

Country Results Profile

September 2019 Release

Explanatory Notes

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?

OUTCOME: How many people received the treatment and prevention services that they need?

IMPACT: What is the trend among people who continue to fall ill or die? (actual and hypothetical in the absence of program)

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. The aim is to facilitate exploration of trends in results and impact for High Impact countries based on the available resources.

Historical investments by funding source (2012-2017)

Global Fund Investments

2014-2016 Allocation period: Disease (HIV, TB or malaria) disbursements: \$XXm
 2017-2019 Allocation period: Disease (HIV, TB or malaria) disbursements: \$XXm

Summarises Global Fund investments at a high level for two past allocation cycles (2014-2016 and 2017-2019)

- Disbursement amounts are disbursements by allocation cycle (2014-2016 and 2017-2019). Disbursements are captured up to June 2019
- For the purpose of these statements, TB/HIV disbursements are reflected on both TB and HIV pages of the profile
- For the purpose of these statements only, RSSH grant disbursements are apportioned according to the global disease split (50% to HIV, 18% to TB and 32% to malaria)

Disease financing

In 2015-2017, 54% of NSP need was funded.

The disease financing chart shows the overall trends of financing available to the national disease control program over the past 6 years

- Data reported through Funding Request submissions to the Global Fund was used unless otherwise specified
- Variances may exist to published technical partner data due to differences in methodologies
- Data sources:
 - Domestic: government expenditure 2012-2016, budget 2017
 - External: country reported expenditure and/or as reported to the OECD Creditor Reporting System (CRS)
 - Global Fund: Disbursements 2012-2017
- Where available the percent of National Strategic Plan (NSP) funding need covered in the past three years is calculated

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

Total amount in budget: \$128m

Label	Program Area	Total budget
A	TB Care and Prevention	\$54m
B	MDR-TB	\$43m
C	TB/HIV	\$11m
D	RSSH	\$9m
E	Program management	\$9m
Not in graph: key population programs		\$2m

The purpose of Overview of Financing Available 2018-2020 mekko chart is to provide an indicative overview of funding available in major Program Areas as submitted by CCMs. The chart uses Global Fund modules or, where applicable, the NSP budget categories of the country concerned. The width of each lettered stack represents how much money (as a proportion of the total budget) is budgeted for each Program Area.

General note: Health Financing data represents countries (except those exempt or have waiver of co-financing requirements), with components that had the final Grant Approval Committee review for grant(s) arising out of the current allocation in 2017. 2018-2020 co-financing data available for countries who completed the Funding Landscape Template

- Funds by Program Area are based on projections submitted to the Global Fund 2018-2020 fiscal cycle as reported in the 'detailed financial Gap' of the Funding Landscape Table by CCMs
- Program Areas composing <5% of total grant budgets are not displayed but are listed in the table, up to a maximum of 8 areas
- Only Global Fund cross-cutting RSSH investments represented; disease specific investments contributing to the health system and standalone RSSH grants are reflected only in the RSSH Profile
- For countries with a different time period, please refer to the country-component specific graph footnotes

Outcomes and coverage data for treatment and prevention

Outcome data

For each disease, the Global Fund results (2018) are provided in line with the results reporting methodology.

- Global Fund results are derived using the methodology and measures as outlined by the Global Fund Results Report 2019, available at <https://www.theglobalfund.org/en/archive/annual-reports/> (released on Sept 19, 2019)

For each disease, key outcome and coverage graphs are provided, based generally on Technical Partner (WHO or UNAIDS) data.

- To provide a picture of recent trends the most recent data is included (darker coloured bar), plus 2012 or the closest available year (lighter coloured bar)
- In addition, for each graph, the grey bar shows relevant targets where available. Generally, where Global Fund Grant National Targets (from performance frameworks) are available, these are displayed with years. If no target is available, Technical Partner targets for 2020 are displayed (Sources: UNAIDS 90-90-90 An ambitious treatment target to help end the AIDS epidemic; The Paradigm Shift Global Plan to End TB, by 2020 and at the latest by 2025)

Specific notes HIV/AIDS Country Results Profile

- Coverage and outcome data are taken from UNAIDS 2019 release, AIDSinfo online <https://aidsinfo.unaids.org> (accessed Sep 16, 2019); coverage above 100% due to estimate bounds is capped at 100%
- In the HIV testing and treatment cascade chart, only UNAIDS targets are displayed. The denominator for each step is the same: all people living with HIV. The targets reflect UNAIDS 90-90-90 targets as each target represents 90% of the target in the previous step of the cascade.
- Number of people on ART is taken from Global Fund programmatic results data at <https://data-service.theglobalfund.org/downloads> (accessed Sep 16, 2019); when unavailable, the above UNAIDS data is used.
- Male circumcision data is sourced from DHS surveys at <https://www.statcompiler.com/en/> (accessed Sep 16, 2019)
- Key populations knowledge of status data is derived from sub-national surveys. The geographical coverage of the most recent survey is generally available on AIDSinfo online
- UNAIDS regional and country profiles are available at <http://www.unaids.org/en/regionscountries/countries> (accessed Sep 16, 2019)

Definitions and acronyms for HIV

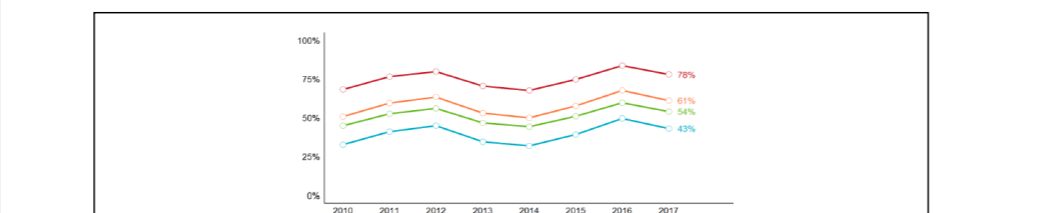
- PMTCT - Prevention of mother-to-child transmission of HIV
- ART - Antiretroviral therapy
- SW - Sex workers
- MSM - Men who have sex with men
- PWID - People who inject drugs
- TG - Transgender people
- M (15+) - Male adults (15+) for ART coverage graph
- F (15+) - Female adults (15+) for ART coverage graph
- <15 - Children (0-14) for ART coverage graph

Specific notes TB Country Results Profile

- Coverage and outcome data are taken from WHO Global tuberculosis report 2018 <http://www.who.int/tb/data/en/> (accessed Sep 16 2019)
- TB country profiles produced by WHO are available at <http://www.who.int/tb/country/data/profiles/en/> (accessed Sep 16, 2019)

Definitions and acronyms for TB

- TB treatment coverage is the percentage of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses among all estimated cases (all forms)
- MDR-TB case detection - Number of laboratory-confirmed MDR-TB cases identified as a percentage of estimated incidence of rifampicin resistant TB
- MDR-TB treatment coverage - Number of laboratory-confirmed rifampicin-resistant (RR-TB) or multidrug-resistant TB (MDR-TB) patients who started treatment for MDR-TB as a percentage of estimated incidence of rifampicin resistant TB
- MDR-TB success rate - Outcomes for MDR-TB cases: treatment success (Cured or treatment completed)
- HIV+ TB success rate - Outcomes for HIV-positive TB cases, all types
- HIV+ TB patients on ART - HIV-positive registered TB patients (new and relapse) given anti-retroviral therapy during TB treatment
- Preventive TB therapy for HIV+ - People living with HIV newly enrolled in care that started preventative therapy for TB, after excluding active TB



Specific notes Malaria Country Results Profile

- Coverage and outcome data are taken from World malaria report 2018, WHO Global Malaria Programme data tables <https://www.who.int/malaria/publications/world-malaria-report-2018/en/> (accessed Sep 16, 2019)
- Intermittent preventive treatment in pregnancy (IPTp) two and three doses data is taken from DHS surveys <https://www.statcompiler.com/en/> (accessed Sep 16, 2019)
- Bednet coverage data is taken from Oxford MAP project data at <https://map.ox.ac.uk/> (accessed Sep 16, 2019)
- Malaria country profiles produced by WHO are available at <http://www.who.int/malaria/publications/country-profiles/en/> (accessed Sep 16, 2019)

Definitions and acronyms for malaria

- Parasitologically tested among suspected malaria cases - Reported malaria cases tested (microscopy slides or RDT performed) as a proportion of suspected reported malaria cases
- Households with one ITN per two persons and/or sprayed in last 12 months denotes households with at least one insecticide-treated mosquito net (ITN) for every two persons and/or indoor residual spraying (IRS) in the past 12 months data is taken from WHO data
- Received ACT - Children with fever in last 2 weeks who received an Artemisinin-combination therapies (ACT) among those who received any antimalarial

Trends in deaths and new cases / infections

Change in AIDS deaths: 43% reduction from 2012 to 2018, 79% reduction from 2000 to 2018

For each disease, mortality and morbidity trends are plotted against a counterfactual trend agreed with WHO or UNAIDS. In addition the rate of change in deaths and new infections or cases is calculated since 2000 (start of scaling up of programs) and 2012 (baseline consistent with outcome and coverage data)

- Counterfactual scenarios are plotted to show the impact of no, or highly limited program interventions since 2000 where applicable

Other specific notes HIV

- HIV burden mid-point estimates from UNAIDS 2019 release. See AIDSinfo online link in outcome and coverage section
- Counterfactual scenario is no Antiretroviral therapy and no prevention estimated by Goals, or AEM models

Other specific notes TB

- TB burden mid-point estimates from WHO Global tuberculosis report 2018. See link in outcome and coverage section.
- Counterfactual scenario is no TB control since 2000

Other specific notes Malaria

- Malaria burden mid-point estimates from WHO Global Malaria Program 2018 release. See link in outcome and coverage section.
- Counterfactual scenario is no malaria control since 2000
- Malaria species percentage from WHO Global Malaria Program 2018 release

RSSH profile

The purpose of the RSSH results profile is to provide a snapshot of countries' health systems performance, health expenditure and sources of financing. Global Fund investments in RSSH through the direct system investments and contributory support from diseases and by type of interventions and modules are presented as well for the last two funding cycles - NFM 1 and NFM 2 -. Have been also compared in order to follow the trends of countries' commitment to strengthen their health systems in different funding cycles since 2014. This gives a pattern to a country's prioritization needs on RSSH and how this fits into the systems' gaps.

Global Fund investments in building resilient and sustainable systems for health (RSSH) are composed of two major categories:

- Direct RSSH 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 stand-alone RSSH grants. The programmatic contents of these two are all the same. Examples include: improving quality of services, quality of data, strengthening national drug regulatory agencies, scaling-up pre-service training of health workforce and others
- Contributory RSSH investment through disease:** investments in HIV, TB and malaria that also contribute to support health systems in order to ensure effective and efficient delivery of respective disease programs. They are primarily focused on a single disease outcomes. Examples include: scaling up service delivery for ART, improving lab infrastructure for tuberculosis, ensuring pharmaceutical product quality for malaria and others.

References

- RSSH profiles are produced for countries once they complete Global Fund final grant approval stage for 2014-2017 and 2018-2020.
- Country health expenditure data is from Global Health Expenditure Database (GHED), WHO, available at <http://www.who.int/malaria/publications/country-profiles/en/> (accessed Sep 16, 2019)
- Health systems inputs information comes from different data sources. Human resources, service delivery, medicines and diagnostic availability, and supervision and absence rate are sourced either from Health Facility Assessments (SARA, SPA, SDI) or from the WHO/Global Health Observatory available at <http://apps.who.int/gho/data/node.imr> (accessed Sep 16, 2019).
- For further explanation of indicators definitions and reference numbers please see: http://www.who.int/healthinfo/systems/SARA_Reference_Manual_Chapter3.pdf?ua=1 (accessed Sep 16, 2018)