



Country Results Profile

September 2024 Release

Explanatory Notes

FINANCES: What resources were available to support the national program in the past 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. The aim is to facilitate exploration of trends in results and impact for High Impact countries based on the available resources.

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

For each disease, the Global Fund results (2023) are provided as published for the Global Fund Results Report 2024. Global Fund results are derived using the methodology and measures as outlined by the Global Fund Results Report Methodology, available at <https://www.theglobalfund.org/en/methodology/>

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

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

Historical investments by funding source (2012-2023)

Global Fund Investments

2017-2019 Allocation period: Disease (HIV, TB or malaria) disbursements: \$XXm Cross-cutting RSSH disbursement: \$XXm

2020-2022 Allocation period: Disease (HIV, TB or malaria) disbursements: \$XXm

Summaries Global Fund Investments at a high level for two past allocation cycles (2017-2019 and 2020-2022)

- Disbursement amounts are disbursements by allocation cycle. Disbursements are captured up to September 2024. GF CSRM disbursement is not included.
- For the purpose of these statements, TB/HIV disbursements are reflected on both TB and HIV pages of the profile.

Disease financing

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

- Source: Data submitted by the country as part of their Funding Request for 2020-22 allocation period; GF detailed budget data. These data sources contain a mix of historical figures and projections.

Investment by funding source and intervention (202x-202x)

The purpose of Overview of Financing Available (2021-2023 for most country profiles) mekko chart is to provide an indicative overview of funding available in major Program Areas as submitted to the Global Fund. The data is updated as funding requests of each allocation cycle are being approved.

The width of each lettered stack represents how much money (as a proportion of the total budget) is budgeted for each Program Area.

Program Areas composing <5% of total grant budgets are not displayed but are listed in the table, up to a maximum of 8 areas.

Source: Data submitted by the country as part of their Funding Request for the 2020-2022 and/or 2023-2025 allocation period, depending on the country disease component; GF detailed budget data. These data sources contain a mix of historical figures and projections.

Outcomes and coverage data for treatment and prevention

Outcome data

For each disease, the Global Fund results (2023) are provided as published for the Global Fund Results Report 2024. Global Fund results are derived using the methodology and measures as outlined by the Global Fund Results Report Methodology, available at <https://www.theglobalfund.org/en/methodology/>

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 performance, 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 target are displayed (Sources:UNAIDS 2025 AIDS Targets, at <https://aids.unaids.org/>, accessed on September 18, 2024; WHO The End TB Strategy, at <https://www.who.int/news/item/11-02-2014-global-tuberculosis-programme/the-end-tb-strategy>, accessed on September 18, 2024)

Specific notes HIV/AIDS Country Results Profile

- Coverage and outcome data are taken from UNAIDS 2024 release, [AIDSinfo online](https://aidsinfo.unaids.org/) (accessed on September 18, 2024)
- 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 95-95-95 targets as each target represents 95% of the target in the previous step of the cascade.
- Number of people on ART 2020 results is available at Global Fund programme results data at <https://data.theglobalfund.org/results/all> (accessed on September 18, 2024); when unavailable, the above UNAIDS data is used.
- Male circumcision data is sourced from DHS surveys at <https://www.statcomiller.com/> (accessed on September 18, 2024)
- 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

Definitions and acronyms for HIV

- PMCT - 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 2023 <https://www.who.int/news/item/11-02-2023-global-tuberculosis-report-2023> (accessed on September 18, 2024)

- TB country profiles produced by WHO are available at <https://www.who.int/news/item/11-02-2023-global-tuberculosis-report-2023> (accessed on September 18, 2024)

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
- Bacteriologically confirmed pulmonary TB cases tested for rifampicin resistance - New cases, calculated for pulmonary cases only.
- Bacteriologically confirmed pulmonary TB cases tested for rifampicin resistance - Previously treated cases, calculated for pulmonary cases only.
- Outcomes for TB treatment - treatment success (Successfully treated, lost to follow-up, Treatment failed, Not evaluated, Died)
- 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 2023, WHO Global Malaria Programme data tables <https://www.who.int/news/item/11-02-2023-global-malaria-report-2023> (accessed on September 18, 2024)

- Intermittent preventive treatment in pregnancy (IPTp) two and three doses data is taken from DHS surveys <https://www.statcomiller.com/en/> (accessed on September 18, 2024)

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

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

- 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 2024 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 2023. 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 World Malaria Program 2023 release.
- Counterfactual scenario is no malaria control since 2000
- Malaria species percentage from WHO World Malaria Program 2023 release

RSSH country results profile

RSSH PROFILE

The fourth column presents the Global Fund investments in RSSH as for the last two funding cycles - NFM 2 and NFM 3. These RSSH investments are stratified by component. And if there are HIV investments, these are further stratified. RSSH investments are either direct system investments, or contributory investments through diseases specific investments, where

- 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.

The RSSH results profile is based on the following components of the Universal Health Coverage (UHC) index: reproductive, maternal and newborn and child health, coverage of essential health services, health expenditure, and service capacity and access. Coverage of essential health services is focused on equity of anaemnetal care related to HIV and malaria. For each country, to show the trend and relative performance, each indicator is presented as a time series from 2000, along with a comparison to countries within the same income bracket. Where an indicator was lacking, an empty plot is shown. Again, for comparison with other countries within the same income bracket, the percentage of countries (within the same income bracket) that have data for that indicator is also provided.