nets distributed through continuous distribution and 10.6M nets from phase 1 and 2 of mass campaign over 2022-2023). **Guinea**: The increase in results between 2021 and 2022 was mainly due to implementation of a mass campaign in 2022. **India**: Due to internal delays in obtaining approvals, the country could not initiate the procurement of long-lasting insecticidal nets (LLINS) until late in the grant implementation period; therefore, no LLINs were distributed in 2022.

		Niger: The increase in results between 2021 and 2022 is due to the expansion of the geographical coverage of the intervention, i.e., the country has been conducting rolling mass mosquito net campaigns, and the campaign covered 23 districts out of 72 districts in 2021 compared to 49 districts in 2022. **Nigeria**: The country implements rolling insecticide-treated net (ITN) mass campaigns in different states at different due dates. In 2021, the states that were due for a mass campaign were fewer compared to 2022 (16M vs. 47M); therefore, the increase observed between 2021 and 2022 is due to campaigns in more states and in high-population states.
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING (IRS)	**Burundi**: The drop in results between 2021 and 2022 was due to delays in implementation. **Malawi**: Despite a drop in results between 2021 and 2022, the country achieved the set target number of households to be sprayed in 2022. **Namibia**: The increase in results between 2021 and 2022 reflects an expansion of the areas to be covered by IRS. **Rwanda**: See note under "People in contact with TB patients received preventive therapy."
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	**Angola**: The increase in results between 2021 and 2022 reflects an improvement in coverage due to the training and awareness-raising of community health workers, and efficient distribution of commodities leading to less stocks. **Benin**: The significant increase in results between 2021 and 2022 is due to a combination of improved availability of sulfadoxine pyrimethamine (SP) at health facilities, the launching of the community-based administration of SP by community health workers to eligible pregnant women, and improved antenatal care, during which health care providers ensured attending eligible pregnant women received their dose of SP. **Niger**: The minor drop in results between 2021 and 2022 is due to challenges in accessing health facilities for pregnant women and due to areas of insecurity in the country. **South Sudan**: The increase in results between 2021 and 2022 is due to a delay in implementation in 2021, leading to 3 months of results compared to full-year implementation in 2022.
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION (SMC)	**Chad**: The active engagement of community stakeholders (followed by capacity-building efforts), health care professionals, and local authorities has contributed significantly to timely provision of this service, leading to meeting the set targets in both 2021 and 2022. This campaign was also digitized in two provinces, which improved the quality of the data. **Gambia**: The drop in results between 2021 and 2022 was partly due to an unrelated outbreak, which led some parents to refuse to administer drugs to their children during the SMC campaign. **Guinea**: The increase in results between 2021 and 2022 was due to the efforts made by the implementers to serve hard-to-reach populations and the availability of commodities to cover the four rounds of SMC. **Niger**: The missing results in 2022 are due to an issue with the data collection system, which is not set up to count the number of children receiving four rounds of SMC as per the indicator definition. The SMC tool is being updated to resolve the problem for reporting the 2023 results. According to Medicines for Malaria Venture (MMV) data, on average, 4.7M children received SMC in 2022. The general method used by MMV to calculate SMC results is the following: average number of children receiving SMC for

		each district regardless of the number of cycles (average is based on three, four or five cycles in a district where three, four or five cycles have been done, respectively). The averages from all districts are summed up to obtain the average for each country.
	SUSPECTED CASES TESTED FOR MALARIA	**Malawi**: The drop in results between 2021 and 2022 partly reflects a lower number of estimated malaria cases in 2022. **Pakistan**: The increase in results between 2021 and 2022 reflects the surge in malaria in the country during 2022. From end of March to July 2022, Pakistan experienced unprecedented levels of monsoon rainfall leading to flooding in several malaria-endemic provinces. The floods led to an increase in the unmet need for critical vector control and case management services.
	CASES OF MALARIA TREATED	**Sudan**: The drop in results between 2021 and 2022 was mainly due to challenges in the reporting system.