



ANNUAL REPORT 2023

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FOREWORD

Dear friends,

Each year I have the great honour to compose a short foreword for the World Vision International - Global Fund portfolio annual report. I cannot remember a year when there wasn't something exceedingly fantastic to celebrate in our progress with this donor and these programmes. This year, the first outcome to highlight is that World Vision reached over 88 million beneficiaries through our programmes funded by the Global Fund during their Round 6 (2021–2023) cycle. Half of that number was achieved in 2023 alone. This outcome is largely influenced by our insecticide-treated bed net distributions to help protect children from malaria.

In 2023, World Vision offices all over the world engaged funding Round 7 with greater intent and organisation than we have experienced in the past. As a result, thus far, World Vision has acquired three new Principal Recipient awards, in Sierra Leone, Thailand, and Solomon Islands, and two new Sub-recipient awards in Burundi and Chad. We anticipate that there may yet be additional new Sub-recipient awards before the processes conclude. These new awards have allowed us to expand our support office partnerships to Canada, Germany, and South Korea. We welcome those offices, alongside existing co-signatories Australia, United Kingdom, and the United States.

Amidst the many interesting facets of our Global Fund programmes, we see that through Round 6 we managed specific health system strengthening investments at 6% of our portfolio. The Global Fund refers to this work as building 'resilient and sustainable systems for health'. These investments are considered additional to the disease work, and represent a fourth objective. Health service integration is also a high priority, and the Global Fund is increasingly collaborating with partners to explore synergies with immunisation and nutrition programmes. One of World Vision's core programme strengths – supporting community health workers – lies at the centre of primary health-care services at the community level. We are well positioned to strengthen health systems at both the delivery and demand points, and across these services.

I hope you'll enjoy this 2023 report. It is an important part of the story for millions of people we've had the privilege of serving and protecting.

Respectfully,
Dan Irvine
Global Director, Health & Nutrition

1.1 LIST OF ACRONYMS

AGYW	Adolescent girls and young women	NCD-TB	National Capital District TB Diagnostic and Treatment Services Project
AIDS	Acquired immunodeficiency syndrome	NFM	New funding model
ART	Antiretroviral therapy	PLHIV	People living with HIV
C19	COVID-19	PNG	Papua New Guinea
CAR	Central African Republic	PrEP	Pre-exposure prophylaxis
CCM	Country Coordinating Mechanisms	PR	Principal Recipient
CHW	Community health worker	RR	Rifampicin resistant
DR-TB	Drug-resistant tuberculosis	RSSH	Resilient and sustainable systems for health
EoI	Expression of Interest	SBCC	Social and behaviour change communication
FO	Field offices	SDG	Sustainable Development Goal
GFU	Global Fund Unit	SO	Support offices
HIV	Human immunodeficiency virus	SR	Sub-recipient
iCCM	Integrated Community Case Management	SSR	Sub-sub-recipient
IPTp	Intermittent preventive treatment in pregnancy	TB	Tuberculosis
IRS	Indoor residual spraying	TPT	TB preventive treatment
LLIN	Long-lasting insecticidal nets	WHO	World Health Organization
MDR-TB	Multidrug-resistant tuberculosis		
MSM	Men who have sex with men		
M&E	Monitoring & evaluation		



2

RESULTS AT A GLANCE FOR 2023



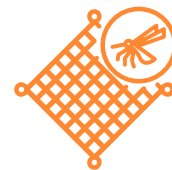
44 million
direct beneficiaries



6,372,399
suspected
malaria cases
received a
parasitological test



5,552,235
confirmed malaria
cases received
first-line antimalarial
treatment



19,394,606
long-lasting
insecticidal
nets distributed



391,643
households
received indoor
residual spraying



176,432 contacts
of people with
bacteriologically
confirmed tuberculosis
(TB) evaluated for TB



595,481
key population
reached with
HIV prevention
programmes



402,184
adolescent and
young people
reached by
comprehensive
sexuality education



3

YEAR 2023

OVERVIEW

In 2023, the Global Fund further progressed towards the targets in global plans for the human immunodeficiency virus (HIV), TB, and malaria set in line with the United Nations Sustainable Development Goal (SDG) 3 of health and well-being for all. While the COVID-19 pandemic created disruptions in global efforts to tackle these diseases, resulting in decreased numbers of beneficiaries and increased disease burden in 2021, the subsequent years have seen steady progress to reach pre-pandemic levels. However, the global fight is far behind in our efforts to realise the SDG3 goals by 2030.

The year 2023 marked an important milestone as Global Fund transitioned from Grant Cycle 6 (new funding model [NFM] 3) to Grant Cycle 7 (NFM 4), marking the beginning of submission of country funding requests, selection of Principal Recipients (PRs), and grant-making for awards scheduled for the 2024–2026 implementation period. This transition was accompanied by several key updates and improvements to streamline the grant application and implementation processes.

PARTNERSHIP WITH THE GLOBAL FUND

World Vision has been a strategic partner of the Global Fund since its inception in 2002. Over the years, World Vision has secured Global Fund awards across 42 field offices (FOs), with a cumulative portfolio value of US\$1,450,801,868, including COVID-19 funding. As of February 2024, World Vision has served as the PR for 43 awards in 17 countries and as a Sub-recipient (SR) for 141 awards in 37 countries. The Framework Agreement signed with the Global Fund in February 2015 authorises World Vision's national/field and support offices to co-sign Global Fund grants, facilitating the acquisition of additional funding and technical support, amounting to \$28.4 million in matching grants.

In 2023, World Vision managed a portfolio exceeding \$166 million (including COVID-19 [C19] Response Mechanism [RM] funding), encompassing eight PR awards in seven countries and eleven SR/SSR (Sub-sub-recipient) awards in eight countries. These awards include comprehensive malaria programmes in the Central African Republic (CAR), Mozambique, Malawi, and Angola; HIV and acquired immunodeficiency syndrome (AIDS) programmes in Kenya and Eswatini; integrated HIV and TB programmes in Haiti, Papua New Guinea (PNG), Malawi, Nicaragua, and Thailand; and TB-focused initiatives in Somalia, Senegal, Myanmar, and India.

CHALLENGES

In 2023, public health systems worldwide faced multifaceted challenges that can be broadly categorised into systemic inefficiencies, antimicrobial resistance that complicates infectious disease management, and socioeconomic determinants, exacerbated by the climate crisis. Low utilisation of health interventions, poor data quality and management, and procurement and supply chain obstacles marked some of the systemic inefficiencies. Financial constraints and policy and legal barriers further exacerbate these issues, limiting the reach and impact of essential health services. Gaps in capacity and chronic health workforce shortages, compounded by political instability and conflicts, further contributed to health inequities and undermined efforts to achieve universal health coverage.

The COVID-19 pandemic reversed the progress in TB detection and treatment, leading to increased person-to-person transmission of drug-resistant TB. Though the year 2023 had seen TB case detection rise to pre-pandemic levels, antimicrobial resistance continues to be a top global health threat. HIV/AIDS also poses ongoing challenges, especially in high-burden countries struggling with access to antiretroviral therapy and social stigma. The resurgence of malaria, particularly in sub-Saharan Africa, highlights the impact of service interruptions during the pandemic, with malaria cases and deaths surpassing pre-pandemic levels. Climate change exacerbates these health challenges by increasing the frequency and severity of extreme weather events, altering the patterns of infectious disease transmission, and putting additional strain on already vulnerable health-care systems.

Socioeconomic determinants, including poverty, lack of access to clean water and sanitation, and inadequate health-care access, disproportionately influences the spread of infectious diseases among those living in poverty. The COVID-19 pandemic exposed and worsened these vulnerabilities. At the same time, climate change has further aggravated these issues by disrupting food and water supplies, displacing populations, and increasing health risks associated with environmental changes.

In 2023, the Global Fund, recognising the impact of climate change on health, advanced its efforts to address the impacts of climate change through key partnerships. This includes collaborating with the Green Climate Fund to enhance the resilience of health systems in vulnerable countries by integrating climate adaptation measures and mobilising resources for climate-resilient health interventions. Additionally, the Global Fund has also strengthened partnership with the World Bank to co-finance initiatives that integrate health and climate goals, scale up climate-resilient health programmes in affected regions, and promote sustainable practices within health interventions. These efforts help ensure health systems can better withstand climate-related shocks and protect populations from the adverse effects of climate change.

3.1. PORTFOLIO COVERAGE AND IMPACT IN 2023

Coverage

In 2023, World Vision managed a portfolio exceeding \$166 million (including C19RM funding), encompassing eight PR awards in seven countries and eleven SR/SSR awards in eight countries. These awards include comprehensive malaria programmes in CAR, Mozambique, Malawi, and Angola; HIV/AIDS programmes in Kenya and Eswatini; integrated HIV and TB programmes in Haiti, PNG, Malawi, Nicaragua, and Thailand; and TB-focused initiatives in Somalia, Senegal, Myanmar, and India.

Table 1: World Vision's 2023 Global Fund programmes

Disease focus	PR	SR	SSR
HIV		Kenya, Eswatini	
TB	Somalia	Kenya, India, Senegal, Myanmar	India
Malaria	Malawi, Mozambique, CAR	Angola, Zimbabwe	Thailand
HIV/TB	Nicaragua, Haiti, PNG, Malawi	Thailand	

Beneficiaries

The results for this reporting period aggregate the total number of beneficiaries reached directly with diagnostic, treatment, and referral services for the three diseases and health systems strengthening. World Vision programmes reached over 44 million direct beneficiaries in the 14 countries where we implemented Global Fund grants in 2023.

Table 2: Total direct beneficiaries in 2023 disaggregated by disease

Disease focus	# of direct beneficiaries 2023	# of programmes reporting
HIV	1,059,807	7
Malaria	43,007,887	6
Tuberculosis	295,601	9



3.2 MALARIA RESPONSE

The Global Fund is the largest donor for the prevention and treatment of malaria, contributing 65% of all international financing for malaria programmes. In 2023, the Global Fund continued to support prevention and treatment efforts by financing insecticide-treated nets (ITN), supporting indoor residual spraying (IRS), and providing rapid diagnostic testing (RDT) and artemisinin-based combination therapies (ACT). Despite these efforts, malaria remains a significant health issue, particularly in sub-Saharan Africa. The global objective is to reduce malaria incidence and mortality by 90% compared to 2015 levels by 2030.

Since 2004, World Vision has been the PR of malaria grants in Guatemala, Angola, CAR, Mozambique, Malawi, and the SR of 26 malaria grants throughout Africa and Asia, totalling \$467.95 million. In fiscal year 2023, World Vision continued its commitment to combating malaria by focusing on vector control strategies, ensuring availability of tests and treatment in all health facilities, aiming to eliminate malaria from affected regions and prevent its re-establishment in malaria-free zones.

Malaria prevention

Vector control remained the cornerstone of our malaria programmes, reducing the burden on health systems and allowing for better resource allocation. World Vision invested in multiple prevention tools, including long-lasting insecticidal nets (LLINs), IRS, entomological monitoring, chemoprevention, and intermittent preventive treatment in pregnancy (IPTp).

In 2023, World Vision's programmes distributed a total of 19,394,606 LLINs, including 19,009,208 LLINs to at-risk populations through mass campaigns, benefitting approximately 34,216,574 individuals. Additionally, 385,398 LLINs were distributed to protect as many pregnant women and their children. The bulk of the LLINs were distributed in CAR and Mozambique. In Malawi, our seasonal IRS campaign reached 391,643 households, protecting 1,939,100 people from potential malaria infection.

World Vision's malaria interventions in Angola and Thailand also focused on enhancing service delivery, community engagement, and entomological surveillance. Our programmes in Angola included regular analysis and interpretation of entomological data to assess risk, inform planning, and evaluate the efficacy of LLIN and IRS interventions in 59 sites.

Malaria treatment

Timely testing, diagnosis, and treatment are critical in preventing malaria deaths, reducing transmission, and avoiding misuse of treatments that could lead to drug resistance. World Vision collaborated with public and private partners to provide timely testing and treatment through the Integrated Community Case Management (iCCM) model, where community health workers (CHWs) played a pivotal role in delivering rapid testing and first-line treatment in underserved rural communities.

In 2023, about 6,372,399 suspected malaria cases received parasitological confirmation through tests done at public, private, and community health facilities (96% of the targeted number of tests), and 5,552,235 (99%) of confirmed malaria cases were treated with first-line antimalarial drugs.

Social and behaviour change

To achieve sustainable changes in attitudes and behaviours regarding malaria prevention and treatment, World Vision employed various social and behaviour change (SBC) initiatives, from interpersonal communication between CHWs and clients to large-scale mass media campaigns.

In Malawi, 8,642 people were trained for improved service delivery in malaria prevention and treatment, including both facility-based and community-level interventions. In Angola, 73,654 information, education and communication sessions focused on testing were held in the community, supported by 491 supervision sessions with Senior Agentes de Desenvolvimento Sanitário e Comunitário (ADECOS) who are frontline workers implementing iCCM.

A triumph over malaria: Insage João's story from Mozambique

Insage João, a 42-year-old resident of Mecúfi District, vividly recalls the day the health team from World Vision visited his home. 'The health team arrived at my house, knocked on the door, and I welcomed them,' says Insage. 'They introduced themselves and started talking to me about the campaign and how to take malaria prevention medicines.' His entire family received the medication, with detailed instructions on dosage.

Mecúfi District, part of Cabo Delgado Province, has been severely impacted by both armed conflict and a high incidence of malaria. Internal conflicts since 2017 have led to the destruction of homes and the closure of health facilities, resulting in a humanitarian crisis that severely limits access to malaria diagnosis and treatment. In 2022, Cabo Delgado had the second-highest malaria incidence in Mozambique, with 484 cases per 1,000 inhabitants, a 12% increase from the previous year.

Insage João himself experienced the crisis firsthand when he fell ill with malaria. 'I suffered from headaches, fatigue, joint pain, and fevers,' he recalls. 'I soon went to the health center for treatment and got better.' His story mirrors that of many in his community, where malaria has compounded the hardships caused by displacement and conflict.

To combat this crisis, World Vision, in partnership with the Fundação para o Desenvolvimento da Comunidade (FDC) and the Ministry of Health, implemented a mass drug administration (MDA) campaign. This campaign provided therapeutic doses of antimalarials to the entire population in targeted areas, aiming to reduce transmission, morbidity, and the burden on health services. The campaign trained 242 health-care staff, who visited households to provide medication and information about malaria prevention. They ensured that every household member took the medication, regardless of symptoms, significantly reducing malaria cases in Mecúfi.

In Mecúfi, Ancuabe, and Ibo districts, the campaign aimed to reach 302,678 people, including 56,850 displaced individuals. Ultimately, 219,754 people, or 72.6% of the target, were treated, covering 70.1% of the planned households.



3.3 HIV/AIDS RESPONSE

The Global Fund is a key player in the global response to HIV/AIDS, providing 28% of all international financing for HIV programmes. As of June 2023, since its inception, the Global Fund has invested \$25.5 billion in HIV prevention and treatment programmes, with an additional \$4.6 billion allocated to TB/HIV programmes. The investment has contributed to AIDS-related deaths reducing by 72% and new HIV infections decreasing by 61% in countries where the Global Fund invests. However, HIV remains a critical global health challenge, with around 39 million people living with the virus and 1.3 million new infections and 630,000 AIDS-related deaths in 2022. Challenges such as high stigma and discrimination, infection rates among key populations, and the impact of COVID-19 on prevention services continue to hinder the goal of ending AIDS as a public health threat by 2030.

Since 2004, World Vision has managed HIV/AIDS Global Fund awards in 26 countries with a cumulative value of \$148.69 million, and an additional \$177.13 million in HIV/TB combined awards. In 2023, World Vision's current HIV/AIDS efforts included integrated HIV/TB programmes in PNG, Nicaragua, Haiti, and Malawi, where we served as PRs, and in Kenya, Swaziland, and Thailand, as SR with a total value of \$163.17 million for the cycle.

The focus of our HIV prevention and case management programmes was on providing differentiated service packages and delivering quality, people-centred diagnosis, treatment, and care with an aim to enhance the well-being of people living with HIV, prevent premature deaths, and eliminate HIV transmission among key populations.

Preventive services

In 2023, World Vision's HIV prevention programmes reached 486,283 individuals across key populations, including men who have sex with men (MSM), transgender people, sex workers, people who use drugs, and others. Specifically, 42,239 MSM, 2,438 transgender individuals, 71,617 sex workers, and 347,895 adolescent girls and young women (AGYW) participated in the various programmes. We provided essential services such as HIV testing and counselling, condom use education, and access to pre-exposure prophylaxis (PrEP).

Our youth-focused initiatives reached 402,184 young people aged 10 to 24 years with comprehensive sexuality education and life skills-based HIV education. Additionally, 480,026 AGYW received tailored HIV prevention services, including testing and results for 33,704. Our efforts also ensured 44,794 MSM, 3,580 transgender individuals, 52,084 sex workers, and 5,480 adults know their HIV status.

HIV treatment and case management

World Vision's HIV treatment and case management efforts provided comprehensive care for 145,490 adults and 7,096 children living with HIV. We ensured 2,211 HIV-positive women received ART during pregnancy, labour, and delivery to prevent mother-to-child transmission. Our integrated approach to TB and HIV care included ART for 1,367 new and relapsed HIV-infected TB cases and TB preventive therapy for 15,176 PLHIV on ART.

Sekwenele's story of resilience and empowerment in Sigcumeni, Eswatini

In the Sigcumeni community in Shiselweni region of Eswatini, Sekwenele's story is one of hope and determination. At 17, she faced the challenges of transactional sex and high teenage pregnancy rates. Her journey began in 2023 with social and behaviour change communication (SBCC) sessions by World Vision Eswatini's project, 'Halting the Spread of HIV and Reversing its Impact in Eswatini.' Through the sessions, she learned about the dangers of transactional sex and the importance of prioritising her well-being.

Sekwenele was enrolled in a SBCC group with her peers. After completing the curriculum and receiving HIV prevention information, Sekwenele joined a savings and lending group in February 2024. She gained financial literacy skills and turned her passion for farming into an income-generating initiative, growing spinach, lettuce, and cabbage in a small garden provided by her father. She supplies fresh produce to her community and a nearby supermarket, earning a monthly profit of E1,800 (US\$97).

This financial independence allowed Sekwenele to pay her school fees and cover basic needs. Her garden symbolises her resilience and serves as an inspiration. Sekwenele became a role model for her peers and is one of 102 AGYW with income-generating activities in the project.





3.4 TUBERCULOSIS RESPONSE

The Global Fund contributes to 76% of the international financing for TB and has invested over \$9.2 billion in TB programmes. The fight against TB has seen tremendous gains, and in the last two years, TB programmes have recovered remarkably from disruptions caused by COVID-19. The aim to reduce TB incidence and deaths by 90% and 95% respectively by 2030, however, is fraught with major challenges which include drug-resistant strains and inadequate diagnostic tools. In 2023, the Global Fund increased funding for TB programmes, enhancing diagnostics and treatments, including for multidrug-resistant TB, and supported community-based approaches to improve care access.

Since 2003, World Vision has implemented Global Fund grants worth \$420 million in 13 countries. In 2023, World Vision's TB programmes were operational in Somalia, PNG, Malawi, Haiti, and Nicaragua as PRs and in Senegal, Thailand, India, Myanmar and Kenya as Sub Recipients (SR). These programmes focused on scaling up prevention and emphasising preventive treatment, quality of care, and treatment, while addressing access barriers among vulnerable populations and those with the greatest disease burden. Integrated TB/HIV interventions delivered key services such as regular screening of people living with HIV (PLHIV) for TB, HIV testing of TB symptomatic patients, and providing ART and TB medicines for PLHIV.

TB prevention

World Vision's TB prevention efforts focused on strategies to reduce the burden of TB, especially among vulnerable populations like child contacts and PLHIV. World Vision supported efforts to accelerate TB prevention along with early diagnosis, contact investigation, differentiated screening, and evaluation of high-risk groups for drug-sensitive and drug-resistant TB. TB preventive treatment (TPT) was integrated as a routine service across the TB care cascade, initiating 45,424 contacts of TB patients on TPT. In 2023, the TPT focused intervention in India helped screen 176,432 contacts of bacteriologically confirmed TB cases for TB, initiating 40,311 on TPT, and ensured a treatment completion rate of 70% among those initiated on TPT.

World Vision's TB-HIV integration efforts documented the HIV status of 23,244 registered new and relapse TB patients. In Somalia, 93% of notified TB patients knew their HIV status. Additionally, 1,158 new and relapsed HIV-infected TB patients received ART during their TB treatment.

TB diagnosis, treatment, and care

World Vision invested in broadening access to better early detection of all forms of TB for all ages and genders. This included contact investigation and active case finding in communities and at health facilities. Activities included scaling up rapid molecular diagnostic testing for TB diagnosis using tools such as GeneXpert, establishing mobile diagnostic units, and specimen transport/referral mechanisms from lower to higher-level laboratories.

Our case finding efforts helped notify 70,387 of all forms of TB – this includes private/non-governmental facilities contributing 3,509 cases, community referrals adding 946 cases, and 628 TB cases from prisons. Our efforts supporting bacteriological confirmation of TB ensured 10,510 patients samples were tested using Xpert and other World Health Organization (WHO)–recommended rapid tests. In Somalia, about 71% of all notified TB cases were bacteriologically confirmed.

Drug-resistance in TB is a critical global health concern, complicating treatment and increasing mortality. Addressing the issue of drug resistance is crucial to controlling TB and preventing the spread of resistant strains. World Vision reported 1,180 cases of Rifampicin-resistant (RR) and multidrug-resistant TB (MDR-TB), with 824 of these cases starting second-line treatment. Among the confirmed RR/MDR-TB cases, 485 were tested for resistance to second-line drugs. The programme achieved a notable treatment success rate, with 91% of RR and/or MDR-TB cases successfully treated, underscoring the use of patient friendly regimens and robust treatment adherence measures.

A beacon of hope: Maria's victory over drug-resistant tuberculosis in PNG

Following a period of illness, 27-year-old Maria was diagnosed in February 2022 with DR-TB at the National Capital District TB Diagnostic and Treatment Services Project (NCD TB). This diagnosis was a personal and professional shock, as Maria had witnessed the devastating effects of TB in her work.

Maria received immense support from her colleagues. Two of them from the NCD TB volunteered to be her treatment supporters, providing encouragement and assistance.

Maria faced the rigorous DR-TB treatment regimen with courage, enduring intense medications and their side effects. She also continued to work, determined not to let the disease define her. Her perseverance and the support she received became a beacon of hope for others facing similar challenges. By June 2023, Maria completed her treatment and was declared TB-free. Throughout her journey, she remained dedicated to her work, contributing to projects aimed at eradicating TB in communities.

Maria expressed gratitude to the NCD TB Project team. 'I would like to thank the NCD TB Project team for their support throughout my medication stage. Their food support programme relieved me of my needs and wants despite being employed,' added Maria. The food hampers not only met her practical needs but also provided emotional relief. Maria's triumph over DR-TB transformed her into an inspiration for resilience and strength, motivating others to confront TB with hope. Her story has become a source of inspiration for communities and individuals alike.

3.5 RESILIENT SUSTAINABLE SYSTEMS FOR HEALTH

In 2023, the Global Fund focused on integrating health services, improving supply chain management, and enhancing data systems, while aligning efforts with the new Pandemic Fund to bolster global health security. The Global Fund's new Strategy 2023–2028 emphasises a shift from disease-specific approaches to building resilient and sustainable systems for health (RSSH), placing people and communities at the centre of the health system to achieve universal health coverage.

World Vision, through Global Fund grants, has been implementing various RSSH interventions, which constitute about 6% of our total portfolio in the countries where we operate. In addition to our work in response to the three diseases, World Vision's efforts to build sustainable health systems include enhancing community health-care delivery, improving health information systems, and ensuring efficient health product management, thereby promoting equity and access, and progressing towards universal health care.

Health management information systems and monitoring & evaluation (M&E)

World Vision in PNG, CAR, Haiti, Nicaragua, and Somalia helped develop and enhance health information systems to ensure accurate data collection, analysis, and reporting. This included establishing systems based on a robust M&E framework and tools which facilitate better data flow and support timely data reporting and monitoring across levels. One such example is the revision of data capture tools used by female health workers (FHW), which enhanced reporting of community-based efforts in Somalia. Our efforts also included supporting the enhancement and rollout of DHIS2 and moving from paper-based to digital reporting of data. To support these enhancements and revisions in the reporting systems, we focused on capacity building by training health workers and administrators in the use of health information systems and M&E tools, thereby encouraging data-driven decision-making across health programmes.

Health product management systems

World Vision's interventions in strengthening the supply chain systems of health commodities include capacity building and partnering to ensure the timely and efficient distribution of health products. In PNG and CAR, we helped implement inventory management systems and supported warehousing and distribution efforts of health products, thus ensuring the country programmes were equipped with tracking the usage of these commodities, and health facilities faced no stock outs.

Integrated service delivery and human resources for health

World Vision has strengthened service delivery mechanisms to support integrated service delivery in health clinics and networks of care. In Somalia, our efforts in integrated service delivery helped scale up 59 TB basic management units to provide additional primary health-care services. World Vision's efforts in improving the quality of human resources for health include training health workers – like community health workers – to enhance their skills and update their knowledge.

Laboratory systems

World Vision’s work in this area includes upgrading laboratory facilities to ensure they meet the standards for diagnostic accuracy and reliability. In Haiti and PNG, we supported the government in the procurement of AI-enabled portable digital x-ray machines. We also provided training for laboratory staff on any new technology introduced and retraining on existing diagnostic tools to improve their skills and ensure the effective operation of laboratory services. Quality control measures are also implemented to maintain high standards of laboratory practice, ensuring reliable and accurate test results.

Table 3. RSSH interventions across World Vision portfolio

RSSH interventions	WV PNG	WV CAR	WV Haiti	WV Nicaragua	WV Somalia	WV Mozambique	WV Malawi
Community systems strengthening	✓		✓	✓	✓	✓	✓
Health management information systems and M&E	✓	✓	✓	✓	✓		
Health products management systems	✓	✓					
Health sector governance and planning	✓			✓		✓	✓
Human resources for health, including community health workers	✓	✓				✓	✓
Laboratory systems	✓		✓	✓			
Monitoring and evaluation systems	✓	✓	✓	✓	✓		
Financial management systems				✓		✓	
Integrated service delivery and quality improvement				✓	✓		



4

GRANT CYCLE 6 (2021-2024)

The Global Fund to Fight AIDS, Tuberculosis, and Malaria operates on a structured grant cycle, typically lasting three years, though this duration can vary based on specific programme needs and circumstances. World Vision has been implementing Global Fund grants since the organisation's inception in 2002, spanning multiple grant cycles. This section of the report highlights World Vision's coverage and cumulative achievements during Grant Cycle 6, which spanned from January 2021 to December 2023. It must be noted that Angola and Malawi's grants continued until June 2024, Eswatini's grant runs until September 2024, and PNG received a costed extension for Grant Cycle 6 until December 2024.

Highlights

In Grant Cycle 6, World Vision's total portfolio was valued at \$444,741,411, including \$65 million (15%) in C19 funding. This funding was distributed across eight PR awards in seven countries and eleven SR/SSR awards in eight countries, reaching over 88 million beneficiaries.

Table 4. Grand Cycle 6 coverage

	PR	SR	SSR
HIV		Kenya, Eswatini	
TB	Somalia	Kenya, India, Senegal, Myanmar	India
Malaria	Malawi, Mozambique, CAR	Angola, Zimbabwe	Thailand
HIV/TB	Nicaragua, Haiti, PNG, Malawi	Thailand	

Figure 1. Grant Cycle 6 budget

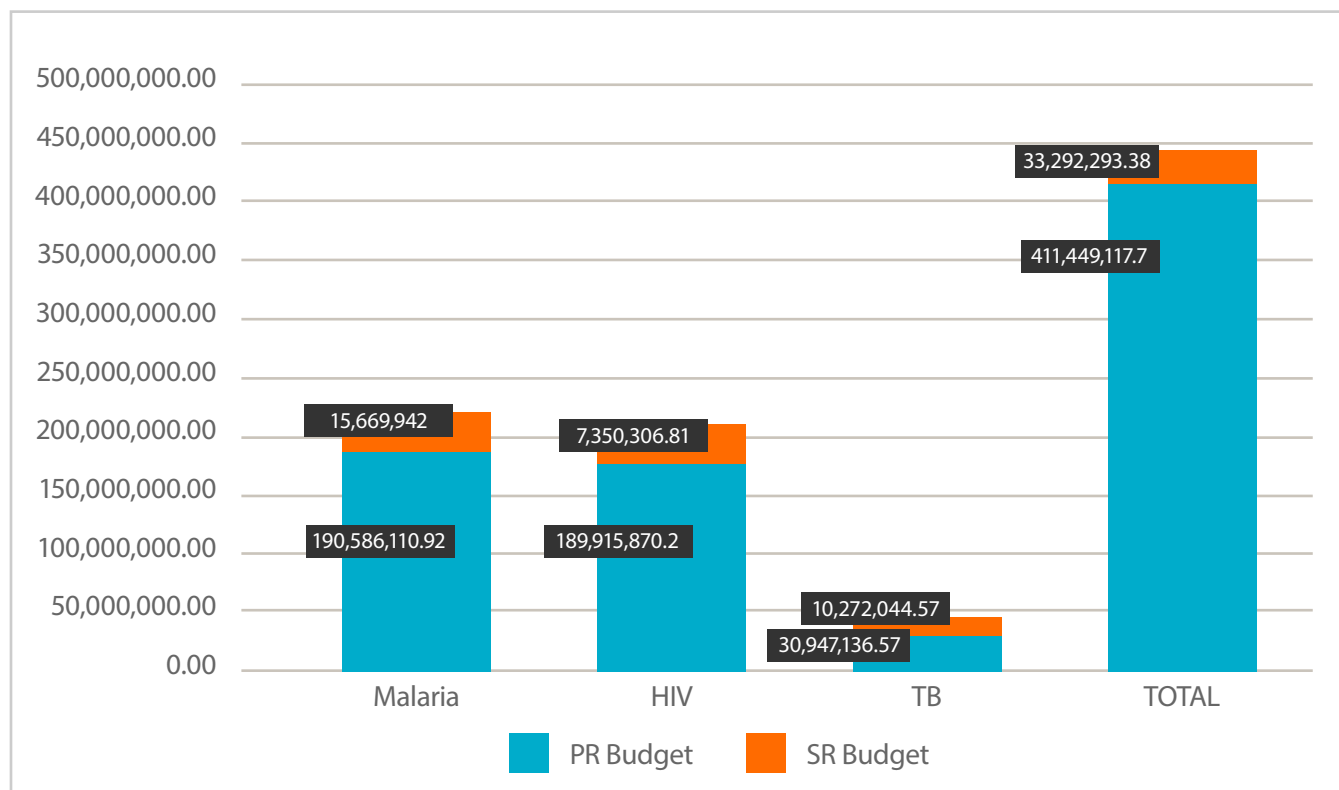


Table 5. Beneficiaries

Number of beneficiaries – Malaria	84,705,372
Number of beneficiaries – TB	726,742
Number of beneficiaries – HIV/TB	2,636,888
Total number of beneficiaries	88,069,002

4.1 MALARIA FACT SHEET

In this grant cycle, World Vision was a PR of malaria grants in CAR, Mozambique, and Malawi, and an SR in Angola, Thailand, and Zimbabwe, with a combined budget of \$206.2 million, which includes \$37.3 million in C19 funding reaching over 84.7 million beneficiaries.

Table 6. Malaria programme coverage

	PR	SR	SSR
Malaria	Malawi, Mozambique, CAR	Angola, Zimbabwe	Thailand

Figure 2. Malaria budget allocation

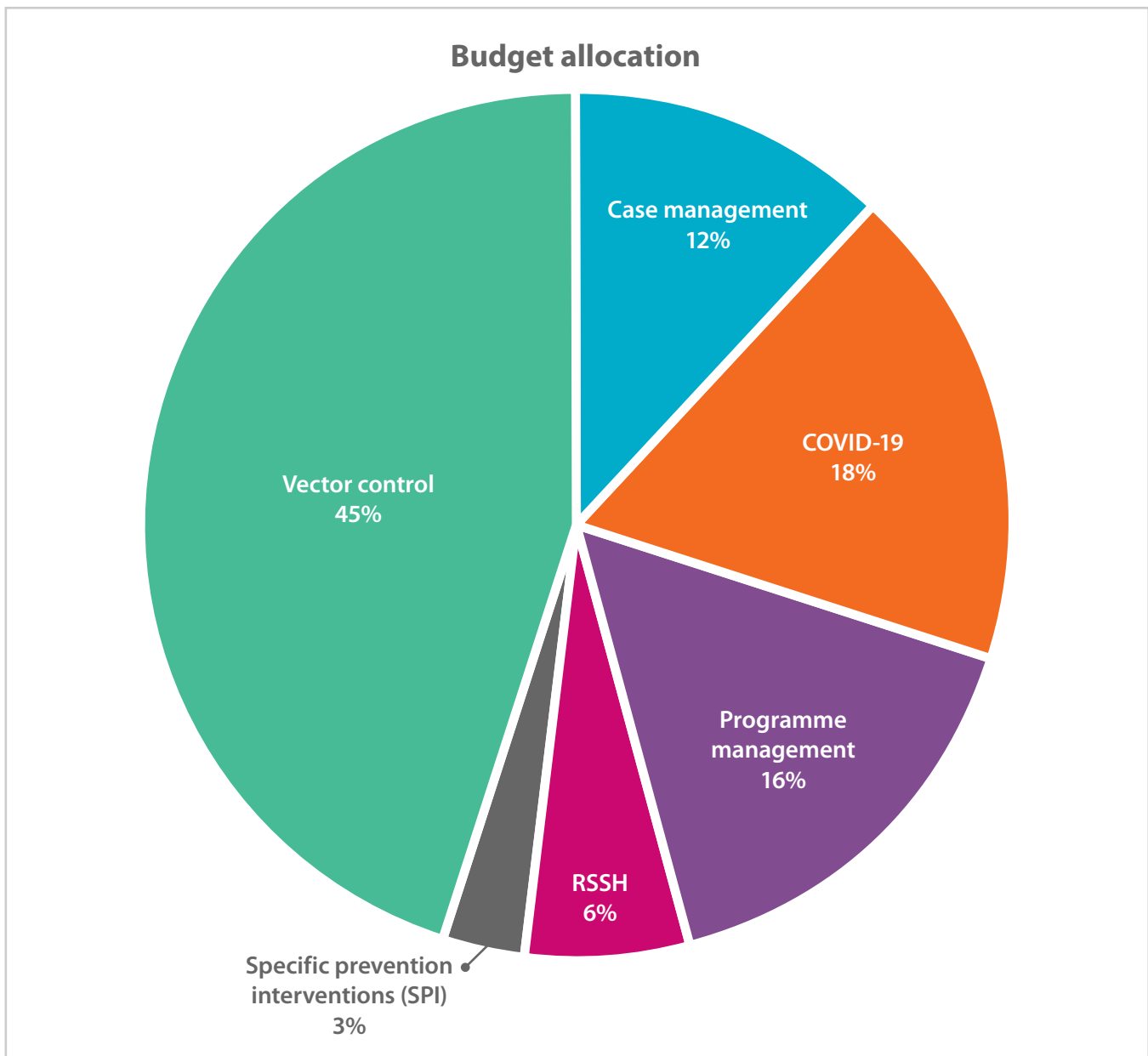


Table 7. Malaria programme beneficiaries

Indicator	2021	2022	2023	Total
Case management				
Testing	17,393,784	8,918,163	6,372,399	32,684,346
Treatment				
• Received first-line anti-malarial treatment	9,308,040	7,196,051	5,552,235	22,056,326
• Pregnant women who received 3 doses of IPTp	85,889	178,985	94,416	359,290
Vector control				
LLIN distributed (mass + continuous)	258,221	6,366,177	19,394,606	26,019,004
Structures sprayed with IRS	391,643	546,833	391,643	1,330,119
Beneficiaries				
Population protected by LLIN	258,221	11,132,060	34,601,972	45,992,254
Population protected by IRS	1,908,452	1,821,930	1,939,100	5,669,482
Total beneficiaries (testing + vector control)	19,646,346	22,051,138	43,007,887	84,705,372

4.2 HIV FACT SHEET

In GC6, World Vision's HIV/AIDS efforts included integrated HIV/TB programmes in PNG, Nicaragua, Haiti, and Malawi, where we served as PRs, and in Kenya, Swaziland, and Thailand, where we served as SRs, with a total value of \$163.4 million for the cycle, reaching 2.6 million beneficiaries.

Table 8. HIV programme coverage

	PR	SR
HIV		Kenya, Eswatini
HIV/TB	Nicaragua, Haiti, PNG, Malawi	Thailand

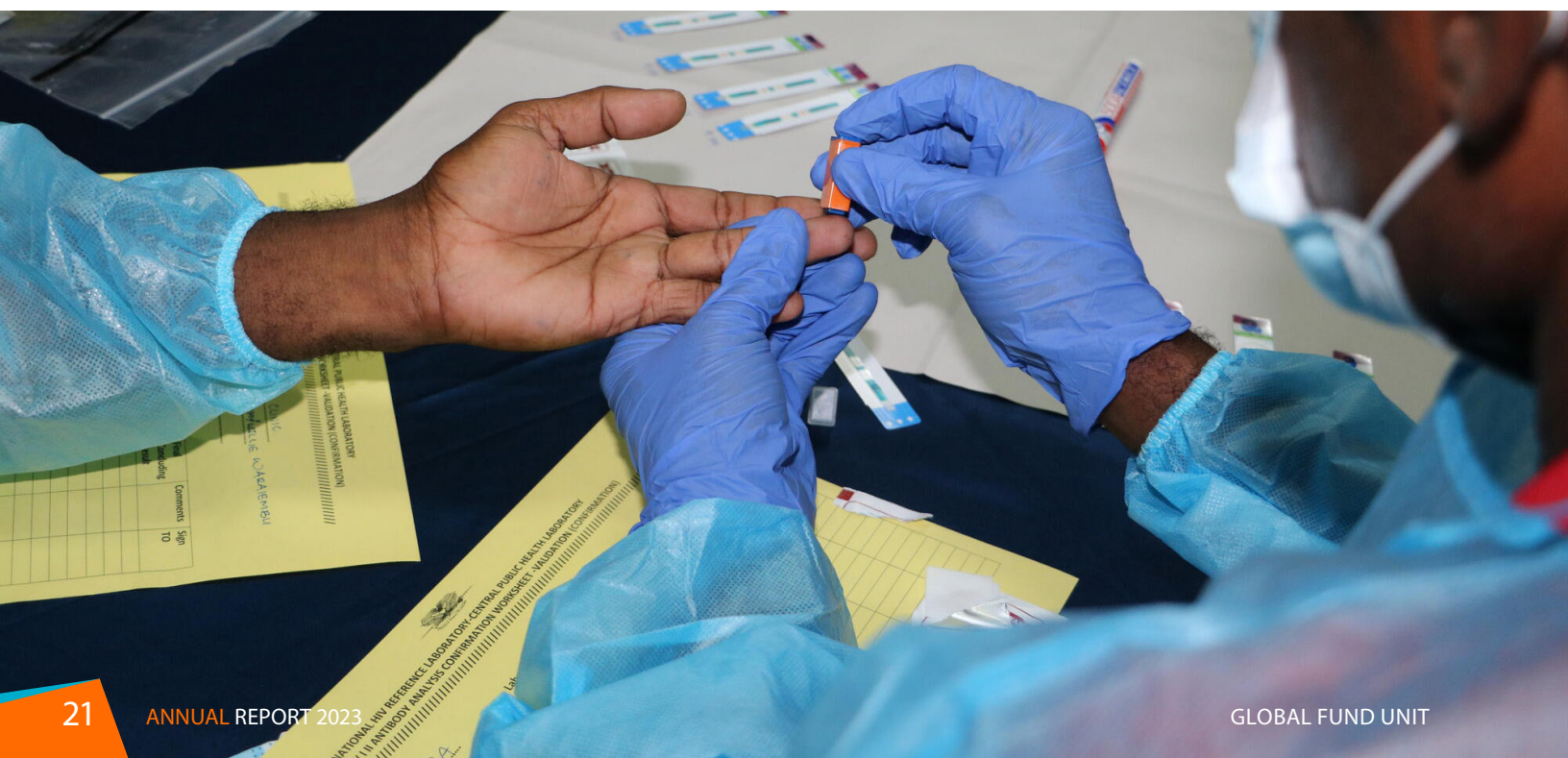


Figure 3. HIV programme budget allocation

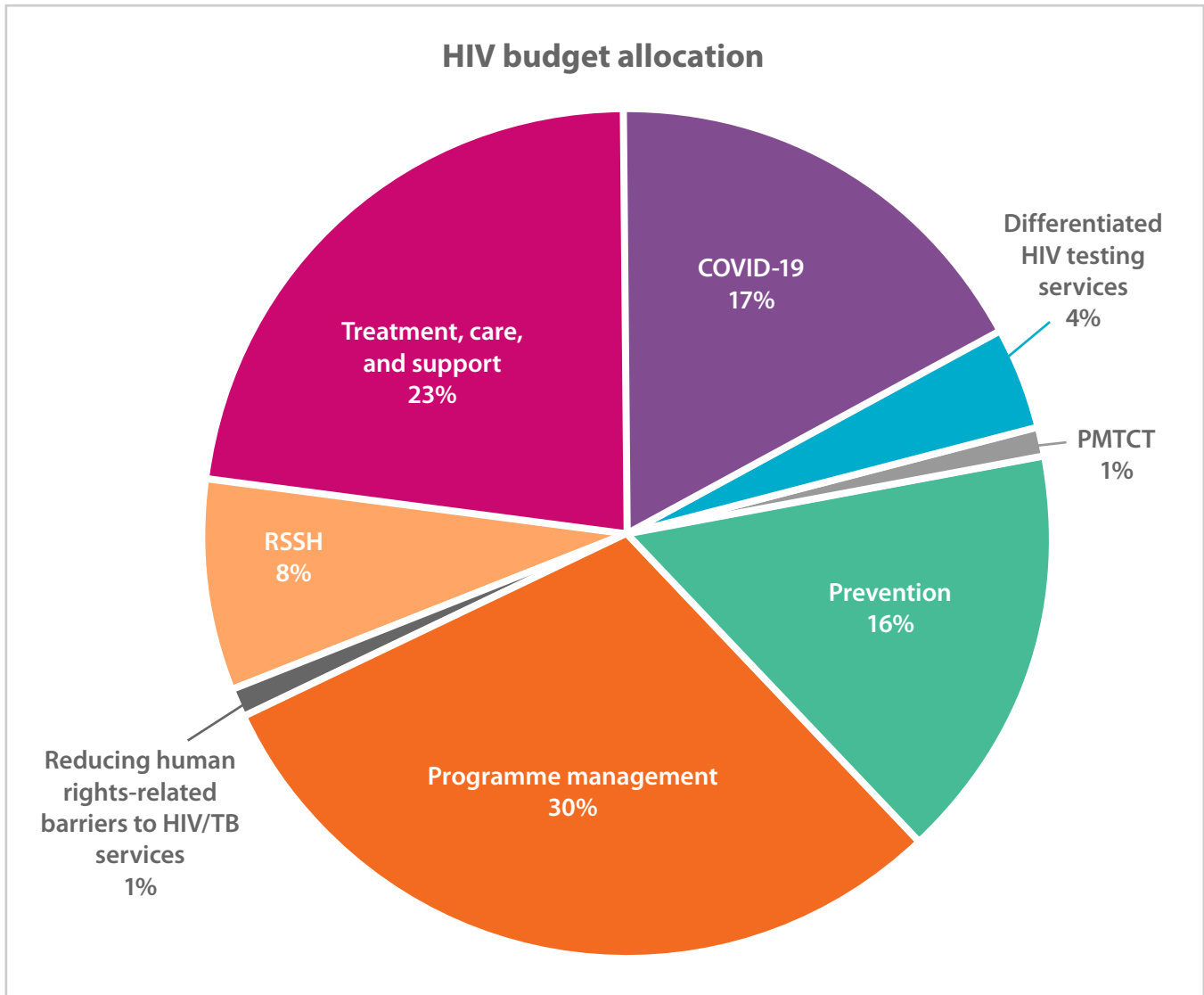


Table 9. HIV programme beneficiaries

Indicator	2021	2022	2023	Total
Prevention				
Key population reached with defined package of services	331,465	354,519	487,081	1,173,065
Testing				
Individuals supported with knowing their HIV status	137,391	79,464	139,642	356,497
Treatment				
PLHIV supported with ART	171,771	159,462	171,340	502,573
Education				
Adolescent education	522,094	620,204	750,079	1,892,377
Beneficiaries				
Total beneficiaries	695,782	881,299	1,059,807	2,636,888

Breakdown of key population reached

HIV prevention programme: A total of 1,173,065 individuals from key populations were reached with HIV prevention programmes that offered a defined package of services:

- **Men who have sex with men (MSM)** accounted for 12.1% of the total key populations reached, with 141,398 individuals engaged.
- **Transgender** individuals represented 0.9%, with 10,040 individuals reached.
- **Sex workers** constituted 19.9%, with 233,529 individuals engaged.
- **Adolescent girls and young women** made up 63.9% of the total key populations reached, with 749,802 individuals benefitting from the programmes.

HIV testing: A total of 356,497 individuals from key populations were tested for HIV and received their results in GC6:

- **Men who have sex with men (MSM)** accounted for 34.1% of the total key populations tested, with 121,644 individuals receiving their results.
- **Transgender** individuals represented 3.8%, with 13,365 individuals tested and knowing their results.
- **Sex workers** constituted 39.6%, with 141,029 individuals tested and receiving their results.
- **Adolescent girls and young women (AGYW)** made up 21% of the total key populations tested, with 74,979 individuals benefitting from the testing programmes.
- **General population (women and men aged 15+)** represented 1.5% of the total key populations tested, with 5,480 individuals receiving their results.

HIV treatment: A total of 502,573 individuals from key populations were supported with ART and other eligible treatment in GC6:

- **Newly diagnosed individuals initiated on ART:** A total of 178,074 people newly diagnosed with HIV were initiated on ART.
- **ART during pregnancy/labour:** 3,797 HIV-positive women received ART during pregnancy and/or labour and delivery.
- **ART during TB treatment:** 2,095 new and relapsed HIV-infected TB cases received ART during TB treatment.
- **PLHIV initiated on TB preventive therapy:** 24,293 PLHIV on ART initiated TB preventive therapy.
- **Total on ART:** The combined total on ART includes 294,314 individuals, with adults (15 years and older) constituting 96.3% (283,486) and children (under 15 years) constituting 3.7% (10,828).

4.3 TB FACT SHEET

In GC6, World Vision implemented TB programmes as the PR in Somalia and SR in Kenya, India, Senegal, and Myanmar. Integrated HIV/TB programmes were implemented in PNG, Malawi, Haiti, and Nicaragua as PR and as SR in Thailand. The combined budget for our TB interventions was \$41.2 million. These efforts helped reach approximately 726,742 beneficiaries.

Table 10. TB programme coverage

Disease focus	PR	SR	SSR
TB	Somalia	Kenya, India, Senegal, Myanmar	India
HIV/TB	Nicaragua, Haiti, PNG, Malawi	Thailand	

Figure 4. TB programme budget allocation

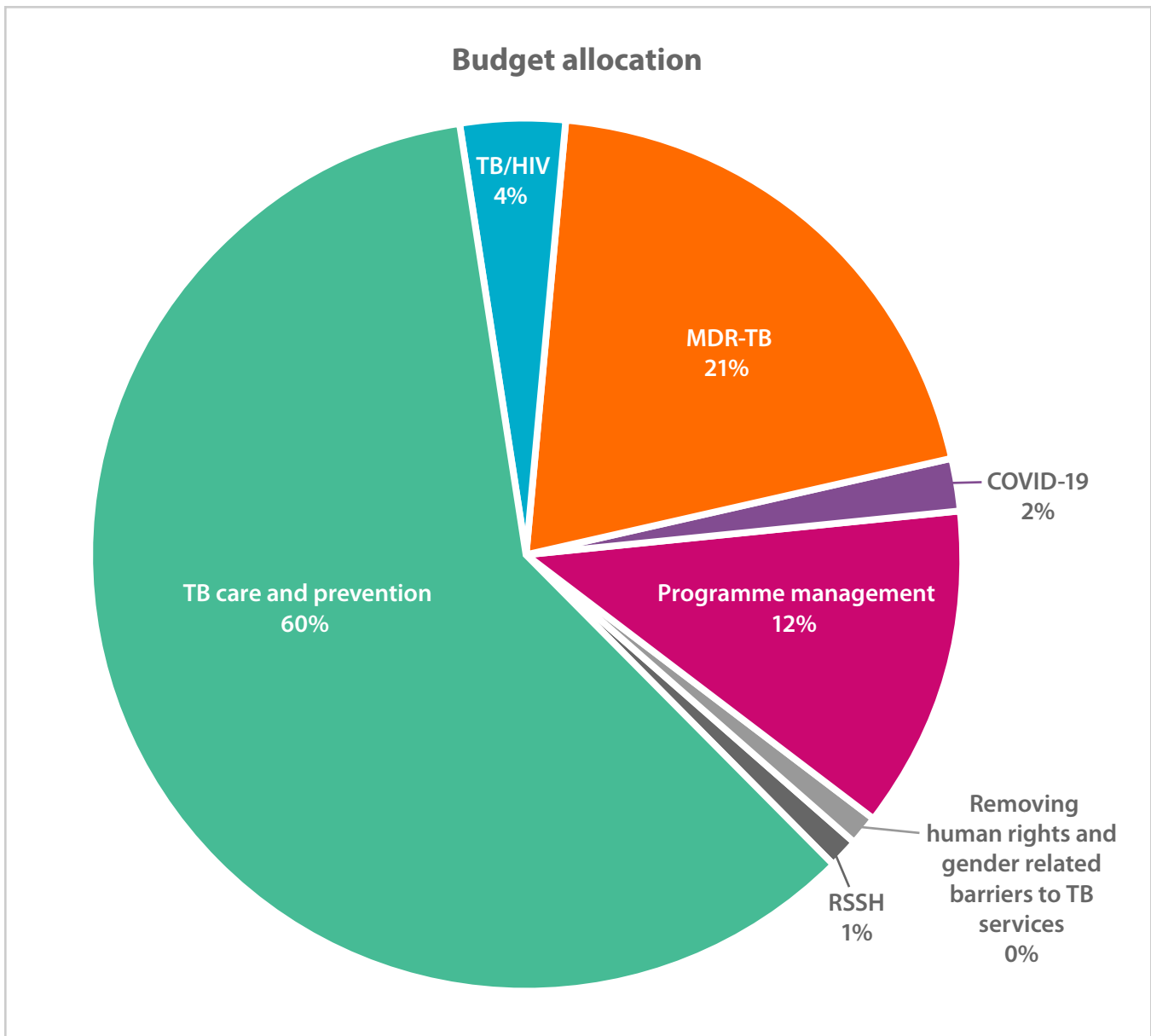


Table 11. TB programme beneficiaries

	2021	2022	2023	GC6
Indicator	Achieved	Achieved	Achieved	Achieved
TB & MDR TB case detection and notification				
Number of notified cases of all forms of TB	43,047	30,670	70,387	144,104
Number of cases of RR and/or MDR-TB reported.	682	44,252	1,333	46,267
Treatment success rate				
Treatment success rate - all forms	0	90%	77%	82%
Treatment success rate - MDR TB	0	87%	91%	89%
TB preventive therapy				
Contacts of people with bacteriologically confirmed TB evaluated for TB	1,285	12,9185	17,6432	306,902
Number of people in contact with TB patients who began preventive therapy	3,181	154,617	45,424	203,222
TPT treatment completion rate		85%	70%	78%
HIV/TB				
TB patients with documented HIV status	8,238	10,274	23,244	41,756
PLHIV on ART who initiated TB preventive therapy	22,992	329	2,926	26,247

Source of TB notification

High-risk group notifications: The proportion of TB cases notified among high-risk groups (prisoners and other key populations) is approximately 1.7% (2,447 out of 144,104).

Non-NTP contributions: Non-national TB programme providers (private/non-governmental facilities and community referrals) contributed 7.8% of the total notified TB cases (11,143 out of 144,104).





5

PORTFOLIO MANAGEMENT

5.1 SUPPORT FOR NEW GRANT CYCLE (GRANT CYCLE 7)

The year 2023 marked the beginning of submission of Country Funding Requests, selection of PRs, and grant-making for awards scheduled for the 2024–2026 implementation period. World Vision scaled up demand-based technical assistance to support offices (SO) and field offices (FO) on engagement, grant management, preparation, and negotiations for new 2024–2026 implementation cycle awards.

FO-SO pairing

FO-SO pairing moderated by World Vision’s Global Fund Unit (GFU) helps enhance grant implementation by combining technical expertise, financial resources, and risk-sharing between FO and SO. SOs provide specialised support, capacity building, and matching funds, improving project quality and stability. This partnership ensures compliance, governance, and efficient resource mobilisation, leveraging SOs’ existing investments and fundraising capabilities. Newly paired FOs who won PR and SR awards in Grant Cycle 7 include WV Solomon Islands paired with WV South Korea, WV Thailand Paired with WV Canada, WV Sierra Leone paired with WV US and WV Burundi paired with WV Germany.

Prepositioning

World Vision actively engaged FOs and paired SOs in prepositioning for PR and SR opportunities. Heightened prepositioning activities began in 2022, with a GFU-led process per the business process for acquiring and managing Global Fund grants. The GFU developed a prepositioning action plan to guide and coordinate efforts across the World Vision partnership. Actions included internal awareness and capacity building, intelligence gathering, and relationship building with their respective Country Coordinating Mechanisms (CCM), Ministries of Health, and key implementing partners. Below is an overview of the actions carried out per the action plan.

- Conducted an analysis of the GC7 application guidelines and requirements to ensure a comprehensive understanding of the expectations and processes involved in the new funding cycle.
- Conducted and shared a [global mapping and analysis of Global Fund opportunities](#) in countries with World Vision's presence.
- Organised and led internal stakeholders' participation in Global Fund-hosted [information sessions and webinars](#), the new application materials, and expectations for the GC7.
- Developed and shared [prepositioning guidance notes with field offices](#) (FOs) to assist them in understanding the requirements and preparing for the upcoming funding cycle effectively.
- Held consultative meetings with the Chief of Parties and individual FOs, e.g., [WV Sudan](#), to discuss the GC7 application requirements and assess the required technical support to facilitate successful applications.
- Held consultative meetings with regional resource development directors to share regional offices' [guidance notes](#) and discuss [prepositioning strategies](#), and identify FOs interested in acquiring Global Fund awards in the GC7.
- Coordinated with Grant Acquisition and Management (GAM) unit to assess the interests of support offices (SOs) in participating in acquiring Global Fund awards.
- Collaborating with the Support Offices Grants Group, finalised pairing SOs and FOs per World Vision's SO-NO Partnering Policy for the Global Fund. Twenty-three FOs were paired with SOs to partner in acquiring and managing Global Fund opportunities. See the final pairing report via this [\(SO-NO pairing Status.xlsx\)](#) link. The GFU prepared guidelines for the SO-FO partnering process, including [Frequently Asked Questions on SO-FO pairing for Global Fund Grants](#).
- Communicated and moderated the SO-FO partnering, including negotiations and signing of internal bilateral teaming agreements or memorandums of understanding (MOUs).
- In collaboration with paired SOs provided expert advice and support to FOs in developing preposition plans, including engagement strategies, representational materials, capacity statements, and Expression of Interest (Eol) submissions.
- Monitored the [implementation of FOs' preposition and engagement plans](#), including the development, review, and submission of Eols, if FOs decided to proceed.

Expression of Interest (Eol)

The development and timing of the Eol varied depending on the type of submission requested, the new or continuing programme, and World Vision's role (i.e., PR or SR). For FOs continuing as PR or SR from the 2021-2023 funding cycle offices reviewed their respective programme requirements and worked with either CCM or PR (if SR) to prepare for the GC7. The partnering SO or GC (in the absence of a co-signing SO) supported the FO through the process as guided by the CCM or PR.

In countries where World Vision FOs were repositioning for new awards of role, the following critical steps were undertaken.

- The FOs monitored local calls for Eols/proposals for PR and SR roles from the CCM or the PR and shared the information with partnering SO, RO, and GFU.
- Both the FO and SO reviewed the calls for Eols/proposals and made a 'go' or 'no go' decision.
- If a 'go' decision was made, the FO led the Eol development and shared it with partnering SO, RO, and GFU for review.
- The GFU developed and shared Technical Programme Guidelines for Malaria and TB/HIV combined approach, [Global Capacity Statement](#), sample Eols, proposed sections of the Eol, e.g., [organogram](#), budgets as per requests.
- The FO submitted World Vision's Eol/proposal on behalf of the SO.

Grant making

The FOs, in collaboration with the pairing SO and support from GFU, entered into negotiations with the CCMs to translate the funding requests into disbursement-ready grants for approval by the Global Fund Board. Critical activities included the following at the FO level:

- Worked with the CCM and the GF country team secretariat in managing the grant making process, including preparing key grant documents such as work plan, performance targets and budgets, implementation arrangements map, procurement and supply management plans, M&E plan, and funding flow processes.
- Developed the sub-granting plan SR manuals and SR selection, including pre-award assessment.
- Carefully reviewed the full grant agreement, including all the regulations, terms, and conditions, and negotiated final details with the Global Fund.
- Contributed to the development of grant documents as requested by the PR in countries where World Vision had been as an SR (e.g., in Angola).
- Completed Local Fund Agent (LFA)-led capacity assessment process.

Through the process, the GFU took part in the grant-making process on a needs-based basis and provided technical guidance and resources as requested. This includes onsite support to the Solomon Islands for their grant making.

Status of grant acquisition by July 2024

Ten World Vision FOs, in partnership with their paired SOs, prepositioned for PR awards with their respective country CCMs. As a result, eight FOs received approval for grant-making and negotiations, with a total life-of-award value of \$360,774,231 for implementation in Grant Cycle 7 (GC7). Additionally, ten FOs prepositioned for SR awards with selected PRs in their respective countries, of which two awards, amounting to \$17,039,832, were granted. This brings World Vision's total Global Fund portfolio in GC7 to \$377,814,063. This includes new PR awards in the Solomon Islands, Thailand, and Sierra Leone, and a new SR award in Burundi. World Vision continues as a PR in Somalia, Haiti, PNG, Malawi, and Mozambique in GC7, and as an SR in Angola. We are expecting additional SR awards in the Democratic Republic of the Congo and Chad. The table below summarises the confirmed awards for GC7.

Table 12. Confirmed awards for GC7

Region	Countries	World Vision's role	Disease focus	Co-signing SO	Budget
East Africa	Somalia	PR	TB	WVUK	27,478,515
	Burundi	SR	Malaria	WV Germany	4,452,696
Latin America/ Caribbean	Haiti	PR	HIV/TB	WVUS	84,523,948
South Asia & Pacific	PNG	PR	HIV/TB	WV Australia	39,616,747
	Solomon Is- lands	PR	Malaria & TB	WV Korea	8,200,000
	Thailand	PR	HIV/TB	WV Canada	11,846,564
Southern Africa	Malawi	PR	HIV/TB	WVUS	21,436,233
	Mozambique	PR	Malaria	WVUS	56,420,644
	Angola	SR	Malaria	WVUS	12,587,136
West Africa	CAR	PR	Malaria	WVUS	84,523,948
	Sierra Leone	PR	HIV/TB & Malaria	WVUS	26,727,632

5.2 WORLD VISION GUIDELINES FOR IMPLEMENTING GLOBAL FUND GRANTS

Business process guidelines

In 2023 the GFU rolled out updated Business Process guidelines. The Global Fund Business Process guidelines for World Vision establish requirements for acquiring and managing Global Fund grants. They streamline grant application processes and clarify tasks, ensuring effective collaboration among stakeholders and eliminating confusion. They also serve as a training tool for new team members, helping them quickly learn required processes internally and ensure compliance with GF regulations. Topics covered include grant acquisition, implementation, capacity building, quality assurance, financial management, risk management, and reporting, providing a comprehensive roadmap for efficient grant management.

Technical guidelines

In 2023, the [Technical Guidelines for Malaria Programme Implementation](#) was developed to provide evidence-based recommendations for effective malaria programming, helping ensure that prevention, diagnosis, treatment, and management aligned with WHO standards. The guidelines provide practical steps for designing, adapting, managing, and evaluating malaria programmes. Key strategies include vector control, preventive chemotherapy, rapid diagnosis, and treatment, as well as malaria vaccination. The guidelines also emphasise the importance of integrating these interventions with other health services and conducting situation and gender equality and social inclusion analyses. Additionally, it covers health product management, monitoring, and surveillance, helping ensure effective and comprehensive malaria programme implementation.

5.3 CAPACITY BUILDING

World Vision coordinates demand-based internal capacity development and learning in collaboration with SOs and FOs. This is done through the following:

- The [Global Fund Interest Group](#) (GFIG) brings together staff from across World Vision, intending to grow their capacity, expertise, and partnership with the Global Fund. The interest groups provide an avenue for virtual collaboration between members and access to [an online library](#) with easy-to-find links to relevant documents and materials.
- Monthly stakeholder information meetings enhance knowledge transfer, cross-learning, and better understanding and consensus-building on Global Fund grants management.
- Refresher webinars held in collaboration with Grants Solutions, including (1) [Developing Global Fund Budgets](#), (2) a [session on SO-FO pairing](#), (3) [Global Fund's Emergency Fund](#), (4) [Prepositioning](#), (5) [Funding Mechanism](#), and (6) [Introduction to the Global Fund](#).
- Monthly newsletters provide highlights of trends and new developments in managing the Global Fund portfolio.

5.4 ANNUAL GRANT MANAGEMENT LEARNING EVENT

The GFU had its annual grant management [learning event](#) 15–19 May 2023, in Nairobi, Kenya, hosted by the East Africa Regional Office. The event had two objectives: (1) finalise World Vision business process for managing Global Fund programmes, and (2) enable experience-sharing and capacity building in grant management. The event brought together about 45 participants from the Global Centre, regional offices, support offices, and field offices with responsibilities for acquisition and/or managing Global Fund grants.



6

ANNEXES

6.1 ACHIEVEMENT AGAINST TARGET FOR CORE DISEASE INDICATORS IN 2023

Indicators	Target	Achieved	% Achievement
Malaria			
Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	5,589,152	5,347,405	96%
Proportion of suspected malaria cases that receive a parasitological test in the community	699,295	697,073	100%
Proportion of suspected malaria cases parasitological tested in private facilities	361,456	327,921	91%
Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	4,713,979	4,674,192	99%
Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	640,601	638,844	100%
Proportion of confirmed malaria cases receiving first-line antimalarial treatment in private facilities	244,330	239,199	98%

Proportion of pregnant women attending antenatal clinics who received at least three doses of intermittent preventive treatment (IPTp) for malaria	265,094	94,416	36%
Number of LLINs distributed to at-risk populations through mass campaigns	13,872,766	19,009,208	137%
Number of LLINs continuously distributed to target risk groups	645,581	385,398	60%
Proportion of households in targeted areas that received IRS during the reporting period	406,662	391,643	96%
Proportion of population protected by IRS within the last 12 months in areas targeted for IRS	1,941,264	1,939,100	100%

TB	Target	Achieved	% Achievement
Number of notified cases of all forms of TB (i.e., bacteriologically confirmed and clinically diagnosed), new and relapse cases	84,175	70,387	84%
Number of TB cases (all forms) notified among prisoners	422	628	149%
Number of TB cases (all forms) notified among key affected populations/high risk groups (other than prisoners)	1,024	413	40%
Number of notified TB cases (all forms) contributed by non-national TB programme providers – private/non-governmental facilities	9,585	3,509	37%
Number of notified TB cases (all forms) contributed by non-national TB programme providers – community referrals	946	946	100%
Percentage of new and relapse TB patients tested using WHO-recommended rapid tests at the time of diagnosis	53,142	23,956	45%
Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	582	419	72%
Treatment success rate – all forms	41,909	32,313	77%
TBP-3 contact investigation coverage: Proportion of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible	107,837	176,432	164%
Number of people in contact with TB patients who began preventive therapy	222,760	45,424	20%
TBP-2 percentage of people who completed TPT out of those who initiated TB preventive treatment	100%	70%	70%
Number of cases of RR and/or MDR-TB reported	2,019	1,333	66%
Number of cases of RR and/or MDR-TB that started second-line treatment	2,738	910	33%
Percentage of confirmed RR/MDR-TB cases tested for resistance to second-line drugs	808	485	60%

Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	85	91	91%
Percentage of registered new and relapse TB patients with documented HIV status	35,741	23,244	65%
Percentage of new and relapsed HIV-infected TB cases who received ART during TB treatment	1,305	1,158	89%
Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	9,640	2,926	30%

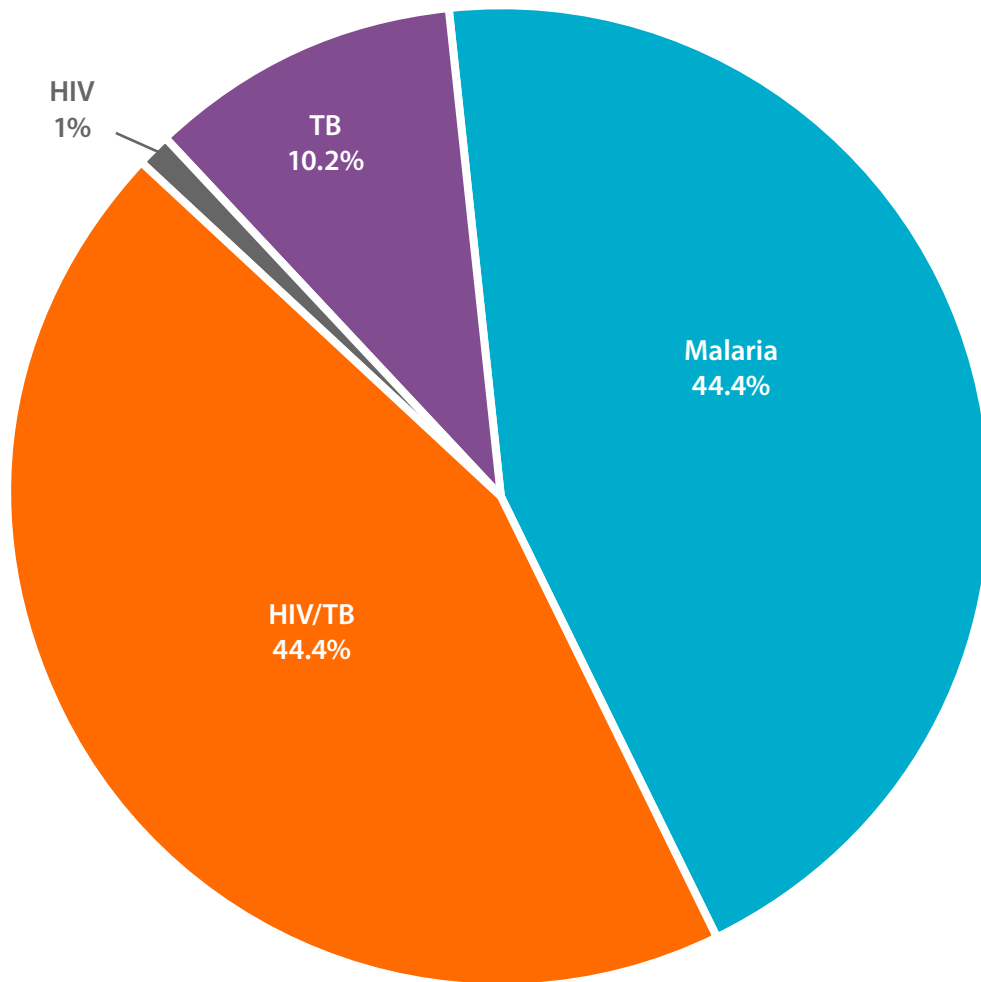
HIV/TB	Target	Achieved	% Achievement
Key populations reached with HIV prevention programmes – defined package of services (men who have sex with men/transgender/sex workers/people who use drugs/others)	330,868	131,292	40%
Percentage of men who have sex with men reached with HIV prevention programmes – defined package of services	146,148	42,239	29%
Percentage of transgender people reached by HIV prevention programmes – defined package of services	7,226	2,438	34%
Percentage of sex workers reached by HIV prevention programmes – defined package of services	162,496	71,617	44%
Percentage of adolescent girls and young women reached with HIV prevention programmes – defined package of services	480,026	347,895	72%
Percentage of men who have sex with men who have received an HIV test during the reporting period and know their results	125,903	44,794	36%
Percentage of transgender people who have received an HIV test during the reporting period and know their results	7,876	3,580	45%
Percentage of sex workers who have received an HIV test during the reporting period and know their results	140,380	52,084	37%
Number of adolescent girls and young women (AGYW) who were tested for HIV and received their results during the reporting period	33,724	33,704	100%
Women and men aged 15+ who received an HIV test and know their results (disaggregated by sex)	6,204	5,480	88%
Percentage of HIV-positive results among the total HIV tests performed during the reporting period	28%	38%	136%
Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	922	798	87%
Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	4,298	2,211	51%
Percentage of new and relapsed HIV-infected TB cases who received ART during TB treatment	1,764	1,367	77%
Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	33,679	15,176	45%
Percentage of adults (15 years and older) on ART among total adults living with HIV at the end of the reporting period	154,997	145,490	94%

Percentage of children (under 15 years) on ART among all children living with HIV at the end of the reporting period	11,946	7,096	59%
Percentage of young people aged 10 to 24 years attending school reached by comprehensive sexuality education and/or life skills-based HIV education in schools	435,017	402,184	92%

6.2 TOTAL VALUE FOR GRANT CYCLE 6

Region	National office	WV role	Disease focus	Total grant value (US\$)	C19 value (US\$)	Total (US\$)	Start date	End date
East Africa	Kenya	SR	HIV	538,979.63	-	538,979.63	01-07-2021	30-06-2023
	Kenya	SR	TB	1,084,072.57	-	1,084,072.57	01-07-2021	30-06-2023
	Somalia	PR	TB	30,947,136.57	-	30,947,136.57	01-01-2021	31-12-2023
East Asia	Thailand	SR	HIV/TB	3,569,945.18	37,152.00	3,607,097.18	01-01-2021	31-12-2023
	Thailand	SSR	Malaria	1,269,067.00	324,257.00	1,593,324.00	01-01-2021	31-12-2023
	Myanmar	SR	TB	219,088.00	-	219,088.00	01-01-2022	31-12-2024
Latin America/ Caribbean	Nicaragua	PR	HIV/TB	12,266,255.02	-	12,266,255.02	01-01-2021	31-12-2024
	Haiti	PR	HIV/TB	79,240,358.55	9,696,854.47	80,210,044.02	01-01-2021	31-12-2023
South Asia & Pacific	PNG	PR	HIV/TB	52,464,097.14	24,917,370.03	77,381,467.17	01-01-2021	31-12-2023
	India	SR	TB	4,438,599.00	1,778,440.00	6,217,039.00	01-04-2021	31-03-2024
	India	SSR	TB	2,451,845.00	-	2,451,845.00	01-10-2021	31-03-2024
Southern Africa	Eswatini	SR	HIV	3,204,230.00	-	3,204,230.00	10-01-2021	30-09-2024
	Malawi	PR	HIV/TB	20,058,103.95	-	20,058,103.95	01-01-2021	30-06-2024
	Malawi	PR	Malaria	33,634,095.58	-	33,634,095.58	01-01-2021	30-06-2024
	Angola	SR	Malaria	8,556,943.00	4,493,770.00	13,050,713.00	2021-07-01	2024-06-30
	Mozambique	PR	Malaria	59,189,165.80	8,248,715.37	67,437,881.17	01-01-2021	31-12-2023
	Zimbabwe	SR	Malaria	1,025,905.00	-	1,025,905.00	01-04-2021	31-12-2023
West Africa	CAR	PR	Malaria	65,265,139.32	24,248,994.85	89,514,134.17	01-01-2021	31-12-2023
	Senegal	SR	TB	300,000.00	-	300,000.00	01-01-2021	31-12-2023
Total				379,723,026	65,018,384	444,741,411		

Total grant value by disease focus





World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.