

Introduction

The African Constituency Bureau (Bureau) brings together the two African Constituencies represented at the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (Global Fund). The two constituencies represent 47 African Countries that are recipients of Global Fund support for HIV, TB and Malaria control.

The Bureau facilitates collaboration across the two constituencies and ensures that Africa's voice is enhanced to influence Global Health policy decisions.

The Bureau facilitates effective engagement, representation and participation of the two constituencies in Global Fund processes as well as enhancing their capacity to shape Global Fund policies and processes. The Bureau offers new thinking and new approaches to address some of the most intractable health policy and health systems issues in Africa.

The Bureau works to provide leaders in health in Africa with policy and strategy options to ensure Global Health policies and processes are responsive to Africa needs. Our focus is on tackling health policy challenges that are preventing Africa from ending the epidemics.

Most importantly, the Bureau provides the 46-member countries and the respective constituency delegations with access to top-notch technical support in analyzing and identifying solutions to critical global and regional issues around resilient and sustainable systems for health

Discussions on the establishment of the African Constituency Bureau (ACB) date as far back as the year 2012 when the two major Global Fund (GF) constituencies – *Eastern and Southern Africa (ESA)* and *West and Central Africa (WCA)* – came together and developed the governance framework paper detailing how they were to operate and govern themselves. The framework provided for the establishment of the African Constituency Bureau for the Global Fund so that it could serve as a technical resource center for these two constituencies.

The (ACB) was thus officially launched in Addis Ababa, Ethiopia, on the 6th of May 2017. The formation of the Bureau is in firm recognition of

the opportunities the Global Fund (GF) and its mechanisms has continued to provide to the African continent to save millions of lives. Although the GF is participatory in its operations, the African voices were not adequately heard in global health discussions.

The Challenges

As we reflect on the years ahead, we have much room for optimism, but, sadly, some room for pessimism too. Hitherto, we have made much progress both on the epidemic fronts but also in growing the ACB. Except for West and Central Africa, rolling out ART has continued on an upward swing, and with it, some benefit on the prevention side. New HIV infections are coming down. Deaths to AIDS are going down too. Up until 2015 malaria deaths dipped by 60 percent, saving over 7 million people, but this has since been reversed by this dreadful disease's resurgence since 2016.

However, there are worrisome trends needing our every concerted efforts. The dwindling Development Assistance for HIV/AIDS (DAH) continues to be worrisome. We need to get back to the highs of 2010-2012. So too is our inability to spend to the \$26 billion to 2020 levels projected by UNAIDS, if we are to stop the HIV epidemic in its tracks. The figures around HIV prevention are no longer very impressive: we are not spending us much as we should on primary prevention, due, supposedly, largely to the treatment roll out; no decline in new infections among adults; only a modest 6% decline among 15-24 Adolescent Girls and Young women (AGYW).

The resurgence of malaria in some parts of the world, including some parts of our continent, especially West and Central Africa, is also worrisome. We did so well between 2000 and 2015: malaria deaths fall by more than 60% during the period i.e. 7 million lives saved. Six countries have been certified by WHO as having eliminated malaria, 12 other countries have attained zero malaria status, and over 40 countries have fewer than 10,000 cases. What this means is that half the world is now malaria-free. For a moment the end of malaria was truly in sight. But then the resurgence hit; 2016 saw more than 216

million cases in 91 countries, an increase of 5 million from 2015. This is largely due to dramatic increases in resistance for a number of insecticides used to treat malaria, resistance towards some of the malaria drugs, plateauing and in some cases declines in funding, climate change, losses of habitat and biodiversity caused by deforestation, as well as the large numbers of mobile and displaced persons and refugees.

So too is the Missing TB cases situation. We are painfully aware that there are nearly 4.3 million, including 600,000 children, cases new cases of TB get missed by the health systems i.e. do not get diagnosed, treated or reported. Of this figure, Africa accounts for 26% mainly in Nigeria and South Africa.

These trends mean we should roll up our sleeves and up the game. This is no time for complacency. It means we need to prioritize certain issues.

Africa needs to heighten its ownership of Global Fund processes. We are the continent with the highest burden of the three epidemics. Our voice on the decision-making table must be commensurate with this reality. We must therefore invest in our ability to generate evidence-informed policy ideas. Ensuring that the 2020-2022 allocation cycle is based on robust mapping of epidemics should be our critical undertaking. We must also increasingly contribute towards the fund, and the 6th replenishment presents yet another opportunity to contribute; why not a \$1m towards each year? Our leaders on the continent, who have the ultimate mandate of delivering better health to our people, need to have a say on Global Fund policies and decisions. We therefore need to tap into the AU's convening power and ensure the AU shares our stance in Global Fund policies and decisions benefits from their deliberations.

Declining DAH funding is perhaps the elephant in the room with huge implications for the African continent. We need to work with advocacy and lobbyists to convince our partners in the North that it is not yet game over. But it has implications on the home grounds too. Our

governments need to ramp up the finances too, at minimum to meet the Abuja commitments. This is another reason to heighten the argument for increased domestic financing as part of efforts to bridge the funding gap. Blended finance, innovative finance, consumption levies, social health insurance, etc., they should all be prudently and cautiously employed to contribute more to the response. And then of course, we should be more efficient in the utilization of resources. As the biggest spender of Global Fund resources, Africa needs to ensure maximum value for every dollar invested. There is no need to ask for more resources when we can't spend what is available; our absorptive capacity, particularly in WCA regions, just have to be addressed head on.

Partnerships are another critical pillar of our collective work together and will remain so for the longest time. Through them we leverage funding, information, data, evidence and tap into innovative ideas. We cannot do without them. Ensuring we have signed partnership agreements with AU, RECs, UNAIDS, WHO, UNICEF, UNFPA, STOP TB, Roll Back Malaria, academia, Civil Society, including funding partnerships with friends of the African Constituencies is critical to our strengthening the African voice, indeed to our very survival.

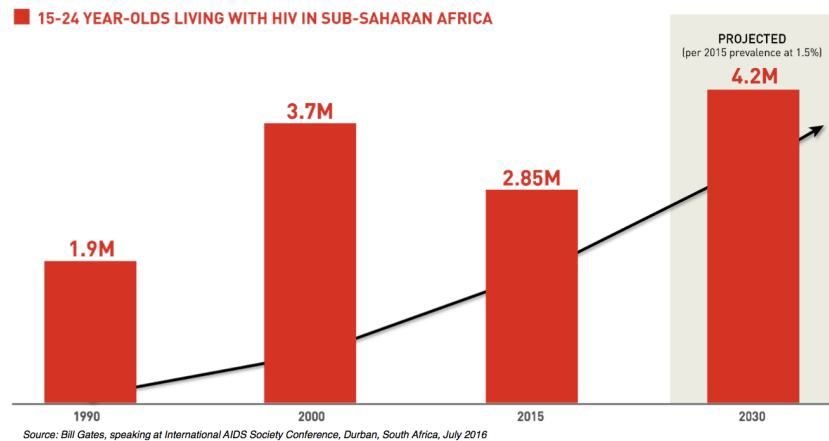
Finally, we need to continue building the ACB from its current nascent stage to a strong continental organization that it should be. The immediate focus is to strengthen organizational systems. Of particular import is the governance systems to ensure the Bureau is anchored at the highest level on the African continent – the African Union. It is also critical that finance, human resource, and administrative systems are polished up in keeping with international organizations.

The Case for a Stronger and Informed Africa Voice in Global Health

The Statistics: The Burden of HIV in Sub-Saharan Africa

Since the beginning of the epidemic, more than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV. Globally, 36.7 million [34.0–39.8 million] people were living with HIV at the end of 2016. An estimated 0.8% [0.7–0.9%] of adults aged 15–49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 25 adults (4.4%) living with HIV and accounting for nearly 70% of the people living with HIV worldwide.

More than half of people living with HIV in sub-Saharan Africa are women.



The Statistics: The Burden of Tuberculosis

Tuberculosis is one of the top ten causes of death worldwide. In 2015 alone, 1.8 million people died of TB with 400,000 of these among people living with HIV, and most of those who dies from HIV-related TB were from Africa (300,000).

Compared to HIV related deaths of 1.1 million in 2015, it is clear that TB now causes more deaths worldwide than HIV.

In 2015, there were an estimated 10.4 million new cases of TB. The highest number coming from South-East Asia (4.7million cases)

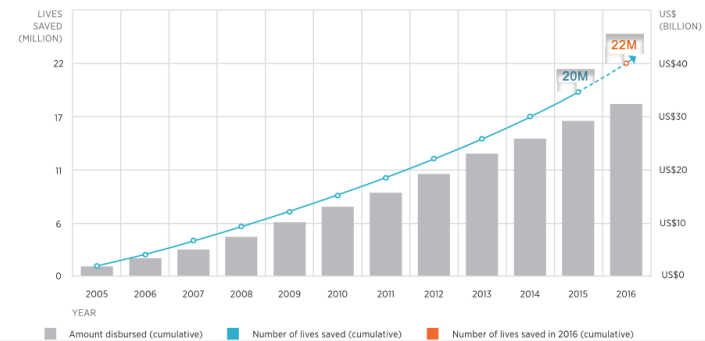
followed by Africa with 2.7million cases. 16 of the 30 TB “high burden” countries worldwide are from Africa.

The Statistics: The Burden of Malaria

Whereas sub-Saharan Africa has registered significant increase in access to effective malaria control, especially in diagnostic testing for children, preventive treatment for pregnant women and the use of insecticide-treated nets, the region continues to face a disproportionately high share of the global malaria burden. In 2015, out of the 212 new cases of malaria and 429,000 deaths, 90% of these new malaria cases and 92% of malaria deaths, were in Africa respectively. Children under five years of age were particularly affected, accounting for an estimated 70% of all malaria deaths. Funding shortfalls and weak health systems continue to hamper progress in attaining the global targets.

Number of lives saved through Global Fund-supported programs

1/3 fewer deaths from AIDS, TB and malaria in countries where the Global Fund invests



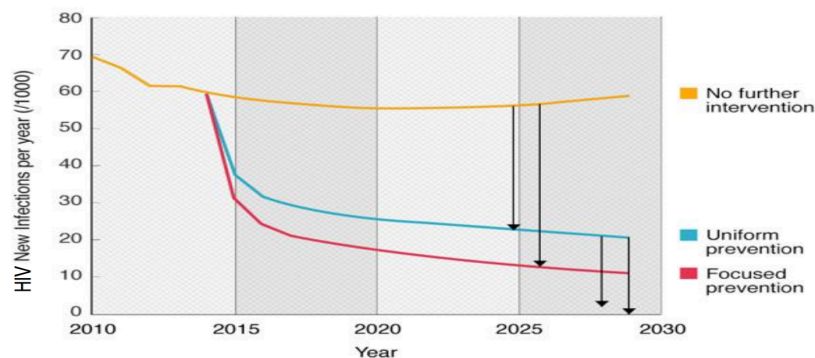
The 2020 – 90-(90)-90 Targets for AIDS, Tuberculosis and Malaria

2016 UN Political Declaration on ending AIDS by 2030

In June 2016, the UN General Assembly made a political commitment to end AIDS by 2030, endorsing the fast-track approach of the UNAIDS. The political declaration identifies AIDS as a critical health, development, and social challenge.

Whereas, financing for HIV and AIDS has been substantial, reaching about US\$19.2 billion in 2015, with funding national governments accounting for just under 60% of all investments, political and fiscal momentum seems to be faltering and international funding is expected to flat line for the period 2016-2020. Donor intentions are changing and there are political pressures generated by non-AIDS priorities.

It is estimated that to achieve the 90-90-90 targets, 30.4 million adults and 1.63 million children should be receiving treatment by the year 2020. In addition, there's need for more focused intervention to reduce the incidence of HIV especially in Africa and amongst adolescent girls and young women (15-24 years). This would require a total of \$52.5 billion. This leaves a 6-year funding gap of up to \$26 billion.



Against this background, greater investment in the AIDS response needs to be front-loaded in the next 5 years to bridge the \$26 billion funding gap to achieve the UNAIDS fast-track targets. Over 70% of these funds will be required in Africa. The countervailing pressure, and the source of the urgency in this situation, is that progress made against HIV and AIDS will largely be dependent on expanded and sustained programmatic activity.

Tuberculosis

The Declaration includes a commitment to reducing TB related deaths among People Living with HIV by 75% by 2020 as outlined in the WHO End TB Strategy, funding and implementing the targets in the Stop TB Partnership's Global Plan to End TB 2016-2020. The declaration outlines the commitment to achieving the 90-90-90 targets for both HIV and TB. The Plan's 90-(90)-90 TB targets refers to reaching 90% of all people who need TB treatment, including 90% of populations at high-risk, and achieving at least 90% treatment success.

The Global Technical Strategy (GTS) for Malaria control and elimination 2016-2030

GTS has set ambitious targets for 90% reduction in malaria deaths, 90% reduction in malaria cases and elimination of malaria in at least 35 countries by 2030.

Whereas, there has been significant improvement in access to malaria interventions, especially in areas of diagnostic testing for children (77% increase), a 5-fold increase in preventive treatment for pregnant women and doubling of the use of insecticide-treated mosquito nets, malaria remains a major cause of morbidity and mortality in sub-Saharan Africa. In 2015 alone, of the reported 212 million new cases of malaria and 429,000 deaths, 90% of these were in Africa.

Moreover, to achieve the GTS 2030 targets, total funding of \$6.4 billion needs to have been attained by 2020. Currently, annual funding for malaria is estimated at \$2.9 billion. This leaves a funding gap of \$3.5 billion.

Africa's Leadership Role.

Therefore, Africa that faces the biggest burden of TB, HIV, and malaria should promote efficiencies and maximize impact of current funding while at the same time taking lead in sustaining investments so far made.

Global Fund Strategy 2017-2022 – Maximizing Impact: Ending the 3 Epidemics

The recently developed Global Fund strategy provides excellent opportunities for Africa to maximize the impact of available resources to reduce the burden of the three epidemics.

Critical entry points include:

- increasing the efficiency of available funding to maximize impact
- advocate for increased resources to fill the existing gaps in funding
- mobilizing domestic resources
- Increase health financing through innovative approaches like the joint investments and blended financing
- a special focus on adolescents and young women

Figure 6: Opportunities for maximizing the impact of Global Fund resources in sub-Saharan Africa

	Increased and Sustainable financing	Burden of the 3 diseases Reduced	Impact against the 3 diseases maximized
Global Fund	<ul style="list-style-type: none"> ✓ Advocacy for replenishments as well as increased and sustainable commitments ✓ Partnerships with the private sector/banks for innovative financing 	<ul style="list-style-type: none"> ✓ Identify critical areas for integrated approaches ✓ Multi-sectoral approaches – poverty alleviation, education, law enforcement, gender 	<ul style="list-style-type: none"> ✓ Differentiated approach based on local factors, need and potential for impact ✓ Promote evidence-based high impact interventions/Innovations ✓ Strategic collaboration with in-country key actors
National level Govts	<ul style="list-style-type: none"> ✓ Increase domestic funding for health & specifically the 3 diseases ✓ Nurture political will to ensure sustainable funding ✓ Increase absorptive capacity of local implementing partners ✓ Reduce leakages to corruption and inefficient operational systems. 	<ul style="list-style-type: none"> ✓ Reduce/eliminate social, cultural & legal barriers to accessing services ✓ Integration – Reproductive health with a special focus on adolescents & young women ✓ Special focus on key populations ✓ High impact interventions – ART as prevention (90-90-90) ✓ Multi-sectoral approach to deal with structural determinants 	<ul style="list-style-type: none"> Build resilient and sustainable health systems ✓ Health Work Force, ✓ procurement and supply chain systems ✓ strategic information and data collection, ✓ Governance - CCMs, NACs, MoH ✓ Financing & evidence-based planning Multi-sectoral approaches and building synergies across sectors Rights-based programming especially for key populations
Civil society and Communities	<ul style="list-style-type: none"> ✓ Promote transparency and accountability of government counterparts ✓ Lobby for increased & sustainable funding at local & global levels ✓ Budget tracking ✓ Constructive engagement of state actors 	<ul style="list-style-type: none"> ✓ Community driven access and utilization of services, increased adherence and compliance with treatment ✓ Foster Rights-based programming 	<ul style="list-style-type: none"> ✓ Build strong and empowered communities ✓ Civil society with capacity to represent community priorities

Our Values

Diversity

We believe that creating a team and a workplace that values diversity and fosters inclusion is pivotal to promoting innovation and increasing productivity and impact. Our goal is to continually support and nurture staff whose backgrounds, characteristics and perspectives are as diverse as the continent we serve. We are committed to leveraging our organizational diversity through teamwork, cross-functional collaboration and joint ventures to help us meet and exceed our goals and ensure our role as a leader in global health



Leadership

We focus on what people believe and value, and then positively building on this understanding, we cultivate the potential for impact far more wide reaching

Integrity

We think and act with integrity. We foster moral courage, ethical strength, and trustworthiness; keeping promises and fulfilling expectations.

We are honest, reliable and caring in our dealings with other people, both within the organization and all stakeholders

Collaboration:

Through collaboration we multiply our contribution and impact. Trust and care are important for collaboration. Without trust, we waste time waiting and chasing one another.

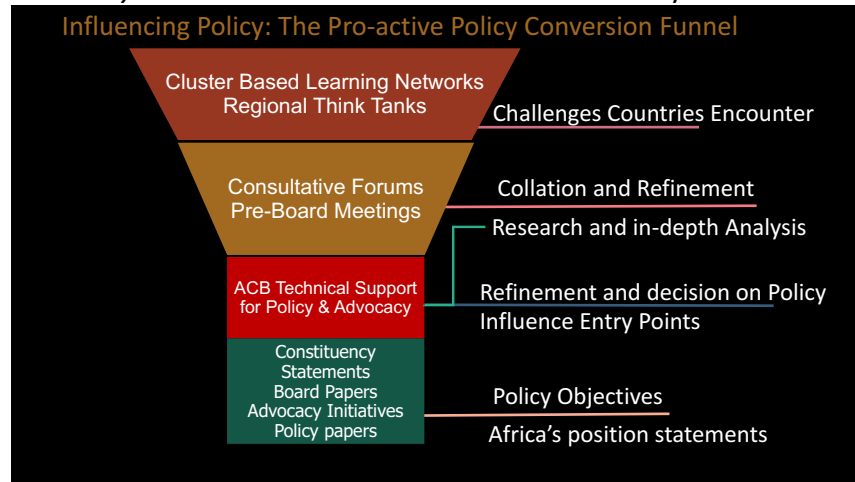


Our Way of work – How do we make a difference

Influencing Global Health Policy

ACB uses a 3-pronged approach to influencing policy:

1. The bottom up approach where issues are identified by the constituents, discussed and refined through the “Proactive-Policy Conversion Funnel” and fed into advocacy initiatives



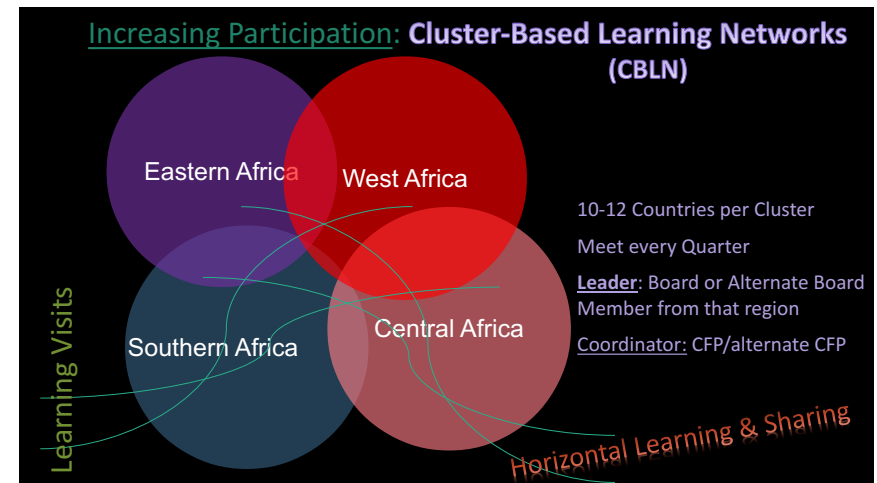
2. The high impact policy research approach where pieces of research are commissioned to inform specific global health discussions and issues
3. Collaborative approach through “Think Tanks” and partnerships to generate consensus and widen support



Providing forums for effective participation and meaningful engagement of Africa Constituencies in Global Health Discussions

The Bureau provides forums through which Africa Constituencies can effectively participate, engage and inform global health discussions. In addition, through these forums, the Bureau ensures effective communication and exchange of information through horizontal learning exchanges.

Cluster-Based Learning Networks(CBLNs) bring together 10-12 countries in each region who meet and interact regularly through face to face meetings, conference calls and sharing information on the ACB Intranet.

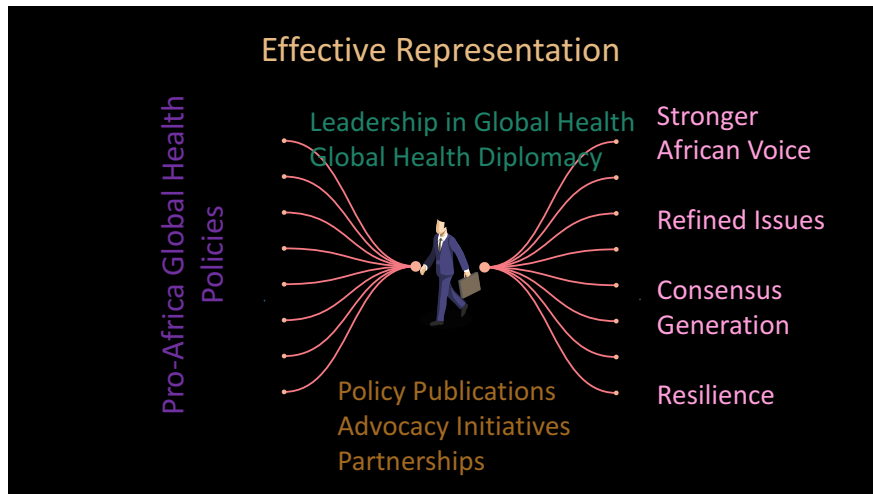


Twice a year, the Bureau convenes consultative meetings that bring together all the 47 Countries from the two constituencies. The meeting provides an important opportunity for Africa Countries to network and share lessons learned and best practices

The deliberations produce actionable suggestions and follow-up actions for the respective countries as well as the representatives to the Global Fund Board. They also feed into the upcoming Global Fund Board Meetings.

Effective Representation and Good Governance

The Bureau provides technical support to Africa representatives to effectively represent Africa's issues in global health discussions.



The representatives include: The Global Fund Board members from the two constituencies – Eastern and Southern and West and Central Africa, Members of the 3 Global Fund Board committees – Strategy Committee, Audit and Finance, and the Ethics and Governance.

The technical support involves synthesis, analysis and presentation of Africa priorities effectively to influence policy decisions. The Bureau collates information and data in a simplified format for easy articulation in the respective forums.

The Bureau provides mechanisms for the Constituencies to discuss and inform the Board level discussions. Similarly, the Bureau brokers relationships and partnerships through which the representatives solicit input from other leaders in health. example, Africa Ministers of Health and Finance and the development partners. Bring Africa reps closer to their constituents

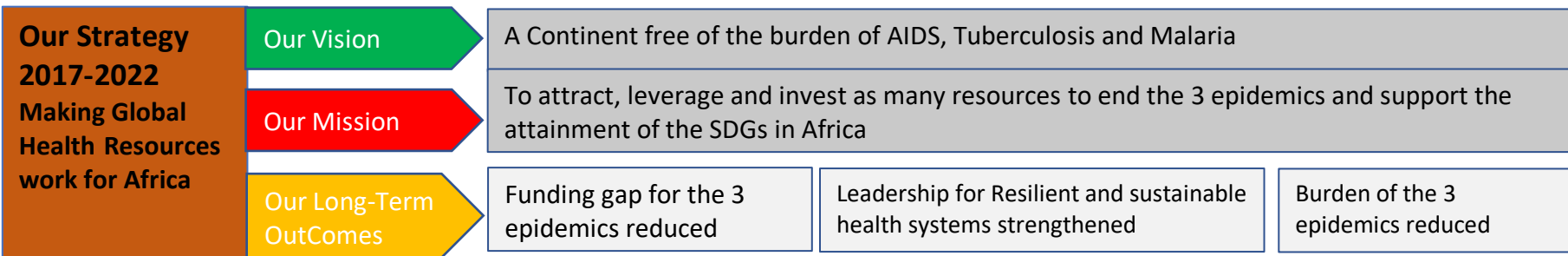
Strategic Partnerships

As a networking organization, ACB through its global strategic partnerships brings and adopts international best practices and experiences to our local environment. These experiences and partnerships have informed the design of this strategy and we will continue to integrate into the implementation of this project new information and thinking as they emerge.

Increasing the competence of the of GF recipients to solve their own problems

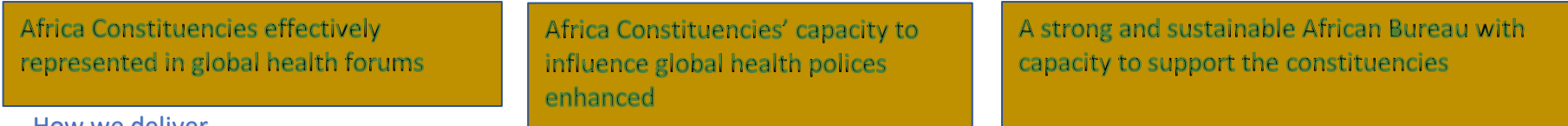
ACB's approach to increasing efficiency of recipient countries to solve their own problems will include the following activities:

- Building a wide **stakeholder** base at national and regional and improving stakeholder participation. The stakeholder and partnership mapping and influence analysis and power base will be conducted and it will inform the development of a communication strategy aimed at involving and engaging a wide stakeholder base. Participation of stakeholders through the Regional Think Tanks will help countries to define, analyze, and then through support of others, articulate and act on their concerns. In addition, participation will strengthen networks and improve access to technical
- Strengthen **leadership** at national level.
- Improving awareness and knowledge of best practices

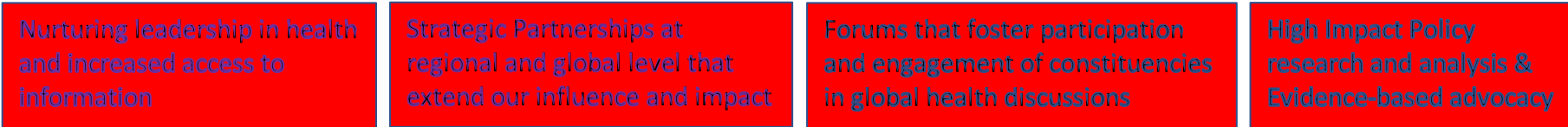


Our Strategic Objectives

The Results we seek to achieve



How we deliver



Our Organizational Base



Our Resources



Reducing the funding gap

Anticipation of future health spending and the source of that funding is critical for effective health policy. With this information, national governments and global decision makers can do reliable spending forecasts and adjust long-term planning and project implementation.

Our advocacy and policy actions are aimed at: providing decision makers with reliable information to forecast health expenditures, promoting efficiencies to maximize impact of current funding, sustaining existing commitments, and securing additional funding to meet financing gaps.

1. ACB conducts independent policy research and analysis to ensure reliable information is available for decision makers to make accurate health expenditure forecasts and plans
2. Promote efficiencies and Maximize impact of current funding
Simply increasing public expenditure in the health sector many not significantly bridge the funding gap and improve health outcomes if the efficiency of spending remains low especially in low income countries in Africa.

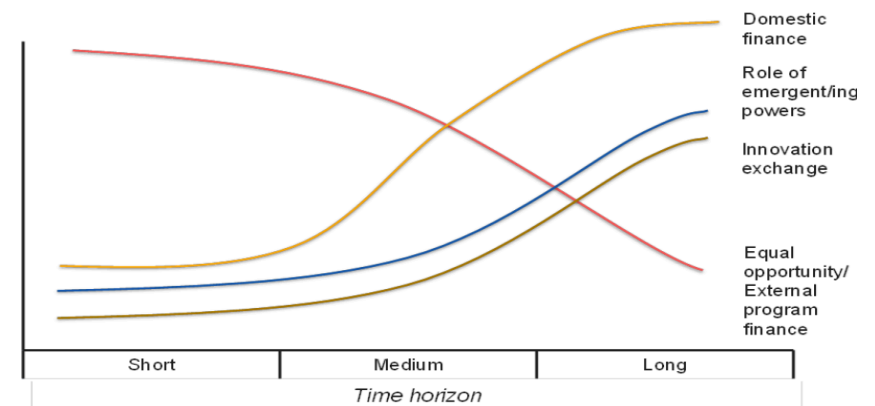
Research has shown that, at current spending levels, African economies could increase life expectancy by up to 5 years if they improved efficiency and followed best practices. This contrasts sharply with estimates that, at the current low efficiency rate, 10% increase in health spending would only increase life expectancy by two months

We will therefore focus on collating information and commissioning research to Identify those “game changers” and best practices that will improve efficiency and effectiveness of our investment in the 3 epidemics. For example, how to increase data demand and information use in planning and innovative approaches to responding to the challenges in supply chain especially the “last-mile”.

We will conduct a mapping of the epidemics and current funding to identify funding mismatches and gaps and this information will feed into optimization of grant allocations

3. To sustain investments that have been made to support Africa’s response to the 3 epidemics, ACB.
 - Initiates high-level advocacy in support of these goals
 - Collates data and information to demonstrate value for money of programs and make the case that they offer a huge return on investment in terms of lives saved, economic productivity gained and achievement of important health and development objectives such as the SDGs.
4. Advocate for additional Funding
 - a. innovating funding – the private sector
 - b. domestic resources

Notional Direction



Strengthening Leadership for improved health outcomes

- First; Governance that encompasses a range of integrated policy processes as well as mechanisms facilitating collective action to achieve global health objectives
- Second: governance as a means of organized social response to health at the global level.

This approach ensures that the critical influence that decisions made outside the health sector have on health are integrated in global health discussions and considerations. The approach also ensures that the increasing role of non-state actors in global health is appreciated.

The Bureau provides readily available tools, expertise and technical support to multilateral partnerships and Africa Governments to meet these new demands on global health diplomacy expertise.

Our policy and health experts ensure that leaders in health representing Africa on the respective Boards have ready access to technical support required to maintain the delicate combination of technical expertise, legal knowledge and diplomatic skills.

Meaningful change grows from a targeted Vision and the development of a clear strategy to get there. We provide the necessary tools and information for Africa leaders in health to create this clear view.

Reducing the Burden of the 3 epidemics

- Collation of best practices and the provision of tools for quick adoption
- facilitate horizontal learning and sharing
- adoption of global practices across Africa

The ACB plays a key role in facilitating easy access to updated and synthesized information. The Bureau also facilitates horizontal learning and sharing between countries. This approach ensures that changes in practice drive evidence-based policy change.

Through global partnerships, the Bureau makes global practices easily accessible to African Constituencies and ensures that these are adopted to suit local contexts.

Vision: A Continent Free of the Burden of AIDS, TB & Malaria

Mission: To attract, Leverage & Invest as Many Resources to end the 3 Epidemics

African Constituencies' Member Countries with Capacity to lead & influence Global Health decisions and processes

SO1: African Constituencies Effectively Represented in GF Discussions

SO2: Capacity of African Constituencies' member countries to engage & influence GF decisions enhanced

SO3: Strong, influential and Sustainable ACB

IR1.1: Infomed & well supported representatives to the GF Board & Committees

IR1.2: Africa Priorities effectively represented in GF discussions and decisions

IR2.1: Africa's Ownership & Voice Strengthened
IR2.2: Increased participation & engagement

IR2.3: Forums for increased engagement
IR2.4: Increased Communication & Access to Information

IR3.1: Policy Initiatives demonstrate Impact consistent with ACB Vision
IR3.2: Effective Governance Structures

IR3.3: ACB as an influential Global Health Policy Think Tank
IR3.4: ACB with a diversified Institutional Donor Base



AFRICA CONSTITUENCY BUREAU
FOR THE GLOBAL FUND

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