

REGIONAL IMPACT REPORT

African, Caribbean and Pacific Group of States



The Global Fund / Nan Kofi Acquah

The African, Caribbean and Pacific Group of States (ACP) has been a strong advocate of increased resources for the fight against AIDS, tuberculosis and malaria. Their sustained commitment, coupled with strategic partnerships and increased domestic financing, has led to transformative results.

The ACP has been in partnership with the Global Fund since the Global Fund's inception in 2002. The ACP is a strong advocate of the European Commission's support to the Global Fund. The European Development Fund, European Union's main aid instrument for ACP countries, provides 60 percent of the EC's funding to the Global Fund.

From 2003 to 2016, the Global Fund invested approximately US\$23.2 billion in 68 ACP countries, which represents nearly three-quarters of Global Fund investments worldwide. The funding available to ACP countries for the 2017-2019 allocation period amounts to an additional US\$7.5 billion, including funding through regional proposals (multicountry grants).

Domestic Financing and Pledges from Recipient Countries

Domestic financing remains key to maintaining the gains achieved in the past 15 years, and to ensuring sustainability of national health programs. The Global Fund's co-financing policy has spurred countries to commit an additional US\$4.5 billion to their health programs for 2018-2020, an increase of 44 percent compared with 2015-2017.

Benin, Côte d'Ivoire, Kenya, Namibia, Nigeria, Senegal, South Africa, Togo, Uganda, Zambia and Zimbabwe each made a pledge to the Global Fund's Fifth Replenishment. Pledges by African countries to the Global Fund are aligned with an even greater increase in domestic investment in health by African countries – US\$10.9 billion committed for 2015-2017.

Driving Impact

As of the end of 2017, health programs supported by the Global Fund partnership in ACP countries have saved 11.7 million lives.

The number of deaths caused by AIDS, TB and malaria each year has been reduced by 39 percent since 2002 in countries where the Global Fund invests. ACP countries show a 66 percent decline in the AIDS mortality rate since 2005. TB and malaria mortality rates have decreased by 33 percent and 66 percent since 2000.

In many countries, HIV infections remain extremely high among key populations and among adolescent girls and young women. The Global Fund has increased allocations to prevention interventions for key and vulnerable populations by nearly 30 percent for 2017-2019. The Global Fund is also investing in partnerships that bring together communities, schools, law enforcement agencies, the private sector, health care workers, public health planners and technical partners to implement comprehensive strategies and

improve reach. Global Fund-supported programs have put more than 1 million people on HIV treatment in Kenya in 2017, and helped halve HIV incidence rates in Burundi. In Burkina Faso and Zimbabwe, mortality rates have dropped by 82 and 85 percent, respectively.

Tuberculosis is now the leading cause of death from infectious disease, with about 1.7 million deaths in 2016, including 400,000 people with HIV. WHO considers 17 ACP countries high-burden for TB. Drug-resistant TB is part of the growing challenge of antimicrobial-resistant superbugs that do not respond to first-line medications, resulting in fewer treatment options and increasing mortality rates. In response, the Global Fund supports the rapid scale-up of new tools and technologies to help countries increase their capacity to diagnose and treat cases of TB. As of 2017, 776,000 people received treatment for TB in the Democratic Republic of Congo, and TB death rates dropped 73 percent in Côte d'Ivoire, and 44 percent in Papua New Guinea.



Djangone Bi, a social worker at the Tuberculosis Treatment Center in Abidjan, Côte d'Ivoire, explains to a group of TB patients their treatment plan and how to take prescribed drugs.

Sub-Saharan Africa is disproportionately affected by malaria. As the leading international funder for the malaria response, the Global Fund is investing heavily in new tools, partnerships and innovations to protect families. In Botswana, investments have reduced malaria incidence rates by 91 percent and malaria mortality rates by 92 percent since 2000. In Senegal, where incidence rates fell by 65 percent, about 33 districts are already in the pre-elimination stage. Haiti recorded a 65 percent decline in malaria mortality rates and Solomon Islands 81 percent. The Global Fund is also collaborating with Unitaid and other partners to pilot new mosquito nets to combat insecticide resistance in Africa.

Resilient and Sustainable Systems for Health

Building resilient and sustainable systems for health is a strategic pillar of the Global Fund. In the most recent funding cycle, including grants that ended in 2017, 27 percent of Global Fund investments went to health systems strengthening. In Guinea, the Global Fund invests to strengthen

essential pillars of the health system to reach the populations most in need. Programs focus on improving infrastructure such as clinics and health centers, strengthening supply chains and providing better access to health information. The Global Fund also supports countries like Senegal in progressing toward universal health coverage, boosting both the coverage and the sustainability of the health systems.

Intra-ACP Cooperation

The Global Fund supports multicountry or regional grants that increase cooperation among countries with a shared interest in ending epidemics. This type of grant goes hand in hand with the ACP objective of “contributing to the promotion of regional, interregional, and effective intra-ACP cooperation among ACP States”. The Global Fund supports programs that are implemented by different countries within a region. Multicountry approaches allow for different sectors involved in the response to the diseases to discuss appropriate approaches. A regional

discussion that is open, inclusive and participatory ensures that the strategies and plans developed reflect a multistakeholder response and critical engagement of key populations and community-based organizations.

Looking Forward

Through collective efforts, the Global Fund partnership and the African, Caribbean and Pacific Group of States have made remarkable progress in the fight against the three diseases. To safeguard these gains and surmount the challenges ahead, more funding and an even more integrated approach are critical. With the continued support of the European Commission and other donors, the Global Fund partnership will continue to strengthen efforts to achieve the Sustainable Development Goals, while building robust systems for health and prosperous economies.



In the village of Sosi, Papua New Guinea, mosquito nets are distributed to help protect families against mosquitoes that carry the malaria parasite. As of 2017, 15 million insecticide-treated nets have been distributed throughout the country.

The Global Fund / John Rae

About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.

Global Fund's Results in ACP Countries End 2017

Country	People on antiretroviral therapy for HIV	People with TB treated (cumulative)	Mosquito nets distributed (cumulative)
Angola	93,800	261,000	13,500,000
Belize	1,460	156	-
Benin	38,400	29,100	12,500,000
Botswana	298,000	12,000	-
Burkina Faso	61,500	28,300	20,800,000
Burundi	60,100	58,500	15,600,000
Cameroon	254,000	152,000	11,400,000
Cape Verde	1,820	-	-
Central African Republic	33,000	45,400	1,690,000
Chad	51,900	46,600	11,300,000
Comoros	51	128	623,000
Congo	29,500	37,100	1,210,000
Congo (Democratic Republic)	214,000	776,000	71,500,000
Côte d'Ivoire	226,000	119,000	40,000,000
Cuba	19,500	1,270	-
Djibouti	2,450	9,410	242,000
Dominican Republic	35,000	19,400	158,000
Equatorial Guinea	-	-	165,000
Eritrea	8,800	7,530	5,890,000
Ethiopia	439,000	582,000	41,600,000
Fiji	-	741	-
Gabon	-	5,210	512,000
Gambia	6,780	15,900	4,740,000
Ghana	126,000	110,000	28,900,000
Guinea	41,500	42,000	13,500,000
Guinea-Bissau	12,000	13,100	3,710,000
Guyana	5,240	2,730	134,000
Haiti	94,500	93,100	4,060,000
Jamaica	11,300	-	-
Kenya	1,140,000	305,000	34,600,000
Lesotho	196,000	26,700	-
Liberia	11,600	40,200	5,990,000
Madagascar	2,320	199,000	19,100,000
Malawi	744,000	20,300	7,740,000
Mali	42,100	39,200	8,070,000
Mauritania	2,750	14,200	178,000
Mauritius	2,690	-	-
Mozambique	1,160,000	300,000	37,300,000
Namibia	170,000	70,000	882,000
Niger	18,400	58,100	17,900,000
Nigeria	1,070,000	541,000	146,000,000
Papua New Guinea	25,700	38,300	15,000,000
Rwanda	186,000	42,200	12,900,000
Sao Tome and Principe	707	496	361,000
Senegal	23,200	51,000	16,200,000
Sierra Leone	23,700	58,100	10,100,000
Solomon Islands	-	1,250	-
Somalia	3,000	101,000	7,310,000
South Africa	3,960,000	648,000	-
South Sudan	28,200	36,700	9,650,000
Sudan	7,630	91,500	26,500,000
Suriname	2,450	380	95,500
Swaziland	174,000	20,800	164,000
Tanzania (United Republic)	965,000	127,000	51,300,000
Togo	59,800	24,700	12,400,000
Uganda	1,070,000	242,000	62,400,000
Zambia	850,000	119,000	23,100,000
Zanzibar	5,270	2,940	177,000
Zimbabwe	1,120,000	95,200	5,180,000

Notes: Global Fund reports results for people (laboratory-confirmed) treated for TB till 2016, and people (all forms) treated for TB at 2017. Global Fund reports 2017 national results for people on antiretroviral therapy for HIV and number of people with TB treated.