PARTNERS AT THE FRONTLINE

WHO and the Global Fund making impact in countries
A unique partnership

Today there is hope about ending the global epidemics of HIV, tuberculosis (TB) and malaria. Highly committed governments, organizations and individuals have brought us to this point.

The World Health Organization (WHO) and the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), working in partnership, have led global efforts to address the three diseases. It is their joint mission to help countries build the health systems needed to sustain prevention and treatment and improve reproductive, maternal, newborn, child and adolescent health, as they strive to attain the 2030 targets of the Sustainable Development Goals, including Universal Health Coverage and target 3.3 to end the epidemics of HIV, TB and malaria.

The Global Fund is one of the largest external funders of HIV, TB and malaria programmes, with 27% of its investments also going to develop resilient and sustainable systems for health. WHO is the only technical partner of the Global Fund with expertise in health systems strengthening, reproductive and maternal health, and newborn, children’s and adolescent health – in addition to its technical expertise on the three diseases.

WHO has offices in every country that has a Global Fund grant and is considered the first port of call for technical assistance. This global reach is essential for making an impact against the three diseases targeted by the Global Fund, as well as strengthening the systems needed to deliver critical services and reach vulnerable populations.

WHO is also playing a critical role in facilitating country dialogues among all health partners to develop technically sound funding proposals, brokering consensus on how to divide available funds to different programmes and supporting programme implementation.

Between 2015 and 2019 the Global Fund allocated close to US $200 million to WHO at country and regional level and headquarters; both directly and indirectly (through country grant principal recipients).

To reinforce their relationship and to optimize their joint efforts to make an impact in countries, WHO and the Global Fund signed a Strategic Framework for Collaboration in October 2018.

- Country programmes rely on WHO normative relies on WHO normative guidance, with tools for adaptation to country context and effective operationalization
- Global Fund policies and investments rely on WHO strategic advice and guidance
- The two organizations together seek to help countries accelerate progress on their path to achieve the Sustainable Development Goals, as articulated under the Global Action Plan for Healthy Lives and Well-being for All
- The Global Fund engages in WHO programmatic forums where appropriate; and the two organizations exchange information and support countries, including through regional approaches and South-to-South collaboration.
### Areas of collaboration

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### Principles driving WHO and Global Fund collaboration

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Progress and challenges on HIV, TB and malaria

Despite efforts by countries, WHO, the Global Fund, and partners worldwide, the burden of HIV, TB and malaria is not declining fast enough to achieve global milestones set for 2020 as envisaged under the global strategies of these programmes. If we don’t meet the milestones for 2020, it is unlikely that we will meet the goals for 2030.

To fast-track efforts, we need to complete the massive scale-up of core and better-targeted HIV, TB and malaria interventions and strengthening of health systems already underway.

Improved access to lifesaving HIV treatment has achieved dramatic progress, with significant declines in deaths and infection rates. But in 2018, new HIV infections rose in Eastern Europe, Central Asia, the Middle East and North Africa and Latin America. More than half of new HIV infections are among key populations and their sexual partners.

Over 58 million lives have been saved through effective diagnosis and treatment of tuberculosis (TB) since the year 2000, however TB remains the top infectious killer in the world causing 1.5 million deaths in 2018. Under-reporting and under-diagnosis of people with TB remains a major challenge. Of the 10 million people who fell ill with TB in 2018, only 7 million were officially recorded by national reporting systems, leaving 3 million people undiagnosed, or detected but not reported. Drug-resistant TB remains a global public health crisis, with only one in three people with drug-resistant TB accessing treatment. Finding the missing people with TB is a global priority.

After more than a decade of steady advances in fighting malaria, progress has stalled. No significant gains were made in reducing the number of malaria cases worldwide in the period 2015 to 2017. Sub-Saharan Africa continues to carry the heaviest burden of disease, accounting for more than 90% of the global malaria burden. Worryingly, there were an estimated 3.5 million more malaria cases in the 10 highest-burden African countries in 2017 than during the previous year, and children are the most affected by this disease with a child dying every 2 minutes from malaria.

WHO and the Global Fund are focusing their efforts on addressing these challenges. This brochure highlights some examples of the significant impact of their collaborative efforts in countries.
Finding missing people with TB

Every year, 10 million people develop active tuberculosis (TB) disease, but about 3 million of these individuals are “missed” by health systems and may not get the TB care they need and deserve. More than 75% of missed cases are concentrated in just 13 countries.

The Global Fund and WHO have made finding these missed people a high priority. These people either have no access to care at all, or are diagnosed and treated by the private sector, which are not reporting to the national governments. The 13 countries sharing the highest burden of TB have committed in their strategic plans and in their Global Fund applications to increase the number of people with TB found annually by more than 1.5 million by the end of 2019. WHO with other partners is assisting these countries by providing technical support to identify impediments to accessing care and diagnosing TB and opportunities for finding missing TB cases, develop national action plans, scale up access to new diagnostic tools and implement active case finding approaches.

In addition, there is a strong focus on strengthening monitoring and evaluation systems to fully capture data on all people with TB being diagnosed and treated.

Four and a half million new and relapse people with TB were reported in those 13 high-burden countries in 2018. This represents a 22% increase or 815,862 additional people with TB compared to the 2015 baseline. The largest share of additional cases is from India, Indonesia, Philippines, Bangladesh and Democratic Republic of Congo. If current trends continue, we are on track to meet our global target.

Impact of finding the missing people affected by TB in 13 priority countries
Countries around the world have agreed to strive for the 90-90-90 HIV goals by 2020. The aim is for 90% of all people living with HIV to know their HIV status, 90% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy to have viral suppression.

To reach these goals, the Global Fund and WHO have recognized the critical importance of closing the “testing gap” — which refers to the trend for some population groups to be less likely to access HIV diagnosis than others.

As part of a joint Global Fund and WHO initiative, twelve African countries are implementing new, differentiated testing strategies that will address how, where and when HIV testing is available and who is targeted. The aim is to reach people living with HIV/AIDS who do not know their status in a more efficient and cost-effective way. All countries are receiving support from the HIV teams at WHO and the Global Fund as they develop these new strategies.

The idea of using differentiated strategies to reach people in need of HIV testing services is not new, but now these strategies are being developed in more detailed ways, which are client-centred and specific to each country’s and population’s situation. In Lesotho, for example, which has the world’s second highest HIV prevalence, testing is very widespread, but 23% of the country’s population had not been reached at the start of this project. Many of those unreached are those less likely to come to facilities, particularly key populations, men, and adolescents girls and young women who are greatly affected by HIV but have the lowest HIV testing and treatment coverage. New approaches designed and implemented to reaching these groups include creating community-level peer-to-peer groups that offer counselling, education, condoms and self-tests, provider-assisted referral and focused outreach in workplaces.

With support from WHO guidelines, technical assistance and investment cases, the Global Fund and the Children’s Investment Fund Foundation will be supporting countries to introduce and scale-up self-testing to reach people who need HIV testing most.

Striving to achieve “Treat All”, WHO and its partners have guided the adoption of a public health approach to HIV treatment and care under “TEST and TREAT”. By the end of 2018 for example, all countries adopted the “Treat All” policy, allowing all the 25.7 million people living with HIV in the African Region to be eligible for antiretroviral therapy (ART) regardless of their immune status. Sixteen countries in the African region (Botswana, Cameroon, Cote d’Ivoire, Democratic Republic of the Congo, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Uganda and Zimbabwe) were supported to develop plans to transition to treatment with Dolutegravir, based on WHO’s latest recommendations on preferred antiretroviral drugs in first- and second-line regimens, to improve adherence and reduce the risk of drug resistance.
90 – 90 – 90: Treatment for all

There are 37.9 million people living with HIV

HIV treatment targets: 30 million people on treatment by 2020

79% know they are HIV positive
The rest do not

HIV treatment targets: 90% of people living with HIV know their status

Three out of five people living with HIV are on antiretroviral treatment

HIV treatment targets: 90% of people who know their HIV status are on antiretroviral therapy

Only 53% of people living with HIV have undetectable levels of the virus

HIV treatment targets: 90% of all people on antiretroviral therapy are vitally supported
Eliminating malaria

The WHO global technical strategy for malaria 2016-2030 calls for eliminating the disease in at least 10 countries by the year 2020.

To meet this target, a country that had malaria transmission in 2015 must achieve at least one year of zero indigenous cases by 2020. Today it appears this target could be met.

A WHO initiative, the E-2020, was established in 2017 with support from the Global Fund and the Bill & Melinda Gates Foundation to support 21 countries in their efforts to “get to zero”. Among them are the People’s Republic of China and El Salvador, which have reported zero indigenous malaria cases since 2017, a first for both countries.

In 2018 Paraguay was certified as officially free of malaria. One of the most successful strategies was the involvement of 5000 volunteers in the country’s most remote areas. The measures implemented by the multidisciplinary teams include setting up malaria diagnosis units in the most vulnerable populations and at-risk areas; reporting cases within 24 hours; initiating timely treatment within 24 hours of diagnosis; and closely monitoring individual cases, followed by investigation and monitoring of the outbreak location in the 24 hours after diagnosis.

Collaboration between the various sectors and national and international actors was essential, as was support from the private sector and backing from the Global Fund – which has funded a project to develop intervention strategies for strengthening the health surveillance system – and the integration of sectors promoted by the Ministry of Public Health.

WHO and the Global Fund recognize the need for countries to ensure alignment between HIV-, TB- and malaria-specific strategic plans and their overall health sector strategic plan. Together, the two organizations are supporting these efforts.

Since many national strategic plans are reaching their expiration date, this is a good moment to envisage stronger linkages between programmes for HIV, TB and malaria and national health systems, especially reproductive, maternal, neonatal, child and adolescent health platforms.

To help countries move in this direction, WHO and the Global Fund organized a workshop in June 2019 in Hammamet, Republic of Tunisia with the participation of Burkina Faso, Côte d’Ivoire, Ghana, Guyana, Mali, Mozambique, Sierra Leone, Uganda, United Republic of Tanzania and Zimbabwe.

This workshop – “Strategizing for Impact – Developing National Strategic Plans (NSP) for HIV, TB and Malaria based on National Health Sector Plans” – had three main goals.

The first was to support countries as they seek to improve the programmatic and technical quality of disease-specific national plans.

Second, it was to help ensure that they are driven and led by the country; build on existing in-country processes and experiences; are needs- and evidence-based, costed and prioritized; and demonstrate strong linkages between health and non-health sectors and with overall national health sector plans.

The third goal was to strengthen synergies between the programmes and their priority initiatives for expanded provision of people-centred services.

Participants prepared roadmaps for needed activities at country level, and partners committed their support.

An information note indicating available tools and resources for disease-specific and cross-cutting elements for HIV, TB and malaria national strategic plans was produced for countries.
Supporting country-led approaches

Progress against malaria has now stalled in high-burden countries in sub-Saharan Africa. Too many people, particularly the poorest and most marginalized, continue to die from this preventable and treatable illness.

In response, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, has called for an aggressive new approach to accelerate progress against malaria, with a focus on the highest burden countries. Ministries of health in affected nations have been working with WHO and the RBM Partnership to End Malaria to establish the High Burden High Impact (HBHI) approach.

Appropriate mixes of interventions will be scaled up using accessible and affordable frontline services. The approach is founded on four pillars:

- The translation of political will into resources and tangible actions for impact
- The use of data to pinpoint where to deploy the most effective malaria control tools for maximum impact
- The provision of evidence-informed global guidance
- The alignment behind a coordinated country led malaria response.

Launched in November 2018, the HBHI approach is a country-driven response to achieve rapid and sustainable malaria impact.

WHO will continue its normative role by providing technical guidance and supporting countries to develop and implement evidence-based strategic plans. The Global Fund, a major funder in the fight against malaria, has committed to HBHI and the alignment of funding behind the national strategy and priorities for investment. This joint effort illustrates how both agencies are delivering on the commitments made in the Global Action Plan for Healthy Lives and Well-being for All.
Strengthening health systems

WHO and the Global Fund are placing high priority on helping countries to strengthen health systems, without which it is not possible to maintain a sustainable fight against HIV, TB and malaria.
Improving access to services

HIV, TB and malaria have the heaviest impact on vulnerable populations, often because of financial, physical and other barriers such as stigma. As part of integrated, diverse primary health care teams, community health workers help to extend health services into difficult-to-access communities and to connect those communities to health systems.

Growing evidence supports the effectiveness and cost-effectiveness of community health workers in delivering a range of preventive, promotive and curative services, including many interventions for communicable diseases.

Both WHO and the Global Fund consider community health workers, and human resources for health in general, as a key area of health system investment. A 2018 WHO guideline, to which the Global Fund Secretariat contributed, is aimed at optimizing mobilization of community health workers and offers a roadmap for countries to scale up their community health worker programmes.

Recommendations focus on selection of candidates, certification and training, management and supervision, health system integration, and embedding these workers in the communities they serve. It further supports programme design that includes community health workers as part of health system planning and resource allocation. In addition to the emphasis on health system integration, the guideline recommendations underline a decent work approach that provides job opportunities and the potential for career advancement, in particular, for women, youth and people living with HIV.

In a recent pilot programme, WHO supported five countries in sub-Saharan Africa (Democratic Republic of the Congo, Malawi, Mozambique, Niger and Nigeria) that bear over 40 per cent of the global malaria burden to implement and scale up integrated community case management.

Community health workers diagnosed and treated more than 8 million cases of malaria, pneumonia and diarrhoea in children under the age of five. These diseases, untreated, can be deadly to children. Immediate access to treatment within the community reduces morbidity and mortality; and community health workers refer – and at times accompany – severely ill patients to health centres.
Addressing sexual and reproductive health

In the Democratic Republic of Congo adolescent girls and young women face substantial risks related to their sexual and reproductive health, including HIV infection. To address the needs of this population, WHO and the Global Fund are collaborating on a programme aimed at improving health worker performance.

There is strong research evidence that training and supporting health workers to provide empathetic care is essential for providing high-quality health services for adolescents, girls and young women. Health workers need to know how to manage sensitive situations in which their patients may feel stigmatized; and ensure a safe and open environment where patients feel secure and can take advantage of the services offered.

Health workers report that they find the approach helpful, and that the sessions provide them with an opportunity to share information and learn about key issues. An important conclusion of the project has been the need to go beyond one-off trainings for health workers. Ongoing learning supported by a compendium of proven interventions can enhance motivation to address sexual and reproductive health among girls and young women.

The Democratic Republic of Congo Ministry of Health, Cordaid (which receives a Global Fund grant for this project) and WHO have designed a programme that includes defining and standardizing job descriptions; providing training, refresher training and opportunities for collaborative learning; and supportive supervision, tailored to the local context.

The project included development of desk reference tools and collaborative learning guidelines in line with Democratic Republic of Congo standards.
Scaling up domestic financing

WHO and the Global Fund work closely with countries to help them transition from externally financed to domestically financed HIV, TB and malaria programmes.

This support includes tailored technical assistance platforms and tools to help them prepare early to make this transition and sustain it. Forty-nine Global Fund-eligible countries classified as upper-middle income or lower-middle income with low or moderate disease burden should begin or build upon existing sustainability and transition planning.

In October 2018, the WHO Regional Office for Europe in collaboration with WHO headquarters, the Global Fund and the United States Agency for International Development (USAID) jointly organized a workshop in Tbilisi, Georgia that was attended by 23 countries from all six WHO Regions.

The overall goal was for countries and key partners to exchange good practices and lessons learnt related to transitioning from external to domestic financing and to further define the actions necessary at country level for successful transition.

A document developed as an outcome of the workshop presents main principles and technical recommendations that should guide countries and stakeholders throughout the transition and sustainability process. The recommendations include increasing domestic health budgets without jeopardizing a country’s financial sustainability; reforming service delivery towards sustainable and people-centred models of care to strengthen efficiency; ensuring key and vulnerable populations have access to health services during and after transition from external financing; and strengthening the management of procurement and supply chain systems for high-quality medicines and products. The outcomes document is intended for use by all countries preparing for transition from Global Fund financing.
Building strong data systems

As part of their partnership agreement, WHO and the Global Fund are implementing a strategic initiative for data.

This joint initiative strengthens data systems for decisions across HIV, TB, malaria and health. Common guidelines for the sub-national analysis of data have been developed and built into country data systems in 15 countries, with more following soon. WHO and the Global Fund are together supporting the use of data for improving implementation, a critical part of the Sustainable Development Goals.

This joint work supports the following:

- **Coordination** – monthly coordination of WHO and the Global Fund to review implementation and plan country support
- **Guidance and Data System** – joint release of guidance and apps that ran in country data systems in 2018 with a second version made available in 2019
- **Joint Country Action** – WHO and Global Fund missions and support in Guinea Bissau, Malawi, Pakistan, Tanzania, Uganda and Zimbabwe, and support to 30 countries through a common pool of consultants trained in using WHO guidelines
- **Sustainable Support** – collective training of consultants and institutions, with institutional work plans with African universities and University of Oslo to implement District Health Information Systems to collect and use data at district level

Guidelines across health and diseases with apps to run in national data systems

- **Programme-specific analysis**
  - HIV
    - Facility analysis guide
    - Configuration package
  - Immunization
    - Facility analysis guide
    - Configuration package
  - Malaria
    - Facility analysis guide
    - Exercise book: Learner’s Guide
    - Exercise book: Tutor’s Guide
    - Configuration package
  - Tuberculosis
    - Facility analysis guide
    - Exercise book
    - PowerPoint presentation
- **DHIS 2 Health Apps**
  - Based on international standards
  - Standards for measurement
  - Indicators and metadata
  - Data quality
  - Cross-cutting
  - Morbidity
  - Mortality
Promoting innovations

The past decade has seen exciting advances in diagnostics for HIV, TB, malaria and sexually transmitted diseases.

There have also been strides in making them affordable, accessible and available. However, many barriers remain to their integration into health services.

To examine key gaps, barriers and successes, the Pan American Health Organization organized with WHO Headquarters and UNITAID an expert workshop on policy options for innovations in diagnostics and service delivery, which took place in Lima, Peru in April 2019. The meeting was sponsored by the Global Fund.

Experts reviewed innovations in diagnostic technologies and service delivery that improve the response to priority communicable diseases such as the introduction of rapid tests, point-of-care CD4 tests, molecular platforms to diagnose TB and tests for viral load.

Recommendations from the workshop included:

- Disseminate information related to the WHO Essential Diagnostics List and provide technical assistance to countries to adapt and adopt it
- Share opportunities, challenges and best practices
- Continue the advocacy work aimed at countries and donors to ensure financial resources
- Provide support to countries to develop quality-assured laboratory networks
- Establish dynamic and competitive marketplaces, supported by systematic and transparent procurement mechanisms
- Fast track regulatory approval and the introduction of safe and effective diagnostic innovations approved through stringent international regulatory reviews or included in WHO prequalification or endorsement listings.

Countries were able to provide perspective on their experiences on improved connectivity among laboratories and clinical services. This led to identification of best practices and lessons learnt that can guide the introduction and rollout or scale-up of innovative diagnostic technologies and integrated laboratory services at national and subnational levels.

Participants from 21 countries were updated on WHO recommendations on TB, HIV and hepatitis C virus diagnostics, testing and monitoring strategies, as well as human papilloma virus testing for cervical cancer screening.
Nurturing south-to-south collaboration

Accurate diagnosis in people with presumptive TB is key to reaching the goals of the End TB Strategy.

Currently most high burden TB countries are testing under 1% of their population annually for TB bacteria, but some – notably South Africa – are doing better. South Africa, which is one of the eight countries with the highest TB rates in the world, is now annually testing around 4% of its population for TB bacteria using X-pert MTB/RIF, a molecular test that detects the presence of TB bacteria and also indicates drug resistance.

South Africa’s formula is as follows: samples from people with presumptive TB are transported daily from 4000 clinics to 200 laboratories. The samples are then examined using X-pert testing, and results are electronically transmitted back to each clinic within 48 hours.

In 2018, the Philippines, another country with very high TB rates – but where only the equivalent of 1% of the population were tested for TB bacteria annually – expressed interest in learning about South Africa’s success in TB testing. To facilitate this exchange, WHO helped organize a study tour for a team from the Philippines to go to South Africa. The tour included presentations about the South African system and visits to the relevant departments of the Ministry of Health and laboratories.

Since the team members from the Philippines were especially interested in the South African transportation system, the tour included observation of storage and packaging of samples, transport methods and communication methods between facilities. Staff from the Philippines Department of Health are now incorporating what they learned from this study tour into the roll-out of their own X-pert-based TB diagnostic sample transportation network to make it more efficient and effective in finding people with TB.
Operationalizing global partnership

Following the signing of a new global Framework for Collaboration between the Global Fund and WHO, leaders of the Global Fund and WHO Regional Office for Africa re-affirmed their commitment to work together and to strengthen collaboration in a concrete and meaningful way.

In February 2019, the Global Fund Executive Director, Peter Sands, and WHO Regional Director for the African region, Dr Matshidiso Moeti, signed the Regional Framework for Collaboration. Driven by the agenda for Universal Health Coverage (UHC) and the Sustainable Development Goals, and supported by WHO “Transformation Agenda” for the African region and the Global Fund Strategy 2017-2022, the two organizations focused on identifying joint priorities in 32 UHC-focus countries in the African region. Global Fund Portfolio Managers and WHO Country Representatives entered into a structured dialogue and agreed to focus and deliver on 2 to 3 joint priorities for each country for 2019.

The priorities identified include:

- Data systems and use of data for decision-making
- Implementation support at the operational level, which is critical for results in 2019-20
- Support for National Strategic Plans and other strategies, critical for the preparation for the next investment cycle
- Strengthening service delivery and program integration, particularly at the sub-national and community levels

Country-specific priorities have been translated into a joint operational plan, with a clear country-focus and new tailored approach, reflecting how the global partnership translates into country-specific actions.

Building on the successful model between the Global Fund and WHO Regional Office for Africa, other WHO Regional Offices are also considering establishing similar arrangements for optimal response to the specific requirements of their Member States.

Operationalizing WHO guidance such as drug regimen changes

Improving health outcomes in the Western and Central Africa region.
"Partnerships will continue to be critical for achieving the mission of WHO. We cannot do it alone. We rely on partners like the Global Fund to promote health – keep the world safe – and serve the vulnerable."

DR TEDROS ADHANOM GHEBREYESUS, DIRECTOR-GENERAL OF WHO.

“Partnership is part of the Global Fund’s DNA. Working with WHO and other organizations around the world, we’ll advance the fight against the epidemics and help to build strong and sustainable systems for health.”

PETER SANDS, EXECUTIVE DIRECTOR OF THE GLOBAL FUND.