

Global Fund ARV Fact Sheet 1st December, 2007

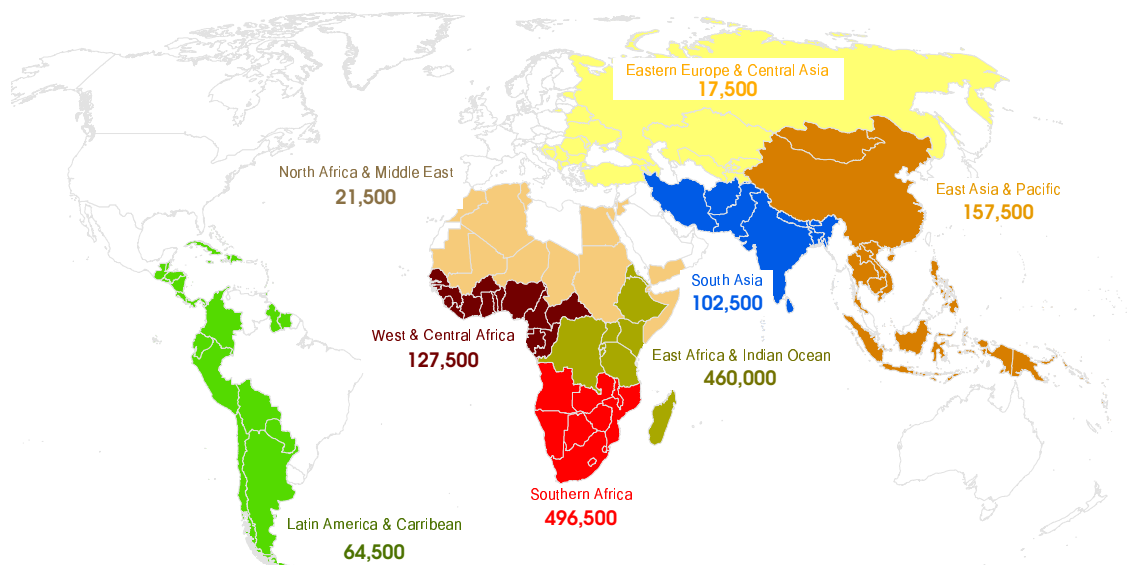
This summary outlines the principles and methods involved in determining the number of people as of 1st December 2007 on antiretroviral (ARV) treatment through the implementation of Global Fund grants. The Global Fund has undertaken this exercise in close consultation with its partners as part of the "Universal access" and the implementation of the "Three Ones". This fact sheet is intended to provide further details and breakdown of the results, together with answers to commonly-asked questions.

Question 1: How many people are receiving ARV treatment from programs supported by Global Fund grants?

As of December 1st 2007, programs supported by the Global Fund have reported 1.4 million people currently on ARV treatment for HIV/AIDS.

Question 2: What is the regional breakdown of people receiving ARV treatment?

The map below and the accompanying table show the regional breakdown of people on ARV treatment. Southern Africa has the highest number of people on ARV treatment, followed by East Africa, East Asia and the Pacific, and West and Central Africa.



Region	Number of people receiving ARVs
Southern Africa	496,500
East Africa	460,000
East Asia & the Pacific	157,500
West and Central Africa	127,500
South Asia	102,500
Latin America & the Caribbean	64,500
North Africa & the Middle East	21,500
Eastern Europe & Central Asia	17,500
Total	1,447,500

* The above regional numbers are rounded from the country tables on the next page

Question 3: What is the country-by-country breakdown of people receiving ARV treatment?

The regional totals are further broken down into country-by-country results in the table below. These figures are as of 1 December 2007. For a complete explanation of the methodology used, please see below.

Southern Africa	
Zambia	122,684
South Africa	115,142
Malawi	79,398
Mozambique	78,236
Namibia	43,694
Swaziland	21,670
Lesotho	17,728
Angola	9,263
Zimbabwe	8,634
Regional Total	496,449

East Africa	
Kenya	166,379
Tanzania (United Rep.)	96,936
Ethiopia	81,819
Uganda	46,642
Rwanda	44,395
D R Congo	13,064
Burundi	8,935
Eritrea	1,890
Madagascar	163
Comoros	5
Regional Total	460,228

East Asia & the Pacific	
Thailand	93,839
China	28,884
Cambodia	23,587
Indonesia	6,647

Vietnam	2,927
Papua New Guinea	1,546
Philippines	170
Multi-country Western Pacific	43
Mongolia	2
Regional Total	157,645

West and Central Africa	
Côte d'Ivoire	46,007
Cameroon	28,773
Ghana	10,275
Benin	8,633
Burkina Faso	5,237
Nigeria	4,832
Central African Republic	4,801
Congo	4,066
Togo	3,389
Gabon	3,306
Senegal	2,270
Sierra Leone	1,623
Guinea	1,411
Liberia	1,157
Equatorial Guinea	662
Guinea-Bissau	517
Gambia	385
Regional Total	127,344

South Asia	
India	100,897
Nepal	1,240
Pakistan	361
Iran, Islamic Rep.	47
Regional Total	102,545

Latin America & the Caribbean	
Haiti	12,921
Peru	10,610
Dominican Republic	7,768
Chile	7,324
Honduras	5,006
El Salvador	4,708
Jamaica	4,000
Guatemala	2,937
Cuba	2,581
Ecuador	2,317
Guyana	2,054
Suriname	656
Nicaragua	531
Belize	494
Bolivia	416
Multi-country Americas (OECS)	314
Colombia	78
Regional Total	64,715

North Africa & the Middle East	
Mali	12,814
Niger	1,907
Sudan	1,480
Chad	1,430
Morocco	1,400
Algeria	850
Djibouti	725
Mauritania	531
Somalia	201
Jordan	45
Regional Total	21,383

Eastern Europe & Central Asia	
Russian Federation	10,043
Ukraine	4,060
Belarus	643
Estonia	630
Serbia	457
Moldova	451
Kazakhstan	342
Uzbekistan	277
Georgia	271
Bulgaria	210
Tajikistan	94
Kyrgyzstan	62
Armenia	59
Azerbaijan	24
Montenegro	24
Macedonia, FYR	20
Regional Total	17,667

Question 4: How is the number of people on treatment determined?

There are three stages of calculation of the number of people receiving treatment:

Step 1: Verified grant results: results from each grant of unique individuals currently on treatment are verified by the Local Fund Agent (LFA) in country, then submitted to the Global Fund and compiled in a database.

Step 2: Country compilation: in countries where there are multiple grants, data from each grant is assessed individually against the criteria shown below to determine if the Global Fund provides significant support to the national ARV program or to a more restricted project. Grant data for all of the grants in the country are then compiled to produce overall country estimates.

Step 3: Partner harmonization: country-level data is then shared and compared with the results of other international partners (WHO HIV/AIDS program, PEPFAR, UNAIDS, etc). The partners discuss the consistency of country-level data and consider issues of data reliability and reporting as well as making a judgment concerning the level of contribution that each organization makes to the national effort. Eight international data meetings have occurred to harmonize data so far twice a year since 2004, typically in June and in November. Results are provided to the WHO to report national figures that represent unique numbers of individuals on ART by country. Overlap with the US government PEPFAR program is calculated as discussed below.

The Global Fund reports national ARV results, or provincial results, in cases where the grant receiving Global Fund financing fulfills all the following criteria:

- supports an essential element of ARV treatment on a national or provincial scale (drug provision, human resources, infrastructure including clinics, laboratory and testing facilities, and/or health distribution and logistics systems);
- is performing well and there are no significant data quality issues raised;
- contributes significant financial resources to the national or sub-national effort (i.e., over US\$ 15 million has been disbursed)

Any overlap with results is examined on a country-by-country basis in order to finalize consistent partner figures.

In addition, only patients documented to be **currently on ARV treatment** at the time of grant reporting are included in these calculations (in accordance with the standard indicators in the Joint Partner M&E Toolkit, available at www.theglobalfund.org).

Question 5: Can you provide some country examples of programs where the Global Fund reports on national results?

Below are a few examples of countries that fulfill the previous criteria, so that results reported by the Global Fund will be the same as national results, and countries where results from more restricted projects are reported. How the decision to use or not use national results was made is also explained.

Countries where Global Fund reports national results:

Rwanda: The Global Fund provides funding for first-line procurement under the national program for 60 percent of first-line ARV drugs. PEPFAR supports second-line treatment and the World Bank also contributes significant financing. Procurement is pooled in a “common basket” approach that is coordinated under a national procurement facility. There is significant financial and programmatic contribution to the national program beyond drug procurement.

Thailand: The Global Fund supports the national laboratory infrastructure, such as most CD4 count and viral load machines, and a large portion of the CD4 count and viral load reagents. The Global Fund purchases 20-25% of ARV drugs and supports provincial data coordinators for M&E and care programs for PLWHAs in hospitals.

Malawi: The Global Fund is the major funder of the national program, having disbursed over US\$ 126 million for HIV to date. This supports the purchase and distribution of ARVs for 146 treatment sites. The Global Fund supports crucial ARV activities on a national scale and the grant is performing well.

Ethiopia: The Global Fund has become the major financier for the purchase of first-line ARV drugs for the national program, with PEPFAR providing second-line and pediatric ARV drugs under a new national road map to coordinate national activities. Further coordination has occurred so that ARV sites are supported jointly under the national program. Following the “Three Ones” principle, the national program does not report in parallel to PEPFAR and the Global Fund, rather they report only the total number of people treated by the national program. Key activities are supported on a national scale and Global Fund resources of over US\$ 169 million have been disbursed for HIV. This joint arrangement has allowed more efficient use of resources and national targets are being substantially accelerated.

Countries where Global Fund does not report national results:

Uganda, Botswana, South Africa, Nigeria: Going by the criteria applied above, the Global Fund does not significantly support national programs in Uganda, Botswana, South Africa or Nigeria at present. In Uganda, recent performance and management issues mean that it does not fulfill the criteria for national results. In Botswana, despite the fact that the Global Fund supports national-level ART site activities and training, financial disbursements have not been significant enough to reach the criteria, and there have been limited recent country programmatic progress updates. In South Africa, although the Global Fund supports major elements of the national ARV treatment program, efforts are focused in two provinces, Western Cape and Kwa Zulu-Natal, where provincial results are included. The Global Fund is not yet sufficiently confident in the quality of data reporting in Nigeria to be able to include the national figure initially reported by the country. Results are in the process of review; the number supplied above refers to a minimum verified number of people on ARV treatment.

Question 6: What types of programs and which elements of ARV treatment are financed?

Global Fund financing supports a wide variety of programs across countries, sometimes financing a direct project, an NGO or a faith-based network, provincial or national programs, and also basket national funding and SWAp programs. The type of program supported is dependent on the country driven choice of implementation arrangements to scale up ARV treatment. No matter what type of program is being used, the Global Fund requires the grant to identify unique people currently receiving ARV treatment, and to assess the grant's performance against country-owned and country-derived targets.

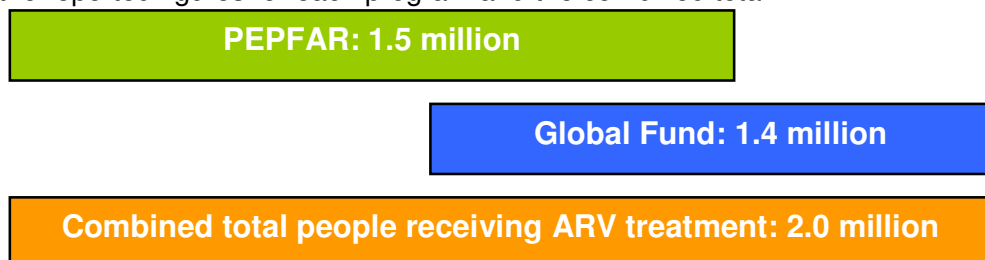
The Global Fund provides **flexible financing**, encourages grantees to use the financing as part of existing programs, and allows the grantees to use other funds to finance ARV treatment as part of a sustainable program. Direct attribution of people on ARV treatment solely to Global Fund financing is not required. The Global Fund requires the program to be performing well against ambitious targets, and to provide unique people with HIV treatment – however the Global Fund provides the financing rather than treating individuals.

Drug provision accounts for about one-third of many ARV treatment programs. Supporting someone on ARV treatment requires a range of activities and resources, including drug provision, human resources, treatment of opportunistic infections, laboratory and testing facilities, and health systems strengthening. The Global Fund provides financing wherever there are gaps, and assesses whether this is on a national scale (see above) to count as contribution to a national program. If the Global Fund contributes significantly to a national program, it allows the country to use the reported national results as performance measures. This is the case if the Global Fund is financing all or a proportion of the total cost, and if financing is used for drug purchases or for other significant costs on a national scale (human resources, clinical and other facilities).

Question 7: Is there overlap with the US government program PEPFAR?

Yes, there is frequent collaboration and joint financing in support of ARV treatment at the country level between PEPFAR and the Global Fund. PEPFAR's focus is reporting on a selected set of focus countries (although it includes all international US government efforts). The Global Fund supports programs in over 136 countries with ARV results reported from over 90 countries in Latin America, Africa, Asia and Eastern Europe.

The **joint figure of unique people on ARV treatment in programs supported by either the Global Fund or PEPFAR was 1,990,000 as of 1st December 2007**. This was the number of unique individuals supported by both programs. The figure below illustrates the reported figures for each program and the combined total.



Question 8: How is the overlap with PEPFAR assessed?

We assess issues of double counting and overlap with all partners working and reporting at country level. However, we formalize these discussions with PEPFAR and make available to WHO a joint Global Fund-PEPFAR result on contributions to “Universal access” (which reports on individual people currently on ARV treatment).

In assessing overlap we review with PEPFAR and WHO data country by country:

Step 1: First, the two organizations jointly assess where both programs have made a significant contribution to a national program and where there is likely to be overlap. They also compare the results to WHO projected figures as these provide a reference to national ARV figures.

Step 2: Data from all sources is compared on a country-by-country basis. The aim is to count the number of individual people supported on treatment, thus contributing to the overall results. It should be understood that this is a conservative estimate and demonstrates the lower range of the number of individual people put on treatment by the combined financing of the two programs.

Overlap exists because the Global Fund is a financing organization (it does not put people on treatment itself) and its goal is to harmonize its funding to support sustainable national programs alongside other donors. The Global Fund aims to support national strategies and to fill in significant gaps in available financing, rather than have standalone parallel Global Fund projects and individuals on treatment relying solely on Global Fund financing (though the Global Fund is flexible and supports a range of country situations and programs).

Question 9: What happens to people on ARV treatment once Global Fund grants to a country end?

A major reason to promote joint financing is to ensure the sustainability of the financing of country ARV programs. This is an important reason why the Global Fund does not require complete attribution to identify Global Fund individuals on treatment. It requires programs to be performing and Global Fund financing to be additional to existing funds, but encourages the use of other finances, including increasing national commitments.

When Global Fund financing to a country is stopped for any reason (performance or other), the Global Fund provides **continuity of financing for ARV treatment for an additional two years**. This does not fund additional scale-up but aims to sustain financing to people currently on ARV treatment in order to give the country enough time to find other sources of financing to support the ongoing program.

The Global Fund encourages countries to access additional resources through future rounds of financing, as well as seek complimentary funding from other sources. By raising increasing and additional financing, the Global Fund aims to ensure the sustainability and scale-up of country ARV treatment programs through regular and additional rounds of financing to meet country needs.

Question 10: Can we be confident that the reported number of people on ARV treatment is accurate and that the figures are not exaggerated?

The Global Fund is confident that the reported global number of people on ARV treatment is a conservative total of the results of programs it supports. In addition, the Global Fund uses a relatively strict application of criteria to assess if the contribution of the Global Fund-supported program to the overall national program is warranted. There have been several instances where, although significant support is provided by Global Fund grants, the Global Fund has chosen not to include these results in overall national ARV figures, such as when there have been data quality or other performance problems.

There are of course well-acknowledged reporting and data verification challenges in individual situations. The Global Fund makes available 5-10 percent of its grant finances to improve monitoring and evaluation systems. Just as significantly, it includes powerful incentives in its performance-based funding model to establish systems for accurate and externally-verifiable reporting. If a grant cannot show reliable results, financing can be stopped at any stage. The quality of reporting systems is assessed by the Local Fund Agent (LFA) for every grant at the time of grant signing.

Nevertheless, the LFAs of the Global Fund have identified inaccuracies in reporting following random desk audits and site visits. All results submitted to the Global Fund (generally two to four times per year, or when a disbursement is required) are verified by the LFAs. Results and requests for continued funding also pass through the Country Coordinating Mechanism (CCM) of the country. The CCM includes national and international partners in country who are responsible for providing oversight. Global Fund processes encourage transparency and accountability by building monitoring and evaluation into all stages of the grant process.

Challenges to the accurate reporting and comparison of results between partners do exist. There are gaps in the ability of LFAs to verify all the country results. LFAs generally combine desk audits with follow-up random site visits. The goal is that all grants receive random site visits from their LFA. Even these proposed visits will not be able to cover all sites and indicators. An external data quality self-assessment and a quality audit are also being rolled out in 2008. The goal of this program is to help guide financing to improve M&E systems, while at the same time allowing transparent and external auditing.

The Global Fund has helped to harmonize data sharing among international partners and to mobilize support of national systems. Considerable progress has been made in recent years, and this will continue despite challenges in global reporting and in the implementation of the principles of the "Three Ones" in countries.