

Francophone Countries



[Cover] A health worker shares information about TB with a group of people waiting to be screened for TB using a portable X-ray machine at the Sénou camp for internally displaced persons (IDPs) on the outskirts of Bamako, Mali.

The Global Fund/Vincent Becker

The partnership between francophone countries and the Global Fund in the fight against HIV, tuberculosis (TB) and malaria has achieved tremendous impact over the last two decades. Since its inception, the Global Fund has invested US\$15.7 billion in the fight against the three diseases in francophone countries: US\$7.3 billion for HIV and AIDS, US\$7.2 billion for malaria and US\$1.2 billion for TB. These investments – which make up 24% of the overall Global Fund portfolio – coupled with domestic finances from countries where the Global Fund invests have achieved great results.

Health programs supported by the Global Fund partnership have helped to save 9.2 million lives in these countries.

The Global Fund's Strategy, "Fighting Pandemics and Building a Healthier and More Equitable World" (2023-2028) puts greater emphasis on equity, sustainability, program quality and innovation. The Strategy takes determined action to leverage the fight against AIDS, TB and malaria to build more inclusive, resilient and sustainable health and community systems better able to deliver health and well-being, and to prevent, identify and respond to global health security threats.

RESULTS

Since the Global Fund was founded in 2002, the partnership has achieved the following key results in francophone countries:



2.6 million

people on antiretroviral therapy*



7.2 million

people treated for TB**



836.1 million

mosquito nets distributed**

Most investments by the Global Fund partnership in francophone countries are in West Africa, which carries a significant proportion of the world's malaria and HIV burdens. Global Fund investments in these countries therefore tend to skew toward those two diseases, with 42% of total investments directed to HIV programs and 47% directed to malaria.

1 The Global Fund supports programs in 28 francophone countries: Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, the Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Gabon, Guinea, Haiti, Lao PDR, Madagascar, Mali, Mauritania, Mauritius, Morocco, Niger, Rwanda, Senegal, Togo, Tunisia and Viet Nam.

* Number of people currently on antiretroviral drugs (ARVs)

** Cumulative result since 2002

Across francophone countries supported by the Global Fund, the past two decades show substantial progress against HIV. Thanks to concerted efforts from the Global Fund and our partners to expand access to treatment, the AIDS-related mortality rate in francophone countries has declined by 83% between 2000 and 2024. In the same time period, the AIDS-related mortality rate fell by 96% in Burundi, by 92% in Burkina Faso and Côte d'Ivoire, and by 91% in Rwanda.

The number of new HIV infections in francophone countries also dropped by 65%, from 378,000 in 2000 to 130,000 in 2024. Between 2001 and 2024, HIV incidence rates declined by more than 90% in Rwanda, Mauritania, Côte d'Ivoire and Burundi. Through Global Fund-supported programs, antiretroviral therapy coverage in francophone countries significantly increased from 3% in 2005 to 75% in 2024 – but coverage has plateaued or declined recently in some fragile and conflict-affected countries (such as the Democratic Republic of the Congo, Djibouti and Niger).

Mali: **United Across Generations to End AIDS**

Dr. Bintou Dembele and Fanta Conde embody a powerful, intergenerational fight to end AIDS in Mali. In 1996, when an HIV diagnosis often meant certain death, Dr. Bintou co-founded CESAC, Mali's first HIV clinic. With almost no resources but unwavering conviction, she helped build a safe haven offering care, dignity and hope to people living with HIV. Today, CESAC is run by ARCAD Santé PLUS, partners of the Global Fund, and provides integrated HIV, tuberculosis and malaria services through seven community clinics across the country.

Fanta's journey began at CESAC as a teenager living with HIV. Thanks to sustained access to treatment and support, she not only survived but thrived. Now a mentor and advocate, Fanta helps young people navigate treatment, confront stigma and believe in their future.

The Global Fund has financed all antiretroviral therapy in Mali for the past two decades, and together with Unitaid, has dramatically reduced the cost of these lifesaving medications – from US \$10,000 per person per year to as low as US\$35 today – through innovation and strategic procurement.

Despite insecurity and poverty, their shared leadership proves that sustained partnership can move Mali closer to an AIDS-free generation.

Together, Dr. Bintou and Fanta reflect Mali's hard-won progress: AIDS-related deaths have fallen by 60%, while treatment coverage has risen from 3% in the early 2000s to 68% in 2024.

The Global Fund/Vincent Becker



Tuberculosis

Progress against TB in francophone countries over the past two decades has been moderate but uneven. Slowly declines in TB incidence highlight persistent challenges. Between 2000 and 2024, the TB incidence rate declined by 38% and the TB mortality rate declined by 63% among francophone countries supported by the Global Fund. Over the same period, TB treatment coverage rose from 29% to 68%, with acceleration after 2020 in many countries. But absolute numbers of TB cases continued to rise in several high-burden countries (among them Chad, Democratic Republic of the Congo, Guinea, Niger and Madagascar).



Nzombi Ngoma was forced to stop working as a general laborer after experiencing TB symptoms. He had been on TB treatment for four months, but he had to be admitted to the Pediatric Foundation of Kimbondo Hospital in Kinshasa, Democratic Republic of the Congo, due to complications. With continued treatment he is expected to make a full recovery.

The Global Fund/Vincent Becker

Malaria

About 546 million people are at risk for malaria in francophone countries – and in recent years progress has stalled or reversed, with cases and deaths on the rise in a number of countries. West Africa, which is predominately francophone, is disproportionately affected by the disease. Burkina Faso, Cameroon, the Democratic Republic of Congo, Mali and Niger are among the 11 countries with the highest burden of malaria in the world.

Despite these challenges, the Global Fund partnership has worked hard to fight back against the disease, leading to a 56% decline in the malaria mortality rate between 2000 and 2024 in francophone countries. During the same period, malaria mortality rates dropped dramatically in some countries – by 82% in Burkina Faso and by 80% in Côte d'Ivoire. Cambodia, Laos and Viet Nam have all reported zero malaria deaths in the last few years. The Global Fund has invested US\$4.5 billion in the Sahel² region to fight malaria, including through the distribution of mosquito nets, seasonal chemoprevention (SMC) for children under 5, preventive treatment for pregnant women, diagnostic tests and malaria treatment, and outreach programs.

The Global Fund works with communities to ensure that young children and pregnant women in particular are protected by mosquito nets. In 2024, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Guinea, Mali, Niger, Rwanda, Senegal and Togo all reported that more than half of the population had access to a long-lasting insecticide-treated net.

² Senegal, Gambia, Mauritania, Guinea, Mali, Burkina Faso, Niger, Chad, Cameroon and Nigeria

Cameroon:

Keeping Women and Children Safe from Malaria

In Cameroon, malaria remains a leading health threat – well over 6 million cases are recorded every year in the country, and the disease is especially devastating for pregnant women and children under 5.

Supported by the Global Fund, Cameroon is strengthening its malaria response by deploying a combination of proven and innovative tools, including long lasting insecticide treated mosquito nets, preventive treatment for pregnant women and children, improved diagnosis and treatment, and the rollout of new technologies to address insecticide resistance. Community health workers play a critical role in reaching families early and ensuring access to care.

Cameroon's integrated approach is helping protect the most vulnerable and sustain progress toward reducing malaria deaths.



During her pregnancy, Melissa took intermittent preventive treatment, or IPTp, which protected her from malaria. Later, her son, Tony-Jason, received a malaria vaccine when he was 6 months old.

The Global Fund/Vincent Becker

Global health security and strong health systems

The Global Fund partnership is making the world healthier and safer by confronting the world's deadliest infectious diseases – HIV, TB and malaria. Targeting these three diseases and strengthening health systems is among the most effective ways for countries to prepare for future pandemics. Our investments strengthen entire health systems – training health workers, expanding laboratory networks, improving disease surveillance, and digitizing health information systems – supporting countries to prepare for, and respond effectively, to future infectious disease outbreaks.

Guinea:

Paving the Way for Better Community Health

In Guinea, increased investment at the local level is strengthening community health systems and improving access to essential services. Community health workers play a critical role in detecting disease early, supporting treatment adherence and reaching remote populations, yet they have often been unpaid and underfunded. With catalytic support from the Global Fund-backed Project BIRCH, this is beginning to change.

Through technical assistance to national and local authorities, Guinea secured US\$18 million from Global Fund investments to support community health – a major milestone for a system long overlooked in global financing. The initiative has also helped align national priorities with local needs, strengthening budgeting and planning processes.

Beyond national funding, Guinea is prioritizing sustainability by integrating community health worker financing into municipal budgets, reinforcing local ownership of health services. This shift toward decentralized, stable financing is laying the groundwork for stronger, more resilient community health systems and better health outcomes nationwide.

And our investments in health systems and disease surveillance in more than 100 countries help to detect, track and contain new outbreaks around the world.



Integrate Health

Strengthening Disease Surveillance Across West Africa

Communities across West Africa continue to face old and new infectious disease threats, including waterborne diseases like cholera and typhoid, viral hemorrhagic fevers like Ebola, Lassa fever and yellow fever, and new emerging threats like mpox. The region also faces more frequent public health crises due to extreme weather events, rapid urbanization, displacement and high rates of AMR – all of which can help fuel the spread of infectious disease.

In response, health officials, policymakers and health financing partners, including the Global Fund, are working to strengthen disease control capacities by replicating a best practice surveillance model from within the region – Senegal's Sentinel Syndromic Surveillance System – known as the 4S Network.

Established more than a decade ago, the 4S Network is an early warning disease surveillance system established by the Institut Pasteur de Dakar and the Ministry of Health. The network now operates through 38 sentinel sites based in clinics and hospitals across the country. At these sites, case-based data on the number of patients presenting with symptoms such as fever, cough and diarrhea are registered on a daily basis and shared with health authorities in real-time via a data management platform – allowing officials to detect emerging health threats early and respond rapidly if needed. Through the West African Regional Laboratory Initiative, the Global Fund is working to build upon the 4S model by establishing similar surveillance activities across West Africa. To date, the Global Fund has enabled 4S activities to begin in Benin, Guinea Bissau, Sierra Leone and Togo, with plans to include Burkina Faso in 2026. The Gates Foundation and the Africa CDC collaborated with national authorities to set up sentinel surveillance sites in Cabo Verde, The Gambia, Guinea, Mali, Mauritania and Niger. Investments made in expanding the network have already proved their worth, detecting numerous viral pathogens including dengue, chikungunya, Crimean Congo hemorrhagic virus and yellow fever – allowing authorities to act rapidly.



Cunna Mendes, regional director of Bolama's Health District, is part of a growing network of frontline responders trained to monitor and report early warning signs of disease outbreaks.

The Global Fund/Sylvain Cherkaoui/Panos

Global Fund support in fragile contexts

Conflict and forced displacement fuel the spread of disease and threaten to undo decades of hard-won health gains the world has made over the last two decades. To beat AIDS, TB and malaria and ensure global health security, it is critical that we address urgent health needs in fragile settings. The Global Fund works in a number of countries and regions affected by poor governance, disasters or conflict. Our long-term investments support countries to build resilient health and community systems in fragile settings, where overlapping challenges threaten past health gains.

Democratic Republic of the Congo: Digital Solutions to Help Catch and Contain Outbreaks

Digital technology is transforming how the Democratic Republic of the Congo (DRC) detects and responds to infectious disease outbreaks. At the heart of this effort is the National Centre for Epidemiological Intelligence in Kinshasa, where a 24/7 Early Alert Room monitors data on 21 infectious and endemic diseases, including cholera, Ebola, measles, malaria, mpox, HIV and TB. Using real-time digital surveillance, epidemiologists analyze case reports, laboratory results and geographic trends across all 26 provinces to identify potential outbreaks early and trigger rapid responses.

These tools are particularly critical in the DRC, where outbreaks are frequent and difficult to manage due to conflict, population displacement, vast distances, weak infrastructure and limited connectivity in remote areas. Digitized reporting systems help overcome delays caused by poor road networks and challenging terrain, allowing health authorities to act faster and prevent widespread transmission.

The system has proven especially effective during recent mpox outbreaks, enabling teams to trace cases, track the virus's evolution and share data quickly with national and regional partners. Supported by the Global Fund and government partners, digital disease surveillance is strengthening the DRC's ability to anticipate outbreaks rather than react to them – saving lives and reducing the risk of large-scale epidemics.



Supervising nurse Basoki Ipeke (left) and community health worker Bomelo Malco in Kimpoko, Democratic Republic of the Congo.

The Global Fund/Vincent Becker

Sustainability and transition

In a context of constrained resources, a focus on sustainability and transition is essential. This means strengthening domestic financing, maximizing the impact of existing resources, supporting countries to gradually transition from external financing, and engaging the private sector more effectively. The Global Fund is committed to leading this effort, drawing on its experience aligning partners around common goals.

Working closely with francophone countries, the Global Fund ensures every investment delivers value for money, mobilizes additional resources through innovative financing, and builds resilient health and community systems for the long term. Integration is a key part of this approach. In Côte d'Ivoire, for example, Global Fund investments help subsidize health insurance premiums for people living with HIV, supporting their integration into the national health insurance scheme and advancing universal health coverage.

Health financing dialogues in countries such as Burundi bring governments, donors and civil society together to build political commitment for increased domestic health spending, including progress toward compulsory health insurance and greater budget allocations for health. These efforts are supporting francophone countries to build sustainable, nationally financed health systems that can protect the most vulnerable long after external support has come to an end.

About the Global Fund

The Global Fund is a worldwide partnership to defeat HIV, TB and malaria and ensure a healthier, safer, more equitable future for all. We raise and invest up to US\$4 billion a year to fight the deadliest infectious diseases, challenge the injustice that fuels them, and strengthen health systems and pandemic preparedness in more than 100 of the hardest hit countries. We unite world leaders, communities, civil society, health workers and the private sector to find solutions that have the most impact, and we take them to scale worldwide. Since 2002, the Global Fund partnership has saved 70 million lives.