**Country Results Profile**

**FINANCES: What resources were available to support the national program in the past six years?** And what resources are available in the coming three years?

The Country Results Profile is presented as a complement to the Global Fund, technical partners and countries' own reports. The overall purpose of the Country Results Profile is to provide Global Fund stakeholders with a summary overview of key contextual financing data, outcome and impact in a results chain form. It is aimed to facilitate exploration of trends in results and impact for High Impact countries based on the available resources.

### Outcomes

**Support the past trend** and prevention services that they need?

**Outcome data** for each disease, the global fund results (2017) are provided in line with the results reporting methodology.


- **For each disease, key outcome and coverage gaps are provided, based generally as Technical Partner (TPT) or UNAIDS data.**

- To provide a picture of recent trends the most recent data is included (2014-2019), plus 2012 or the closest available year (lighter colour/buffer). In addition, for each graph, the grey line shows relevant targets where available. Generally, where Global Fund-Guided countries performance (green/red) are available, these are displayed with years. If no target is available, Technical Partner targets for 2020 are displayed (G4TDE: UNAIDS 2018-08-01).

#### Specific notes UNAIDS Country Results Profile

- The following key definitions are used:
  - **MDR-TB**: Multidrug-resistant tuberculosis
  - **XDR-TB**: Extensively drug-resistant tuberculosis
  - **ITN**: Insecticide-treated net
  - **ART**: Antiretroviral therapy
  - **IFP**: Integrated prevention of mother-to-child transmission of HIV

#### Specific notes HIV/AIDS Country Results Profile

- Coverage and outcome data are taken from UNAIDS 2018 release, Atlas online
- The following definitions are used:
  - **MDR-TB**: Multidrug-resistant tuberculosis
  - **XDR-TB**: Extensively drug-resistant tuberculosis
  - **ITN**: Insecticide-treated net
  - **ART**: Antiretroviral therapy
  - **IFP**: Integrated prevention of mother-to-child transmission of HIV

### Explanatory Notes

**IMPACT: What is the trend among people who continue to fall ill or die?** [actual and hypothetical in the absence of program.]

**Outcome data** for each disease, the global fund results (2017) are provided in line with the results reporting methodology.


- To provide a picture of recent trends the most recent data is included (2014-2019), plus 2012 or the closest available year (lighter colour/buffer). In addition, for each graph, the grey line shows relevant targets where available. Generally, where Global Fund-Guided countries performance (green/red) are available, these are displayed with years. If no target is available, Technical Partner targets for 2020 are displayed (G4TDE: UNAIDS 2018-08-01).

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**RISh profile**

The purpose of the RISh profile is to provide a snapshot of countries’ health systems performance, health expenditure and financing of Global fund investments in RISh through the direct system investments and contribution from diseases and to highlight programs and strategies are presented as well as in trends in the status of health systems. Global fund investments in building resilient and sustainable systems for health (RISh) are composed of two major categories:

- **Direct RISh Investments**: Interventions that support national systems for health that benefit multiple disease-control programs. These investments can be included either in cross-cutting modules of disease grants, or in specific disease grants. The programme contents of these two are at the same examples. Includes: improving quality of services, quality of data, strengthening a national drug regulatory agencies, scaling-up of service delivery of health workforce and others.

- **Contribution RISh Investment through disease**: investments in HIV, TB and malaria that also contribute to support health systems in order to ensure efficient and effective delivery of infectious disease programs. They are primarily focused on a single disease outcomes. Examples includes: scaling-up of service delivery for ART, improving lab infrastructure for tuberculosis, ensuring pharmaceutical product quality for malaria and others.

**References**

- **Killer profiles** are produced for countries where they complete Global Fund high grant approval stage for 2017-2020.
- **Country investment data** is from Global Health Expenditure Database (GHE), UNAIDS, available at [http://www.who.int/hiv/pub/riskreduction/counterfactual scenarios.pdf](http://www.who.int/hiv/pub/riskreduction/counterfactual scenarios.pdf)
- **Health systems’ counterfactual scenarios from few disease data**: malaria, avian influenza, service delivery, medicines and diagnostics availability are sourced either from Health Systems Analysis (HSA) or from the WHO/Global Health Observatory available at [http://www.who.int/hiv/pub/riskreduction/counterfactual scenarios.pdf](http://www.who.int/hiv/pub/riskreduction/counterfactual scenarios.pdf)
- **For technical partner investments definitions and methodology notes please read [here](https://www.who.int/hiv/pub/riskreduction/counterfactual scenarios.pdf)

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**February 2019 Release**

**Planned investments by funding source and intervention (2018-2020)**

The purpose of Overview of Financing. Available 2018-2020 overview chart is to provide an indicative overview of financing available in each Strategic Goal as is submitted by CCMs. The chart uses Global Fund data, at an overall, applicable, the RGF budget categories of the concerned country.

The width of each letterbox represents how much money (as a proportion of the total budget) is budgeted for each area.

- **General note**: Health financing data represents countries (except those exempt or those having no or low financing requirements), with conditions that the Global AIDS Approvals Panel review for grants arising out of the actual allocation in 2017-2018 on financing available for countries who are fulfilling the Funding Landscape Overview.

- **Global Fund**: Data are based on projections submitted to the Global Fund 2018-2019 fiscal cycle as reported in the ‘Requests for Global Fund funding’ table and COCs.

- **Program Areas**: CCMs of total grant budgets are not displayed but are listed in the table; up to a maximum of 15 areas.

- **Global Fund-country cross-filling RGF investments represented, disease specific investments contributing to the health system and stand-alone killings are represented as points in the Global Fund profile.

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**Trends in deaths and new cases / infections**

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