
Regional Progress, Challenges and Priorities

Western and Central Africa (WCA), Eastern and Southern Africa (ESA),
and the Middle East and North Africa (MENA)

6TH PARTNERSHIP FORUMS

Contents

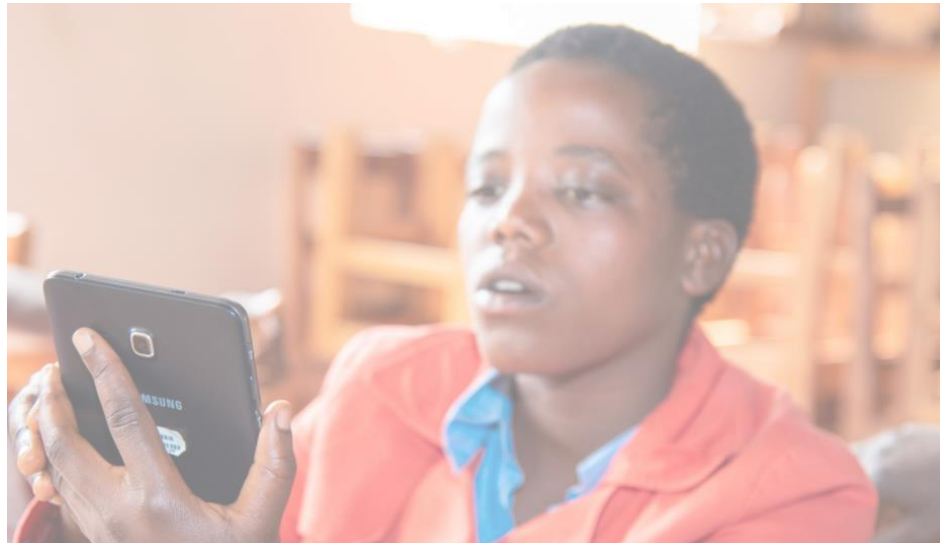
- The Partnership Forums: aims and setting the scene
- Regional progress, challenges, and priorities for HIV, TB and malaria
- Regional progress, challenges, and priorities in building RSSH, equity, human rights and gender equity
- Regional context: COVID-19, global health security**, and the broader health and development landscape

***Since the time that this document was produced, the Global Fund has shifted its terminology from Global Health Security (GHS) to a focus on Pandemic Preparedness and Response (PPR), in order to reflect the ongoing input and discussions in the Strategy development process.*

Aims of the Partnership Forums

The next Global Fund Strategy

The Global Fund is developing a bold, ambitious and agile post-2022 Strategy to accelerate progress against HIV, tuberculosis and malaria and improve global health.



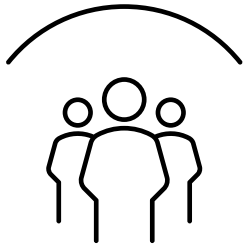
Aims of the Regional Partnership Forums

This Regional Partnership Forum will convene representatives from across sub-Saharan Africa (SSA) and from the Middle East and North Africa (MENA) to actively contribute their regional expertise to help develop the aims and areas of future focus for the next Global Fund Strategy.

The Global Fund Partnership

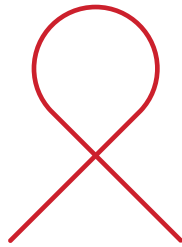
The Global Fund partnership is designed to accelerate the end of HIV, tuberculosis, and malaria as public health threats, investing more than US \$4 billion a year through grants in more than 120 countries. The Global Fund works in partnership with governments, civil society, communities living with and affected by the three diseases, donors, technical agencies, other funding organizations, and the private sector; the Global Fund plays a key role in progress towards the Sustainable Development Goals, especially SDG3.

Achievements to date in sub-Saharan Africa and MENA 1*



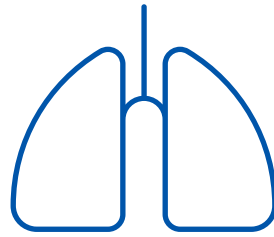
17.8
MILLION

**LIVES
SAVED
IN
SUB-SAHARAN
AFRICA AND MENA 1**



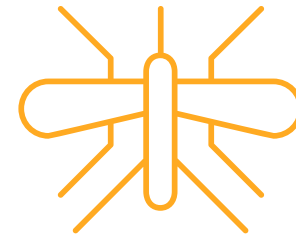
17.1
MILLION

**PEOPLE on
ANTIRETROVIRAL
THERAPY for HIV
IN SUB-SAHARAN AFRICA
AND MENA 1 In 2019**



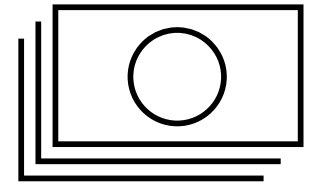
1.45
MILLION

**PEOPLE WITH
TB TREATED
IN SUB-SAHARAN
AFRICA AND MENA 1
In 2019**



134
MILLION

**MOSQUITO NETS
DISTRIBUTED
IN SUB-SAHARAN AFRICA
AND MENA 1 In 2019**



30.1
BILLION

**US\$
DISBURSED
IN SUB-SAHARAN
AFRICA AND MENA 1
In as of June 2020***

Progress towards the 2030 Sustainable Development Goals (SDGs)

SDG 3: Ensure healthy lives and promote well-being for all at all ages

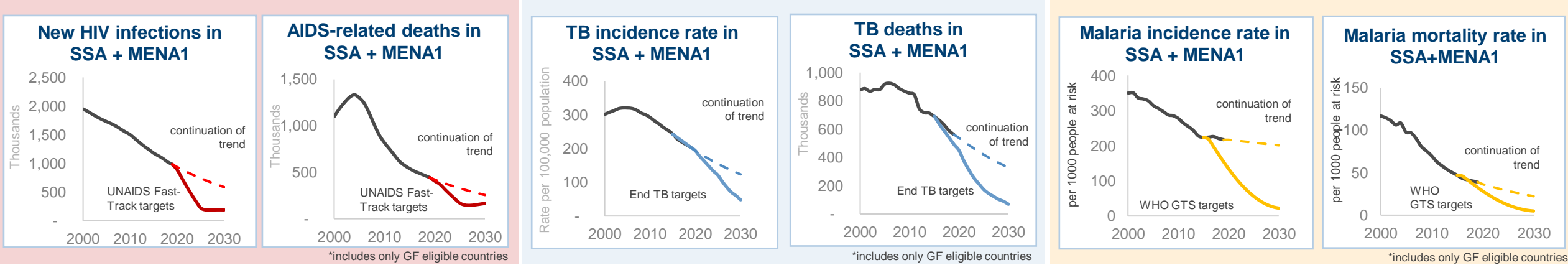
Target 3.3 By 2030, **end the epidemics of AIDS, tuberculosis, malaria** and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Target 3.8 **Achieve universal health coverage (UHC)**, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.



Progress towards 3.3 - we are off track to meet the HIV, TB, and malaria 2030 targets

While impressive gains have been made, significant shortfalls remain, especially for reducing the number of new infections.



Source: Global Fund Strategic Information Analysis

COVID-19 is threatening to reverse gains and undermine progress toward the 2030 targets

The COVID-19 pandemic threatens to reverse the extraordinary gains made by the Global Fund Partnership, as health and community systems are overwhelmed, treatment and prevention programs are disrupted, and resources are diverted.

HIV: Regional Progress, Challenges, Priorities in SSA and MENA

Key messages – SSA

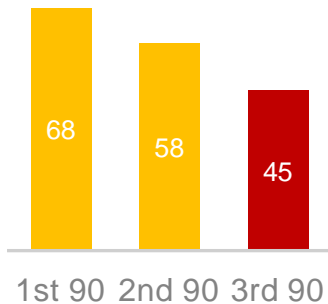
Key messages - MENA

- **Progress towards 2030 targets is mixed** - ESA saw the largest decrease in new infections since 2010 (38%); targets are within reach but require sustained momentum. WCA has a smaller HIV burden but lags behind targets despite a 25% reduction of new infections. Range of progress includes Eswatini, who achieved targets, and others who fell further behind.
- **Gender dynamics must be addressed to reach targets** – in 2019 AGYW were 2.5x more likely to contract HIV than their male peers in ESA and 2.3x in WCA.
- **Prevention** – prevention coverage gaps and structural drivers of infection need to be addressed to improve incidence reduction.
- **Key populations & partners remain disproportionately affected** – 28% of new infections in ESA and 69% in WCA.
- **PMTCT and pediatric treatment gaps must be addressed.** In WCA, only 58% of pregnant women living with HIV received ART in 2019.
- **Strengthen integration of human rights interventions** to address violence towards women and girls and discrimination as barriers to HIV services.

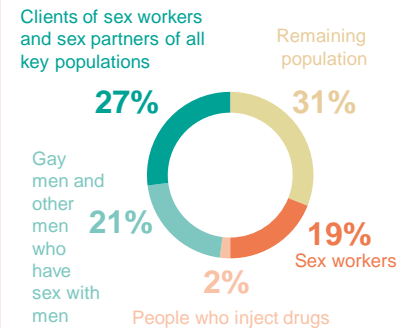
- **Off track to meet 2030 targets** in MENA, there has been a 22% increase in new infections since 2010.
- **Key populations & partners remain disproportionately affected** - representing 97% of new HIV infections.
- **Strengthen integration of human rights interventions and scale prevention programs** - address punitive laws, stigma, and discrimination as barriers to services and address social determinants driving increasing incidence.

Western and Central Africa (WCA)

Progress towards 95-95-95 targets (2019) – GF eligible countries

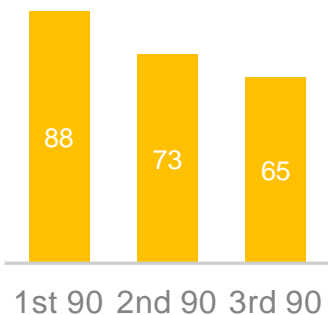


Distribution of new HIV infection by population WCA (aged 15-49 years) 2019

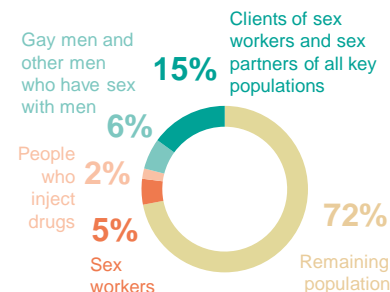


Eastern and Southern Africa (ESA)

Progress towards 95-95-95 targets (2019) – GF eligible countries

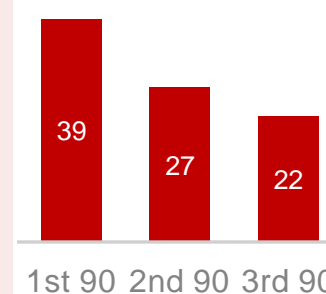


Distribution of new HIV infection by population ESA (aged 15-49 years) 2019



Middle East and North Africa (MENA)

Progress towards 95-95-95 targets (2019) in GF eligible countries



Distribution of new HIV infection by population MENA (aged 15-49 years) 2019



Sources for graphs and key messages: UNAIDS 2020, Global Fund analysis | Acronyms: PLHIV = people living with HIV, VLS=viral load suppression in all PLHIV, PMCT = Prevention of Mother to Child Transmission, MSM = men who have sex with men, ART = anti-retroviral therapy, PrEP = Pre-Exposure Prophylaxis, AGYM = adolescent girls and young women

TB: Regional Progress, Challenges, Priorities in SSA and MENA

Key messages – SSA

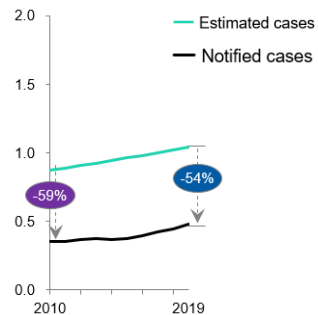
- **Off track to reach 2020 End TB targets despite good progress** - the WHO Africa region saw a 16% incidence reduction and 19% death reduction from 2010 to 2019. Reduction in death rate largely attributable to the rise in ART coverage (24%-70%).
- **TB mortality remains a challenge**, due to late diagnosis, and sub-optimal quality of service.
- **Highest TB-HIV co-infection rates** among WHO regions.
- **TPT scale-up is a challenge** – delivery and reporting needs to be strengthened. Suboptimal scale-up of **TB care and prevention measures for key and vulnerable groups** – undernourishment and HIV coinfection remain the top risk factors attributable to TB cases.
- **Focus effort on finding and treating the missing people with TB and DR-TB**, through engagement with the private sector and communities. While there has been progress there is still an estimated 51% detection gap; notifications at treatment coverage is lagging especially for children.

Key messages - MENA

- **Off track to meet 2030 targets** – the WHO Eastern Mediterranean region has seen a 3.5% TB incidence reduction and 11% death reduction from 2010 – 2019.
- **Treatment success rate is high, at 91%, but gaps persist in TB screening and TPT among PLHIV - focus on finding and treating the missing people especially in high risk and vulnerable groups** – 75% of people with HIV-associated TB are not reported. In the Eastern Mediterranean region, the proportion of HIV positive patients who died during TB treatment was 10% compared to 2% of all new and relapse cases

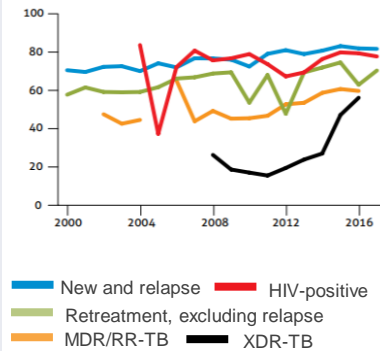
WCA

Missing people with TB (2019)
Notification of TB cases compared with estimated TB incidences (m) in GF eligible countries



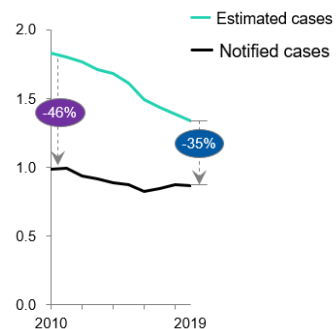
WHO African Region

Treatment success rate (%) In WHO African region 2000-2018



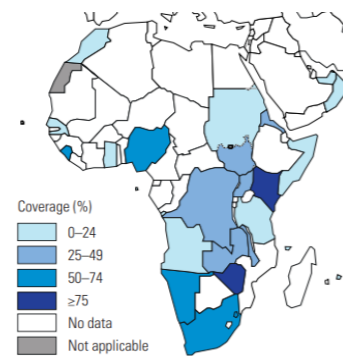
ESA

Missing people with TB (2019)
Notification of TB cases compared with estimated TB incidences (m) in GF eligible countries



WHO African Region

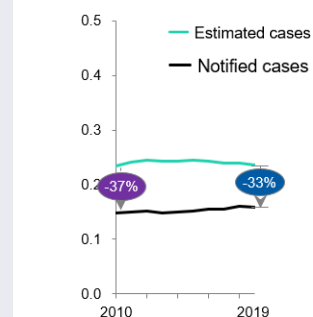
Coverage of TPT among PLHIV who started ART (2019)



Sources for graphs and key messages : Global TB Report 2020 (WHO), Global TB Report 2019 (WHO), Global Fund analysis, Acronyms: E.Med = Eastern Mediterranean. WCA = Western Central Africa, MENA = Middle East and North Africa, TB = tuberculosis, DR = Drug resistant, DS = drug sensitive; MDR = multi-drug resistant; RR = rifampicin resistant., XDR = Extensively drug resistant., PLHIV = People Living with HIV. TPT = tuberculosis preventative treatment

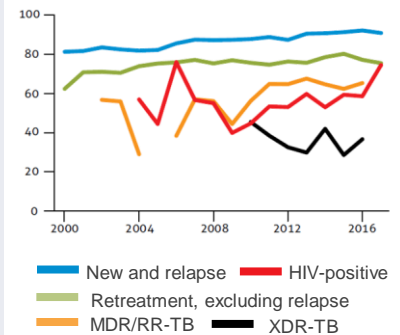
MENA

Missing people with TB (2019)
Notification of TB cases compared with estimated TB incidences (m) in GF eligible countries



WHO E.Med Region

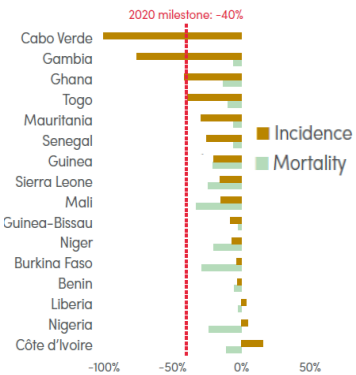
Treatment success rate (%) In WHO Eastern Mediterranean 2000-2018



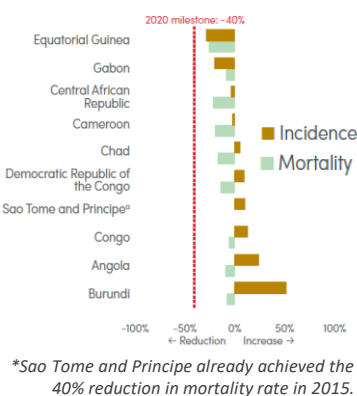
Malaria: Regional Progress, Challenges, Priorities in SSA and MENA

Western and Central Africa (WCA)

West Africa - change in estimated malaria incidence and mortality 2015-2019



Central Africa - change in estimated malaria incidence and mortality 2015-2019



Key messages – SSA

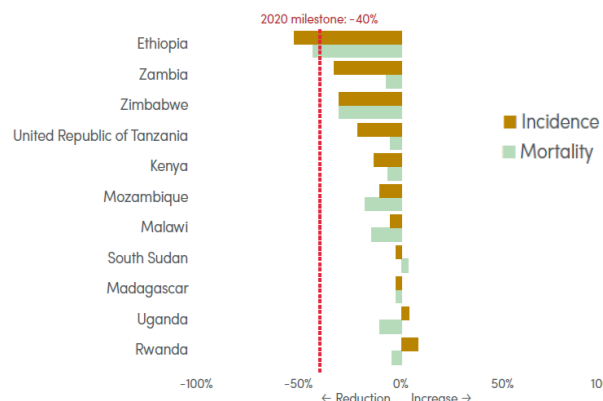
- **Progress towards 2030 targets is mixed:** Botswana, Ethiopia, Namibia, Cabo Verde, the Gambia, Ghana, and Togo have achieved 2020 GTS target of 40% incidence reduction and Zambia and Zimbabwe have made good progress, with 33% and 30% respectively. In contrast, Burundi, Comoros, Eritrea and Eswatini saw increases in incidence of more than 40%.
- **10 of 11 High Burden High Impact (HBHI) countries are in SSA.**
- Acceleration of progress will require **optimization of strategies and innovations both in delivery of available interventions and in new tools and approaches, as well as increased financial investment and better data quality and reporting.**
- **Drug and insecticide resistance is impacting the future of malaria** - in high transmission countries of ESA, vector resistance to pyrethroids, organochlorines and carbamates was confirmed in all reporting countries.
- **Domestic resource mobilization is crucial to address the malaria financing gap.**

Key messages - MENA

- **Off track to meet 2030 targets** - malaria incidence in the Eastern Mediterranean region increased 15% between 2010 to 2019; deaths increased by 16% in the same time period. Algeria was certified malaria free in 2019.
- **Humanitarian emergencies, displacement, and fragility have impacted malaria progress in MENA** alongside **climate change**, with frequent floods recorded especially in Somalia, Sudan, and Yemen.

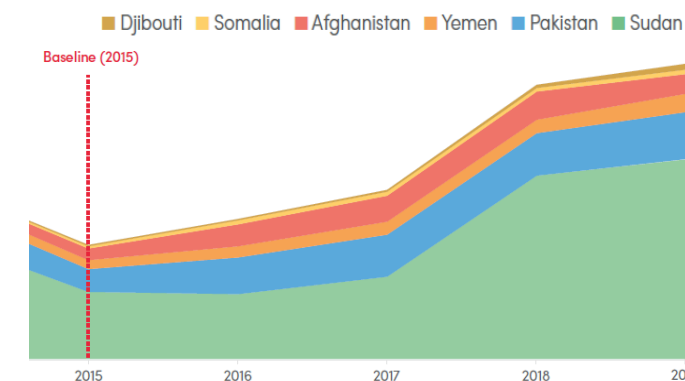
Eastern and Southern Africa (ESA)

High transmission countries in ESA - change in estimated malaria incidence and mortality 2015-2019



Middle East and North Africa (MENA)

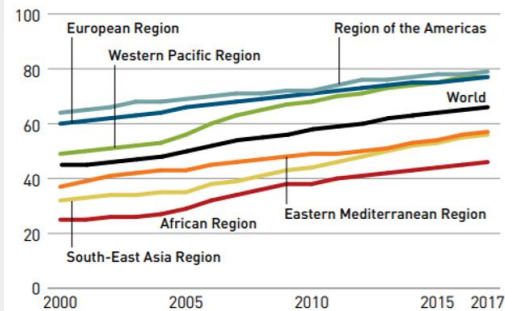
Countries in the WHO Eastern Mediterranean region with an increase in reported cases 2015-2019



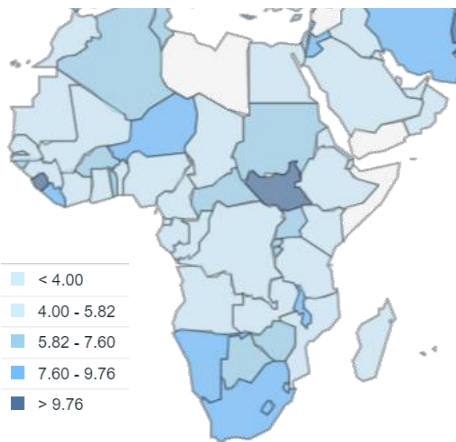
RSSH: Regional Progress, Challenges, Priorities in SSA and MENA

WHO African Region

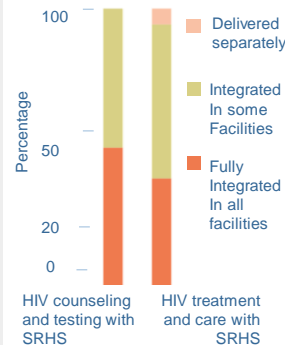
Value of UHC Service Coverage Index by WHO region 2000-2017



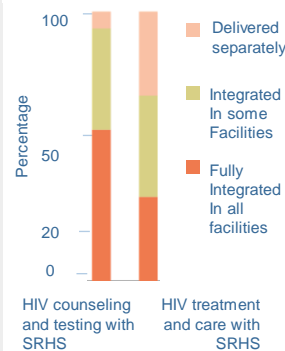
Health expenditure as a percentage of GDP 2017



% of WCA reporting countries that deliver SRHS integrated with HIV Services



% of ESA reporting countries that deliver SRHS integrated with HIV Services



Sources for graphs and key messages: WHO UHC 2019 Monitoring report, UNAIDS 2020, World Bank database, World Malaria Report 2020, WHO global TB report 2019. Acronyms: OOP = Out of Pocket, UHC = Universal Health Coverage, GDP = Gross Domestic Product, SRHS = Sexual Reproductive health services, 10% threshold = 10% of household income spent on out-of-pocket health costs. 20% threshold = 20% of household income spent on out-of-pocket health costs.

Key messages – SSA

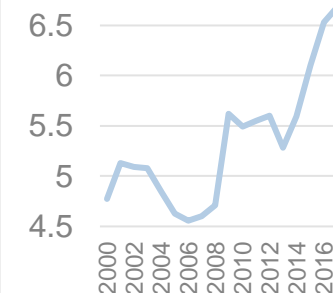
- COVID-19 pandemic presenting significant and still unknown challenges to health systems and domestic resource mobilization.**
- Off-track to meet 2030 targets** the WHO African region has the lowest UHC Service Coverage Index value of all regions.
- Data quality remains a key challenge; the GF has invested in data in SSA as a priority**, for example in DHIS2 and Zensyis in Rwanda.
- Community systems play a crucial role** in reaching the most vulnerable. National strategies for community health workers, community-led monitoring and social contracting represent key opportunities and challenges.
- Quality of care** is varied across the region and represents a large and challenging area of GF and domestic investment.
- Estimated that 36% of all health expenditure was out-of-pocket in 2017 in SSA** and TB households were disproportionately affected by catastrophic health expenditure.
- Private sector engagement is critical** – in a 2015-2019 survey, 30% of households surveyed in SSA reported seeking treatment in the private sector for children under 5 with a fever.

Key messages - MENA

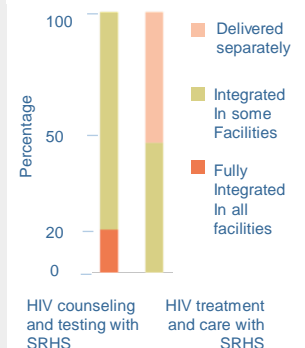
- Off track to meet 2030 targets** - The UHC Service coverage Index value in MENA is 68.52 (out of 100), an increase from 66.8 in 2015. This puts MENA just slightly above the global average.
- Estimated that 34% of all health expenditure was out-of-pocket in 2017 in MENA**, 13.5% of the population faced catastrophic health expenditure at the 10% threshold just above the global average.

Middle East and North Africa (MENA)

MENA Health expenditure as a % of GDP 2000-2017, excluding high-income countries



% of MENA reporting countries that deliver SRHS integrated with HIV Services



Equity, Human Rights and Gender: Regional Progress, Challenges, Priorities in SSA and MENA

Key messages – SSA

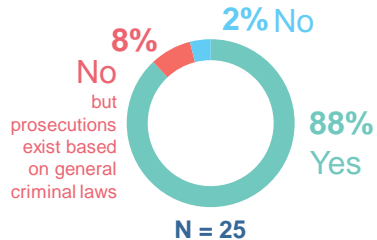
- Key **inequalities persist** across income, geography, age, sex, etc., perpetuating barriers to access to quality prevention, care and treatment and health outcomes.
- **The Global Fund aims to use its funding to address equity barriers and human rights barriers**, including by working in partnership with community and civil society organizations to reach underserved populations. Of the 20 countries that are part of the **Global Fund's Breaking Down Barriers Initiative**, 11 are in SSA.
- **Gender dynamics must be addressed** - 2.7 times higher HIV incidence in women than men aged 15-24 years in SSA. In WCA women and girls accounted for 58% of new infections in 2019. In ESA they account for 60%.
- **Overcoming Human Rights Barriers is key** - In WCA, gay men and other men who have sex with men make up 21% of new HIV infections. Key populations are often stigmatized, and there are challenges in addressing social norms and behaviors.

Key messages - MENA

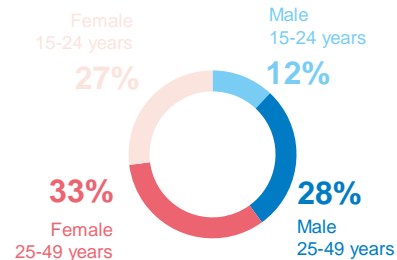
- **Stigma and discrimination as barriers to health services must be addressed** - Women living with and affected by HIV in the region are particularly vulnerable to gender-based violence and stigma.
- **Human Rights barriers, including punitive laws and policies, are impacting women and key populations.** Advocacy must be amplified. Tunisia is part of Global Fund's Breaking Down Barriers Initiative, which provides support to address these and other barriers.

Western and Central Africa (WCA)

Countries in WCA with laws criminalizing transmission of, non-disclosure of or exposure to HIV transmission, undefined, most recent data

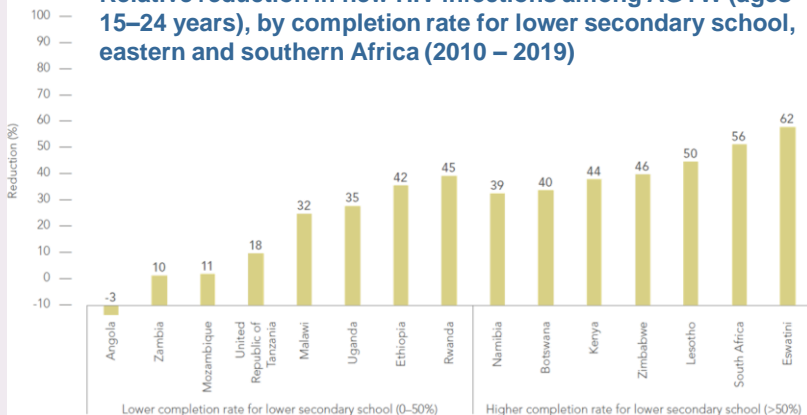


Distribution of new HIV infection by population WCA (aged 15-49 years) 2019



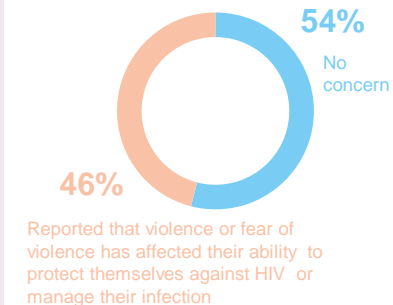
Eastern and Southern Africa (ESA)

Relative reduction in new HIV infections among AGYW (ages 15–24 years), by completion rate for lower secondary school, eastern and southern Africa (2010 – 2019)



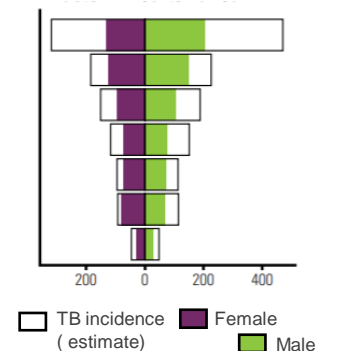
Middle East and North Africa (MENA)

MENA reports of stigma, discrimination and violence among women at risk of or living with HIV (2018)



Case notifications by age and sex in Eastern Mediterranean, 2019

Rate per 100,000 population per year

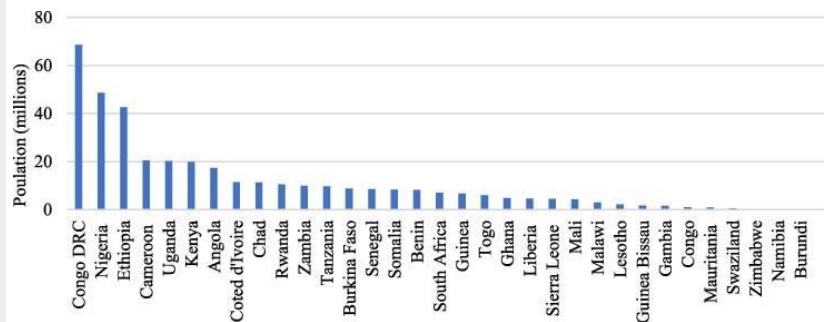


Sources for graphs and key messages: UNAIDS 2020, UNAIDS laws and policies database, Global TB Report 2020 (WHO). Breaking down barriers countries in SSA are Benin, Cameroon, Democratic Republic of the Congo, Cote d'Ivoire, Ghana, Kenya, Mozambique, Senegal, Sierra Leone, South Africa, and Uganda

COVID-19 and Global Health Security (GHS) in SSA and MENA

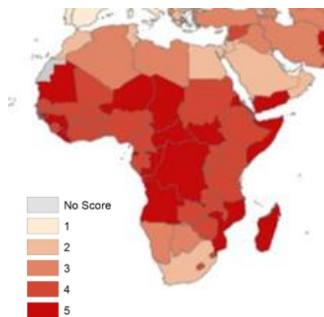
Sub-Saharan Africa

Population with no hand-washing facility (2017)



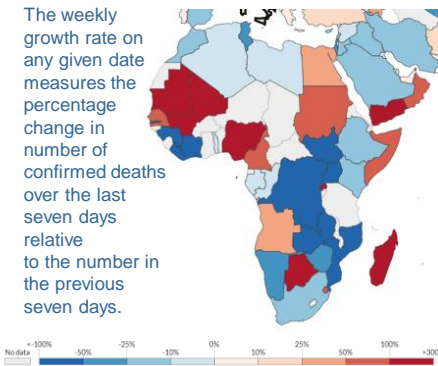
Epidemic preparedness Index (EPI) 2019

1 = most prepared, 5 = least prepared



Week by week change of confirmed COVID-19 deaths December 2020

The weekly growth rate on any given date measures the percentage change in number of confirmed deaths over the last seven days relative to the number in the previous seven days.



Key messages – SSA

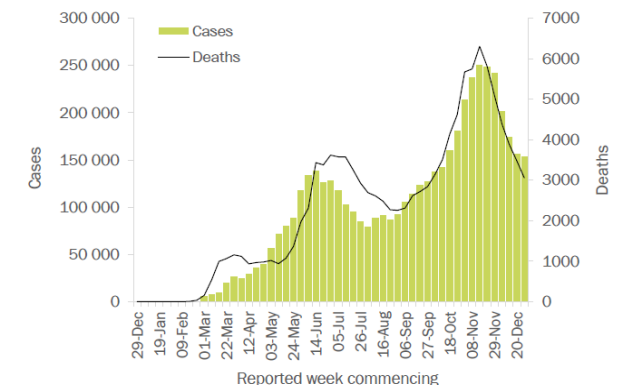
- COVID-19 is having a catastrophic impact on the **most vulnerable communities and threatens progress** against **HIV, TB and malaria**.
- In South Africa, monthly notifications of TB fell by 50% between March and June 2020.
- ~616.7m funding for SSA approved through the Global Fund COVID-19 response mechanism as of Jan 2021.**
- While the death toll from COVID-19 in SSA is lower than initially projected, **vulnerable populations are disproportionately impacted**.
- Accessibility to health services is an issue for the most at-risk:** 15.9% of people aged 60 years or older in a recent SSA study reported travel times longer than 2 hours to access any health facility.
- Lessons learned from Ebola demonstrated **that investments in preparedness capabilities**, especially health surveillance and capacity building, are essential in infectious disease outbreaks.

Key messages - MENA

- The **COVID-19 pandemic is putting a strain on the most fragile health systems in MENA**. ~3.3m funding for the region approved through Global Fund C19RM as of January 2021.
- The recent **MERS outbreak** demonstrated effectiveness of preparedness investments.
- Most vulnerable disproportionately affected – in the MENA region**, exacerbated by fragility, displacement and flow of refugees.

Middle East and North Africa (MENA)

Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region January 2021



Sources for graphs and key messages: UNAIDS 2020, Global TB Report 2020 (WHO), World Development Volume 135 November 2020, The Lancet 2020 Volume 1 Issue 1 October, BMJ Global Health 2019, John Hopkins Data, OECD COVID-19 crisis response in MENA, Nature Asia June 2020. Acronyms: MERS = Middle East Respiratory Syndrome coronavirus

THANK YOU!

An aerial photograph of a city grid, showing streets and buildings. A semi-transparent white rectangular box is centered over the image, containing the text "We look forward to your input at the 6th Partnership Forums".

We look forward to your input at the
6th Partnership Forums