

Results Report 2025: Annex 1

Updated 10 September 2025

The Global Fund Results Report 2025 includes selected programmatic results – such as people on antiretroviral therapy, people with TB treated and insecticide-treated mosquito nets distributed – delivered by Global Fund-supported programs in 2024. Table 1 below provides a comparison of the aggregated results over 2021-2024. Table 2 tracks absolute and relative changes in service delivery from 2023 to 2024. Countries accounting for a large share of portfolio-level increases or drops over 2023-2024 are listed in Table 3. Table 4 provides a qualitative explanation of the drivers of notable changes over 2023-2024 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 service-specific results, please refer to <https://data.theglobalfund.org/results>.

Table 1: Selected programmatic results over 2021-2024 in countries where the Global Fund invests*

Services		2021	2022	2023	2024
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	23.2M (98)	24.5M (97)	24.9M (97)	25.6M (99)
	HIV TESTS TAKEN	70.8M (103)	53.4M (102)	53.9M (103)	46.6M (96)
	• HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS ¹	12.7M (101)	12.5M (101)	13.1M (102)	11.7M (101)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	667.2K (50)	710.0K (48)	695.2K (48)	647.5K (57)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	1.1M (8)	0.9M (7)	1.0M (6)	0.8M (6)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	12.5M (102)	15.5M (101)	17.9M (102)	12.3M (100)
	• MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS ²	5.8M (100)	7.3M (100)	8.0M (101)	7.7M (99)
	• YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	6.1M (20)	7.4M (22)	8.5M (22)	3.0M (18)
	• ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS	3.7M (18)	3.3M (18)	3.9M (18)	2.0M (18)
	• YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION	2.4M (9)	4.0M (13)	4.5M (14)	0.8M (7)
	PEOPLE WHO RECEIVED ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS ³	97.3K (25)	177.4K (36)	321.6K (39)	1.4M (56)
TB	PEOPLE TREATED FOR TB	5.3M (92)	6.5M (88)	7.1M (85)	7.4M (88)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	286.9K (75)	344.5K (75)	353.0K (76)	316.7K (76)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	109.4K (90)	120.5K (86)	123.8K (83)	120.1K (83)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	0.4M (47)	1.5M (48)	2.0M (49)	3.4M (58)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	3.2M (50)	2.8M (54)	2.0M (55)	2.2M (64)
Malaria	INSECTICIDE-TREATED MOSQUITO NETS DISTRIBUTED ⁴	133.3M (60)	218.1M (62)	227.2M (59)	162.5M (58)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING ⁵	9.6M (22)	9.8M (22)	8.7M (19)	1.0M (4)
	POPULATION COVERED BY INDOOR RESIDUAL SPRAYING	19.3M (11)	20.8M (10)	17.8M (9)	27.2M (14)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	11.3M (29)	14.6M (30)	15.5M (30)	17.8M (30)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	34.5M (10)	37.1M (10)	44.6M (12)	50.9M (12)
	SUSPECTED CASES TESTED FOR MALARIA	284.1M (67)	323.1M (67)	337.5M (65)	359.9M (65)
	CASES OF MALARIA TREATED	147.5M (65)	163.9M (63)	171.2M (62)	173.0M (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 the total results.

3. The results of people who received antiretroviral pre-exposure prophylaxis are not included in the total prevention results.

4. 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.

5. Programmatic results reported for 2024 are, for some services, lower than those reported for 2023. This is due, in part, to the transition from Grant Cycle 6 to Grant Cycle 7, which results in changes such as the discontinuation or introduction of indicators, strategic shifts in programmatic focus (e.g., targeting high-risk populations), changes in geographic scope, updated population estimates and improvements in data quality.

Table 2: Trends in selected programmatic results over 2023-2024 in countries where the Global Fund invests

Services		Absolute / relative change over 2023-2024	Absolute / relative increase (# of countries showing an increase) over 2023-2024	Absolute / relative drop (# of countries showing a drop) over 2023-2024
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	711.1K / 2.9%	1.0M / 5.3% (89)	-311.4K / -5.4% (12)
	HIV TESTS TAKEN	-7.2M / -13.4%	14.1M / 65.5% (48)	-21.4M / -66.2% (56)
	• HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS	-1.4M / -10.6%	1.2M / 25.7% (52)	-2.6M / -30.6% (51)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	-47.6K / -6.9%	24.5K / 9.1% (37)	-72.1K / -16.9% (21)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	-243.0K / -23.9%	5.7K / 59.6% (1)	-248.7K / -24.7% (5)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	-5.6M / -31.4%	1.4M / 30.5% (49)	-7.1M / -53.7% (54)
	• MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS	-276.6K / -3.5%	1.0M / 24.8% (54)	-1.3M / -34.5% (49)
	• YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	-5.5M / -64.7%	585.2K / 62.6% (9)	-6.1M / -80.5% (15)
	• ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS	-1.9M / -48.4%	338.1K / 48.6% (9)	-2.2M / -69.6% (12)
	• YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION	-3.7M / -81.7%	215.7K / 295.1% (4)	-3.9M / -90.1% (9)
	PEOPLE WHO RECEIVED ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS	1.0M / 324.7%	1.1M / 394.0% (48)	-39.4K / -84.6% (8)
TB	PEOPLE TREATED FOR TB	285.4K / 4.0%	404.9K / 7.2% (53)	-119.5K / -8.3% (35)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	-36.3K / -10.3%	11.1K / 17.8% (33)	-47.5K / -16.4% (47)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	-3.7K / -3.0%	3.0K / 13.1% (32)	-6.8K / -6.7% (49)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	1.4M / 71.4%	1.5M / 83.6% (46)	-65.1K / -31.0% (13)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	153.6K / 7.6%	501.5K / 58.6% (35)	-347.9K / -29.7% (30)
Malaria	INSECTICIDE-TREATED MOSQUITO NETS DISTRIBUTED	-64.7M / -28.5%	96.9M / 482.2% (31)	-161.6M / -78.0% (31)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	-7.7M / -88.8%	7.7K / 8.0% (2)	-7.7M / -89.8% (17)
	POPULATION COVERED BY INDOOR RESIDUAL SPRAYING	9.4M / 52.8%	11.8M / 179.5% (10)	-2.4M / -21.6% (5)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	2.3M / 15.0%	2.8M / 22.3% (25)	-425.4K / -13.6% (6)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	6.3M / 14.2%	7.9M / 20.6% (10)	-1.6M / -26.1% (3)
	SUSPECTED CASES TESTED FOR MALARIA	22.4M / 6.6%	42.1M / 20.5% (44)	-19.8M / -15.0% (22)
	CASES OF MALARIA TREATED	1.8M / 1.1%	17.4M / 21.0% (34)	-15.6M / -17.7% (28)

Table 3: Top-5 countries driving portfolio-level trends in selected programmatic results over 2023-2024 in countries where the Global Fund invests

Services		Absolute / relative increase over 2023-2024 ¹ (% share of portfolio increase)	Absolute / relative drops over 2023-2024 (% share of portfolio drop)
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	South Africa: 179.9K / 3.3% (17.6%)	Mozambique: -134.6K / -6.2% (43.2%)
		India: 112.6K / 6.7% (11.0%) ¹	Nigeria: -106.5K / -6.1% (34.2%)
		Philippines: 90.8K / 100% (8.9%)	Algeria: -19.6K / -100.0% (6.3%)
		Thailand: 60.4K / 13.9% (5.9%)	Malawi: -14.6K / -1.5% (4.7%)
		Venezuela: 57.5K / 100% (5.6%)	Haiti: -12.2K / -8.8% (3.9%)
	HIV TESTS TAKEN	Nigeria: 7.0M / 479.4% (49.5%)	Tanzania (United Republic): -8.4M / -99.4% (39.4%)
		Zambia: 3.6M / 91.7% (25.4%)	Kenya: -2.1M / -34.8% (9.8%)
		Cameroon: 1.9M / 1507.3% (13.3%)	Zimbabwe: -1.6M / -100.0% (7.4%)
		Mozambique: 561.6K / 4.8% (4.0%)	Ghana: -1.6M / -100.0% (7.3%)
		Indonesia: 176.7K / 27.0% (1.3%)	Malawi: -1.6M / -95.6% (7.3%)
	• HIV TESTS TAKEN BY PRIORITY AND KEY POPULATIONS	South Africa: 174.8K / 43.7% (14.6%)	Nigeria: -451.6K / -30.9% (17.5%)
		Nepal: 141.9K / 24.7% (11.9%)	Mozambique: -249.5K / -48.8% (9.7%)
		Kenya: 141.9K / 119.0% (11.9%)	Tanzania (United Republic): -180.8K / -76.9% (7.0%)
		Colombia: 95.9K / 55.2% (8.0%)	Philippines: -150.0K / -58.8% (5.8%)
		Indonesia: 86.3K / 13.2% (7.2%)	Madagascar: -148.3K / -74.2% (5.7%)
	MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	Namibia: 9.6K / 100% (39.3%)	Tanzania (United Republic): -39.1K / -37.0% (54.1%)
		Malawi: 3.1K / 8.9% (12.7%)	India: -9.4K / -53.2% (13.0%)
		Uganda: 1.8K / 2.2% (7.4%)	Kenya: -5.1K / -10.5% (7.0%)
		Ghana: 1.7K / 13.2% (6.9%)	Nigeria: -2.7K / -9.4% (3.8%)
		Ukraine: 1.1K / 100% (4.5%)	Mozambique: -2.2K / -2.0% (3.1%)
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	Botswana: 5.7K / 59.6% (100.0%)	Rwanda: -155.6K / -47.2% (62.5%)
			Zambia: -71.2K / -12.4% (28.6%)
			Lesotho: -9.5K / -73.7% (3.8%)
			Kenya: -8.6K / -12.8% (3.5%)
			Namibia: -3.9K / -18.0% (1.6%)
	PEOPLE REACHED WITH HIV PREVENTION PROGRAMS AND SERVICES	South Africa: 311.9K / 63.8% (21.5%)	Mozambique: -3.1M / -94.3% (43.4%)
		Nepal: 152.3K / 20.3% (10.5%)	Zambia: -752.8K / -86.1% (10.6%)
		Bangladesh: 120.7K / 102.9% (8.3%)	Togo: -495.0K / -96.2% (7.0%)
		Colombia: 92.0K / 52.3% (6.4%)	Tanzania (United Republic): -397.4K / -91.2% (5.6%)
		Chad: 91.7K / 48.4% (6.3%)	Uganda: -383.6K / -70.3% (5.4%)
	• MEMBERS OF KEY POPULATIONS REACHED WITH HIV PREVENTION PROGRAMS	Nigeria: 275.3K / 25.8% (26.6%)	Madagascar: -232.3K / -98.0% (17.7%)
		Bangladesh: 120.7K / 102.9% (11.7%)	India: -149.3K / -68.6% (11.4%)
		Indonesia: 76.5K / 13.7% (7.4%)	Philippines: -136.2K / -53.3% (10.4%)
		Zimbabwe: 65.2K / 142.2% (6.3%)	Mozambique: -135.8K / -72.2% (10.4%)
		Colombia: 52.6K / 37.7% (5.1%)	Ghana: -93.6K / -100.0% (7.1%)
	• YOUNG PEOPLE REACHED WITH HIV PREVENTION PROGRAMS	South Africa: 297.0K / 83.7% (50.8%)	Mozambique: -2.9M / -95.6% (48.3%)
		Chad: 79.9K / 47.0% (13.7%)	Zambia: -768.8K / -89.4% (12.6%)
		Botswana: 58.9K / 3087.9% (10.1%)	Togo: -462.5K / -100.0% (7.6%)

¹ The number of people on ART for HIV in India shown here reflects the programmatic results as of March 2024, in line with India's April–March reporting cycle. This is lower than the 1.8 million reported by UNAIDS, which reflects results as of the end of 2024.

TB		Kenya: 45.3K / 16.3% (7.7%)	Nigeria: -443.9K / -70.7% (7.3%)
		Congo: 43.1K / 91.5% (7.4%)	Uganda: -411.8K / -88.6% (6.8%)
	• ADOLESCENT GIRLS AND YOUNG WOMEN REACHED WITH HIV PREVENTION PROGRAMS	South Africa: 81.3K / 34.0% (24.1%)	Mozambique: -490.7K / -78.5% (22.1%)
		Chad: 79.9K / 47.0% (23.6%)	Nigeria: -443.9K / -70.7% (20.0%)
		Kenya: 55.0K / 24.5% (16.3%)	Uganda: -411.8K / -88.6% (18.6%)
		Congo: 43.1K / 91.5% (12.8%)	Tanzania (United Republic): -384.3K / -100.0% (17.3%)
		Botswana: 38.0K / 8910.3% (11.3%)	Côte d'Ivoire: -202.6K / -100.0% (9.1%)
	• YOUNG PEOPLE AGED 10-24 YEARS REACHED BY LIFE SKILLS-BASED HIV EDUCATION	South Africa: 160.2K / 100% (74.3%)	Mozambique: -2.4M / -100.0% (62.9%)
		Swaziland: 26.6K / 85.2% (12.3%)	Zambia: -768.0K / -100.0% (19.7%)
		Botswana: 20.8K / 1406.9% (9.6%)	Togo: -462.5K / -100.0% (11.9%)
		Angola: 8.2K / 20.2% (3.8%)	Namibia: -122.2K / -100.0% (3.1%)
			Zimbabwe: -47.3K / -100.0% (1.2%)
	PEOPLE WHO RECEIVED ANTIRETROVIRAL PRE-EXPOSURE PROPHYLAXIS	Nigeria: 316.2K / 100% (29.2%)	Thailand: -32.4K / -100.0% (82.1%)
		Mozambique: 263.5K / 1708.5% (24.3%)	Lesotho: -3.5K / -45.4% (8.8%)
		Kenya: 168.4K / 539.4% (15.5%)	Senegal: -1.6K / -40.0% (4.0%)
		Malawi: 53.2K / 435.8% (4.9%)	Burkina Faso: -1.5K / -100.0% (3.7%)
		Philippines: 38.9K / 524.3% (3.6%)	Costa Rica: -0.3K / -100.0% (0.8%)
	PEOPLE TREATED FOR TB	India: 152.1K / 6.5% (37.6%)	Philippines: -30.2K / -5.1% (25.3%)
		Indonesia: 62.6K / 8.0% (15.5%)	South Africa: -28.1K / -13.3% (23.5%)
		Nigeria: 31.1K / 8.4% (7.7%)	Tanzania (United Republic): -15.8K / -17.2% (13.2%)
		Congo (Democratic Republic): 25.7K / 10.0% (6.3%)	Myanmar: -14.5K / -11.5% (12.1%)
		Pakistan: 22.7K / 4.8% (5.6%)	Mozambique: -9.2K / -7.9% (7.7%)
	HIV-POSITIVE TB PATIENTS ON ART DURING TB TREATMENT	Indonesia: 4.1K / 86.0% (37.2%)	India: -25.8K / -75.1% (54.3%)
		Angola: 1.7K / 59.0% (15.2%)	Tanzania (United Republic): -2.9K / -18.9% (6.2%)
		Sierra Leone: 1.5K / 100% (13.9%)	South Africa: -2.9K / -3.3% (6.1%)
		Botswana: 0.5K / 47.6% (4.6%)	Uganda: -2.5K / -8.1% (5.3%)
		Nigeria: 0.5K / 2.9% (4.3%)	Ethiopia: -2.3K / -28.8% (4.8%)
	PEOPLE TREATED FOR DRUG-RESISTANT TB	Congo (Democratic Republic): 0.7K / 53.7% (21.9%)	South Africa: -1.0K / -12.9% (14.5%)
		Pakistan: 0.5K / 15.3% (18.2%)	Ukraine: -0.9K / -19.9% (12.9%)
		Indonesia: 0.3K / 2.9% (8.4%)	Bangladesh: -0.8K / -36.7% (11.4%)
		Peru: 0.2K / 12.9% (8.0%)	Philippines: -0.6K / -7.2% (8.9%)
		Papua New Guinea: 0.2K / 47.1% (7.6%)	Viet Nam: -0.6K / -15.8% (8.4%)
	PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY	India: 1.0M / 166.4% (70.3%)	Mozambique: -22.7K / -23.4% (34.9%)
		Nigeria: 132.3K / 45.5% (9.0%)	Zambia: -17.6K / -84.0% (27.0%)
		Philippines: 55.0K / 156.8% (3.7%)	Ukraine: -7.7K / -32.8% (11.8%)
		Indonesia: 45.7K / 137.3% (3.1%)	Guinea: -7.2K / -27.1% (11.0%)
		Uganda: 24.1K / 9.9% (1.6%)	Eritrea: -3.5K / -70.1% (5.4%)
	PEOPLE LIVING WITH HIV ON ART WHO INITIATED TB PREVENTIVE THERAPY	Swaziland: 185.5K / 2059.7% (37.0%)	Zimbabwe: -105.6K / -47.7% (30.3%)
		Philippines: 72.4K / 897.6% (14.4%)	India: -97.6K / -71.0% (28.1%)
		Nigeria: 45.7K / 45.9% (9.1%)	Rwanda: -29.5K / -21.8% (8.5%)
		Botswana: 41.4K / 3255.5% (8.3%)	Congo (Democratic Republic): -26.4K / -54.9% (7.6%)
		Kenya: 22.5K / 62.3% (4.5%)	Mozambique: -21.7K / -8.0% (6.2%)

Malaria	INSECTICIDE-TREATED MOSQUITO NETS DISTRIBUTED	Niger: 15.0M / 977.8% (15.5%)	Congo (Democratic Republic): -42.8M / -83.0% (26.5%)
		India: 14.7M / 100% (15.2%)	Uganda: -25.5M / -90.5% (15.8%)
		Madagascar: 14.0M / 1078.8% (14.5%)	Ethiopia: -12.2M / -88.3% (7.6%)
		Côte d'Ivoire: 13.3M / 653.4% (13.7%)	Mozambique: -11.1M / -85.4% (6.9%)
		Ghana: 11.2M / 335.1% (11.6%)	Zambia: -10.4M / -93.2% (6.5%)
	STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING	Nicaragua: 6.0K / 6.9% (78.3%)	Mozambique: -1.9M / -95.1% (24.5%)
		Comoros: 1.7K / 20.4% (21.7%)	Uganda: -1.3M / -100.0% (16.3%)
			Ethiopia: -1.2M / -100.0% (15.6%)
			Rwanda: -714.2K / -48.0% (9.3%)
			Zimbabwe: -601.5K / -100.0% (7.8%)
	POPULATION COVERED BY INDOOR RESIDUAL SPRAYING	Ethiopia: 5.6M / 100% (47.5%)	Malawi: -1.9M / -100.0% (80.0%)
		Zambia: 3.7M / 100% (31.0%)	Uganda: -309.7K / -5.1% (12.8%)
		Burundi: 1.2M / 100% (10.0%)	Zimbabwe: -117.8K / -4.4% (4.9%)
		Rwanda: 516.6K / 9.9% (4.4%)	Cape Verde: -41.8K / -32.2% (1.7%)
		Eritrea: 424.6K / 100% (3.6%)	Mozambique: -14.8K / -3.6% (0.6%)
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	Burkina Faso: 705.6K / 100% (25.6%)	Angola: -143.5K / -42.1% (33.7%)
		Congo (Democratic Republic): 385.5K / 12.0% (14.0%)	Nigeria: -143.4K / -6.6% (33.7%)
		Madagascar: 233.9K / 99.1% (8.5%)	South Sudan: -104.0K / -100.0% (24.5%)
		Mozambique: 197.7K / 15.9% (7.2%)	Kenya: -20.0K / -8.5% (4.7%)
		Malawi: 192.0K / 100% (7.0%)	Zimbabwe: -8.4K / -7.8% (2.0%)
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION	Nigeria: 6.3M / 22.2% (79.7%)	Chad: -1.1M / -100.0% (69.9%)
		Niger: 592.3K / 15.2% (7.5%)	Burkina Faso: -261.0K / -5.5% (16.3%)
		Mali: 287.9K / 9.6% (3.6%)	Benin: -220.7K / -100.0% (13.8%)
		Uganda: 287.2K / 100% (3.6%)	
		Ghana: 167.5K / 12.2% (2.1%)	
	SUSPECTED CASES TESTED FOR MALARIA	Ethiopia: 12.5M / 113.4% (29.7%)	South Sudan: -5.7M / -100.0% (28.8%)
		Congo (Democratic Republic): 4.8M / 12.4% (11.4%)	Zambia: -3.1M / -14.9% (15.5%)
		Malawi: 4.3M / 30.9% (10.1%)	Uganda: -2.7M / -8.9% (13.8%)
		Niger: 3.5M / 45.4% (8.4%)	Rwanda: -2.1M / -55.6% (10.5%)
		Nigeria: 2.4M / 7.8% (5.8%)	Mozambique: -1.8M / -7.0% (8.9%)
	CASES OF MALARIA TREATED	Ethiopia: 5.6M / 146.5% (32.3%)	Uganda: -4.1M / -24.9% (26.0%)
		Malawi: 2.8M / 44.7% (16.2%)	South Sudan: -3.5M / -100.0% (22.7%)
		Niger: 2.6M / 66.8% (15.1%)	Zambia: -1.8M / -16.5% (11.3%)
		Burundi: 1.3M / 32.4% (7.6%)	Mozambique: -1.6M / -11.9% (9.9%)
		Angola: 617.4K / 53.5% (3.5%)	Kenya: -798.2K / -17.0% (5.1%)

Table 4: Notes on notable changes over 2023-2024 in selected countries where the Global Fund invests

Services		Notes
HIV	PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV	<ul style="list-style-type: none"> • Nigeria: The 2023 results for people living with HIV (PLHIV) on ART were much higher due to data quality issues. To address this issue, following a nationwide data cleaning exercise, the 2024 results are lower and more reliable than those of 2023.
	HIV TESTS TAKEN	<p>General note: HIV testing programs have deprioritized routine, mass testing and adopted more targeted approaches to testing, including index and social network testing. This partly explains the drop in the number of tests taken between 2023 and 2024, which also marks the transition from Grant Cycle 6 to Grant Cycle 7. However, in some countries, other factors contributed to the decline, such as change in scope of geographical coverage (e.g., Indonesia, Madagascar and Nigeria) or war (e.g., Ukraine).</p> <p>Country-specific notes:</p> <ul style="list-style-type: none"> • Nigeria: Tests taken in adolescents and youth: The 2024 results were lower than 2023 mainly due to a change in geographic scope supported by the Global Fund, from 13 states in Grant Cycle 6 to 4 states in Grant Cycle 7. • Indonesia: Tests taken in men who have sex with men: The increase in the 2024 results is mainly due to the inclusion of community-based HIV testing facilitated by health facilities. • Nepal: Tests taken in other vulnerable populations: The indicator measures migrant labor workers from Nepal who go to India for work. The increase in tests taken reflects the increase in the number of migrant labor workers going to work in India and back. • Ukraine: Tests taken in other vulnerable populations: The decrease in the 2024 results is mainly due to the impact of the ongoing full-scale war in Ukraine. Regions that are particularly affected are the ones adjacent to active war zones. • Indonesia: Tests taken in people in prison: The decrease in the 2024 result is due to reduced geographical coverage. In 2023 the program covered 238 Global Fund-supported districts (317 prisons in 195 districts), compared to 122 prisons in 178 districts in 2024. • Madagascar: Tests taken in sex workers: The main reasons for the decrease in the 2024 results include a reduction in the number of cities offering prevention services, from 37 in 2023 to 10 in 2024, and administrative delays in 2024 in implementing prevention interventions.
	WOMEN RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES	<p>General note: The main reasons for the decrease in the results between 2023 and 2024 include improvements in data quality following data quality assessment and cleaning exercises (e.g., Nigeria, Mozambique and Malawi), downward revision of the estimate of HIV among pregnant women (e.g., Tanzania) as well as a declining trend in the number of pregnant women living with HIV, leading to a decline in the number of pregnant women needing ART.</p> <p>Country-specific notes:</p> <ul style="list-style-type: none"> • Nigeria: See the note above for Nigeria regarding people on antiretroviral therapy for HIV. • Tanzania: The reason for the decrease in the 2024 results is a downward revision of the estimated number of women requiring ART during pregnancy, leading to reduced targets and results.
	MEDICAL MALE CIRCUMCISIONS FOR HIV PREVENTION	<p>General note: Changes in results in 2024 are partly due to programming decisions.</p> <ul style="list-style-type: none"> • Lesotho: The decrease in results in 2024 was due to the discontinuation of Global Fund support in Grant Cycle 7, as the implementation continued with the government and PEPFAR support. • Rwanda: Accounts for the largest share of the decrease in portfolio results in 2024, due to a decrease in the target, as the country has moved into a maintenance phase. • Zambia: The reasons for the decrease in the 2024 results include suboptimal implementation of school holiday campaigns, funding constraints and reduced demand-creation and community mobilization efforts.

PEOPLE REACHED WITH
HIV PREVENTION
PROGRAMS AND
SERVICES

General note: Following the latest guidance from technical partners, the Global Fund made a number of strategic choices in HIV prevention investments in Grant Cycle 7 (starting in 2024 in most countries), which led to some notable changes in programmatic results between 2023 and 2024. These choices include increased investment in HIV prevention, with substantial increases in high-impact interventions such as PrEP, condoms and harm reduction, aiming to invest more than US\$1 billion in Grant Cycle 7. There is also more focus on targeting priority locations and highest need populations, which leads to reaching fewer people, but actually achieves a greater impact on the number of new HIV infections. For example, in Grant Cycle 7, the focus is on adolescent girls and young women (AGYW) who are at high risk of HIV acquisition due to high HIV incidence in the location where they are residing and/or due to individual behavior (e.g. multiple sex partners).

Country-specific notes:

- **Malawi:** AGYW reached with HIV prevention services: In Grant Cycle 7 high-risk AGYW were defined as young girls who have multiple partners, including young key populations/sex workers.
- **Chad:** AGYW reached with HIV prevention services: In 2024, a more effective strategy was implemented by providing HIV prevention services to AGYW at their places of activity through community and local awareness-raising in small groups (among street girl vendors, housekeepers, etc.).
- **Nigeria:** AGYW reached with HIV prevention services: The reasons for the decrease in the 2024 results is mainly due to a change in geographic scope supported by the Global Fund from 13 states in Grant Cycle 6 to 4 states in Grant Cycle 7 where the highest impact could be achieved.
- **Mozambique:** AGYW reached with HIV prevention services: A change in the intervention focus between Grant Cycle 6 to Grant Cycle 7, from focusing on “all AGYWs” to focusing on “only high-risk AGYWs.” The decrease in results in 2024 was partly due to administrative delays in engagement of sub-recipients, hence delays in implementation.
- **Kenya:** AGYW reached with HIV prevention services: A change in intervention focus from “all AGYW” in Grant Cycle 6 to “high-risk AGYWs” in Grant Cycle 7.
- **Uganda:** AGYW reached with HIV prevention services: In Grant Cycle 7, the country focused on high-risk AGYW receiving quality package of services.
- **Tanzania (United Republic):** AGYW reached with HIV prevention services: In 2024 the program was suspended for audit purposes, therefore, no programmatic activities were carried out.
- **Nigeria:** MSM reached with HIV prevention services: The Global Fund supported expansion of the PrEP program in 2024 as part of Grant Cycle 7.
- **Indonesia – MSM** reached with HIV prevention services: The Principal Recipient exceeded its 2023 results. Between 2023 and 2024, targets were raised and the implementation methodology evolved with the transition from Grant Cycle 6 (2023) to Grant Cycle 7 (2024). This improvement was driven by performance-based target setting, whereby field officers were encouraged to surpass their assigned targets by at least 5%. The incorporation of virtual outreach strategies through social media platforms further expanded the reach and created demand among key populations. As a result, outreach efforts achieved more frequent engagement, with 75% of clients contacted at least three times. This was supported by routine coordination and communication across sub-recipient and sub-sub-recipient levels, as well as regular meetings to review outreach data, monitor progress and address challenges.
- **Kyrgyzstan:** People receiving opioid substitution therapy (OST): The 2023 and 2024 results are not comparable due to a change in the indicator definition from “individuals receiving OST for at least 6 months” to “people who inject drugs receiving opioid substitution therapy by the end of reporting period.”
- **Myanmar:** People receiving OST: Most people who inject drugs (PWID) live in conflict-affected areas, where the escalating fighting has severely disrupted both the supply of OST and the delivery of related services.
- **Nigeria:** People receiving OST: Due to greater investments made to reach PWID with prevention programs, there were improved results in 2024 compared to 2023.
- **Tajikistan:** People receiving OST: See note for Kyrgyzstan, above.
- **Thailand:** People receiving OST: Retention was strengthened through follow-up systems and patient-centered support, while the availability and accessibility of OST services improved in key settings. In addition, effective coordination between health

TB		<p>facilities and harm-reduction programs helped ensure continuity of care.</p> <ul style="list-style-type: none"> • Tanzania (United Republic): People receiving OST: The Global Fund invested in the PWID program in 2024. • Nigeria: Sex workers reached with HIV prevention programs: The Global Fund supported the program in 2024 as part of Grant Cycle 7. • Madagascar: Sex workers reached with HIV prevention programs: The reason for the decrease in results between 2023 and 2024 is mainly attributable to two factors. First, the number of cities providing prevention services for sex workers was reduced — from 37 under Grant Cycle 6 (2023) to 10 under Grant Cycle 7 (2024) — resulting in lower targets. Second, significant delays in implementing prevention interventions occurred, mainly due to administrative delays.
	PEOPLE TREATED FOR TB	<ul style="list-style-type: none"> • Nigeria: the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme (NTBLCP) continues to make steady progress in TB case finding, with consistent improvements observed over the years. This progress is driven by implementing high-yield strategies, such as engaging the private sector and community actors; conducting systematic and routine screening of outpatient department attendees in public health facilities; intensifying active TB case finding among key populations; expanding DOTS coverage (from 7,389 sites in 2017 to more than 25,000 today); and using program and routine data to prioritize interventions. • Indonesia: The reasons for the increase between 2023 and 2024 include: <ul style="list-style-type: none"> - Active case finding in the community (X-ray screening and contact investigation). - Improvement in diagnostic tools (GeneXpert). - Increasing coverage for diabetic patient TB screening. - Engagement in private clinics and hospitals, including general practitioners (GPs). - Enhancement of the recording and reporting systems (modules and alert), linking data to the national health insurance system. - Routine virtual coordination meeting with provinces and districts to evaluate the progress of indicator achievement. - Political leadership with regular ministerial-level meetings (Minister of Home Affairs and Minister of Health) to encourage regional heads (governor and regent/mayor) to achieve targets. - The government has instituted active case finding in prisons, national TB screening free health check for all and contact investigation linked to TB Preventive Therapy initiation. Improvement of the national integrated information health system to improve reporting of case finding further in 2025. A gap between TB notification and treatment was noted and the government is making efforts to put in place mitigation actions to address this. • Congo (Democratic Republic): The increase between 2023 and 2024 is driven by the expansion of the quality improvement approach for health care services aimed at enhancing TB detection. This strategy, implemented across various entry points in health facilities, was scaled up from 160 to 280 areas, resulting in a significant increase in the number of TB cases detected in 2024.
	HIV-POSITIVE TB PATIENTS ON ANTIRETROVIRAL THERAPY DURING TB TREATMENT	<ul style="list-style-type: none"> • Tanzania: The result was due to gaps in scaling up TB notifications to meet the targets, thereby affecting their ability to identify more HIV-positive TB patients. • India: The reduction of results in 2024 was primarily due to the discontinued reporting of this indicator in Grant Cycle 7. Given India's April–March reporting cycle, one quarter (Jan–March 2024) of the last Grant Cycle 6 reporting period fell within the 2024 calendar year and is captured in the report, accounting for the year-over-year decrease.

<p>PEOPLE TREATED FOR DRUG-RESISTANT TB</p>	<p>General note: The reasons for the reduction in results between 2023 and 2024 are: 1) a change in the indicator definition between Grant Cycle 6 and Grant Cycle 7 as follows: The Grant Cycle 6 indicator definition included all rifampicin-resistant /multi-drug resistant TB (RR/MDR-TB) cases notified and started on treatment (i.e., presumptive/clinically diagnosed plus lab-confirmed cases) while the Grant Cycle 7 definition is narrower and includes only notified bacteriologically/lab-confirmed RR/MDR-TB cases; 2) reduced ambition in the country targets in 2024, which is linked to insufficient Grant Cycle 7 resources to adequately meet proposed DR-TB diagnosis (lab-confirmation/Drug Susceptibility Testing) and notification needs in some countries in line with the Grant Cycle 7 indicator definition.</p> <ul style="list-style-type: none"> • Bangladesh: In 2024, following findings from operational research that revealed quality issues in testing presumptive drug-resistant TB (DR-TB) patients, the National Tuberculosis Programme (NTP) introduced double testing for rifampicin-resistant (RR-TB) patients using the GeneXpert MTB/RIF assay. This approach led to a significant reduction in the number of patients tested as rifampicin-resistant, which in turn negatively affected DR-TB notifications. • Ukraine: The reduction of results in 2024 is primarily linked to the impact of the ongoing full-scale war in Ukraine. The regions most affected are those located near active frontlines. TB medical facilities have been directly targeted by shelling, and according to World Health Organization (WHO) data, more than 2,000 health facilities across the country have been damaged or destroyed. Shelling has also disrupted electricity and clean water supplies, both of which are critical for the functioning of health facilities and laboratories. In addition, massive population displacement, both internal and external, has placed further strain on an already overstretched health system.
<p>PEOPLE IN CONTACT WITH TB PATIENTS RECEIVED PREVENTIVE THERAPY</p>	<ul style="list-style-type: none"> • Nigeria: The main reason for increased results in 2024 is that the country was supported in the development and implementation of the TB Preventive Therapy Surge Plan, resulting in the doubling of people on TB Preventive Therapy. This is in addition to the initiation of the shorter regimen. • Indonesia: A substantial increase in 2024 was observed in the number of contacts initiating TB Preventive Therapy compared to the previous year (a 121% rise). Improved availability of the three-month isoniazid and rifapentine regimen (3HP) was a key driver of this increase, with 74% of those initiating TB Preventive Therapy placed on 3HP. Most of the eligible contacts who started TB Preventive Therapy were in the age group 15 years and above (72%), while children under 5 years accounted for only 13%. These results were achieved through intensified contact investigation activities in the National Capital Region (NCR) and Region 3, enhanced data encoding, and an overall scale-up of the TB Preventive Therapy program. • Kenya: Improved performance is attributed to improved pipeline and availability of TB Preventive Therapy-related commodities in 2024 compared to 2023.

Malaria	INSECTICIDE-TREATED MOSQUITO NETS DISTRIBUTED	<ul style="list-style-type: none"> • Niger: Increase in the number of insecticide-treated nets distributed is due to the national mass campaign conducted in 2024. • Madagascar: A national mass campaign was conducted in 2024. • Ethiopia: The reduction in year-on-year targets is in line with Ethiopia's procurement and distribution plan. Ethiopia conducts annual replacement insecticide-treated net campaigns and according to the distribution plan 2024 was a transitional year with fewer large-scale campaigns planned. According to the insecticide-treated net annual distribution plan, the target for 2024 was 1.3 million. Targets are higher in subsequent years with 5 million in 2025, 11.6 million in 2026, with a reduction to 2 million planned for 2027. This is based on the annual replacement plan. Furthermore, funding constraints are implicated in the year-on-year targets. • Mozambique: Insecticide-treated net distribution numbers reported for 2023 included insecticide-treated nets distributed during malaria mass campaigns, while in 2024 the insecticide-treated nets distributed were only for the continuous distribution modality. • Congo (Democratic Republic): The significant decrease in the number of insecticide-treated nets distributed in 2024 compared to 2023 is primarily due to the reduced number of mass distribution campaigns. While 15 provinces conducted mass campaigns in 2023, only one province was able to implement its campaign in 2024. Five planned campaigns in 2024 could not be executed due to several key factors: delayed reimbursement of ineligible expenses, which led to a temporary freeze in disbursements (Kwango); international logistical delays, including a fire on a cargo ship and coordination challenges with the PMI partner (Sankuru, Kwilu, and Kasai-Central); and security challenges in remote provinces, where armed conflict disrupted transportation along key routes (Maniema). • Uganda: Global supply challenges for Interceptor G2 nets delayed the delivery of nets in 2024.
	STRUCTURES/POPULATION COVERED BY INDOOR RESIDUAL SPRAYING (IRS)	<p>The Global Fund has transitioned from reporting “structures sprayed with IRS” in Grant Cycle 6 to “population protected by IRS” in Grant Cycle 7, aligning with the WHO World Malaria Report IRS indicator. This shift will help us better assess what proportion of the population at risk is protected by malaria prevention tools, enabling more strategic and equitable resource allocation.</p> <p>With most grants transitioning from Grant Cycle 6 to Grant Cycle 7 in 2024, the main reason for the decrease in number of structures covered by indoor residual spraying in 2024 is a decrease in the number of countries reporting this indicator from 19 in 2023 to 4 in 2024.</p>
	PREGNANT WOMEN RECEIVED PREVENTIVE TREATMENT FOR MALARIA	<ul style="list-style-type: none"> • Burkina Faso: As this indicator was not part of reporting requirements under Grant Cycle 6, no data is available for 2023; it was newly introduced in Grant Cycle 7. • Madagascar: The number of districts covered increased from 101 during Grant Cycle 6 to 114 during Grant Cycle 7 (national coverage), resulting in a rise in targets, which took into account population growth and the annual increase in the expected number of pregnancies. • Mozambique: The increase in results in 2024 was attributed to stronger performance by the Principal Recipient and better availability of intermittent preventive treatment in pregnancy (IPTp) commodities in 2024 compared to 2023. • Congo (Democratic Republic): The increase in results in 2024 primarily due to an improved supply of sulfadoxine-pyrimethamine (SP) at health facility level.
	CHILDREN WHO RECEIVED SEASONAL MALARIA CHEMOPREVENTION (SMC)	<ul style="list-style-type: none"> • Niger: SMC coverage increased from 82% in 2023 to 89% in 2024, which resulted in an increase in the number of children reached. • Nigeria: The increase in results in 2024 is mainly due to an increase in the number of local governments (LGAs) implementing SMC, from 355 in 2023 to 398 in 2024 (from 15 states in 2023 to 21 states in 2024). • Uganda: A new indicator was added as a result of investments on this intervention through Global Fund resources.

	SUSPECTED CASES TESTED FOR MALARIA	<ul style="list-style-type: none"> • Niger: The increase in the number of suspected malaria cases tested is linked to: 1) an increase in malaria cases due to weather conditions (there was more rain and flooding in 2024 compared to 2023); 2) an increase in access to treatment and testing (increase in artemisinin-based combination treatments (ACTs) and rapid diagnostic tests (RDTs) procured by the Global Fund and partners in Grant Cycle 7) aiming to increase coverage of testing and treatment. • Malawi: There was a surge in malaria cases in 2024, with 9.4 million infections and 2,252 deaths recorded nationwide. • Ethiopia: The result is due to increased malaria transmission and a surge in the number of suspected malaria cases from 11 million in 2023 to 23.5 million in 2024. The sharp increase in malaria cases stems from a confluence of factors: armed conflicts (particularly in Oromia and Tigray) that displaced millions, crippled health care systems and disrupted vital disease control efforts like distribution of mosquito nets, diagnostics and treatment; emerging threats like the urban-adapted mosquito <i>Anopheles stephensi</i>; climate change expanding malaria transmission into highland and urban areas, and reduced vector-control coverage due to instability; climate-related events such as flash floods, warmer temperatures expanding malaria-prone areas into previously cooler highland regions, exposing populations with little prior immunity; reduced vector control particularly the coverage of insecticide-treated nets due to gaps in funding. • Congo (Democratic Republic): The increase in the results in 2024 is mainly attributed to the improved availability of rapid diagnostic tests in both public and private health facilities.
	CASES OF MALARIA TREATED	<ul style="list-style-type: none"> • Niger: The increase in the number of cases of malaria treated is linked to the factors listed for suspected cases tested for malaria (see above note for Niger). • Malawi: See above note for Malawi for suspected cases tested for malaria. • Ethiopia: The result is due to increased malaria transmission and a surge in malaria cases from 3.83 million in 2023 to 9.49 million in 2024. The sharp rise in malaria cases stems from a confluence of factors: armed conflicts (particularly in Oromia and Tigray) that displaced millions, crippled healthcare systems, and disrupted vital disease control efforts like distribution of bed nets, diagnostics, and treatment; emerging threats like the urban-adapted mosquito <i>Anopheles stephensi</i>, climate change expanding malaria transmission into highland and urban areas, and reduced vector-control coverage due to instability; climate-related events such as flash floods, warmer temperatures expanding malaria-prone areas into previously cooler highland regions, exposing populations with little prior immunity; reduced vector control particularly the coverage of insecticide-treated nets due to gaps in funding. • Mozambique: Reduction in malaria cases treated is likely due to the improved scale-up and impact of malaria prevention interventions informed by robust sub-national tailoring (including rollout of pyrethroid-piperonyl butoxide nets). • Uganda: There was an upsurge in malaria cases in 2023 with some of the districts experiencing malaria epidemics. This led to very high numbers treated in 2023. In 2024, no upsurges were reported as a result of a mass insecticide-treated net campaign towards the end of 2023 and IRS campaigns in 2024.