



ABOUT THE PORTAL BACK GROUND ERS

The Africa Portal backgrounder series offers brief background information and commentary on current policy issues of concern to Africans—especially in the areas of conflict, energy, food security, health, migration and climate change. Written by seasoned, up-and-coming scholars on Africa, the backgrounders are published exclusively on the Africa Portal and are available for free, full-text download. The Africa Portal is an online knowledge resource for policy-related issues on Africa. www.africaportal.org

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA: ITS IMPACT IN SUB-SAHARAN AFRICA AND IMPLICATIONS FOR FRANCE'S G8 PRESIDENCY

BY FREDRICK IMMANUEL KINDI

SUMMARY

- Since 2002, there is a growing body of evidence regarding the positive impact of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Sub-Saharan Africa. To date, programs supported by the Global Fund have saved about 6 million lives.¹ This is in addition to preventing thousands of new infections and ameliorating the condition of those infected.²
- Despite the positive impact of the Global Fund, poverty-induced challenges and gender inequalities threaten progress in curbing the spread of HIV/AIDS, Tuberculosis (TB) and malaria in Sub-Saharan Africa.
- Close to 85 percent³ of the Global Fund's funding comes from G8 countries. France's assumption of the G8 leadership in 2011 comes with renewed commitment to the Global Fund and serves as an example for other G8 countries to increase their funding.

ORIGIN OF THE GLOBAL FUND

The Global Fund to Fight AIDS, Tuberculosis and malaria is a public-private partnership established in 2002 to mobilize and disburse resources to prevent

1 The Global Fund website: "About Global Fund:" <http://www.theglobalfund.org/en/about/?lang=en> accessed on Wednesday, March 23, 2011.

2 The Global Fund Annual Report 2009, May 2010.

3 Talaga, Tanya, "Global Fund Head Optimistic about advance meeting with Harper", *The Star*, Sunday, 13th, June 2010 at <http://www.thestar.com/news/canada/article/823053--global-fund-head-optimistic-over-advance-meeting-with-harper> (85% of GF from G8), accessed on Wednesday, March 23, 2011.

ABOUT THE AUTHOR

Fredrick Immanuel Kindi

Fredrick Immanuel Kindi is an Assistant Lecturer in the School of Women and Gender Studies, Makerere University. Kindi holds a Master of Philosophy degree in Gender and Development from the University of Bergen, Norway, and a Bachelor of Arts with a major in Philosophy from Makerere University, Uganda. At the undergraduate level, Kindi teaches several course units in Gender and Development. At the graduate level, he teaches Feminist Research Methodology in the School of Women and Gender Studies. His research interests focus on health, conflict, feminist theory, poverty, feminist economics, feminist science, and philosophy. He is also a Ph.D student at Makerere University, and his research topic is: *Private Health Sector Re-examined: Implications for Improving Infant and Child Health Care in Uganda*. Currently, Mr. Kindi is affiliated to the University of Waterloo, Department of Women's Studies, Ontario, Canada, under the aegis of the African Initiative Exchange Program hosted by CIGI.

and treat HIV/AIDS, TB and malaria in mid and low income countries in parts of Africa, the Caribbean and Asia.⁴ To mobilize and disburse resources, the Global Fund works in concert with several partners, including G8 donor countries, grant recipient governments of low and mid income countries, the private sector, non-governmental organizations (NGOs), and civil society. The Global Fund was established after public health experts and civil society organizations called for a collective effort to raise money to contain the spread of HIV/AIDS, TB and malaria, three of the world's most devastating infectious diseases, and address the lack of resources and inadequacy to combat the diseases in mid and low income countries.

G8 leaders embraced the call to establish the Fund in a meeting in 2000 in Okinawa, Japan. African leaders followed a year later at a summit in Abuja, Nigeria.⁵ At a meeting in July 2001 in Genoa, Italy, the G8 leaders agreed to contribute funds to the initiative. By January 2002, a permanent secretariat for the Global Fund was established.⁶ Three months later, the Global Fund started disbursing the first round of grants to 36 countries.⁷ By September 2010, the Global Fund had approved 780 grants to more than 140 countries. Cumulatively, this funding totals more than US\$ 19.5 billion.⁸ As a funding agency, the Global Fund does not implement programs but rather works as a financial institution that offers funding and support to countries fighting HIV/AIDS, TB and malaria that is conditional on achieving verifiable results. Countries looking to receive funds must first submit a proposal to be reviewed by the Fund's independent Technical Review Panel, which has the authority to disburse funding.

This backgrounder examines the progress of the Global Fund with specific focus on Sub-Saharan Africa.⁹ The backgrounder will also examine the implications of France's G8 leadership in 2011 for the Global Fund.

4 The Global Fund, *Regional Overview: Middle East and North Africa*, April 2009.

5 The Global Fund, *the Need for Global Fund*, 2006.

6 Ibid.

7 Ibid.

8 The Global Fund, *An Agenda for a more efficient and effective Global Fund*, September 2010, p.4.

9 According to the Global Fund 2010: *Innovation and Impact*, published in March 2010, Sub-Saharan Africa is defined to constitute 47 countries in East Africa, Southern Africa, and West and Central Africa.

THE STATE OF HIV/AIDS, TUBERCULOSIS AND MALARIA IN SUB-SAHARAN AFRICA

Compared to other regions supported by the Global Fund, Sub-Saharan Africa is the worst affected by HIV/AIDS, TB, and malaria. Two thirds—or 67 percent—of people living with HIV in Africa are found in the Sub-Saharan region and nearly three quarters—or 72 percent—of all AIDS-related deaths in 2008 were recorded in the region.¹⁰ In 2009, the number of people living with HIV in Sub-Saharan Africa stood at 22.5 million compared to 20.3 million in 2001.¹¹

HIV infection rates in Sub-Saharan Africa are also high. In 2008, an estimated 1.9 million new infections were recorded, and in 2009, 1.8 million infections were registered.¹² Of equal concern is the fact that HIV/AIDS-related deaths in Sub-Saharan Africa have orphaned 12 million¹³ children, and an additional 14 million children have lost at least one parent to the disease.¹⁴

HIV prevalence rates vary significantly from country to country in Sub-Saharan Africa. About 22 countries recorded some decline in infections, especially in West and central Africa, while in other countries like Tanzania, Uganda, Kenya, and Rwanda the adult prevalence rate is below ten percent. But in southern Africa,¹⁵ the prevalence rate is still high—about 11 million people in this region are living with HIV, compared to a decade ago, when the number was 8.6 million.¹⁶

The figures on TB paint an equally dismal picture. As a whole, Sub-Saharan Africa has the highest per capita incidences of TB in the world.¹⁷ Close to 1,500 people affected by TB die every day in the region, with children

10 UNAIDS, Fact Sheet, 2009.

11 UNAID, Global Report on AIDS, 2010.

12 Ibid.

13 The Global Fund, Stories of Innovations and Impact, 2010.

14 UNAIDS, Fact Sheet, 2009.

15 Includes countries such as South Africa, Angola, Botswana, Lesotho, Malawi, Namibia, Mozambique, Zimbabwe, Zambia, and Swaziland.

16 UNAID, Global Report on AIDS, 2010 p.28.

17 AMREF website, see <http://www.amrefcanada.org/TB?gclid=CleL3ZWv6qcCFZFoKgodNyFlcQ>

constituting ten percent of the deaths.¹⁸ TB is also a leading killer of people affected with HIV/AIDS in the region.

Malaria causes 90 percent of deaths among children and women in Sub-Saharan Africa.¹⁹ In eastern and southern Africa, an estimated 30 percent of deaths among pregnant women are caused by malaria.²⁰ It is also estimated that 200,000 newborns in Sub-Saharan Africa die annually because their mothers contracted malaria during pregnancy.²¹

Women are particularly vulnerable to HIV/AIDS and TB. For instance, compared to men, 60 percent of people living with HIV/AIDS in sub-Saharan Africa are women.²² Although globally men account for two-thirds of all TB cases, in Sub-Saharan Africa the situation is different. Due to high HIV infection rates among women, an increasing number of HIV related TB cases have been recorded among women, especially within the 15-25 age category.²³

Women's vulnerability to the three infectious diseases highlights the consequences of gender inequalities in Sub-Saharan Africa. In other words, gender inequalities exacerbate vulnerability among women and limit their access to treatment. Moreover, studies show that an array of inequalities—including income distribution, access to credit, property income, and low bargaining power²⁴—can all be traced back to women's, and by extension children's, vulnerability to HIV, TB and malaria.

Overall, the susceptibility of Sub-Saharan Africa's population to these three diseases arises from a number of factors including poverty, armed conflicts, lack of education, inadequate health systems, gender inequalities, high levels of mobility, and sexual violence, among others.²⁵ These factors

18 Ibid.

19 The Global Fund, Stories of Innovations and Impact, 2010.

20 AMREF, op cit.

21 The Global Fund, Stories of Innovations and Impact, 2010.

22 Jennifer Prah Ruger, Combating HIV/AIDS in Developing Countries, BMJ, Saturday 17th, July 2004 at: <http://www.bmjjournal.com/cgi/reprintform>

23 The Global Fund, Gender Equality Strategy.

24 Cagatay, N., (2001), "Trade, Gender and Poverty", UNDP 2001.

25 The Global Fund, South African Overview, 2006.

intertwine in complex and diverse ways, rendering people in the region vulnerable to infection. Underscoring the problem is the region's poverty levels; 50 percent of Sub-Saharan Africa's population of 818 million lives on less than US\$1.25 per day.²⁶ Poverty does not only limit access to health services and information, but it also limits constructive action to combat the three diseases. Similarly, armed conflict is both a product of, and a cause of poverty. Armed conflicts disrupt people's livelihoods and often produce internally displaced people (IDPs) and refugees. IDPs and refugees are particularly vulnerable to HIV, TB and malaria because of the poor living conditions found in their settlements.

IMPACT OF THE GLOBAL FUND IN SUB-SAHARAN AFRICA

Despite the current gloomy state of affairs involving HIV/AIDS, TB and malaria in Sub-Saharan Africa, programs supported by the Global Fund have contributed to significant progress in fighting the diseases. Between 2002 and the end of 2009, the Global Fund approved US\$10.9 billion to fight the three diseases, and about US \$5.5 billion of this money has already been disbursed.²⁷ This has led to a sharp increase in the number of people accessing health services. For instance, programs supported by the Global Fund have enabled over 1.9 million people to access Anti-Retroviral Therapy (ART) and provided treatment for 1.4 million new cases of TB. Additionally, these programs have distributed 72 million insecticide-treated nets used to reduce malaria infection rates, and offered 90 million courses of malaria treatment.²⁸ Such accessibility to treatment has lowered infection rates and reduced the mortality rate among those infected in the region. This situation stands apart from the reality in the late 1980s through the 1990s and in early 2000, where contracting any of the three diseases meant almost certain death. In some countries, such as Namibia, programs funded by the Global Fund have enabled free access to anti-retroviral drugs to eligible HIV patients,²⁹ while in others—such as Swaziland—malaria deaths have been substantially reduced. From 2001 to 2009 malaria deaths in Swaziland

²⁶ The Global Fund 2010: Innovation and Impact, March 2010.

²⁷ The Global Fund 2010: Innovation and Impact, March, 2010.

²⁸ Ibid.

²⁹ Ibid.

have been characterized by a general downward trend. For instance, in 2001 the number of people who died of malaria in Swaziland was 62. In 2002, 2003, 2007, 2008 and 2009 the numbers were respectively: 46, 30, 14, five and three.³⁰ In over 25 countries in Sub-Saharan Africa, malaria grants have significantly reduced infant mortality rates. The Global Fund's malaria grants, which account for 60 percent of international financing for the disease in the sub region, have reduced malaria deaths by 50 percent.

Funds from the Global Fund have also led to substantial progress in outreach programs where more than 40 million communication programs have been conducted, over 40 million sessions of HIV counseling and testing have been delivered, about 1.5 billion condoms have been distributed and over 3 million sessions of training for health or community workers have been offered. Over 4.2 million orphans and vulnerable children have received basic care and support services.³¹ These activities have contributed to behavioral changes in relation to AIDS, TB and malaria, and helped to scale up preventive services that offset costs for diagnosis, treatment and follow-ups.³²

In many countries in Sub-Saharan Africa health systems are generally inadequate and underfunded to cope with the needs of the local population, which can create a chain of other problems within the system, such as absenteeism of health workers, poor pay, and lack of medicine and equipment. The Global Fund is making progress in strengthening health systems through infrastructure development, equipping laboratories, expanding human resources, skills training, capacity building, retention of health staff, and the monitoring, evaluation and procurement of health systems. Global Fund grants have strengthened health systems in several countries: Lesotho, Mozambique, Zimbabwe, Ethiopia, Malawi, Rwanda and Swaziland.

30 UNDP, "Goal 6: Combat HIV/AIDS, Malaria and Tuberculosis in Swaziland", UNDP Information Policy, 2009 accessed at http://www.undp.org.sz/index.php?option=com_content&view=article&id=35&Itemid=64

31 Ibid.

32 Ibid.

CHALLENGES FOR THE GLOBAL FUND

There is no doubt that progress is being made to contain AIDS, TB and malaria. But the number of people currently affected by the three diseases far exceeds those in receipt of support from programs funded by the Global Fund. For instance, in 2009, over 22.5 million people in Sub-Saharan Africa were living with HIV, but only 3.9 million were receiving anti-retroviral treatment, about 1.9 million of which were being treated through Global Fund grants. Similarly, in 2009, over 12 million children had been orphaned by HIV/AIDS, yet only 4.2 million were receiving basic care and support services in the region. These disparities underscore the need for the Global Fund to increase funding to increase prevention services to people in need.

Like HIV/AIDS, TB treatment and prevention is still problematic in sub-Saharan Africa. Particularly, the co-infection of TB and HIV has tripled the burden of TB in the region.³³ This calls for the need to strengthen preventive programs. Only two countries in sub-Sahara Africa — Somalia and Zambia — are on track to halve TB prevalence by 2015.³⁴ For many other countries in the sub-region, TB prevalence has increased since 2000.³⁵ Because TB is associated with poverty and given that its treatment is long and complex, many patients end up not completing the required dosage, especially if not supervised. The most at risk continue to be the urban poor, migrants and refugees who live in congested areas.

Regarding malaria, the Global Fund grants have contributed to reducing deaths by 50 percent, yet, at the same time, the disease continues to be the number one cause of death among women and children.³⁶ For instance, malaria still accounts for one in every five deaths among children.³⁷ In 2000, 25 countries in Sub-Saharan Africa were expected to have substantially reduced their infant mortality rates arising out of malaria, yet by 2008 only three countries—Rwanda, Malawi, and Ghana—had managed to reduce malaria deaths among infants by 30 percent.

33 AMREF website, see <http://www.amrefcanada.org/TB?gclid=CleL3ZWv6qcCFZFoKgodNyFlcQ>

34 The Global Fund 2010: Innovation and Impact, March, 2010.

35 Ibid

36 Ibid

37 Ibid

Although over 72 million nets have been distributed across a number of countries in Sub-Saharan Africa, many in the region are forced to sell the nets to make ends meet; in addition, there is no consistent system in place to guarantee the replacement of worn out nets. Moreover, mosquito nets only prevent mosquito bites at night and fail to address environmental problems conducive to mosquito breeding in general.

Finally, the fight against the three diseases is also hampered by limitations on addressing gender inequalities. Many of the implementation strategies do not always address inequities and barriers faced by women and other vulnerable groups. Although HIV, TB and malaria affects both men and women, women are more vulnerable to infection and intensity of the impact of the three diseases. In most countries in Sub-Saharan Africa, women are less educated, have few economic opportunities, experience more legal and political discrimination than men, thus contributing to their vulnerability. It is not surprising therefore that three quarters of people living with HIV in sub-Saharan Africa are women.³⁸ Likewise the co-epidemic of HIV and TB, and the higher rates of HIV in women, mean more TB cases among women than men.³⁹ It is also women who bear the burden of the impact of HIV/AIDS such as looking after the sick and children orphaned by AIDS.⁴⁰ Although the Global Fund Secretariat acknowledges the problem of gender inequality in fueling the spread of three diseases, especially among women, addressing gender inequality and its effects depends much on efforts of countries in receipt of the Global Fund funds. There is a need, therefore, for the Global Fund to insist that funding proposals must clearly demonstrate how the most vulnerable groups especially women, youth, and non-heterosexuals are going to be targeted to receive services.

FRANCE'S ASSUMPTION OF THE G8 LEADERSHIP AND ITS IMPLICATIONS FOR THE GLOBAL FUND

France was an instrumental player in the establishment of the Global Fund.⁴¹ Since the Fund's inception in 2002, France's accumulated contribution is

38 The Global Fund, Global Fund Gender Equality Strategy , accessed at the Global Fund Website <http://www.theglobalfund.org/en/>

39 Ibid.

40 Ibid.

41 The Global Fund Website <http://www.theglobalfund.org/en/>

estimated at US\$ 4.014 billion, making it the second largest contributor after the United States.⁴² As a sign of its continued support to the Global Fund, France committed US\$1.4 billion in September 2010,⁴³ making it the first country to pledge funding to the Fund for the next three years.

As France assumes the G8 leadership, the pledge is particularly significant because it demonstrates the country's continued leadership and vision for the Global Fund. The renewed commitment to funding sets a benchmark for the G8 countries and other stakeholders to increase financial resources for the Global Fund in order to sustain the progress made so far. Although other countries are yet to make or fulfill their pledges, France being the first, signals other countries to quickly respond in order to overcome challenges in funding gaps so as to scale up efforts to achieve or even exceed the set Millennium Development Goal targets of:

- Eliminating malaria as a public health problem in most malaria-endemic countries,
- Preventing millions of new HIV infections,
- Dramatically reduce deaths from AIDS,
- Virtually eliminate transmission of HIV from mother to child,
- Strengthening health systems, and
- Achieving significant declines in TB prevalence and mortality by 2015.⁴⁴

In light of all the above, it is important to note that although increasing financial resources is crucial to preventing new infections and enhancing access to health services, addressing the underlying causes—such as poverty, gender inequality, and environmental degradation—that perpetuate the spread of the three diseases is key to containing and curtailing their spread.

42 Ibid.

43 Ibid.

44 The Global Fund, Achieving the Millennium Development Goals by 2015, March 2010.

BIBLIOGRAPHY

AMREF website, see <http://www.amrefcanada.org/TB?gclid=CleL3ZWv6qcCFZFoKgodNyFlcQ>

Cagatay, N., (2001), "Trade, Gender and Poverty," UNDP 2001.

Khobotlo M, et al. *Lesotho: HIV Prevention Response and Modes of Transmission Analysis*. Maseru: Lesotho National AIDS Commission.

Ruger, Jennifer Prah, "Combating HIV/AIDS in Developing Countries," *BMJ*, Saturday 17th, July 2004 at: <http://www.bmjjournal.com/cgi/reprintform>

Talaga, Tanya, "Global Fund Head Optimistic about advance meeting with Harper." *The Star*, Sunday, 13th, June 2010 at <http://www.thestar.com/news/canada/article/823053--global-fund-head-optimistic-over-advance-meeting-with-harper> (85% of GF from G8), accessed on Wednesday, March 23, 2011

Tanzania Commission for AIDS et al, *Tanzania HIV/AIDS and Malaria Indicator survey 2007-2008*. , Dar es Salaam: Tanzania Commission for AIDS.

The Global Fund website: "About Global Fund";: <http://www.theglobalfund.org/en/about/?lang=en> accessed on Wednesday, March 23, 2011

The Global Fund, Annual Report 2009, May 2010.

The Global Fund, *Regional Overview: Middle East and North Africa*, April 2009.

The Global Fund, the Need for Global Fund, 2006.

The Global Fund, An Agenda for a more efficient and effective Global Fund, September 2010.

The Global Fund, Stories of Innovations and Impact, 2010.

The Global Fund, Gender Equality Strategy, <http://www.theglobalfund.org/en/>

The Global Fund, South African Overview, 2006.

The Global Fund 2010, Innovation and Impact, March, 2010.

UNAIDS, Fact Sheet, 2009.

UNAID, Global Report on AIDS, 2010.

UNDP, "Goal 6: Combat HIV/AIDS, Malaria and Tuberculosis in Swaziland", UNDP Information Policy, 2009 accessed at http://www.undp.org.sz/index.php?option=com_content&view=article&id=35&Itemid=64

ABOUT THE AFRICA PORTAL

The Africa Portal is an online knowledge resource for policy-related issues on Africa. An undertaking by the Centre for International Governance Innovation (CIGI), Makerere University (MAK), and the South African Institute of International Affairs (SAIIA), the Africa Portal offers open access to a suite of features including an online library collection; a resource for opinion and analysis; an experts directory; an international events calendar; and a mobile technology component—all aimed to equip users with research and information on Africa's current policy issues.

A key feature to the Africa Portal is the online library collection holding over 3,500 books, journals, and digital documents related to African policy issues. The entire online repository is open access and available for free full-text download. A portion of the digital documents housed in the library have been digitized for the first time as an undertaking of the Africa Portal project. Facilitating new digitization projects is a core feature of the Africa Portal, which aims to improve access and visibility for African research.

www.africaportal.org

The Africa Portal is part of the Africa Initiative project.

AFRICA INITIATIVE

The Africa Initiative (AI) is a multi-year, donor-supported program, with three components: a research program, an exchange program, and an online portal. A joint undertaking by CIGI in cooperation with Makerere University (MAK), the Africa Initiative aims to contribute to the deepening of Africa's capacity and knowledge in five thematic areas—conflict resolution, energy, food security, health, and migration, with special attention to the cross-cutting issue of climate change. By incorporating field-based research, strategic partnerships, and online collaboration, the Africa Initiative is undertaking a truly interdisciplinary and multi-institutional approach to Africa's governance challenges. Work on the core areas of the initiative focus on supporting innovative research and researchers, and developing policy recommendations as they relate to the program's core thematic areas.

Copyright © 2011 by The Centre for International Governance Innovation

The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of The Centre for International Governance Innovation or its Board of Directors and/or Board of Governors.



This work was carried out with the support of The Centre for International Governance Innovation (CIGI), Waterloo, Ontario, Canada (www.cigionline.org). This work is licensed under a Creative Commons Attribution-Non-commercial — No Derivatives Licence. To view this licence, visit (www.creativecommons.org/licenses/by-nc-nd/3.0/). For re-use or distribution, please include this copyright notice.

First published in 2010 by The Centre for International Governance Innovation



The Centre for International Governance Innovation
57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
www.cigionline.org



57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
tel +1 519 885 2444 fax +1 519 885 5450
www.cigionline.org

