

ACTIVITY REPORT 2017



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

 **EXPERTISE
FRANCE**

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TUBERCULOSIS, MALARIA, HIV/AIDS

CELEBRATING ADVANCES, ACKNOWLEDGING CHALLENGES

Since 2000, the mortality rates linked to tuberculosis and malaria have plummeted by 42% and 60%, respectively. In 2017, 59% of persons living with HIV were following an antiretroviral treatment, which reduces the risk of transmission by 97%. But collective efforts must be sustained if these three pandemics, which still kill 6 million people per year, are to be eliminated in the long term.

In 2017, tuberculosis killed 1.6 million people, 300,000 of whom were also infected with HIV, making it the most deadly infectious disease in the world. 1.8 million people were also infected with HIV, and at the end of 2016 a rise in the number of malaria infections was observed. To fight these pandemics effectively, targeted strategic approaches are indispensable.

Tuberculosis Reaching the sick

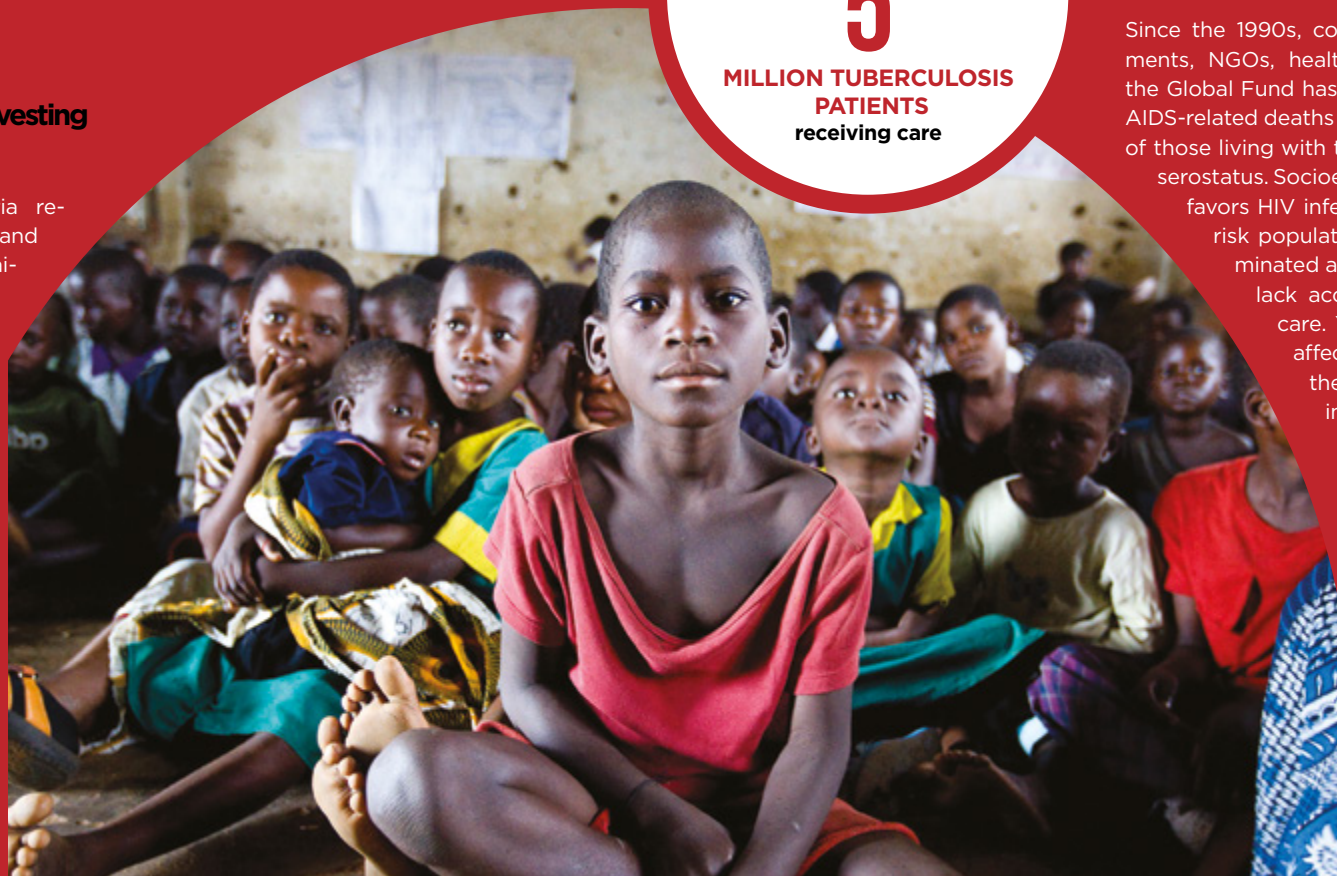
Every year, about 10 million people contract tuberculosis. More than a third of them go undiagnosed and untreated. Yet, once diagnosed, this disease (which is spread by coughs) can in most cases be successfully treated. To end the epide-

mic, it is imperative to systematize diagnoses by equipping affected countries with the right tools (radios, sampling kits, etc.). The effort is all the more urgent given that the emergence of new medication-resistant forms of tuberculosis is raising new challenges: 558,000 new resistant cases were documented in 2017. All of which calls for the development of effective new treatments and diagnostic tools.

Malaria Reviving interest in investing in the fight

The fight against malaria requires a mix of preventive and therapeutic approaches: raising awareness, distributing insecticide-treated nets, and performing

Malawi. Children living with HIV at the Children's Corner care center in Salima.



17.5

MILLION PEOPLE in antiretroviral treatment for HIV



197

MILLION MOSQUITO NETS distributed

IN 2017, THANKS TO PROGRAMS SUPPORTED BY THE GLOBAL FUND



5

MILLION TUBERCULOSIS PATIENTS receiving care

Source: 2018 Global Fund report

indoor spraying to eliminate mosquitoes all go hand in hand with administering prophylactic or curative treatments.

However, donors seem to have let down their guard. Investments have stagnated while resistance to insecticides and anti-malarial drugs has risen in the Greater Mekong region, and climate change and migration patterns have promoted the spread of the disease. Only 2.7 billion dollars was invested in the fight against malaria in 2016, compared to the 6.5 billion dollars per year required to eliminate the disease by 2030. In its 2017 report on global malaria, WHO expresses concern that the objective of reducing malaria incidence and associated mortality by at least 40% has not yet been achieved and emphasizes that, while some countries are on the right track, others, already deeply affected, have witnessed a sharp increase in cases.

HIV/AIDS Targeting key populations

Since the 1990s, coordinated action by governments, NGOs, health workers, and donors like the Global Fund has reduced the number of HIV/AIDS-related deaths by half. Yet today, nearly 30% of those living with the virus are unaware of their serostatus. Socioeconomic inequality invariably favors HIV infections: some of the most at-risk populations are marginalized, discriminated against, even criminalized, and lack access to both prevention and care. Young women are particularly affected: in sub-Saharan Africa, they account for 75% of new infections.

To eradicate HIV, it is essential to fight gender inequality, advocate effectively against the criminalization of marginal groups, and de-medicalize screenings through the efforts of community actors who have access to the most hard-to-reach populations. ○

THE GLOBAL FUND

INVESTING IN ENDING THE THREE PANDEMIC

More than 27 million lives have been saved thanks to the Global Fund's fight against AIDS, tuberculosis and malaria since 2002. To amplify the impact of its funding, it launched a new strategy in 2017, developed with the cooperation of its partners and those affected by the diseases.

In 2000, it seemed like nothing could stop AIDS, tuberculosis and malaria. In response to this crisis, the international community created the Global Fund, an innovative partnership which rallies public authorities, civil society, the private sector and those affected by the diseases around a common vision: putting an end to the three diseases. This partnership model was conceived as a way to promote innovative financing solutions and invest strategically in effective programs.

Concrete results on every front

The collective effort succeeded in saving more than 27 million lives and extending health care access to the communities most affected by the diseases. Today, 11 million people are benefiting from antiretro-

viral therapies. Deaths attributed to malaria, which affected young children most, have been cut in half. 17.4 million people infected with tuberculosis have been diagnosed and treated, thanks in particular to new diagnostic systems. These impressive results have contributed to strengthening local health systems and revitalizing entire communities, as much from a social as from an economic standpoint.

Responding to new challenges in world health

To sustain these outcomes and accelerate future advances, the Global Fund has adopted a 2017-2022 strategy which responds and adapts to the new challenges of global health. This multi-year road map is the result of a vast consultation process with public and private partners and those affected by the diseases. It aims to maximize the impact of the Global Fund's invest-



Cambodia. Raising awareness about the fight against malaria in rural communities. August 2015.



ments to ensure that the response to the pandemics both on a global scale and in individual countries is inclusive, effective and lasting. With the implementation of this strategy, the Global Fund is contributing to and fully aligning its activities with the Sustainable Development Goals (SDGs). The funding it allocates will help countries considerably in achieving SDG 3, and one of the goals associated with it in particular: putting an end to the AIDS, tuberculosis and malaria epidemics by 2030.

Expertise France: an invaluable partner

As in the past, Expertise France will continue to play a crucial role in implementing and monitoring the Global Fund's grants. The agency's support on crucial issues like enhancing health systems and supply chains, or facilitating care access for key populations, remains an indispensable element of the partnership's progress toward the Sustainable Development Goals. ☺

FRANCE

A RENEWED COMMITMENT TO HEALTH

The year 2017 marked a renewal of the French strategy for global health. In keeping with the Sustainable Development Goals, this strategy aims to enhance health systems as a whole and support countries in establishing universal health coverage. The 5% Initiative lies at the heart of this strategy.

France's indirect contribution to the Global Fund, the 5% Initiative is also one of France's tools for intervening in global health. Its major innovation consists in better connecting bi- and multilateral operating procedures in view of achieving French objectives. In this way, the 5% Initiative participates in the broader picture of French priorities in global health.

A transversal vision of health

France is renewing its global health strategy for 2017-2021 with an inclusive program combining civil society, ministries and public agencies. Its ambition is to take on the biggest health challenges in the world with the help of French values and know-how.

In alignment with the Sustainable Development Goals, France promotes a multi-actor, cross-sector strategy through coordinated, concerted action. Thanks to a transversal vision for expanding health systems that goes beyond



Senegal. A home health provider near the village of Kayar. November 2016.

a disease-by-disease approach, this renewed commitment will make it possible to support countries in implementing universal health coverage (UHC).

Global commitments

Over the preceding decades, France has stood out for its commitment to the fight against HIV/AIDS, tuberculosis and malaria, as well as for its advocacy of maternal and child health and the goal of universal health coverage. It also plays an energetic role in health innovation. The appeal of its university-hospital model and the prominence and expertise of its civil society constitute key strengths.

Its activity is based on four key guiding principles: promotion of human rights, equity and solidarity, appeal and influence, responsiveness and effectiveness. ○

FRANCE'S
PRIORITIES
FOR 2017-2021

1

Enhancing health systems while fighting disease

France promotes accessible, lasting, resilient, high-quality health systems to help achieve universal health coverage. It espouses an integrated strategy for fighting communicable and non-communicable diseases.

2

Improving health security on an international scale

France is committed to fighting emerging diseases and promoting the implementation of the International Health Regulations, in collaboration with the World Health Organization (WHO).

3

Protecting the health of populations

Acting on health determinants, maintaining the nexus between prevention and treatment, and caring for certain kinds of populations, like women, children, teens, the young, and people in precarious circumstances, remains at the heart of France's commitments.

4

Promoting French expertise, education, research and innovation

In highlighting French expertise, education, research, trade and innovation in health, France is turning its appeal into one of its key strengths.

THE 5% INITIATIVE

“AN OPTIMIZED STRATEGIC FRAMEWORK”

Between 2017 to 2019, France’s indirect contribution to the Global Fund will rise from 5 to 7%. This increased influence is reflected in the revised strategic framework of the 5% Initiative.

By **STÉPHANIE SEYDOUX**,
Ambassador for Global Health



“To guarantee the effectiveness and suitability of the 5% Initiative for population needs.”

The 5% Initiative is one of the central elements of France’s policy of international cooperation in the fight against pandemics. Several strategic efforts were undertaken in 2017 to guarantee the effectiveness and suitability of this technical assistance mechanism for population needs and to reflect its rise to 7% of the total sum of France’s contribution to the Global Fund in the fight against AIDS, tuberculosis and malaria over the three-year period from 2017-2019.

An external evaluation led by the Ministry of Europe and Foreign Affairs has underscored the strengths of the 5% Initiative (targeted action, cohesion with the Global Fund, effectiveness in enhancing health systems in recipient countries), as well as areas for improvement. Aiming to reaffirm the program’s action plan and refine its operational procedures, the study’s recommendations served as the basis for revising the 5% Initiative’s strategic framework.

The effective execution of the 5% Initiative’s mission during this transition year was made possible by the professionalism and day-to-day dedication of the Expertise France teams, who responded in particular

to the many requests for technical support during the new Global Fund grants allocation period.

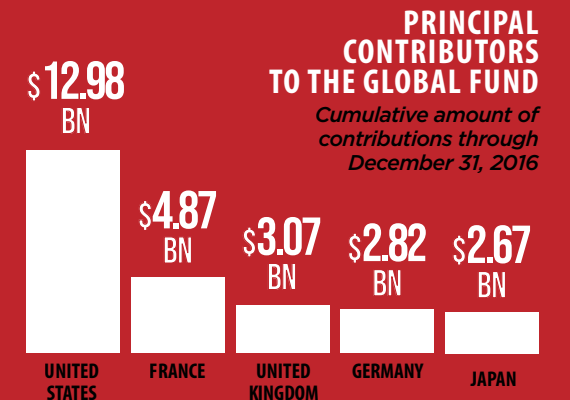
In November 2017 in Ouagadougou, the President of the Republic Emmanuel Macron reaffirmed the priority France has given to health and to French involvement in the Global Fund. He also insisted on the importance of enhancing health systems, an area in which the 5% Initiative is robustly engaged in conjunction with our Francophone partners.

2018 will witness an ambitious expansion in these operations, thanks to the implementation of the new strategic framework and the increased budget commitment to the 5% Initiative. ○

FRANCE, A PRIVILEGED PARTNER OF THE GLOBAL FUND

Since helping see the creation of the Global Fund through in 2002, France has become one of its main political and financial supports.

Beyond the magnitude of its financial contributions, which have earned it a special seat on the governing board, France has offered unwavering political support to the Global Fund, not least by working to bring its founding values to life: the importance of the role of affected communities and of civil society, interventions in fragile countries and support for



key populations, approaches that prioritize human rights. It is also active in grant-receiving countries, where it is represented in 35 Country Coordinating Mechanisms through its regional global health advisors and diplomatic networks, among others. France has contributed actively to the strategic direction of the Global Fund and to its evolution for the future.

360 million euros per year

At the fifth replenishment conference of the Global Fund (Montreal, September 2016), donors committed to making contributions to the tune of 13 billion dollars for the three-year period from 2017-2019. Historically the second largest contributor with cumulative direct payments of 4.8 billion dollars, France renewed its annual commitment of 360 million dollars per year for this span. At the meeting, the Secretary of State for Development and the Francophone World, André Vallini, announced that France’s indirect contributions to the Global Fund would increase to 7%. The 5% Initiative’s budget will correspondingly rise from 18 to 25 million euros per year on average over the 2017-2019 period.



THE 5% INITIATIVE

The 5% Initiative is France's indirect contribution to the Global Fund. Since its creation in 2011, it has become a key actor in the fight against HIV/AIDS, tuberculosis and malaria. A technical assistance operation recognized by its beneficiaries and supervisory authorities, its resources expanded considerably in 2017.

MANDATE

Working together in the fight against the pandemics

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"One of Expertise France's key operations"

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The 5% Initiative in evolution

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Our 2017 activities

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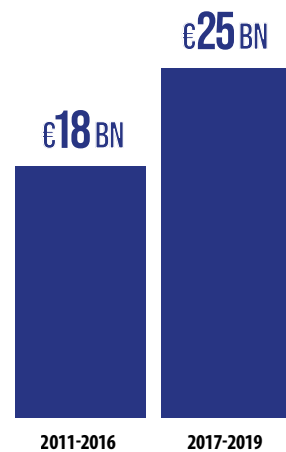
Congo. Meeting of the Country Coordinating Mechanism to draft a grant request from the Global Fund, 2017.

MANDATE

WORKING TOGETHER IN THE FIGHT AGAINST THE PANDEMICS

The 5% Initiative is helping construct a more effective response to the pandemics and to amplifying impacts on populations. Established in 2011, it supports recipients in accessing Global Fund financing and improving the effectiveness of the grants, primarily in Francophone countries.

INCREASED FINANCIAL RESOURCES
Average annual budget of the 5% Initiative



The 5% Initiative steps in at every stage of funding allocation in response to requests from recipients of Global Fund financing. It also supports and strengthens the capabilities of civil society, national programs and even regional organizations. Established by Expertise France, it mobilizes French and Francophone expertise tailored to the needs of eligible countries. It contributes to reinforcing the cohesiveness of multilateral and bilateral actions undertaken against the three pandemics with French aid.

Two modes of action

The 5% Initiative is divided into two complementary modalities, a technical assistance stream and a project financing stream. The first consists in

making available short- or long-term consultations with one or more technical experts to facilitate access to and implementation of Global Fund grants. For its part, the second stream opens up financing for projects which complement Global Fund programs through annual calls for proposals.

Expanding powers

The 5% Initiative is entrusted each year with 5%, or 18 million euros, of France's contribution to the Global Fund. Given the initiative's successes in recipient countries, France announced in 2016 that the budget allocated to it would increase: it will rise to an average of 7% of the French contribution to the Global Fund during the three-year period from 2017-2019. ☺

TECHNICAL ASSISTANCE UNDER DEBATE

As an actor in the development aid ecosystem, the 5% Initiative engages in reflections on the value of technical assistance alongside its partners and other, similar support providers. During the ICASA conference in December 2017, it took part in a meeting organized by the Technical Support Facility for West and Central Africa of UNAIDS and ICI-Santé. It was an opportunity to assess the effectiveness and sustainability of technical assistance in light of the increased demand from recipient institutions. Several options for facilitating the ownership of technical support implemented by recipient countries were identified.

The participants agreed to continue these reflections and to push the evolution of technical assistance toward a "Formula 3.0". The goal: to ensure lasting results and equip the actors in the fight against the pandemics with solid skills.



Côte d'Ivoire. Panelists at the symposium "Key Populations in Urban Zones" organized by the 5% Initiative during the ICASA conference in December 2017.

MANDATE

“ONE OF EXPERTISE FRANCE’S KEY OPERATIONS”

In January 2015, Expertise France, an international technical cooperation agency, was entrusted with overseeing the 5% Initiative. The Initiative is back by a special team located in the Health Department.

By **ANTOINE PEIGNEY**,
Director of the Health Department
of Expertise France

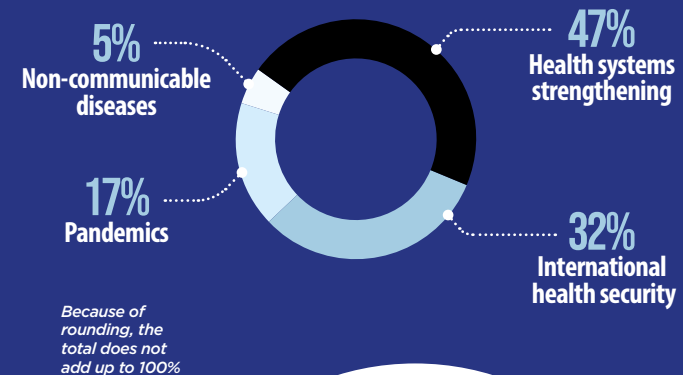
In 2017, the strategy of the Health Department of Expertise France fully reflected French global health strategy for the period 2017-2021. In that spirit, our priority is to implement projects to enhance health systems, contribute to international health security, promote the health of populations and diffuse French and Francophone expertise. In this context, we administer the 5% Initiative, whose budget has risen from 5 to 7% of France’s contribution to the Global Fund.

The year 2017 concluded with a certificate of sound management following an evaluation of the 5% Initiative by the Ministry for Europe and Foreign Affairs (see pages 16-17). The ministry defined benchmarks to guide the initiative through the end of 2019. In anticipation of the increase from 18 to 25 million euros in commitments, the 5% Initiative has been reorganized: two technical coordinators have been recruited and operations now take place in threes (one project assistant for



ACTIVITIES OF THE HEALTH DEPARTMENT OF EXPERTISE FRANCE IN 2017

Projects beyond the 5% Initiative



“Expertise France’s prospects will be shaped by its integration into the AFD group in 2019.”

every two project managers). Two new modalities of action have been launched, along with a call for proposals specifically related to operational research and a financing program for pilot projects (see pages 32-33). To shine a spotlight on project results, the 5% Initiative’s monitoring-evaluation and communications have been enhanced, and a capitalization officer has been recruited.

Expertise France’s prospects will be shaped by its integration into the AFD group in 2019. In redefining the purview of the 5% Initiative, France will have fulfilled its financial commitments to the Global Fund for 2017-2019 and declared its future commitments as well. ○

EXPERTISE FRANCE



The 5% Initiative is managed by Expertise France, the French public agency for international technical assistance. Expertise France intervenes in four main focal areas:

- democratic, economic and financial governance
- security and stability of countries in crisis and post-crisis phases
- sustainable development
- enhancing health, social protection and employment systems

In these areas, Expertise France designs and implements cooperation projects addressing skills transfers between professionals. The agency also develops integrated offers, assembling public and private expertise in order to respond to the partner countries’ needs. With activities spanning 127 million euros per 63,000 days of expertise and more than 400 projects in 80 countries, Expertise France works to further France’s policies of solidarity, influence and economic diplomacy.

A DEPARTMENT DEDICATED TO HEALTH

At the end of 2017, the Health Department of Expertise France was active in 15 countries: in 10 of them, a team was present on the ground. The department also works directly in 5 countries where no representative is present (Algeria, Kenya, Senegal, Tanzania, Tunisia). In total, it relies on 66 collaborators in the field.

France. The 5% Initiative team and participants in the "Experts Seminar" organized in July 2018 in Paris.



MANDATE

THE 5% INITIATIVE IN EVOLUTION

In 2017, the Ministry for Europe and Foreign Affairs commissioned a strategic review of the 5% Initiative, which led to bringing about changes in it and augmenting its budget for 2017-2019.

After seven years in operation and more than €92 million committed, the Ministry for Europe and Foreign Affairs (MEAE) conducted an evaluation of the 5% Initiative. Included in the effort were Expertise France, the Global Fund, the Ministries of Health and Research, members of parliament and partners engaged in the fight against the pandemics, including those from civil society.

A first review under the belt

The evaluation, which covers the period 2011-2016, emphasized the adaptiveness of the 5% Initiative's activities, its strong cohesion with the

Global Fund's programs and its effectiveness in enhancing recipient countries' health systems. It also formulated several recommendations for ensuring the optimization and long-term sustainability of its work in the years to come.

An optimized strategic framework

On the basis of these recommendations and in light of the operation's rise from 5 to 7% of France's total contribution to the Global Fund, the MEAE wished to undertake a revision of the 5% Initiative's strategic framework. Expertise France's renewal as managing body of the initiative was accompanied by an overhaul of its oversight practices and the refocusing of

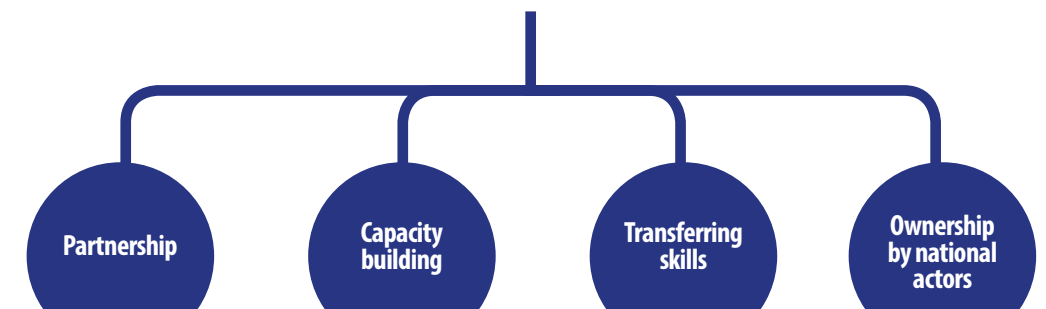
its activities on improving the effectiveness of the Global Fund's grants in Francophone countries.

Evolving forms of action

These efforts elucidated and reaffirmed the 5% Initiative's action principles (see below). The recommended changes do not substantially modify the organization's objectives as they had been formulated but seek to refocus the 5% Initiative in its work supporting the development and implementation of Global Fund financing.

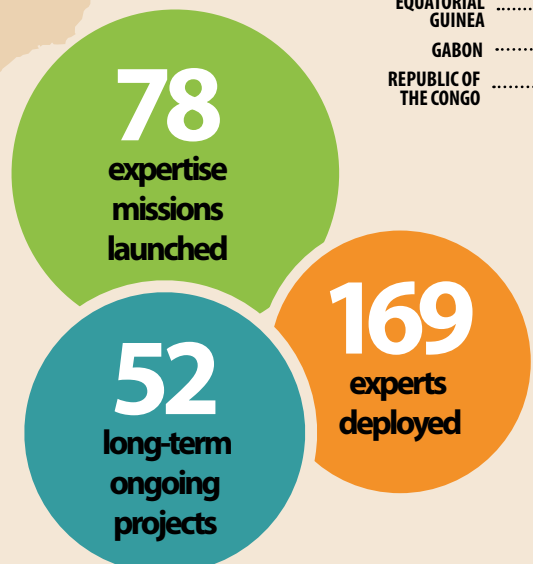
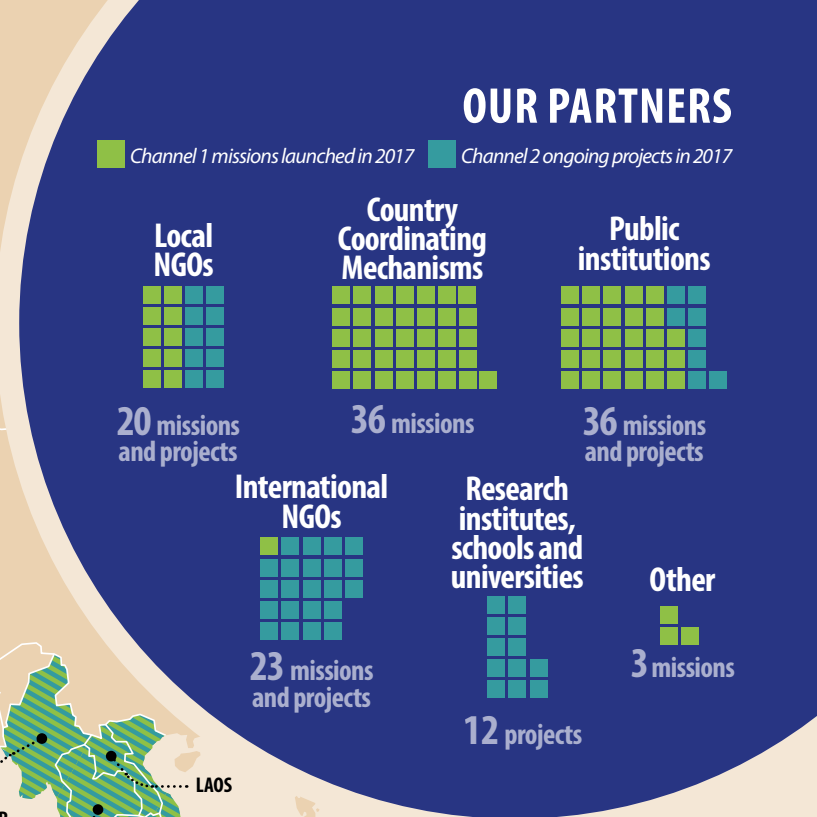
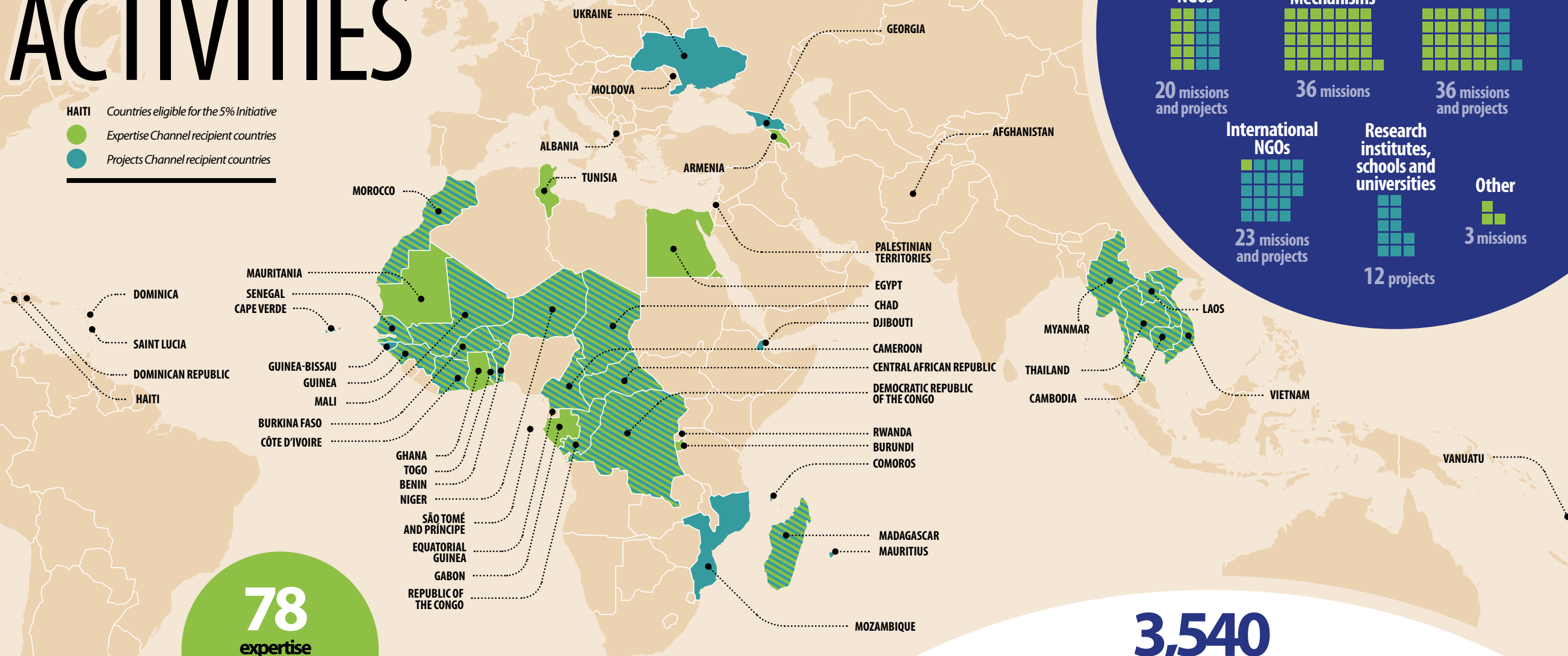
The 5% Initiative's activities continue to divide into two main areas: the Expertise Channel (previously called Channel 1) and the Projects Channel (previously called Channel 2). Beginning in 2018, the second channel will be supplemented by a call for proposals specifically related to operational research as well as by a pilot financing unit. The structure for financing pilot projects will intervene in priority areas that do not fit strictly within the criteria for traditional channels, as a means of facilitating responses to specific problem areas. ○

OUR ACTION PRINCIPLES

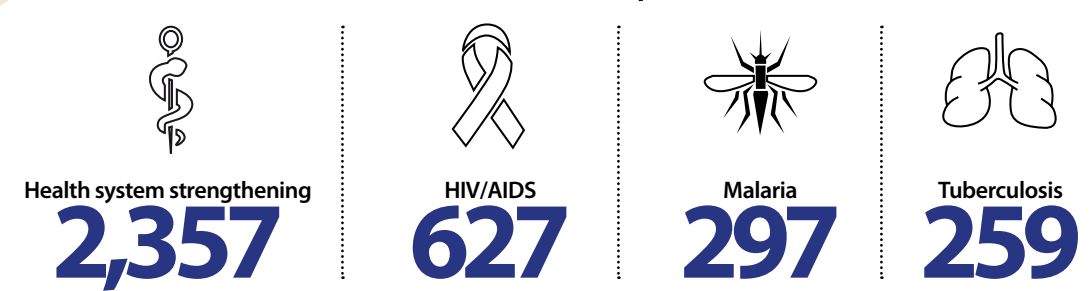


OUR 2017 ACTIVITIES

HAITI Countries eligible for the 5% Initiative
 ● Expertise Channel recipient countries
 ● Projects Channel recipient countries



3,540 DAYS OF EXPERTISE, INCLUDING





CHRISTELLE BOULANGER,
Technical director

**PANDEMICS UNIT/
5% INITIATIVE**



ELSA MARCONNET,
Administrative and financial coordinator



MAMADOU DIENG,
Technical coordinator



ÉLODIE ANTHONIOZ,
Technical coordinator

PROJECT MANAGERS



ANNE-LAURE ANNIC,
Benin, Cape Verde, Georgia, Mauritania



JOSÉ BOFF,
Comoros, Côte d'Ivoire, Djibouti, Haiti



ISABELLE CARTOUX,
Myanmar, Burkina Faso, Ghana



MARIE MARTIN,
Armenia, Guinea-Bissau, Niger, Ukraine



AMANDA MUNOZ,
Cameroon, Central African Republic, Democratic Republic of the Congo



SOUMEYA RAHLI,
Guinea, Senegal, Togo

PROJECT ASSISTANTS



GABRIELLE HERSENT



YOANA PAVLOVA



SOADE LATRATCH

PROJECT MANAGERS



INTISSAR BEL-HADJ,
Egypt, Lebanon, Mali, Morocco, Tunisia



JÉRÉMY FRÈRE,
Burundi, Chad



ADELINE LAUTISSIER,
Cambodia, Laos, Thailand, Vietnam



REBECCA GILLARD,
Congo-Brazzaville, Gabon, Madagascar

PROJECT ASSISTANTS



CÉCILE ALIMI



HASSIBA LOUNIS

HEALTH SYSTEMS STRENGTHENING UNIT

DIONKÉ FOFANA
Supervisor

PUBLIC HEALTH PRIORITY UNIT

SANDRA PERROT
Supervisor



ANTOINE PEIGNEY
Director of the Expertise France Health Department

TECHNICAL AND TRANSVERSAL SUPPORT UNIT



CAROLINE COMITI
Supervisor



NEMDIA DACENEY
Supervisor of monitoring-evaluation



ELSA GOUJON
Supervisor of monitoring-evaluation



ANABEL RODRIGUEZ
Supervisor of monitoring-evaluation



PERRINE DUROYAUME
Capitalization officer



LISA HUANG
Public health medical expert



ANNE BEUGNY
Education engineering expert



AURÉLIE BONFILS
Pharmaceuticals/medicines expert

COMMUNICATIONS



LOUISE VIRAULT
Communications coordinator



JULIEN DIJOUX
Communications assistant

We thank Yann Illiaquer, Néra Khamvongsa, Lucie Smaniotto and Clarisse Veylon-Hervet, who left the 5% Initiative for new professional pursuits after having occupied the positions of project assistants and project manager, respectively. The results of this activity report are due in part to their involvement and to the quality of their work. We wish them continued success in their future careers.

OUR TEAMS

The 5% Initiative is overseen by the French Ministry for Europe and Foreign Affairs (MEAE). Its strategic goals are implemented by Expertise France, the public agency for French international technical cooperation.

THE COMMITTEES

The 5% Initiative's committees bring together representatives of the ministries, NGOs, and agencies for development and research. Their composition reflects the pluralistic, multi-actor approach characteristic of the Global Fund.

THE STEERING COMMITTEE

It studies and produces opinions on the requests for technical assistance presented to the Expertise Channel (see page 24) and validates budgets for approved requests. It met ten times in 2017. To respond to urgent requests, 16 remote tele-consultations with committee members were also held during the year.

THE PROJECT PRESELECTION COMMITTEE

It may be asked to define the topics for calls for proposals published by the Projects Channel (see page 32) and their selection criteria. It produces opinions on the projects submitted and approves their final selection following evaluation. It brings together the members of the steering committee, the Global Fund and project evaluators.

THE STRATEGY COMMITTEE

It determines the 5% Initiative's strategic goals and proposes changes to help realize its objectives, within the strategic framework defined by the MEAE. It defines the topics for calls for proposals, examines the proposals for pilot financing and reviews action principles, projects under way and issues pertaining to the operation.



OUR MODES OF ACTION

To improve the effectiveness of the Global Fund's grants, the 5% Initiative works with recipient countries, particularly Francophone countries. It acts through two complementary intervention and financing mechanisms: the Expertise Channel and the Projects Channel.



EXPERTISE CHANNEL

Short- to medium-term support missions
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Expertise for all contexts
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PROJECTS CHANNEL

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Congo. Exchanges between civil society representatives and the 5% Initiative's projects manager during a break at a CCM meeting.

EXPERTISE CHANNEL

SHORT- TO MEDIUM-TERM SUPPORT MISSIONS

The 5% Initiative's Expertise Channel (formerly Channel 1) allows for the organization of technical assistance missions throughout the year. Lasting a maximum of 12 months, these interventions aim to help actors fighting the pandemics access and implement Global Fund grants.

The Expertise Channel concerns all relevant stakeholders in programs financed by the Global Fund in 5% Initiative-eligible countries (see pages 26-27). These beneficiaries are Country Coordinating Mechanisms—CCMs; the principal recipients, sub-recipients, and sub-sub-recipients of the Global Fund; national programs in the fight against the pandemics; public bodies; and civil society actors.

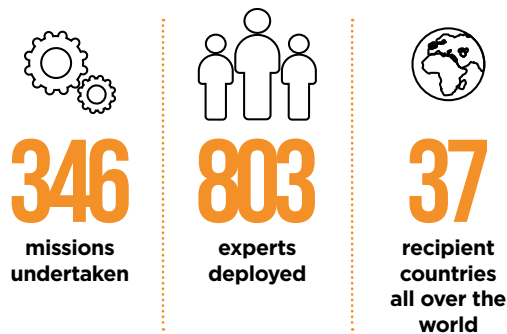
Tailored expertise

The 5% Initiative's expertise missions are intended to facilitate beneficiaries' access to Global Fund financing and support their implementation. They allow for rapid response to the needs of eligible organizations at every step of the financing cycle: coordinating dialogue at the country level, developing funding requests, implementation and strategic evaluation of the grants... In countries prioritized for French public development aid, these interventions can take the form of extra support. This support is grounded in strategic planning for the needs in question, coordinated in tandem with the recipient countries.

Support at every scale

Support requests must be sent directly by the bodies of the countries hosting the expertise mission. Regional requests may be considered if they are made by a single requesting body (regional coordinating mechanism, for example) and if all the countries affected by the request are eligible for the 5% Initiative. ○

THE EXPERTISE CHANNEL FROM 2011 TO 2017



INITIATING AN EXPERTISE MISSION: KEY STEPS

The 5% Initiative's missions are launched after the beneficiaries' request has been studied and approved by the steering committee.



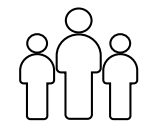
EXPERTISE CHANNEL

AN INCLUSIVE, TRANSVERSAL APPROACH

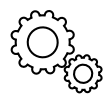
In 2017, most experts were deployed on missions aiming at strengthening health systems. This transversal approach is at the heart of the 5% Initiative's strategy, along with boosting the number of women in the expertise pool and promoting community expertise.

To respond to the increasing number of support requests in this initial year of the financing cycle, the 5% Initiative deployed about 50 experts more than it did in 2016 and the length of missions increased as well. The 5% Initiative increasingly calls on local and regional experts to improve understanding of the issues specific to the country and facilitate the diffusion of regional vision and know-how.

OUR EXPERTISE MISSIONS IN 2017



61%
of experts deployed on transversal missions



62%
of missions led by a regional or national expert



Coordinating transversal action

In 2017, in line with the Global Fund's new orientation and the global trend toward deverticalization in the fight against the pandemics, the 5% Initiative channelled most of its experts toward

strengthening health systems. 24% more days of expertise were dedicated to this area than in 2016. These were primarily missions directed toward capacity building and supporting Country Coordinating Mechanisms in developing concept notes.

Facilitating skill transfer

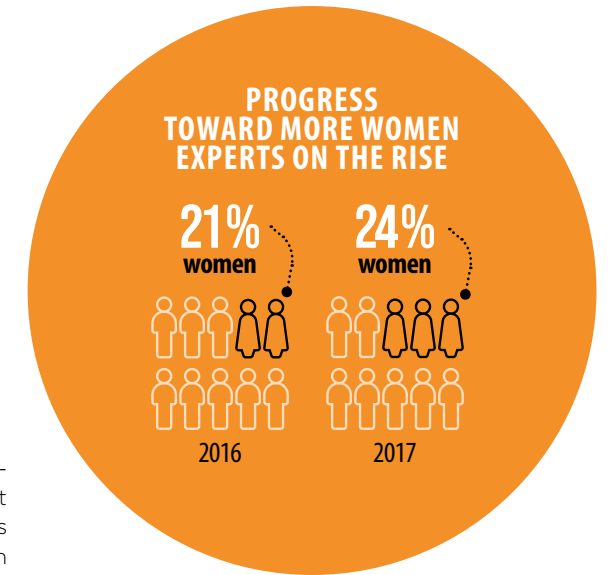
In 2017, the 5% Initiative reaffirmed its desire to boost national and regional expertise: 62% of missions were led by national experts or by an expert from a country in the region. Thus, the missions generally combine local or regional expertise with international expertise.

The choice of local and regional experts reflects two priorities: 1) combining expertise and promoting regional considerations and 2) constructing networks of local expertise to strengthen skills in the country in question.

Relying on community expertise

In putting civil society actors in dialogue and fostering mutual support among them, the 5% Initiative works to promote community expertise. In 2017, it facilitated skill transfer between two community actors, the Nigerian Network of Persons Living with HIV/AIDS (RENIP+) and ARCAD-Sida.

Sub-recipient of an HIV/AIDS grant, RENIP+ unites 27 community associations in the fight against AIDS and has 88 mediators specializing in psychosocial support for persons living with HIV/AIDS. Facing organizational challenges and needs in skill development, it solicited technical support from the 5% Initiative and requested that the mission be realized by ARCAD-Sida, a Malian organization for community care which had developed skills in South-South collaboration. The 5% Initiative approved this request. Thanks to the exchange, RENIP+'s financing was renewed for the 2018-2020 grant cycle. The skills enhancement plan that emerged from the technical analysis conducted by ARCAD-Sida will be implemented during this period and will enable RENIP+ to fulfill its role as a community actor in the fight against AIDS. ○



BOOSTING THE PRESENCE OF WOMEN IN OUR EXPERTISE NETWORK

The 5% Initiative promotes better representation of all kinds in our corps of experts and has made increased representation of women in particular an important goal over the past several years. In 2017, 24% of the experts deployed by the 5% Initiative were women, versus 21% the previous year. This change reflects the 2017-2022 prioritization of gender equality and representation by the Global Fund, as well as by French global health strategy, as adopted and pursued by Expertise France. Since 2015, the 5% Initiative's recruitment of female experts has increased the female-male ratio by 35%, proof that the strategy is becoming reality in teams and on the ground.

EXPERTISE CHANNEL

EXPERTISE FOR ALL CONTEXTS

The 5% Initiative adapts its missions to the specific needs of its beneficiaries. Whether they respond to an urgent need or aim to support local actors over the long term, the missions are tailored to beneficiaries on a case-by-base basis.

The majority of 5% Initiative missions are short missions undertaken at the request of beneficiaries with a specific need. The expert may go out into the field several times over a ten-day period to establish a diagnosis and propose solutions.

In 2017, following a mid-project audit conducted by the Projects Channel, the Network for Accessing Essential Medications (RAME) in West Africa and the Cameroonian organization Positive-Generation hosted a mission of this kind. They were

subsequently offered support for improving their financial management practices. Thanks to this aid, they now manage more grant funding and benefit from the support of other donors, such as the Global Fund and the European Union. Recipients of a second grant from the 5% Initiative, these project leads are now able to tackle phase 2 of their projects in Cameroon, the Central African Republic, and Chad for Positive-Generation, and in Burkina Faso, Niger and Guinea for RAME.

Enhancing skills over the long term

More rarely, residential missions lasting as long as a year emphasize capacity building and a transfer of responsibilities over the whole term of the expert's presence in the field. In Burkina Faso in 2017, a residential expert was deployed in this way to help the principal recipient improve the disbursement and take-up rate of HIV funding in the country (see below).

OUR EXPERTISE MISSIONS IN 2017



27

recipient countries across the globe

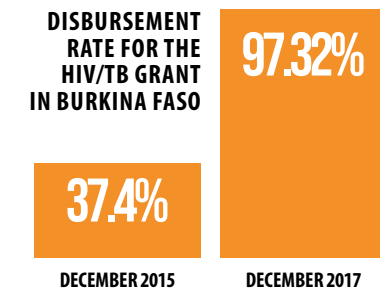


78

missions launched



Côte d'Ivoire.
Raising awareness about sexual and reproductive health among children. Primary school of Melekoukro village, February 2016.



In 2015, the Global Fund established the Implementation Through Partnership initiative to accelerate the disbursement and implementation of funding by recipients in Francophone African countries.

Supporting grant recipients

In this context, two experts were assigned to the Private and Community-based Initiative for health (IPC), primary recipient of HIV/TB funding in Burkina Faso. In 2016, a diagnosis was conducted to identify bottlenecks in resource distribution. Then, over 11 months, an expert worked with the IPC and sub-recipient organization to strengthen their operational abilities. This support will allow for better disbursement and hence more effective implementation of funding.

Working in tandem with the Backup Initiative

Complementing the activities of the 5% Initiative, the Backup Initiative, its German counterpart, placed 33 resource experts at the service of the sub-sub-recipients of the HIV/TB grant. Throughout the process, the Backup and 5% Initiatives worked together to ensure better implementation of the funding.

Burkina Faso Improving funding disbursement through expertise in residence

February 2017-January 2018



In Burkina Faso, the 5% Initiative sent a residential expert to the principal recipient for nearly a year.

The mission: improve the rates of disbursement of HIV/TB funding.

Multi-country

Beyond borders: fighting malaria on a regional scale

September 2013-September 2017



To achieve lasting elimination of malaria in the Mekong sub-region, 5 countries are working together with the combined support of the Global Fund and the 5% Initiative.

Between 2012 and 2015, malaria-related mortality dropped by 84% in the Mekong sub-region, thanks primarily to better access to prevention and care. Yet this progress has been compromised by a rise in resistance to artemisinin, the base molecule in the most effective anti-malarial medications.

An indispensable global approach

To confront this threat, the Global Fund is financing the Regional Artemisinin-resistance Initiative (RAI) in 5 countries: Cambodia, Laos, Myanmar, Thailand and Vietnam. Through funding totalling 343 million dollars since 2014, it is pursuing a two-fold purpose: preventing the spread of resistance to artemisinin and eliminating malaria.

From 2013 to 2017, the 5% Initiative conducted several support missions for the RAI funding: drawing up a regional concept note, implementing the funding and evaluating the results.

10
experts deployed



Myanmar. An insecticide-treated mosquito net protects children in the shanty town of Khamaukgyi at night.

“Malaria can only be lastingly eliminated in one country of the Mekong sub-region if the other countries also eliminate it.”

ROBERTO GARCÍA,
international consultant

Thanks to this ongoing support, it has been the privileged partner of the RAI since 2014.

Results over the long term

Several other missions have been implemented by the 5% Initiative to support the governance of the regional steering committee and guide the implementation of the funding. The assessment report for the mission also served to develop a strategic vision for the 2018-2020 term and the implementation of the RAI2-Elimination project. The recent national reports indicate that resistance to artemisinin has remained contained in the sub-region: no other country has been affected, thanks particularly to the combined action of local actors, the RAI and the 5% Initiative. ○

349
days of technical assistance over all missions

REGIONAL STRATEGIES FOR RECIPROCAL RESPONSES

Whether establishing joint mechanisms for distributing financial resources or organizing a sub-regional forum for sharing knowledge, regional-scale missions seek to improve programs' impacts by covering several countries. This kind of approach is essential in zones affected by migratory trends, for instance: particularly vulnerable migrant populations suffer from reduced access to prevention and care services and are more exposed to pandemics. A number of transnational initiatives conceived to combat the three pandemics have been set up by formal or informal

networks of civil society organizations (CSOs) or institutions. For public actors located in the same zone, adopting joint policies creates structure and enables resource optimization. As for CSOs, they strengthen each other by bringing visibility to the human rights or gender equality issues they share in common, each benefiting from the others' experiences in tackling similar challenges. In 2017 experts from the 5% Initiative helped draft two regional requests for financing in Southeast Asia and supported the operations of transnational activities in several countries.

PROJECTS CHANNEL

FINANCING LONG-TERM INITIATIVES

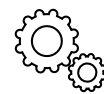
Through the Projects Channel (formerly Channel 2) the 5% Initiative funds structuring projects for periods of two to three years. The programs supported address priority issues, and their financing is designed to complement the programs of the Global Fund.

Three kinds of initiatives are financed through the Projects Channel: intervention projects, operational research projects and pilot projects. They each contribute in their own way to fighting the pandemics and enhancing the effectiveness of the Global Fund grants.

Two calls for proposals per year

The 5% Initiative distributes its grants through a competitive call for proposals, of which two are published per year. They enable organizations both in eligible countries and in France to submit their proposals.

PROJECTS CHANNEL FROM 2012 TO 2017



62

recipient structures



79

projects selected

Proposals must result from a partnership among several organizations and include local partners. The primary selection criteria include the degree to which proposals complement Global Fund programs, the aptness and authenticity of the partnerships and the willingness of beneficiaries to take ownership of the project.

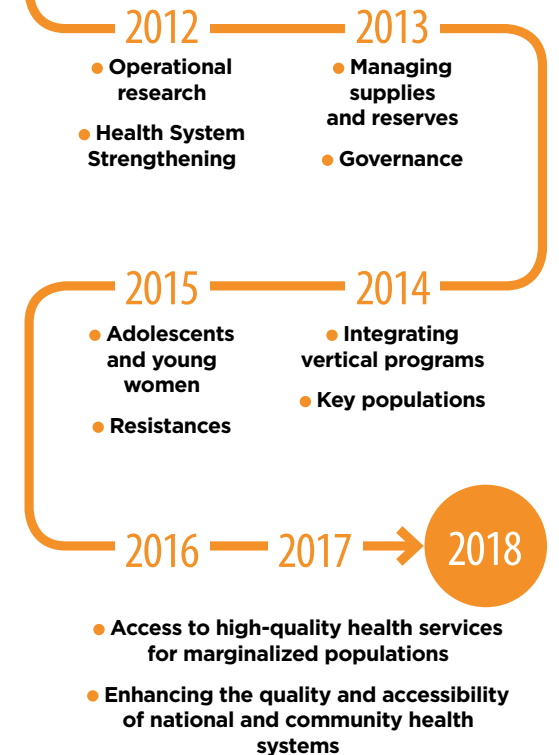
Priority topics for each cycle

The 5% Initiative's calls for proposals target priority topics that have been identified through dialogue with the Ministry for Europe and Foreign Affairs (MEAE). Since 2016, a triennial format has been in place for calls for proposals. The goal is twofold: to allow submitters to prepare better proposals and to gradually diversify the 5% Initiative's portfolio of projects.

A specific call for operational research

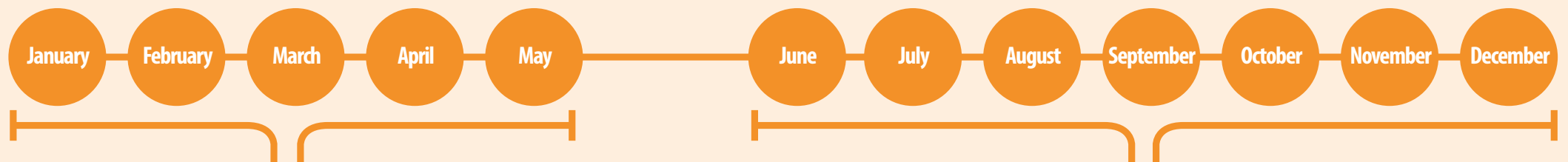
In 2017, a transversal evaluation was conducted to measure the impact of operational research projects financed by the 5% Initiative. It confirmed the value of this kind of project in achieving long-term improvements in the response to the pandemics. On the strength of these results the 5% Initiative will launch a call for operational research projects each year beginning in 2018.

OUR CALLS FOR PROPOSALS



HOW DO THE CALLS FOR PROPOSALS UNFOLD?

In 2018, the 5% Initiative's process for calls for proposals changed: it now plays out in two phases.



Phase 1: composition of concept notes

The calls are published in January. At the end of March, project leaders submit their concept note (an approximately 10-page document). After their eligibility has been verified, they are evaluated by the selection sub-committees. In May, the highest-ranking grades are sent to the steering committee, which selects the best concept notes. The project leaders who are chosen are then invited to draw up their project plans in full.

Phase 2: development of the projects

The project leaders whose concept notes have been selected develop their proposal and transmit it to the 5% Initiative. The projects are sent to the regional global health advisors, to the Global Fund and to evaluators. After evaluating and checking the reading reports, a committee composed of the MEAE, the steering committee, the 5% Initiative team and the evaluators preselects the projects. It may impose certain conditions for choosing projects. After discussions with the project leaders and the satisfaction of conditions, final selections are made at a final selection committee.

“Health System Strengthening” Call

1 Enhancing community-based strategic evaluation of interventions in fighting malaria, tuberculosis and HIV/AIDS in West Africa with the help of ICTs

• **Project leader:** RAME
• **Partners:** REGAP, RENIP+

2 CORAQ-LAB: Cooperation in enhancing quality assurance in national laboratories

• **Project leader:** CHMP
• **Partners:** WHO, Solthis

3 FORSS-Educate, Evaluate, Support: Community mobilization in the fight against HIV in the MENA region

• **Project leader:** Solidarité Sida
• **Partners:** AGD, Al Sehab, ATP+, ITPC-MENA, M-Coalition, RdR-Maroc

4 LabMyNet: Toward achieving the 3rd objective of the 90-90-90 initiative in Myanmar

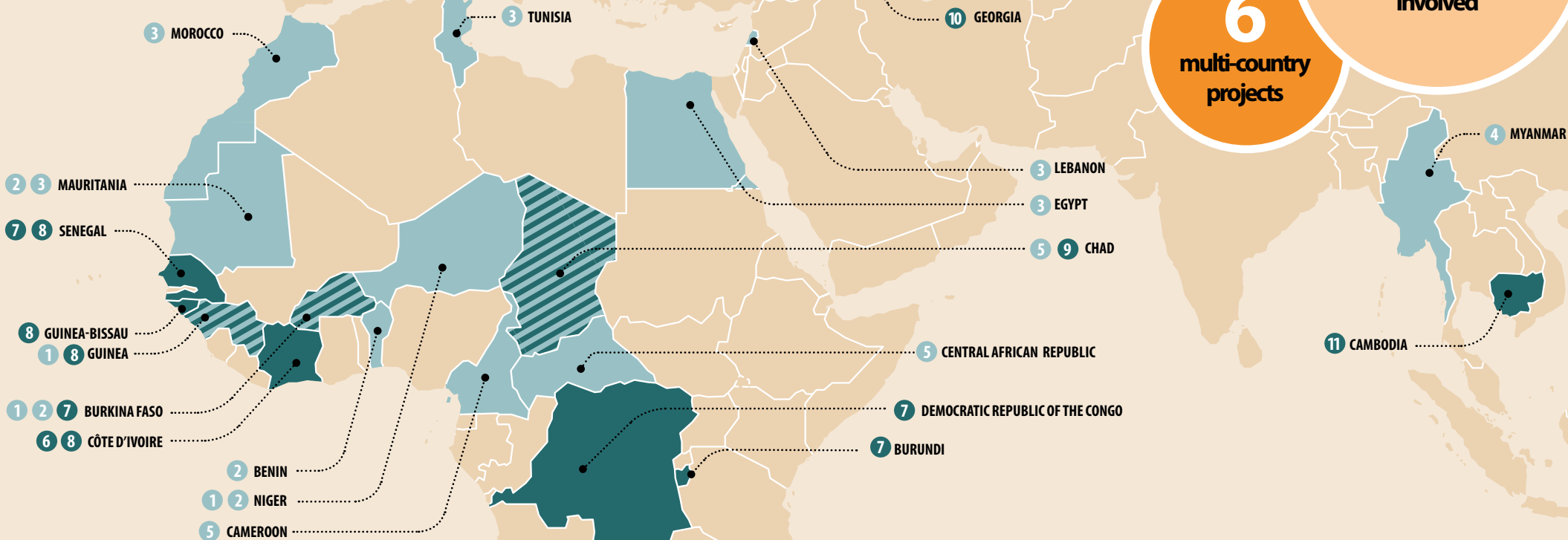
• **Project leader:** Fondation Mérieux
• **Partner:** NHLS

5 Governance, human rights and access to care: enhancing and implementing community observation centers to evaluate access to care

• **Project leader:** Positive-Generation
• **Partners:** ADN (Chad), ANJFAS (Central Africa)

6 Consolidating availability of targeted, integrated and accessible health care for precarious drug users vulnerable to the three pandemics in Abidjan

• **Project leader:** MDM France
• **Partners:** ASAPSU, Croix Bleue Côte d'Ivoire, Espace Confiance



6
multi-country projects

21
countries involved

11 NEW PROJECTS
SELECTED IN 2017

More than 130 proposals were submitted to the 5% Initiative through the Projects Channel in 2017. The initiatives that were selected will contribute to the fight against the three pandemics in 21 countries.

“Marginalized Populations” Call

7 KORA-DUB: for the improvement of HIV services, sexual and reproductive health and human rights of key youth populations in West and Central Africa

• **Project leader:** ANCS (Senegal)
• **Partners:** ABS (Burundi), IPC (Burkina Faso), RAES (Senegal), RNJ+ (Burundi), UNESCO (Senegal)

8 Local expertise in the service of key populations in West Africa: localizing, innovating and capitalizing on experience to better address HIV among MSM, TS and IDUs

• **Project leader:** ENDA Santé Sénégal
• **Partners:** ENDA Santé Côte d'Ivoire, ENDA Santé Guinée-Bissau, FMG (Guinea), Johns Hopkins University—Program on Key Populations (United States), UGB—Department of Geography (Senegal)

9 Social communication, ICT and the media in enhancing the community health system in Chad

• **Project leader:** RAES
• **Partners:** AMASOT (Chad), ADES, ONG BASE

10 Georgia Syringe Vending Machine Trial: improving access to sterile injection equipment for PLWHIV through installation of machines for distributing syringes in Georgia

• **Project leader:** ALTGEO
• **Partner:** GHRN

11 Preventing the transmission of malaria in vulnerable rural populations: a key intervention for working to eliminate the disease in Cambodia

• **Project leader:** Institut Pasteur of Cambodia
• **Partner:** Partners for Development



OUR APPROACH

The 5% Initiative acts in conjunction with Global Fund programs. Its technical assistance missions and project financing aim to enhance access to and implementation of Global Fund grants, to improve health systems and support civil society actors.

ACCESS TO FUNDING

**Missions
for each step
of the funding cycle**

P. 38

**Supporting CCMs,
at the heart of
the 5% Initiative's
mandate**

P. 42

HEALTH SYSTEMS

**Improving
health products
management**

P. 46

**Financing
the fight against
the pandemics**

P. 50

CIVIL SOCIETY

**Enhancing
the skills of
community actors**

P. 54

**Supporting
the development
of community
treatment
observatories**

P. 58

Mali. *Work meeting for the JADES project, raising awareness about sexual and reproductive health among young people (see page 69), 2016*

ACCESS TO FUNDING

MISSIONS FOR EACH STEP OF THE FUNDING CYCLE

Supporting the Country Coordinating Mechanisms (CCMs) at every stage of the Global Fund's funding cycle: that's the objective of access-to-funding missions. Emblematic of the 5% Initiatives activities, they tripled between 2016 and 2017 and represent 80% of its missions.

countries' actors prepare the funding request submitted to the Global Fund's Technical Review Panel.


Assistance tailored to the Global Fund's grant cycles

In 2017, 22 funding requests were submitted to the Global Fund thanks to the support of the 5% Initiative's experts. At the same time, the 5% Initiative continued to focus on grants implementation and support to the beneficiaries in monitoring the Global Fund's programs in their countries. These missions will increase in 2018, once the grants have been awarded.


In perfect complement to the Global Fund, the 5% Initiative adjusts to peak moments in the funding cycle. It responds to the needs of the bodies requiring expertise and supports them at every step, from organizing national dialogues to constructing tools for evaluating grants' impacts. ☉

As it does every three years, the Global Fund launched a new allocation period in 2017. This new cycle period brought a significant increase in the number of access-to-funding missions relative to 2016, particularly support missions for drafting funding requests. These Expertise Channel missions consist in deploying experts to help

OUR ACCESS-TO-FUNDING MISSIONS IN 2017



2,356
days
of expertise



101
experts
deployed



€136M
awarded by the Global Fund for 2018-2020
thanks to missions for funding access

1 Stimulating dialogue among health actors at the country level

30 days
of expertise
in 2017

Even before developing the grant proposal, support missions are organized to coordinate and facilitate dialogue among all the public, private and civil society actors involved in the fight against the pandemics. This support is ongoing until the submission of the funding request to the Global Fund.

2 Providing data for the funding request supporting documents

538 days
of expertise
in 2017

To submit a funding request, it is necessary to set up a national strategic plan for fighting the three diseases, as well as to document the epidemiology of HIV, tuberculosis and malaria. This phase enables the committee drafting the concept note to propose targeted interventions that will magnify the impact of the programs financed by the Global Fund. The 5% Initiative is able to finance and conduct epidemiological studies.

5 Supporting implementation of the grants

Following a grant award, missions supporting strategic evaluations among other things can be organized on the ground with the CCMs. The missions help them develop indicators, tools and processes so their members, particularly the committees for strategic evaluation, can ensure the effective implementation of the grants by the various recipients in the country.

FACILITATING ACCESS TO FUNDING: THE PHASES OF INTERVENTION

The 5% Initiative's missions in support of funding access take different forms depending on the stage at which experts collaborate with the recipient body.

4 Facilitating funding negotiations

237 days
of expertise
in 2017

At the grant-making stage, an expertise mission may help the recipient body put in place the tools it needs to receive the grant and break it down into an operational strategy.

3 Supporting the drafting of funding requests

1,551 days
of expertise
in 2017

The 5% Initiative deploys teams of experts with specific skills who, together, do their best to support countries' actors in drafting funding requests, so they may gain access to Global Fund financing.

Burkina Faso Implementing HIV/TB funding

May-June 2017



In Burkina Faso, the organization IPC developed tools necessary for the effective implementation of a grant thanks to the technical support of two experts assigned by the 5% Initiative.

In 2017, thanks to the simplification of the Global Fund's procedures, Burkina Faso requested technical support from the 5% Initiative to help the principal recipient of the HIV/TB grant, the organization Initiative privée des communautaires (IPC), manage its funding.

Twofold expertise to improve monitoring tools

More than 400 community organizations have benefited from the IPC's backing since its creation in 1995.

Two experts were sent during this phase of grant-making to help with programming and financial elements. Both worked with the IPC and a team of several experts. The programming expert helped the IPC improve documentation for administering the grant, develop tools for performance evaluations and revise certain strategic tools. For his part, the financial expert defined tools for budgeting and cost estimates. These efforts enabled the creation of



Congo.
CCM meeting to draft a funding request. Brazzaville, May 2017.

effective, high-performance financial accountability mechanisms for the implementation of the grant. Thanks to these new tools, the organization was able to convince the Global Fund approval committee to renew its HIV/TB grant for 2018-2020. ○

Cameroon Enhancing grants' impacts

July-August 2017



The goal of the mission undertaken in Cameroon was to ensure the full inclusion of the priorities of key populations in the national funding request in the fight against HIV and tuberculosis (HIV/TB grant).

The involvement of civil society and community organizations in the development of a strategic plan prior to making a funding request is fundamental. Doing so guarantees

that grants will be more effective and will make a real impact for those affected with HIV and tuberculosis. In Cameroon, civil society involvement was reflected in particular by the participation of the NGO CAMNAFAW (Cameroon National Association for Family Welfare), primary community recipient of the grant, in the national process leading to the development of the request.

Ensuring the participation of community actors

The expert's work consisted in supporting the involvement of community actors and in identifying high-impact activities by capitalizing on the implementation of the grant that had been allocated during the previous cycle. The methodology that was developed had produced results that made it possible to highlight the technical contribution of key populations and community actors. Dieudonné Bassonon, the expert assigned to support the organization CAMNAFAW in Cameroon, offers his insights below. ○

Cameroon.
Members of CAMNAFAW during a workshop on drafting the funding request. Kribi, July 2017.



Ongoing dialogue with key populations



DIEUDONNÉ BASSONON
international consultant

What work did you do with CAMNAFAW, recipient of the HIV grant?

We identified the priorities of civil society so that we could take them into account in the request, thanks to ongoing dialogue with key populations. To do so, we initiated consultations with local organizations, which made it possible to establish a common agenda for all the community actors. Then a transparent and inclusive process led to the choice of well-respected community experts and leaders with established national and international expertise.

How did you go about ensuring that the community organizations were integrated into the request process?

With CAMNAFAW and civil society leaders, we identified obstacles to effective participation by civil society in the process. Then we implemented strategies to limit these impediments. We used scientific data to bolster our arguments, and applied the Global Fund's directive on the involvement and participation of community actors and key populations in the process of developing requests.

What were the main results of this mission?

The advocacy guide that was developed is very important. As is the technical guide of the community expert which ensures that everyone knows their role at each step of the funding request, and synchronizes their contributions. ○

ACCESS TO FUNDING

SUPPORTING CCMS, AT THE HEART OF THE 5% INITIATIVE'S MANDATE

The 5% Initiative deals mainly with the CCMs, which are national committees linking the Global Fund and representatives of all the actors in the fight against the pandemics. Since 2012, 43% of expertise missions have been devoted to them.

Public authorities, the private sector, technical partners, civil society, NGOs, populations affected by the diseases... the Country Coordination Mechanisms (CCMs) bring all the actors in the fight against the pandemics together in national committees. They submit funding requests to the Global Fund and receive the grants, which they are entrusted with distributing to the principal recipient and which they monitor as they are implemented.

A special feature of the 5% Initiative

The 5% Initiative has centered its efforts on supporting the CCMS. This specialization was

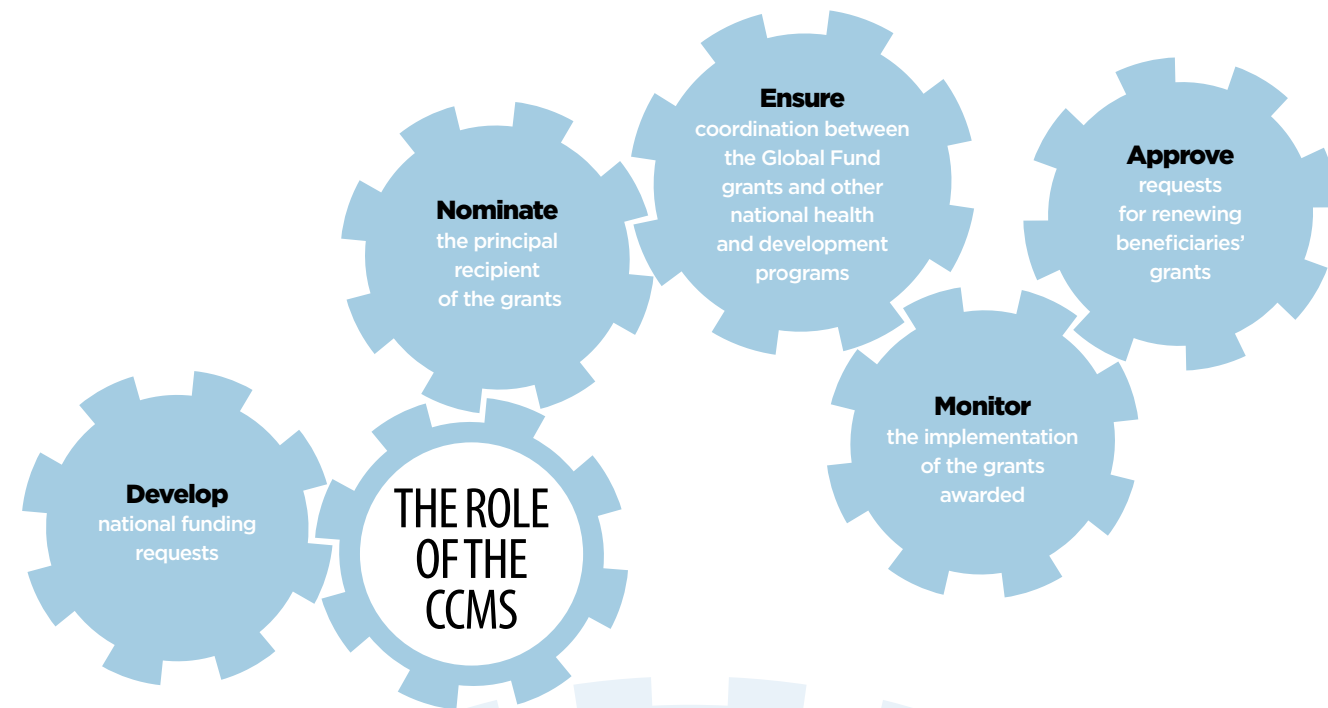
re-energized in 2017 with the dissolution of Grant Management Solutions (GMS), an American technical assistance body that specialized in supporting the CCMS.

The 5% Initiative helps the CCMS improve their governance, access funding, or even enhance their management capabilities. It tailors its efforts to the needs of the individual committees it assists, rather than implement standardized procedures.

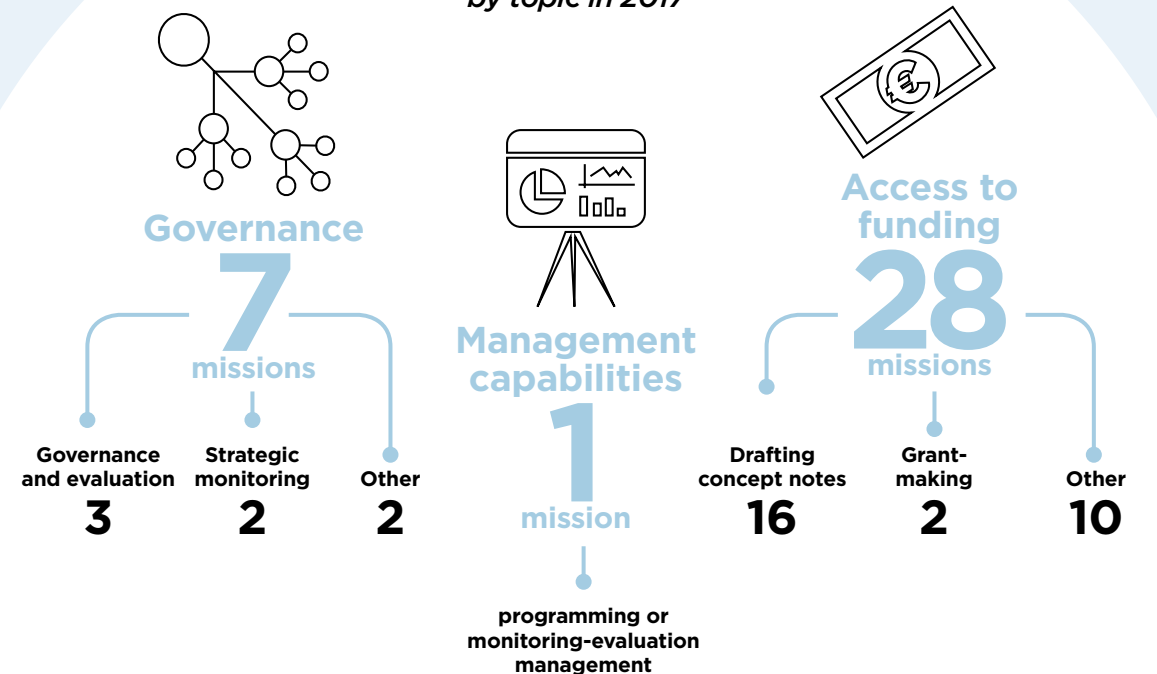
Enhancing skills transfers through 2022

In the context of its strategy for 2017-2022, the Global Fund expects changes in the functioning of the CCMS and wishes to take advantage of their contributions. During a regional workshop organized by the 5% Initiative in September 2017, 80 representatives of CCMS from 21 West and Central African countries debated the real degree of representation enjoyed by civil society in these bodies, as well as the importance of education and skills transfer among members of the CCMS. These discussions reflect principles the 5% Initiative takes pride in defending: ensuring that all actors have a voice and that all are heard at the highest levels, on a national scale as well as on that of the Global Fund itself.

OUR SUPPORT OF CCMS IN 2017



THE 5% INITIATIVE'S SUPPORT Number of missions for supporting CCMS by topic in 2017





Côte d'Ivoire. From left to right: Chaibou Samalia (CCM Niger), Simon Kaboré (Executive Director of RAME), Daniel Sarr (Executive Director of the NGO Santé service développement), and Dramane Koné (CCM Mali).

Democratic Republic of the Congo Improving strategic monitoring

Mission in progress since September 2017



Strategic monitoring can reveal the need for organizational or financial tools, as well as global problems like slow disbursement processes. It allows the CCMs to ensure the effective use of human and financial resources on behalf of the populations. In 2017, the DRC's CCM solicited the help of the 5% Initiative to improve monitoring, so that it could better support primary and secondary grant recipients.

An international expert worked to enhance the skills of the DRC's CCM members, in order to help them establish and make use of monitoring tools. Among other things, these tools facilitate communication among CCM members and ensure the coherence of grant monitoring. For its part, the primary recipient monitors the sub-recipients' implementation of grants, as well.

Mali Managing new grants

July 2016-
October 2017



In 2016, Mali obtained three new grants from the Global Fund, for a total of more than 111 million euros—a prospect that revealed the CCM's need for support. Five experts effected eight short missions to Mali. The goal: to improve the governance and overall effectiveness of the CCM so that it would be equipped to receive the three grants allocated for the 2017-2020 cycle.

These visits made it possible to enhance members' skills through training, to develop a communication plan and to enhance the strategic review of the grants. The experts also provide tools that facilitated assessments of the eligibility and the performance of the CCM to ensure its conformity with the Global Fund's criteria.



Côte d'Ivoire. Regional workshop for CCMs in Francophone Africa organized by the 5% Initiative. Abidjan, September 2017.

“ Having a strategic monitoring committee is essential



JEAN NDUWIMANA
International consultant

Jean Nduwimana helped the Côte d'Ivoire's CCM improve its strategic monitoring of the Global Fund's grants from April to November 2017. Doing so required creating new tools and establishing a strategic monitoring committee.

What methodology did you adopt during these two missions?

I first proceeded to review the documentation to target the CCMs' needs and understand its tools. I also conducted interviews with members of the CCM. Then I proposed a strategic monitoring plan and options for creating a strategic monitoring committee to the executive office of the CCM. Once these proposals were approved, workshops enabled me to train the members of the permanent secretariat and the general assembly

of the CCM in the use of the new tools. This inclusive, participatory approach lies at the heart of the 5% Initiative's activities.

What kinds of tools did you propose?

The instruments through which the performance of the grants' implementation by the principal recipients was monitored didn't record the site visits made by CCM members. New tools were needed to document what was going on on the ground and facilitate the feedback of organized, systematic, computerized information. The goal was to identify and to better manage the problems of the sub-recipients, the populations benefiting from the service, and the public or community providers.

You supported the creation of a strategic monitoring committee. What will its role be?

That reflects one of the Global Fund's directives: the CCMs must be equipped to monitor the recipients' performance during implementation of the grant. This committee analyzes all the project's data: the achievement of objectives, availability of funds, accessibility of inputs and medicines. Before this mission, the CCM's committees (on tuberculosis, HIV, supply management, financial management, etc.) each dealt with its own area. There was no structure that could provide a global vision of the effectiveness of the grants on the ground. Having a strategic monitoring committee equipped with technical capabilities is essential. It helps the CCM analyze data on the implementation, and illuminates its decision-making: it's easy to understand why the Global Fund made them a requirement.

HEALTH SYSTEMS

IMPROVING HEALTH PRODUCTS MANAGEMENT

Among the 5% Initiative's goals: ensuring uninterrupted access to safe and effective basic health products. Thanks to its expertise missions and grants, it offers support in strengthening pharmaceuticals systems, as well as in the supply chain and inventories management.

Managing supplies and inventories is an essential aspect of strengthening health systems. Shortages, counterfeit medications and weak communication among actors all threaten access to health products.

Intervening at every link in the chain

The 5% Initiative takes every link in the pharmaceuticals supply and distribution chain into account in order to consolidate it as a whole. Its efforts include enhancing quality assurance systems, improving medication distribution, computerizing management of logistical and health information, securing access to medications, and of course bolstering the skills of the actors.

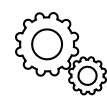
Evaluating projects' relevance

Apart from launching two new projects (MEDTIC and PERF-APPRO) and launching nine expertise missions, 2017 was marked by assessments of six projects funded by 5% Initiative in response to the call for proposals "Managing supplies and inventories," initiated in 2013.



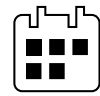
The warehouse of the New Pharmacy for public health in Côte d'Ivoire.

OUR PROJECTS IN 2017



6

ongoing projects



137

days of expertise



12%

of the Expertise Channel's missions

These projects were seen as being complementary to other health projects and to national policies. The audit also confirmed the relevance of the 5% Initiative's positioning relative to all actors: affected populations, national actors, other donors, the Global Fund. Through this review, areas of improvement were identified. In particular, it recommended undertaking smaller projects in order to test their effectiveness before taking on the whole system and scaling up in a way that might require financing by additional donors. It also advised decentralized or peripheral initiatives, since these areas are often less well provided for than central areas which have already attracted a number of actors.

Burkina Faso

Toward independent medication agencies

April 2017



To achieve more transparency and effectiveness in its services, the Departments of Pharmaceuticals and Medicines (DPMs) are moving toward becoming independent medication agencies in the countries of the West African Economic and Monetary Union (WAEMU).

This structural transformation is being achieved in particular by separating the activities of the regulatory agency from those of the conception and implementation of pharmaceutical and medication policy. The 5% Initiative is supporting the Burkina Faso's DPM in this process.

Supporting institutional reorganization

In this context, Burkina Faso's Ministry of Health solicited the 5% Initiative's help in studying the feasibility of the project and in elaborating a legal and institutional framework.

The 5% Initiative deployed four experts on health systems, law, and pharmaceutical inspections, as well as on health economics. They prepared an economic feasibility study and proposed a detailed institutional reorganization of the national pharmaceutical system, including defining the missions of the independent agency; dividing up roles and responsibilities; and creating a legal, institutional and organizational framework tailored to the country's needs. They presented their recommendations on April 20, 2017, at a workshop marking the end of the mission.

Côte d'Ivoire Better secured medications thanks to digitalization

September 2017-September 2019



In Côte d'Ivoire, the project MEDTIC is investing in the development of digital solutions to fight falsified medicines and ensure the quality of supplies.

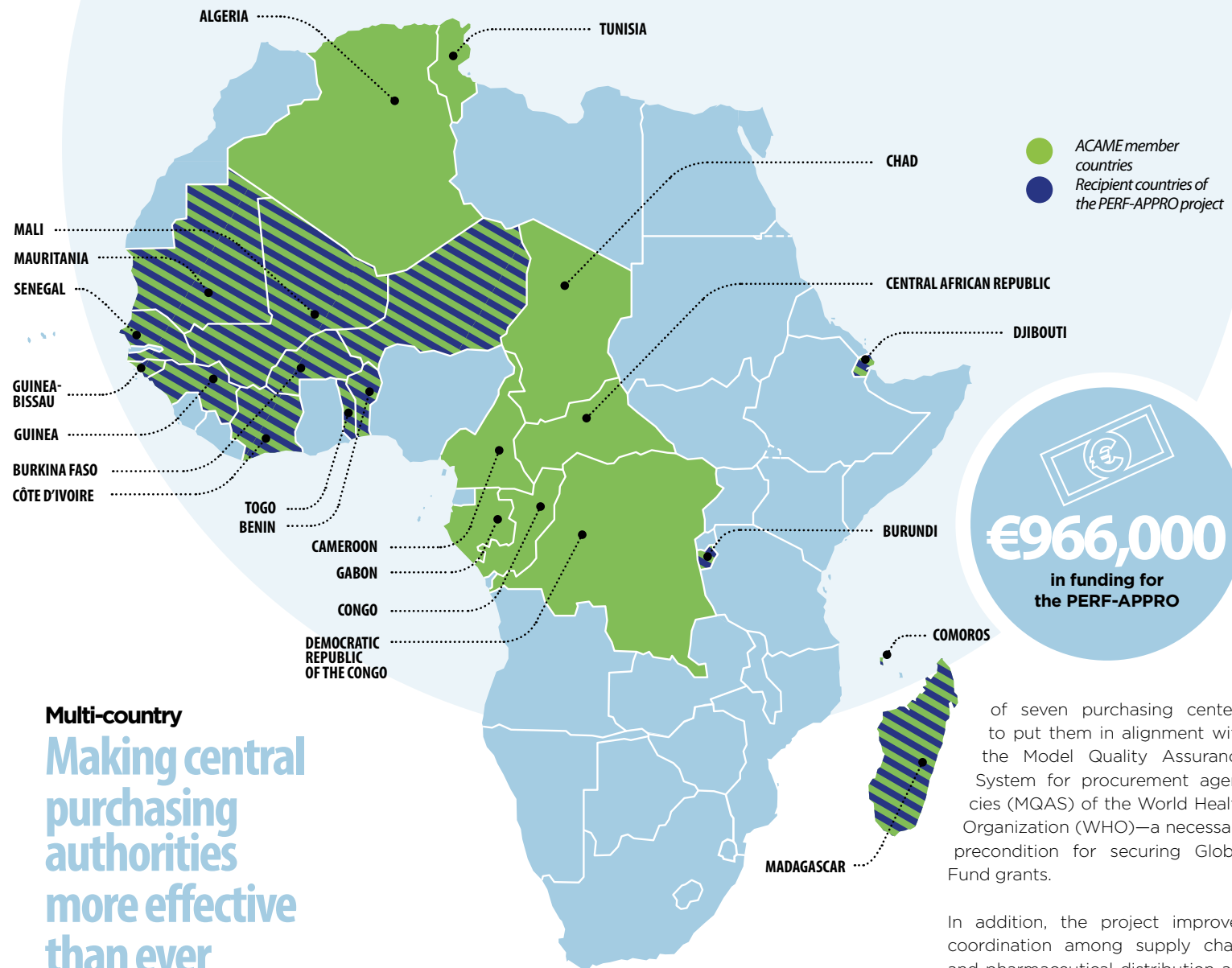
The project MEDTIC is led by the central purchasing authority, the New Pharmacy of Public Health of Côte d'Ivoire (New PSP-CI), in collaboration with the other actors of the Ivorian medication supply chain: the Department of Pharmaceuticals and Medication, the National Laboratory and the National Pharmaceutical Program.

Launched in September 2017 with the help of the 5% Initiative, it seeks to ensure the traceability of antimalarial drugs, to improve monitoring of essential medications and to enhance pharmacovigilance. To do so it is depending

on technologies like the QR code (bar codes on medication boxes) or radio-frequency identification (RFID) to locate products. A digital application and online trainings will be offered to health professionals and public-sector personnel to boost their skills.

€956,921
in funding for
the MEDTIC
project

These projects are fundamentally important to Côte d'Ivoire's adherence to the MEDICRIME convention. Developed by the Council of Europe, this international convention criminalizes the production and distribution of falsified medicines or medications of inferior quality. ○



Multi-country Making central purchasing authorities more effective than ever

July 2017-July 2020



Central purchasing authorities are the pillars of national systems of pharmaceutical distribution. In 2017, the 5% Initiative renewed its commitment to these key bodies. The goal: to enhance their effectiveness in 14 African countries.

In July 2017, the Association of Essential Medications Purchasing Centers (ACAME) inaugurated the project PERF-APPRO. Funded by the 5% Initiative, the project aims to improve the procurement of high quality essential medications for 14 ACAME purchasing centers.

Creating tools and benchmarks in common

The PERF-APPRO project first of all provides for improving the pharmaceutical quality assurance systems

of seven purchasing centers to put them in alignment with the Model Quality Assurance System for procurement agencies (MQAS) of the World Health Organization (WHO)—a necessary precondition for securing Global Fund grants.

In addition, the project improves coordination among supply chain and pharmaceutical distribution actors. It works by harmonizing the preselection procedures of the seven purchasing centers and the certification criteria of the pharmaceutical and medication departments. This will help eliminate bottlenecks when authorizations to put medication on the market are made.

Finally, a combined purchasing operation will be established among eight purchasing authorities. It involves essential medications which cause ongoing procurement challenges for the authorities. ○

A NETWORK SPANNING 22 AFRICAN COUNTRIES

ACAME is an essential partner of the 5% Initiative. This organization unites 22 purchasing authorities from all over the continent and contributes to establishing their role in the national systems of pharmaceutical procurement and distribution. Since its founding in 2006, its members have benefited from two grants from the 5% Initiative and six technical assistance missions.

HEALTH SYSTEMS

FINANCING THE FIGHT AGAINST THE PANDEMICS

In a context in which Global Fund grants are reduced, countries must do more to maintain and improve their health systems. In line with Global Fund policies, the 5% Initiative is working to enhance health systems and advocate for increases in domestic resources in national budgets.

In 2001, 2005 and 2008 the declarations of Abuja, Paris and Kampala laid the groundwork for universal access to health care. In particular, recipient countries committed to dedicating 15% of their national budgets to funding health, making use of tools provided by development aid and devoting more resources to health personnel.

Succeeding in mobilizing domestic resources

These commitments have hardly been fulfilled, and today donors still fund nearly half of the health systems budgets in low-income countries. These countries are particularly dependent on aid for the fight against the pandemics: in fact, the Global Fund finances 50% of the fight against HIV/AIDS, 80% of the fight against tuberculosis and 50% of the fight against malaria. As an example, Côte d'Ivoire devotes only 6% of its domestic resources to health. The activities funded by international aid are not guaranteed for the long-term, in spite of the significant efforts the countries have agreed to undertake and the wishes of the donors, who want to require matching funds.

Entrenching the fight against the pandemics

The Global Fund is encouraging low- and middle-income countries to wean themselves gradually from international funding. This is the idea behind the "Sustainability, transition and co-financing" strategy adopted in 2016. It lays the groundwork for increased involve-

Despite the efforts countries have agreed to undertake and the demands of donors, the activities funded by international aid are not guaranteed for the long-term.

WHAT DO YOU NEED TO GET, BE AND STAY HEALTHY?

- CAN YOU GET HELP FROM A WELL-TRAINED HEALTH WORKER?
- CAN YOU GET TREATMENT THAT HELPS YOU GET BETTER, AND IS SAFE?
- CAN YOU GET THE MEDICINES AND OTHER HEALTH PRODUCTS YOU NEED?
- WHO WILL PAY FOR IT?
- ARE THERE POLICIES IN PLACE TO MAKE QUALITY SERVICES AVAILABLE TO EVERYONE, EVERY TIME?
- DOES YOUR GOVERNMENT HAVE THE INFORMATION IT NEEDS TO MAKE THE RIGHT DECISIONS ABOUT THE WHOLE SYSTEM?

THE WORLD HEALTH ORGANIZATION IS WORKING AROUND THE WORLD SO THAT ALL PEOPLE AND COMMUNITIES RECEIVE THE QUALITY SERVICES THEY NEED, AND ARE PROTECTED FROM HEALTH THREATS, WITHOUT SUFFERING FINANCIAL HARDSHIP.

THAT'S WHAT WE CALL UNIVERSAL HEALTH COVERAGE

WWW.WHO.INT/UHC

THE 6 PILLARS OF HEALTH SYSTEMS

By strengthening health systems, it is possible to deliver comprehensive health care that is well-organized and focused on the consumer. This approach requires simultaneous action on the 6 pillars of health systems defined by the WHO:

- availability of care
- human health resources
- information systems
- medical products, vaccines and other technologies
- financing
- leadership and governance

ment by recipient countries in financial efforts to fight the pandemics, should international funding withdraw.

Entrenching the fight against the pandemics depends on countries' ability to integrate these actions into everyday health systems, to maintain existing human resources, to enter into agreements with civil society organizations which provide some of the ser-

vices, to prepare conditions necessary for procuring medications, and to abolish legal barriers which impede certain interventions. The 5% Initiative supports countries in implementing these measures. They will make it possible to progress toward universal health coverage, a core priority of the World Health Organization (WHO) in achieving equitable access to health care for all.

Senegal More domestic resources for health

October-November 2017



Experts mobilized by the 5% Initiative participated in developing a National Forum for Financing the Health Sector in Senegal. Its goal: to stimulate action by public actors and the private sector.

To encourage dialogue among health actors, Senegal's Ministry of Health and Social Action organized a National Forum in November 2017. Similar initiatives had already been undertaken in Benin, Togo and Cameroon.

Encouraging investments in health

The experts from the 5% Initiative intervened at two stages to support the development of a high-level advocacy plan that aimed to induce national representatives to commit more domestic resources to health. They worked with the National Organizing Committee and the Department of Planning, Research and Statistics to draft the brief. They facilitated exchanges among the different working groups during the pre-forum and helped to write the final report on national dialogue. In attendance at the forum, President Macky Sall announced an increase in funds allocated to health: 300 jobs would be created in the sector, and health will account for 15% of the national budget in coming years. As for representatives of the private sector, they committed to investing 200 billion CFA francs every four years. ○



Senegal.
A social assistant at the Bignona health center in conversation with an HIV-positive patient with disabilities. January 2016.



Ukraine. Inaugurating a clinic of the All-Ukrainian Network of PLWH, for persons living with HIV/AIDS. Kiev, May 2018.

Ukraine Creating community-based clinics

September 2017-September 2020



Ukraine is currently engaged in reforming its health system. That includes revising its funding model for care and introducing fee-for-service payment. One of its primary aims is to transfer responsibility for funding HIV/AIDS care from the Global Fund to national financing.

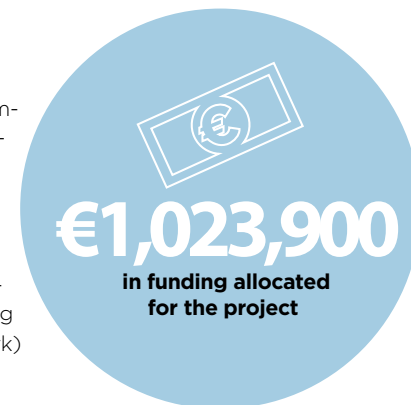
In Ukraine, access to care is impeded by administrative procedures and centralized care, as well as by the stigmatization and discrimination of people living with HIV. To mitigate these difficulties, the NGO All-Ukrainian Network of People Living with HIV/AIDS (The Network)

has created the project "Sustainable community-based solution in HIV care", financed by the 5% Initiative. It aims to create 5 community-based clinics as a means of promoting comprehensive, decentralized patient care. Screenings, medical care and psychosocial support will

be available in a non-stigmatizing, non-discriminatory environment.

Fostering community monitoring

The clinics' economic model attempts to achieve financial autonomy from donors by integrating the clinics into the social security system, providing diversified care options and opening the clinics up to everyone. Access to treatment will be enhanced through a community observatory entrusted with monitoring medical input and antiretroviral supplies across the territory. Since the program's launch at the end of 2017, one clinic has been opened and the community observatory is already functional. ○



CIVIL SOCIETY

ENHANCING THE SKILLS OF COMMUNITY ACTORS

Civil society actors constitute a fundamental link between health bodies and populations. Present in public institutions, CCMs, and local NGOs, they are an indispensable partner for the 5% Initiative in the fight against the three pandemics.

NGOs, community groups, networks of people living with illnesses, or denominational organizations: these groups' mobilization and advocacy led to the creation of the Global Fund in 2002. In 2017, civil society actors continue to be essential in the fight against the three pandemics.

In both helping key and vulnerable populations and representing them in the Global Fund CCMs, they ensure the linkage between public and international authorities and the issues they encounter in the field. The 5% Initiative supports them in turn with technical assistance on financial management, governance and use of resources.

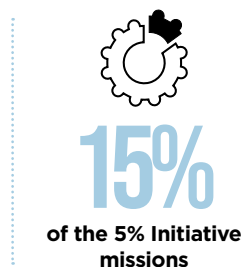
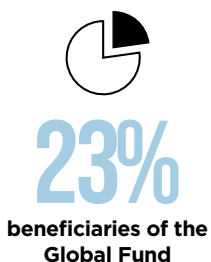
Well-reputed support

In 2017, the 5% Initiative conducted a poll among 29 of its beneficiaries in civil society. Several of them had changed in status and become sub-sub-recipients, sub-recipients or even principal recipients. Most traced this change in status to the missions conducted by the experts assigned by the 5% Initiative.



Benin.
Team of the NGO Racines.
May 2018.

SUPPORT FOR CIVIL SOCIETY IN 2017



“Public authorities and the private sector are certainly essential actors in global health, but it’s civil society that greases the wheels. Its participation is proof of progress.”

PETER SANDS, Executive Director of the Global Fund

Thanks to better understanding of the Global Fund grant cycle, some bodies have joined the CCM for their country. Others, like the NGO Racines, have gradually transitioned from specialized HIV care centers to medical-social centers open to everyone—an inclusive move that conduces to reducing the stigma attached to HIV patients.

Burkina Faso Including association members in the ALAVI audit

October 2017



The association Laafi La Viim (ALAVI) cares for persons living with HIV (PLWH) and undertakes preventive actions in key populations in Burkina Faso. It cares for 1,000 PLWH every year. Sub-sub-recipient of the Global Fund HIV, tuberculosis and malaria grant, it solicited the help of the 5% Initiative in structuring its organization.

Two experts on developing associations were deployed to lead an organizational assessment. They adopted a participatory approach, including as many members of the association as possible at all stages of the mission. The enhancement plan they ended up developing enabled the association to prioritize its actions and led to the formulation of a complementary request for expertise in the identified areas.

Côte d'Ivoire Helping COLTMR in its new missions

March-May 2017



In 2016, COLTMR became the sub-recipient of the association Alliance Côte d'Ivoire for the

Global Fund's tuberculosis grant. It was a new responsibility which necessitated strengthening its functioning and undertaking a reorganization.

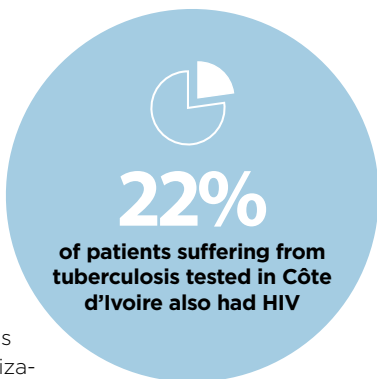
The Collective of Organizations in the Fight against Tuberculosis and Respiratory Disease (COLTMR) combines about 60 Ivorian community-based organizations. The 5% Initiative provided technical sup-

AGCS workshop on strategies tailored to key populations to be elaborated and implemented at different stages of the Global Fund financing cycle.



port to the collective in the drafting of a manual detailing administrative and financial procedures. The mission also produced a monitoring-evaluation plan, as well as a communications plan and a resource mobilization plan that maps out potential public and private donors that could be needed should expansion become necessary.

Thanks to this intervention, the monitoring of the grant at the sub-sub-recipient level was optimal. Alliance Côte d'Ivoire was fully satisfied with the implementation of the grant by COLTMR. ○



“Associations must be united so they can speak with a single voice”



DR. HÉLÈNE ROSSERT
doctor, and community health expert

Hélène Rossert led a mission to support the governance of the Global Alliance of Communities for Health and Rights (AGCS) in November and December 2017.

The network of African associations works for the rights of key populations.

What do the associations belonging to the AGCS need to do to be more effective in fighting HIV?

These associations are very familiar with the human rights and legal frameworks of their countries but need to organize themselves to amplify their message. In many countries,

the CCMs are on the verge of incorporating community groups. But these groups are not always well-represented in them. Each association needs to embrace a distinct advocacy area to make its weight felt in the fight against HIV, and the associations from the same country must unite to speak in a single voice to their government and the Global Fund.

They also need to professionalize their programs. The needs of the association must be formalized in a way the system can understand. That entails a more systematic use of written texts. That's the only way the Global Fund can recognize them.

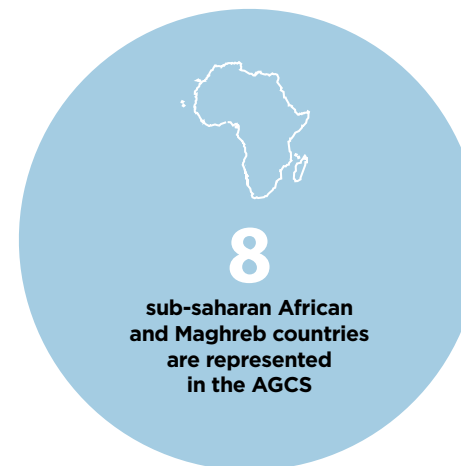
You urge associations to leave aside the human rights theme of the Global Fund to take part more globally in the fight against HIV. Why?

In England, France or the United States, community groups began to make headway against HIV when they made themselves indispensable in the fight. Their technical skills were recognized. The same efforts need to be undertaken by the groups in Africa, where they are still highly stigmatized.

These key populations must be recognized by health systems as indispensable community actors. Pigeonholing them in a human rights category reproduces their marginalization in a way that works against them.

How do the associations manage the criminalization of homosexuality in a number of African countries?

Even in countries where homosexuality is criminalized, there are a very high number of explicitly homosexual associations. Health authorities have no interest in breaking off dialogue with a key population in the fight against the pandemic, which is what would happen if the law was applied to the letter. The justice system takes note, even in these countries. But, the potential for repression remains a sword of Damocles for these associations. Their professionalization and the support of the Global Fund may furnish a solution. ○



CIVIL SOCIETY

SUPPORTING THE DEVELOPMENT OF COMMUNITY TREATMENT OBSERVATORIES

In 2014, the 5% Initiative became one of the first technical partners to help civil society actors who develop and run community treatment observatories for care access. In 2017, a review confirmed the effectiveness of these innovative facilities.

Community observatories offer an alternative model for monitoring health systems. Representatives collect information from health center users, who can also report problems through a direct dial number. When an issue is raised, public and health authorities are alerted. In the Democratic Republic of the Congo in 2015, these means made it possible to warn health authorities about chronic antiretroviral shortages in some health centers.

Burkina Faso. Representatives of the Boucle du Mouhoun region with members of OCASS and the Heere Kadi association. September 2015.

Since 2014, the 5% Initiative has funded observatory development led by Doctors of the World, Center for Reflection and Action on Integrated Development and Solidarity (CeRADIS), the Network of Access to Essential Medication (RAME) and Positive-Generation.

Better feedback systems

Increasingly recognized for their effectiveness, community observatories are considered by the Global Fund to be a valuable monitoring model because they create more accountability among all health actors. This on-the-ground oversight helps make patients, care providers and public authorities accountable for their rights and duties. In countries where they have been established, decreases in inputs and medication shortages, charges for free treatments, improvements in the way users are greeted and tracked, and greater effectiveness in fighting discrimination have all been observed.



COLLECTIVE CAPITALIZATION

In April 2018, a collective capitalization event that brought together six organizations equipped with community observation centers was held during the international Francophone conference on HIV/Hepatitis (AFRAVIH) in Bordeaux. For the organizations, it was an opportunity to share their experiences and identify common problems and solutions. The question of what role the centers should play in the health ecosystem was raised: though they must be recognized by public authorities, maintaining their independence is the key to their success. These exchanges produced a summary of the operational challenges faced by community-based observation centers, in order to equip organizations that wish to develop these facilities with the reference points they need. Convinced of the usefulness of these exchanges, the organizations decided to meet yearly in order to capitalize on their progress.

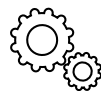
An increasingly valued role

These observatories can be seen as counter-authorities, given their advocacy and appeal role relative to health authorities. Yet some have already been integrated into governance bodies: in the DRC, the concept of the community observatory was adopted by the CCM and integrated into the country's funding request as early as 2014. Through its Communities, Rights and Gender Department, the Global Fund has encouraged the development of community-based monitoring, through the observatory model in particular.

Championing their diffusion

The review undertaken in 2017 confirmed the usefulness and effectiveness of these trends. It recommended improving the quality of available data, in particular through the use of ICTs, and developing advocacy strategies that emphasize communications, in order to raise the facilities' profile and integrate them into the health system. ○

THE 5% INITIATIVE AND COMMUNITY OBSERVATION CENTERS FROM 2014 TO 2017



5

community observation center projects funded



€3.7M

in funding allocated to these facilities

Madagascar

Monitoring the HIV care pathway in key populations

May 2017-May 2019



Little data is available on key populations in Madagascar.

To assess these population's challenges in accessing care and monitor the discrimination they may face, Doctors of the World launched a monitoring project with the support of the 5% Initiative. Since 2017, peer-educators from four NGOs (AFSA, Ainga Aides, MAD'AIDS and Solidarity MSM) have been conducting a survey whose results will lay the groundwork for a new advocacy plan for these populations. The Madagascar photographer Rijasolo tagged along with them for a few days in May 2018.



Antananarivo. A meeting with the 5% Initiative and representatives of MAD'AIDS, the Madagascar network of associations fighting HIV/AIDS.



Antananarivo. A tour through downtown, organized by Doctors of the World in collaboration with the Association of Samaritan Women (AFSA), a Madagascan NGO.



Analavory. A billboard raises residents' awareness about HIV screening.

€787,500
in funding allocated through this project



A young sex worker in conversation with a peer-educator from AFSA. Condoms were handed out to her.



KEY POPULATIONS AND VULNERABLE GROUPS

Key populations are the groups most affected by diseases. To improve their access to health services, often impeded by discrimination and criminalization, the 5% Initiative works to promote their inclusion in defining and implementing Global Fund programs. It also supports networks which represent key populations and vulnerable groups.

PERSONS WITH DISABILITIES

Expanding the fight against HIV
P. 64

ADOLESCENTS AND YOUNG GIRLS

Investing in peer education
P. 66

DRUG USERS

Reducing addiction-related risks
P. 72

Congo. *Girls in vulnerable circumstances are welcomed to the center of the NGO Actions de solidarité internationale with the support of the 5% Initiative, 2017.*

PERSONS WITH DISABILITIES

EXPANDING THE FIGHT AGAINST HIV

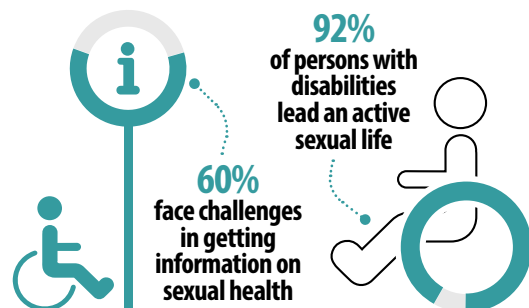
Long excluded from targeted action plans, persons with disabilities are increasingly recognized as belonging to a group that is vulnerable to HIV infections. The 5% Initiative supports projects that aim to improve their access to information and care.

Persons with disabilities are especially vulnerable to HIV, in part because they may not benefit from the same level of access to information and care. To offer them targeted assistance, it is necessary to take stock of their circumstances, still relatively poorly understood by donors and by actors in the fight against HIV/AIDS more generally. Since 2015, the 5% Initiative has worked with the Institute for De-



mographic Education and Research (IFORD) to assess the prevalence of the virus among persons with disabilities and identify the circumstances which make them vulnerable.

DISABILITIES AND SEXUAL HEALTH IN CAMEROON



They have a **1.7 times** higher risk of being infected with HIV than people without a disability.

Gathering data to develop targeted interventions

Dubbed HandiVIH, this epidemiological mission cleared the way for a 2014 biobehavioral study in Cameroon, the first in the world on the topic. 1,600 people, of whom 800 were living with a disability (physical, auditory, visual or mental) were interviewed by 20 two-person teams made up of a nurse and a researcher. This study shed light on the obstacles to information and care encountered by the population: their level of awareness about the disease is lesser, along with their usage of screening tests.

The results of this study led to the launch of a similar initiative in Burundi. Begun in August 2017, the Handi-SSR mission will be ongoing until May 2018. It highlights sexual and reproductive health in young people aged 15 to 24 years with disabilities.

“ Raising awareness at every level ”

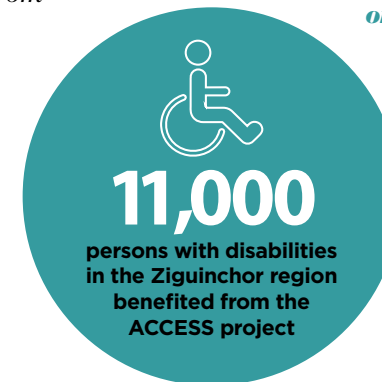


DR. AÏDA ZERBO
Project manager at Handicap International through 2016

Led by Handicap International and the Society for Women and Aids in Africa (SWAA), the ACCESS project sought to include disabilities in care, raise awareness among persons with the disease, and expand their access to care in Senegal. It received 886,120 euros in funding by the 5% Initiative from 2013-2016.

Are people with disabilities taken into account in projects designed to fight HIV/AIDS?

Acknowledgement by donors and States of the vulnerability of disabled persons is still a work in progress. Though the AFD funded a project on



Senegal.

A representative of an organization for persons with disabilities after a review meeting on project ACCESS. Ziguinchor, January 2016.

the subject in 2010-2011, in 2016 awareness still hasn't taken concrete shape in national strategies. The Global Fund does not count persons with disabilities among key populations, but it does recognize them as a vulnerable population. With the ACCESS project, we wanted to push awareness further.

What action was taken on the ground through the ACCESS project?

We led activities to improve prevention and care. Local health actors weren't aware of the specific needs of persons with disabilities, whom they didn't see as particularly vulnerable to HIV. A screening campaign and two biobehavioral studies shed light on the urgency of the situation.

At the same time, we trained the most essential community-based organizations and provided them with tools like Braille texts or key terms and messages in sign language. Deaf or hard-of-hearing people very rarely know sign language. So we had to create a common language in which they could receive and understand information. Subsequently, we taught this language to health personnel. By the end of the intervention, it had become normal for social assistants to administer medication to persons with motor handicaps, which hadn't been the case prior to the project.

How do you spearhead advocacy on an international level?

Awareness is absolutely indispensable. So we met with directors of the Global Fund to present the goals and findings of the ACCESS project, to remind them that in the fight against HIV there is a need to free up funds specifically dedicated to persons with disabilities.

ADOLESCENTS AND YOUNG GIRLS

INVESTING IN PEER EDUCATION

To limit young people's exposure to HIV/AIDS, projects funded by the 5% Initiative have emphasized awareness and education about sexual and reproductive health. Empowering adolescents and young girls to take charge of their own health is one way to reduce HIV incidence in teens and young women.

High rates of HIV in teens and young women can be explained by these populations' limited understanding of the virus and how it is transmitted. In 2015, through the call for projects on "Teens and young women", the 5% Initiative chose in large part to fund educational projects based in areas where accessing trustworthy information can be difficult. In

sociocultural contexts where taboos surrounding sexuality persist and gender inequality is acute, screenings also tend to be rare and preventive measures poorly understood. Moreover, national care protocols, health services and care structures are generally poorly adapted to young persons.

Improving communication between young people and actors in the field

The education and training pathways for various health actors need to be adjusted so that the sexual health of teens and girls is included in prevention and care operations. The 5% Initiative correspondingly organized two educational programs for project leaders in November 2016 and February 2017. These programs had a positive effect: the agents who took them now feel better equipped and more comfortable with issues regarding sexual health and male-female equality. The services on offer are better adapted to the needs of young people and the facilities designed



Niger. In the schools and streets of Niamey, peer educators raise awareness about sexual and reproductive health among young people. Through the participation of the JADES project (see the following two pages), the photographer Gaël Turine was able to trail them in May 2018.

PEER EDUCATION

A tool for creating a secure space where peers can exchange true, comprehensive knowledge and support one another. It also allows for the creation of links with families, the State and governing bodies. Finally, it endeavors to advance questions and proposals through advocacy strategies.

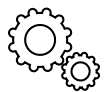
Adolescents must be the architects of their own care

to accommodate them are better frequented. On the strength of these successes, the 5% Initiative convened a capitalization workshop in Dakar in September 2018 to bring together those who participated in the education programs.

Including young people in prevention

Some actors in the fight against HIV/AIDS have placed young people at the center of their prevention and awareness campaigns, and empower them to take control of their own health. This strategy is termed peer education: the Solthis organization has based its 5% Initiative-funded JADES project on the tactic (see the following two pages). Trained to engage on issues regarding sexual and reproductive health, the young participants raise awareness among their peers, at school and beyond. That promotes better absorption of information, not least because these conversations can take place outside of the school context. ☺

THE 5% INITIATIVE AND YOUNG PEOPLE IN 2017



6

ongoing projects



1.8

million teens living with HIV globally in 2017



4.7

million euros in funding

Multi-country Protecting infected and affected adolescents

January 2017-December 2019



In sub-Saharan Africa, the number of young people living with HIV has risen

by 30% since 2005. In 2016, a third of new infections affected people from 15 to 19 years old. The French organisation Sidaction supports the empowerment of young people living with HIV through 10 associations in 6 African countries: Burkina Faso, Burundi, Congo, Côte d'Ivoire, Mali and Togo.

€770,982

in funding allocated
through the Sidaction
project

The care of adolescents and young adults living with HIV presents a number of challenges: disclosing serostatuses, failure to keep up with or even intentional discontinuation of treatments, denying the illness, risky sexual practices, the difficult transition from pediatric to adult services...

Through cascade training and supportive supervision, this empowerment project for young adults aims to enhance the skills of caregivers in organizations that are active in decentralized sites. It also aims to further the involvement of teens and girls in HIV care pathways, in particular through peer education. ☺

Ukraine

Informing adolescents about the disease transmission

December 2017-December 2019



In remote areas of the Ukrainian regions Kharkiv or Odessa, the organization AIDS Foundation East-West (AFEW) has been leading a prevention project since December 2017. Educators and peer educators visit the places where teens live to raise awareness among them about the dangers of drug use. Injectable drug use, a major driver of HIV transmission, often follows on the heels of non-injectable drug use, which generally begins in adolescence. The funding allocated by the 5% Initiative will finance AFEW's activities in rural areas for three years: awareness campaigns have already taken place in 27 provincial towns. ☺

Niamey. With peer education, young people are able to speak more openly with one another about their health and sexuality.



€1,498,040

in funding allocated
by the 5% Initiative

Mali and Niger

Raising awareness through peer education

January 2016-March 2019



In West and Central Africa, more than 100,000 young adults are infected with HIV every year. Two out of every three are girls. To address the scale of the problem, the JADES project, financed by the 5% Initiative, is investing in an awareness campaign with and for young adults.

The project Healthy Teens and Young Adults (JADES), led by the French NGO Solthis in col-

laboration with Equipop (Équilibres et Populations), Lafia Matassa, Walé and Asdap, aims to prevent HIV, sexually transmitted diseases and early pregnancy. It's gambling on educating high schoolers through peer education so they can organize education programs, tutoring sessions and awareness campaigns. They are sharing complete and credible information with their peers. Placing young people at the heart of the prevention process creates circumstances for initiating open dialogue that is likely to continue outside the school context. That dialogue can be an informal way to approach topics that are often taboo. ☺



The images illustrating this section are taken from a photo exhibit organized through the JADES project by Solthis in collaboration with Equipop and the local NGOs Lafia Matassa, Walé and Asdap.



“Girls have a right to sexual education. People really need this kind of information in Niger.”

AÏSSATA,
peer educator, Mariama high school student

Niamey.
In the combined middle school-high school Mariama, two peer educators talk to younger students about the fight against HIV.



A Mariama middle school student in conversation with a psychosocial counsellor prior to voluntary screening



Not far from the school, young mothers attend an information session on responsible parenting.

DRUG USERS

REDUCING ADDICTION-RELATED RISKS

Users of injectable, inhaled or synthetic drugs are 22 times more likely to be infected by HIV than non-users. Highly marginalized even in care pathways, they are among the key populations targeted by the Global Fund. The 5% Initiative undertakes a global approach in helping these groups in West Africa and Southeast Asia.

Sharing needles, using non-sterilized materials, risky sexual practices: drug users are at high risk of contracting HIV and Hepatitis C (HCV). To reduce transmission of the viruses in these populations, medical care for addiction and policies that work to reduce risks must take precedence over criminalization.

THE 5% INITIATIVE AND PROGRAMS FOR DRUG USERS



5

missions organized since 2011



6

ongoing projects

Prioritizing medical and preventive approaches

To encourage advocacy for drug users in national public health policy, the 5% Initiative funds specific projects. For example, it supports organizations which promote access to sterile needles and opioid substitution treatments (OSTs). These programs, which contribute to reducing the risk of transmission, have increasingly gained governmental support. Government cooperation with these preventive practices is essential to stopping transmissible diseases.

New drugs, new challenges

Over the last several years, use of inhaled drugs like crack and heroine has taken off in West Africa, while synthetic drugs have spread among the youth in Southeast Asia. These drugs are being consumed by groups that until now have been underrepresented in harm reduction programs and screening services, women and teens in particular.

The emergence of these new modes of consumption is compelling the development of differentiated programs of intervention and care. Inhaled drug users are very vulnerable to tuberculosis, for example, while young synthetic drug users are particularly at risk of HIV, given risky sexual behaviors. ☺



Senegal. Ameth, a former drug user and current member of CEPIAD's self-support team, is preparing to meet drug users in the streets of Dakar. January 2016.

PARTICIPATION IN THE 2017 INTERNATIONAL AIDS SOCIETY CONFERENCE

To pool epidemiological and behavioral data collected in the field and present new intervention methods developed by its partners for use with drug users, Expertise France organized a symposium at the ninth scientific conference on HIV/AIDS (IAS 2017) in Paris. These exchanges made it possible to capitalize on the programs the agency conducted on behalf of young, female and non-injection drug users in West Africa, Southeast Asia and Eastern Europe.

Senegal CEPIAD: an integrated care center

January 2016-May 2017



The Integrated Center for Addiction Treatment in Dakar (CEPIAD), the first of its kind in West Africa, was launched with the support of the historic operator GIP Esther and has benefited from several of the 5% Initiative's expertise missions. Since its launch in December 2014, more than 200 people have received methadone as an opioid substitution


treatment. The approach adopted by CEPIAD combines risk reduction and activities that conduce to helping drug users become independent: medical, psychological and social care, daily methadone doses, group activities (art therapy, gardening, learning to read, theater, etc.). In 2017, Senegal was still the only West African country to allow the use of opioid substitutes such as methadone. ☺

“Senegal is prepared to open other centers within its borders.”

DR. KARIM DIOP, technical assistant at CEPIAD

Côte d'Ivoire Orienting national policy toward care access

January 2015-December 2017

 The project “Y’a pas drap” led by Doctors of the World aims to improve access to care for drug users in precarious circumstances in Abidjan. It was funded by the 5% Initiative.

Beyond mobilizing health personnel and peer educators on the ground, action at the national level is necessary in Côte d'Ivoire to make possible better addiction care for drug users. The project “Y’a pas drap” synchronized the activities of national NGOs, community actors and the Ministry of Health and Public Hygiene to establish specialized care centers.

Thanks in particular to advocacy work based on data and information collected through the project, the Ivorian minister of Health announced the introduction of opioid substitution therapies in the country in February 2017. The new care centers will soon make these treatments available—a first for Côte d'Ivoire. As a result, methadone funding was included in the next request for Global Fund financing for HIV work.



Côte d'Ivoire. Khalil, a former drug addict, is now a peer educator in the “Y’a pas drap” program. He seeks out drug users, informs them of associated risks and helps guide them find care. Abidjan, November 2017.



€840,000
in funding allocated to “Y’a pas drap” for the 2015-2017 term, funding that was renewed for phase II of the project, from 2018-2020, for a total budget of 2 million euros



A nurse welcomes drug users to the mobile prevention site installed by Doctors of the World for rapid HIV screening tests.


Ukraine Developing gender sensitive harm reduction interventions

March 2015-March 2018

 Ukraine is experiencing one of the most serious HIV epidemics in Europe. Injectable drug users are among the most affected, with infection rates of 21.9%. The infection rate reaches 22.5% among women. The 5% Initiative financed the project Profigender, which puts gender issues at the heart of its program.

Led by the Alliance for Public Health Ukraine, the Profigender project aims to achieve equal access to care and prevention for female and male drug injectable drug users. The NGO implemented an e-learning platform and on-site trainings to educate health professionals on the equality gap. Hundreds of workers and educators were trained through these means.

Integrating gender in risk reduction strategies depends, too, on including


424
professionals
from the medical-social sector trained to take gender into account in interventions with injectable drug users

women in prevention projects. In placing them at the center of the program’s activities, the Alliance for Public Health Ukraine makes them the protagonists of their own health stories.

Facilitating dialogue among peers

Finally, conversation workshops among medical and social work professionals organized in 2016 and 2017 encouraged the sharing of knowledge and the capitalization of best practices in taking gender into account: 169 professionals participated in them. At the end of 2017, the Alliance for Public Health Ukraine also published a manual of recommendations for health professionals, in partnership with the Ministry of Health, the Ministry of Social Policy and the Association of Family Medicine. The goal: to ensure that gender will be taken into account in prevention and harm reduction programs targeting drug users all over Ukraine. ○


€994,275
in funding allocated through the Profigender project


4,000+
beneficiaries

Vietnam Raising awareness of young drug users

June 2016-June 2019



The “Saving the future” project by the NGO Centre for Supporting Community Development Initiatives Vietnam (SCDI)

works to raise awareness

among young drug users engaging in risky practices, including sexual behaviors. In the context of its 2015 call for projects, the 5% Initiative is funding this innovative program.

Vietnamese drug users under 20 consume particularly high levels of methamphetamines, drugs that are generally ingested or inhaled. “Saving the future” aims to respond to the real needs of these young people, who are often forgotten in aid programs that focus on intravenous use. By its end, the program will have raised awareness among 8,000 young adults in 8 of the provinces most impacted by HIV.

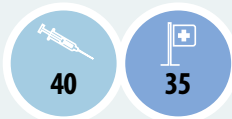
€860,830
in funding allocated
to the project “Saving
the future”

Encouraging peer education

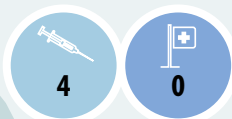
In 2017, 38 community workers were trained in risk reduction for methamphetamine use. 17 organizations took part in 4 cities. Their awareness campaigns and weekly communications sessions encouraged young drug users to take charge of their own health. After receiving screening and care, they will themselves become actors in creating and implementing prevention activities. ○

**Based on a text by Pascal Tanguay, international consultant*

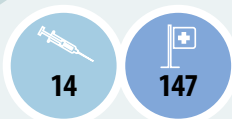
MYANMAR



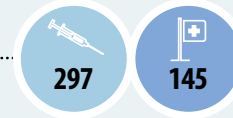
LAOS



THAILAND



VIETNAM



CAMBODIA



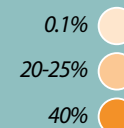
REDUCING RISKS IN FIVE SOUTHEAST ASIAN COUNTRIES*

In Myanmar, Cambodia, Laos, Thailand and Vietnam, the specialized care needs for injectable drug users (IDUs) are glaring. The distribution of injection equipment and administration of opioid substitution treatments are sparse and the skills of care personnel must be enhanced. According to UNAIDS, only 13% of the funding needs of these five countries are covered, even though they receive about 37%

of the total financial package donors have dedicated to IDUs. That is reflected in particular by an alarming lack of equipment. In Cambodia, for example, no more than five sterilized syringes and needles are distributed per person per year, in contrast to the 200 recommended by the United Nations. In Laos, the distribution of equipment has been interrupted since the end of 2017. Prevention is

barely present in national risk reduction programs, and is not funded sufficiently to meet the need. Financing comes primarily from international funds, and the States take few measures to prevent the risk of transmission in the affected populations. The criminalization of drugs is partly responsible for this plague. As a result, the necessary health interventions are primarily funded by international organizations.

Prevalence of HIV among injectable drug users



Sterile syringe distribution site



Opioid substitution treatment distribution site



Source: Harm Reduction International, 2016

THE THREE PANDEMICS

The 5% Initiative supports all the actors who contribute to preventing and treating the three pandemics. In 2017, it has financed epidemiological studies and, in particular, assisted in the undertaking of operational research projects designed to improve interventions and update the available knowledge on these three diseases.

TUBERCULOSIS

Systematizing screenings at every level

P.80

MALARIA

Encouraging operational research

P.84

PEDIATRIC HIV

Preventing HIV transmission in children

P.88

***Côte d'Ivoire.** The project REACT technician colors strips on which thick smears have been deposited in order to preserve them and make it easier to identify the malaria parasites through the microscope.*

TUBERCULOSIS

SYSTEMATIZING SCREENINGS AT EVERY LEVEL

Across the globe, 10 million people contract tuberculosis every year. Yet, with timely screening, the disease can be successfully treated. To promote early diagnoses, the 5% Initiative helps all health actors prepare for and improve screening and care strategies.

To make diagnoses and care more widely available, the 5% Initiative supports national programs as well as the private sector and actors in the research domain. National TB Programs (NTBPs) are often recipients or sub-recipients of the Global Fund's Tuberculosis grant. Essential links at the national level, they are one of the 5% Initiative's privileged partners in the fight against tuberculosis.

Burkina Faso.
A family monitored by the Kokoun care center through the TITI project (see the following two pages).
September 2017.



THE 5% INITIATIVE AND THE FIGHT AGAINST TUBERCULOSIS IN 2017



5

missions implemented



4

ongoing projects

To ensure saturated coverage across territories, the 5% Initiative also supports projects which aim to mobilize the private health sector as an actor in the eradication of the disease. That's the case in Côte d'Ivoire, where an expertise mission supported the NTBP in integrating ten private clinics in Abidjan into the fight against tuberculosis (see below).

Preventive treatments and innovative screening

At the same time, the 5% Initiative supports research on new diagnostic and prevention tools to counter the emergence of resistant forms of tuberculosis and target particularly vulnerable populations. Through the Projects Channel, a grant of almost 1.3 million euros was allocated to the NTBPs of Benin, Guinea and Senegal to identify the best method for screening for tuberculosis among seropositive and diabetic patients. ☺

Côte d'Ivoire

Involving private clinics in the fight

April-May 2017



In 2017, to help Côte d'Ivoire escalate the fight against tuberculosis, the 5% Initiative led an expertise mission to assist the NTBP in recruiting ten private clinics in Abidjan in the fight against this disease.

Nearly 22,000 cases of tuberculosis were identified in Côte d'Ivoire in 2016, 98% of which were relapses and 62% of which were bacillary pulmonary tuberculosis, the most contagious form of the disease. The tenacity of tuberculosis is due in part to the very few diagnostic

and care facilities in the country: some patients have to travel up to 200 kilometers to reach the closest health center. As a result, populating the territory with anti-tuberculosis services is a priority for the NTBP in Côte d'Ivoire: the financing request it submitted to the Global Fund revealed the lack of involvement by private clinics in the fight, even though such clinics are providers for 52% of the urban population.

The expert assigned by the 5% Initiative visited several private establishments and worked with local actors to construct an evaluation grid for the clinics. That set the stage for a 15-month pilot project, launched in June 2017. It has recruited 10 Abidjan clinics in treatment monitoring, bacteriological monitoring, management of anti-tuberculosis medications, and organization of awareness campaigns. At the same time, the NGO Alliance Côte d'Ivoire, principal recipient of the community-based element of the TB grant, sought out patients lost to follow-up in the urban zones around the clinics and deployed community health workers to track the patients. ☺

Multi-country Preventive treatments to protect children

March 2016-March 2019



The International Union Against Tuberculosis and Lung Disease worked with the NTBPs of Benin, Burkina Faso, Cameroon, and the Central African Republic to improve screening and prevention of tuberculosis in children younger than 5 years. Especially vulnerable, very young children risk getting infected when they come into contact with people who are contagious.

The TITI study (Transmission investiguée des tuberculoses infantiles) was financed by the 5% Initiative through the 2014 call for proposals "Enhancing national responses to key populations and/or vulnerable groups". It implemented a systematic investigation of the homes of contagious tuberculosis patients to place children younger than 5 years old in preventive treatment. In three countries, the preventive treatment that was administered was based on the new pediatric recommendations formulated by WHO. ○

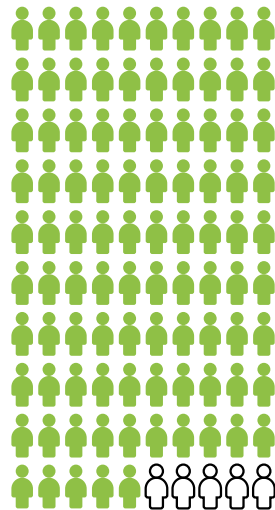
€700,000
in funds allocated through the TITI project



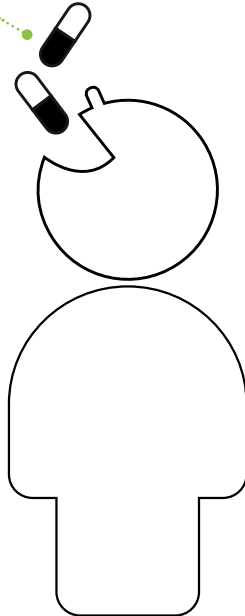
Burkina Faso. Emmanuela, 18 months old, has an aunt with tuberculosis. The little girl was placed in preventive treatment. Her mother brings her to a care center for follow-up exams. Kokoun, September 2017.

THE IMPACTS OF THE TITI SURVEY

90% of children included in the study were given preventive treatment



5% were diagnosed with active tuberculosis



Fighting against child mortality due to tuberculosis



DR. OLIVIER MARCY, project director for TB-Speed, University of Bordeaux

From 2017 to 2020, the 5% Initiative is co-financing the project TB-Speed with Unitaïd. Established by an international consortium coordinated by the University of Bordeaux, this research project seeks to systematize tuberculosis diagnosis in vulnerable children and facilitate their access to treatment in seven African and Asian countries.

What special obstacles are involved in treating tuberculosis in children?

WHO estimates that 67% of adults with tuberculosis are in care, compared to 45% of children. Child tuberculosis is more difficult to identify, and diagnosis requires tests that are invasive, such as gastric aspiration, or relatively sophisticated, such as radiography. These methods are rarely available in nearby health centers.

What does TB-Speed do to overcome these obstacles?

First, it's necessary to decentralize diagnosis by training health workers and putting in place less demanding diagnosis techniques. For example, symptom screening (parents are asked very simple questions which allow for the detection of alarming symptoms) and digitalized pulmonary radiography with simplified interpretations. The test Xpert Ultra has made it possible to screen children in a less invasive way through nasopharyngeal aspirations or stool samples.

What is TB-Speed Pneumonia, the part of the project supported by the 5% Initiative?

The second main research area in our project is systematizing diagnosis in very vulnerable children: children infected with HIV, or severely malnourished, or with severe pneumonia. In children with severe pneumonia, we have observed cases of severe tuberculosis, which can be mistaken for a pneumonia. The objective of our TB-Speed Pneumonia project is to test all the children who present these kinds of symptoms

for tuberculosis with the Xpert Ultra. Children who are diagnosed and treated early on have a high survival rate. ○

"More than 600 children die from tuberculosis every day. 95% of them are younger than 5 years old. That's owing to a lack of diagnoses."

€1,499,904
in funding allocated to the TB-Speed project



France. Launch of the TB-Speed project with consortium members, donors and technical partners. Bordeaux, December 2017.

MALARIA

ENCOURAGING OPERATIONAL RESEARCH

Operational research assists in conceiving the tools that will best meet the challenges posed by the fight against malaria. It is particularly well-suited to responding to the emergent resistances to medication and insecticide in Southeast Asia and sub-Saharan Africa.

Anti-malarial programs are based almost exclusively on the distribution of insecticide-treated mosquito nets. Despite the effectiveness of this strategy, residual transmissions continue to occur. What is more, the virus' rapid evolution means that data quickly become outdated. In response to these

challenges, the 5% Initiative supports research projects which document the special characteristics of the epidemic in each zone, train new generations of researchers, and test new tools in the field.

Improving interventions

Operational research consists in gathering scientific data in the field on the mosquitos that act as vectors for the disease and on the patients who carry the virus, as well.

Conclusions drawn from these studies stimulate concrete improvements in the strategies and program interventions as they are being implemented: modes of intervention can be adjusted in response to the results of the research.

Bolstering funding requests

The results of operational research also support countries' funding requests by substantiating them with scientific facts. That's why the Global Fund estimates that 5 to 10% of grant totals should be dedicated to monitoring that includes research projects. ☺

THE 5% INITIATIVE AND MALARIA IN 2017



5

ongoing projects



6

expertise missions undertaken



Côte d'Ivoire. Raising malarial mosquitos in the project REACT insectarium (see page 86). Napié, December 2017.

Mauritania Collecting data and training researchers

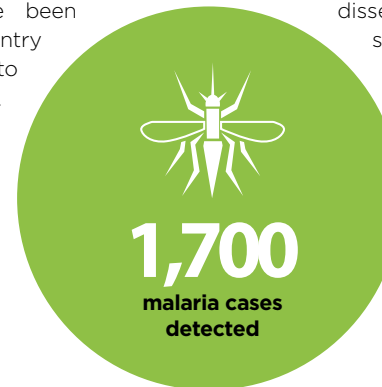
January 2014-December 2017



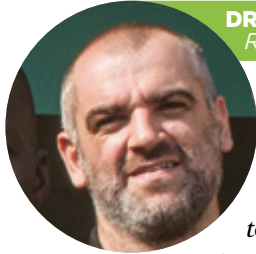
Between 150,000 and 320,000 malaria cases are documented in Mauritania every year. Yet even today, few epidemiological studies have been conducted in the country and the data available to researchers are dated. Updating the epidemiological data with credible diagnostic tools and recent entomological studies was indispensable.

Thanks to a project led by the Research Institute for Development (IRD) and implemented by the University of Nouakchott Al Aasriya, data on malaria in Mauritania have been updated.

The project made it possible to identify the mosquitos that carried the disease in the region and evaluate the prevalence of the epidemic and of the drug-resistant parasites, as well as to train local researchers: six Mauritanian doctoral students prepared their dissertations on malaria, and seven other students were trained up to a master's level. After the project comes to an end, this will be an essential element in ensuring the fight continues at the national and regional levels. ☺



“ Understanding Residual Malaria Transmission



DR. CÉDRIC PENNETIER
REACT project coordinator

In Burkina Faso and Côte d'Ivoire, the REACT project is testing how four new tools designed to complement insecticide-treated mosquito nets impact malaria transmission. The 5% Initiative is funding this study, which is being led by the IRD in partnership with the Institute Pierre Richet in Bouaké and the IRSS in Bobo-Dioulasso, from April 2016 to March 2019.

What is the goal of the REACT study?

The intervention strategies of the National Malaria Control Programs (NMCPs) are almost exclusively based on the distribution of insecticide-treated mosquito nets. Despite the effectiveness of this tool, we are still seeing residual transmission. That means that a mosquito that came into contact with a treated mosquito net is still dangerous: it has developed a resistance to the products in the mosquito net, or these products are not sufficiently strong to eliminate it. In our study, we wanted to evaluate whether tools that complemented mosquito nets would be useful in combatting this residual transmission and to understand which tools are the most effective.

What are these complementary tools?

Currently, we are testing four of them in 60 villages:

1) To fight the larva we are putting an organic insecticide that is non-toxic to the environment in the stagnant water where the mosquito larvae develop.



Capturing the mosquitoes usually takes place at night, when malaria-bearing mosquitos are more aggressive and can bite more humans.



- 2) Indoor spraying targets adult mosquitos through insecticide that is sprayed on houses' walls.
- 3) Treating peridomestic animals with ivermectin: it's been discovered that this molecule used in fighting endoparasites makes mosquitos harmless by reducing their lifespan.
- 4) Raising awareness and communication to encourage changes in behavior and inform populations about the symptoms and factors affecting transmission

We test each tool alongside the mosquito nets in a certain number of villages, and in a control group only the treated mosquito nets are put in place. That enables us to evaluate the utility of each tool.

What indicators do you use to evaluate these tools?

We measure the impact of each complementary tool against the incidence and prevalence of malaria and against the aggressiveness of



Côte d'Ivoire. The mosquito catchers use a flashlight to attract the mosquitos. They note the environmental conditions (temperature, humidity, light, atmospheric pressure) at each capture. Village of Yénésonkaha, December 2017.

In the village of Guefienkaha, three cases of fever were caught in December 2017 through rapid screening tests. The patients were cared for and received free antimalarial drugs.



the mosquitos by sampling mosquitos and examining residents from each group of villages. The incidence measures the number of sick persons we count during our campaigns in the villages. The prevalence, which is established using the "thick smear" test and requires laboratory analysis, indicates for its part the

proportion of people who are carrying the parasite but have not come down with the disease. Finally, to measure the aggressiveness of the mosquitos that act as vectors for malaria, we capture the mosquitos and evaluate how many bites per person per night they are capable of. ☺

PEDIATRIC HIV

PREVENTING HIV TRANSMISSION IN CHILDREN

In 2017, 1.8 million children were living with HIV. Highly vulnerable, they are also difficult to diagnose and treat. Several projects funded by the 5% Initiative are devoted to them.

The rate of children treated for HIV remains low in many countries: UNAIDS estimates that in the world as a whole only one seropositive child in two has access to antiretroviral treatments.

Overcoming difficulties in diagnosis and care

Diagnosis and treatment of HIV/AIDS is less easy and less effective in young patients, especially during early childhood and adolescence. On top

of that, there is the phenomenon of childhood resistance to antiretroviral drugs: for example, according to the study EnPrise that was funded by the 5% Initiative in 2015, about 60% of children receiving treatment were in therapeutic failure in Senegal.

Yet new technologies that make it easier to assess and monitor viral loads exist. They are making it possible to achieve results in a matter of hours, so that children's care can be initiated more rapidly. One of the major issues involved is the accessibility of the technologies and the scaling up of high-quality monitoring of children living with HIV to a national level—one of the objectives embraced by the network EVA (see page 89). Training health personnel to ensure better monitoring of children is just as fundamental.

Preventing transmission from parents to child

Thanks to new screening technologies, many countries no longer view parent-child transmission as a public health problem. The eradication of HIV transmission during pregnancy, childbirth, and nursing is well under way. In 2017, 80% of seropositive pregnant women received preventive treatment, which reduces the risk of transmission from 45% to 5%. ◊



Benin. Community meeting for seropositive mothers during a training session for preventing parent-child HIV transmission. Danbo.

an initial round of funding from the 5% Initiative in 2013. Developed over the course of this first project, a practical guide to caring for children living with HIV sustained the importance of adopting a specialized approach for children and adolescents: these recommendations were introduced into most national strategic plans for combatting HIV as well as into the Global Fund's program.

Launched in October 2016, the second phase of the project has likewise benefited from the support of the 5% Initiative. Its goals? To ensure that care support for children and teens is adopted throughout the region, provide ongoing access to testing of the viral load, and evaluate in an African context the possible risks of resistance to the new molecules recommended by WHO.

Fostering quality care across the region

In 2017, to improve the therapeutic monitoring of even the most isolated children and adolescents, 21 secondary health centers were equipped and 54 decentralized pediatric consultations were organized outside the main hospitals. The EVA network is also investing in raising awareness about the importance of treatment: 534 adolescents and 433 young mothers participated in 70 discussion groups. 4 training sessions on monitoring and giving results to young patients were additionally organized for health personnel. ◊

Multi-country Enhancing monitoring of seropositive children

October 2016-September 2019



This 5% Initiative-funded project aims to counter antiretroviral resistance

in children. It targets seven African countries: Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Mali and Senegal.

in partnership with the Necker pediatric hospital and the international pediatric network Children HIV-Africa (EVA). This partnership was created through

The project is led by the Regional Center for Research and Training in Clinical Care (CRCF) in Dakar,



THE 5% INITIATIVE AND PEDIATRIC HIV IN 2017



4

ongoing projects



6

expertise missions conducted

“ Treating malnutrition and HIV together



CÉCILE CAMES, *nutritionist and epidemiologist at the IRD*

The project “Nutritional supplementation of malnourished children and adolescents” (SNAC’S) took place from April 2015 to September 2017 at the instigation of the IRD. Led by the CRCF in Dakar, the study proposed an evaluation of the WHO protocol for the nutritional recovery program for children and adolescents monitored for an HIV infection.

Why are children living with HIV often malnourished?

Malnutrition is due to a food deficit linked to poverty. Children living with HIV have even greater nutritional needs, which are rarely met—factors which put them in even greater danger.

“A child living with HIV has at least one parent who is living with HIV and doesn’t work. The family’s income diminishes and with it, access to nutrition.”

DR. SAFIATOU THIAM,
Executive Secretary of the National Council on the Fight against AIDS in Senegal



Senegal. Distributing a therapeutic food called Plump’Nut to children and adolescents living with HIV at the Albert Royer Children’s Hospital, Dakar, February 2016.

What solution did this operational research project propose?

We wanted to test and evaluate the WHO protocol, which has so far been infrequently applied, especially in West Africa. Children suffering from pronounced malnutrition received packets of therapeutic food which were prescribed according to a scale that took into account their age, weight and the seriousness of their malnutrition. They were weighed, measured and interviewed every two weeks to evaluate the impact of the nutritional intervention. At the same time, we made sure health centers were equipped to ensure specialized monitoring of the children and health personnel were trained to follow through on the monitoring. It is important to systematize the diagnosis of malnutrition so that it can be treated as early as possible: younger, less severely affected children have a better chance of getting better.

Should a nutritional component be included in pediatric HIV/AIDS care?

Yes. That’s why the SNAC’S project made practical recommendations to that effect to the institutions and personnel. ☺



Côte d’Ivoire. Mothers are systematically screened for HIV and HBV following childbirth. CHU Cocody, Abidjan.

Côte d’Ivoire Screening newborns at birth

March 2015-
February 2019



In five maternity clinics in Abidjan, the Depistneo

project coordinated the systematic screening of the HIV and Hepatitis B viruses in young mothers and their newborns. If results come back positive, their care is immediately organized.

Led by the PAC-CI Programme in partnership with the National program for medical care of persons living with HIV in the Côte d’Ivoire, CEDRES and ISPED, the Depistneo project aims to improve access to screening and



early treatment of HIV and the Hepatitis B virus (HBV).

Creating a continuum of care

Depistneo is putting its efforts into creating a continuum of mother-child care from places of birth to post-natal centers. Mothers receive routine screening

in the delivery room: newborns exposed to HBV are vaccinated on the day of their birth, while those exposed to HIV are screened at six weeks. Babies who test seropositive are immediately placed in a care pathway. This approach makes it possible to care for the newly screened mothers. Mothers and children are thus placed in a single monitoring and information system, which makes it possible to follow them throughout their care and to avoid losing sight of them prematurely. This monitoring of the mother-child couple is ensured by an information system developed during the project.

The personnel of the five clinics also received specialized training in HIV and Hepatitis B counselling and screening with affected children and their mothers. Technical obstacles to early screening access were similarly identified. ☺

APPENDICES

Financial summary 2017

P. 94

**Expertise missions
approved in 2017**

P. 96

**Long-term ongoing
projects in 2017**

P. 98

FINANCIAL SUMMARY 2017

Total expenditures 2017
€16,713,901
 including:

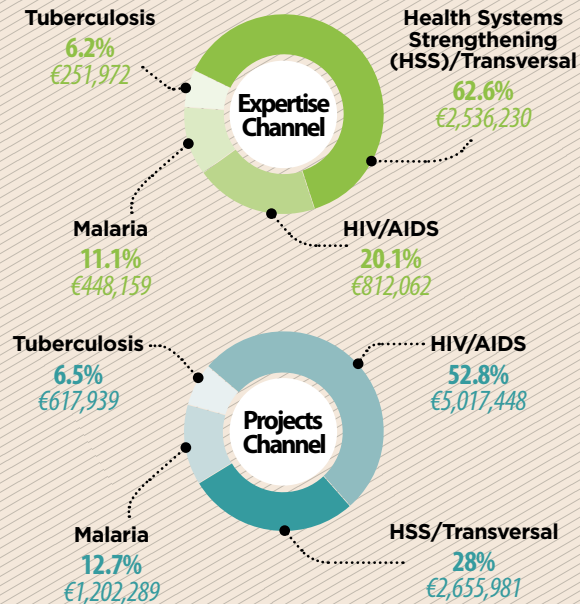
€4M
 for the Expertise Channel

This figure represents the total expenditures made through the Expertise Channel in 2017.

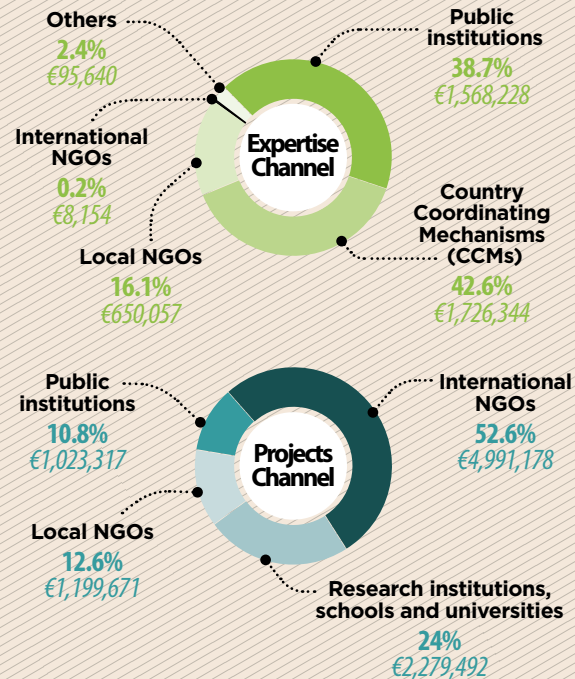
€9.5M
 for the Projects Channel

This figure represents the total expenditures made in 2017 through the Projects Channel, not including the organization of the pre-selection committee and the updating of the internal project analysis grid.

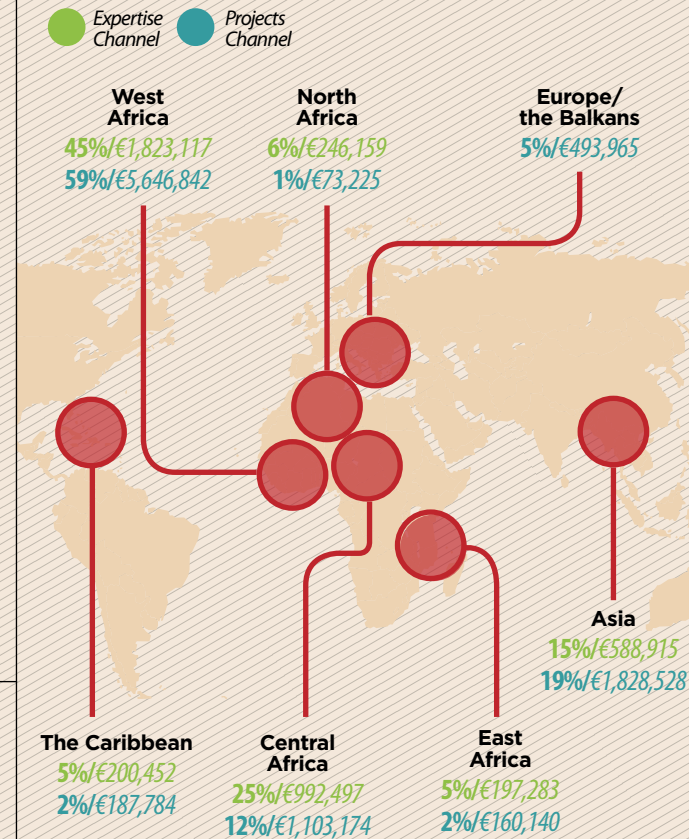
EXPENDITURES BY PANDEMIC



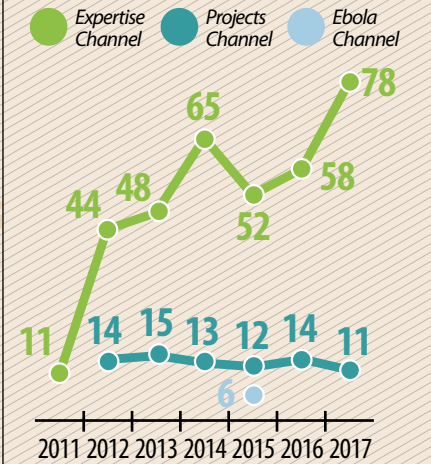
EXPENDITURES BY RECIPIENT



EXPENDITURES BY GEOGRAPHIC ZONE



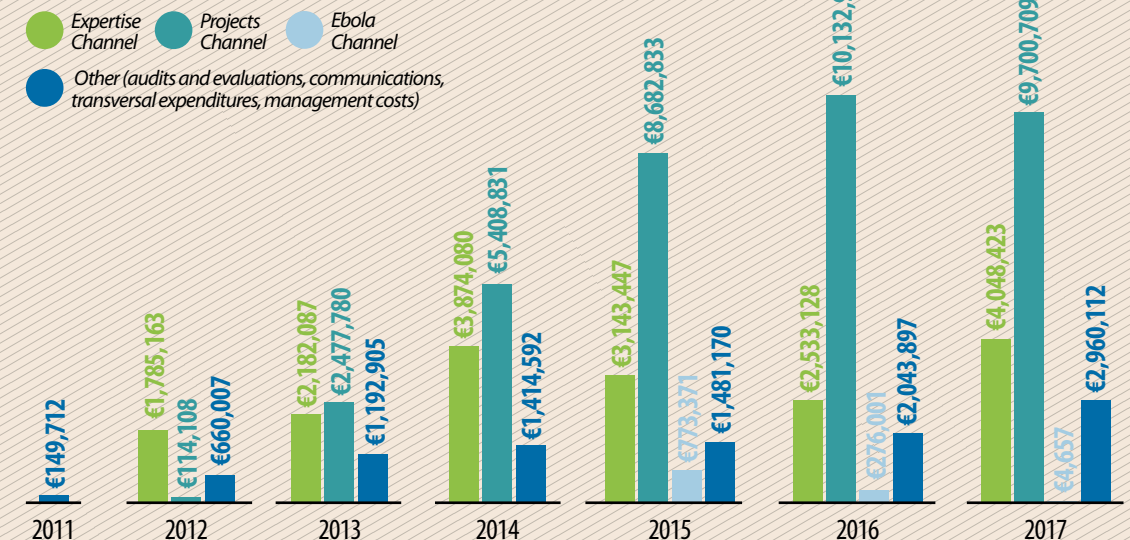
CHANGES IN THE NUMBER OF MISSIONS AND PROJECTS



346
 expertise missions launched since 2011

79
 projects funded since 2012

CHANGES IN EXPENDITURES PER YEAR



APPENDICES

EXPERTISE MISSIONS APPROVED IN 2017

Country	Mission title	Recipient	Recipient type	Funds contributed (€)
HIV/AIDS				
Armenia	Support and build up monitoring and evaluation capacity in the country through supporting the biological and behavioral surveillance survey among Armenian, Male, Seasonal Labor, Migrants in Urban Communities in Armenia	NCAP	Public institution	118,669
Benin	Strengthening the organizational and governance capabilities of BESYP to make it more functional and effective and ensure better coordination of its activities	BESYP	Local NGO	62,727
	Support for the organization of a workshop for reviewing steps in the process of quantifying HIV inputs	PNLS	Public institution	33,500
Burkina Faso	Grant-writing support for the community HIV/TB grant	CCM	CCM	78,465
	Support for an organizational diagnostic of ALAVI	ALAVI	Local NGO	24,293
Burundi	Technical support for a survey on the vulnerability of persons with disabilities relative to HIV and HSS—Handi-SSR	IFORD	Other	109,054
Central African Republic	Creating a diagnostic report on whether and how the 5% Initiative could support the implementation of the HIV catch-up plan	CCM	CCM	10,285
Congo	Supporting the process of updating the active list of persons living with HIV (adults and children) on retrovirals in Congo	SE/CNLS	Public institution	74,461
Côte d'Ivoire	Creating a study on the implementation of a mobile telephone tool to improve the interface between health bodies and patients, to help make patients partners in their treatment plans	PACCI	Other	41,713
	Supporting the CCM's revision and development of new strategic monitoring tools	CCM	CCM	53,533
Egypt	Supporting and strengthening four civil society organizations in their ability to coordinate their efforts and in monitoring and evaluation	SFCD	Local NGO	153,908
Laos	Support to the development of a research protocol on People Who Inject Drugs (PWID)	CHAS	Public institution	158,806
Madagascar	Support for improving laboratories to facilitate access to the HIV viral load count	CNLS	Public institution	73,515
	Support to the SE/CNLS for developing funding requests	SE/CNLS	Public institution	60,920
	Supporting the 2016-2020 strategic plan and the mobilization of the NGO's resources	Réseau Madaids	Local NGO	48,277
	Supporting the implementation of a comprehensive care protocol for persons living with HIV	CNLS	Public institution	121,128
	Supporting the updating of the national HIV screening algorithm	CNLS	Public institution	42,728
Niger	Support for RENIP+ in its role as sub-beneficiary	RENIP+	Other	52,308
	Support mission for the undertaking of an audit of the active file of persons living with HIV on retrovirals in Niger and of an inventory of medication supplies	CISLS	Public institution	103,925
Senegal	Support for the conception of the key populations component of the HIV grant	CNLS	Public institution	49,917
Tunisia	Implementation of a diagnostic of ATP+ needs relative to its capabilities in management, monitoring and evaluation, communications and governance	ATP+	Local NGO	51,658
	Support for enhancing ATP+ capabilities	ATP+	Local NGO	29,164
	Support for the development of an HIV funding request	CCM	CCM	80,000
Tuberculosis				
Mali	Development of guideline documents for community strategy in fighting tuberculosis	PNLT	Public institution	21,953
Niger	Reviewing the implementation of the community health strategies	PNLT	Public institution	19,260
	Support for developing a new request for tuberculosis funding	CCM	CCM	142,269
Senegal	Support for developing the TB component of the concept note TB-SSRP	PNLT	Public institution	55,751
Vietnam	Support the National Tuberculosis Control Program in the preparation of its next funding request	NTCP	Public institution	19,200
Malaria				
Cameroon	Support for grant-writing for the malaria grant	PNLP	Public institution	50,903
Côte d'Ivoire	Support for implementing a plan for enhancing the capabilities of ROLPCI	ROLPCI	Local NGO	97,534

Country	Mission title	Recipient	Recipient type	Funds contributed (€)
Laos	Assist the Center for Malaria, Parasitology and Entomology (CMPE) to complete the funding application (concept note) to the Global Fund for the period 2018-2020	CMPE	Public institution	74,519
Madagascar	Support to the national technical group in developing funding request activities budget	Ministry of Public Health	Public institution	20,475
Senegal	Support for creating a mapping of funding managed by the PNLT	PNLT	Public institution	15,481
Multi-country, Asia	Assist the RAI Regional Steering Committee to develop the next Terms of Reference for the RAI2-E Calls for Proposals 2017 (regional component)	RAI Regional Steering Committee	CCM	59,090
HSS/Transversal				
Benin	Support in organizing, holding, and drawing up the recommendations following a high-level workshop on national health funding	CNCO	CCM	16,331
	Supporting the CCM in developing an SRPS funding request	CCM	CCM	155,023
	Supporting the CCM in organizing the training of the SE/CNLS-TP personnel, the CCM personnel and the management teams of the PR about Global Fund management procedures	CCM	CCM	20,525
Burkina Faso	Reinforcing the governance of the pharmaceutical sector through support for the establishment of a national pharmaceutical regulation agency	Ministry of Health	Public institution	93,591
Burundi	Boosting the Burundi CCM's conformity to Global Fund admissibility and performance criteria	CCM	CCM	40,769
Cambodia	Support to the Country dialogue process and preparation of the next funding request for malaria, TB, HIV and HSS	CCM	CCM	142,619
Cameroon	Support for Cameroonian community actors in amplifying the impact of Global Fund grants on key populations and PLWHIV with development of the HIV/TB funding request	CAMNAFAW	Local NGO	39,093
	Support for developing the HIV/TB concept note	CCM	CCM	30,726
	Support for developing the HIV/TB funding request	CCM	CCM	199,245
Central African Republic	Auditing the active list of persons living with HIV in Central African Republic	CCM	CCM	52,782
	Supporting the CCM through the different steps of developing the combined HIV/TB funding request	CCM	CCM	154,546
Chad	Support for developing the HSS/RSC request	CCM	CCM	120,968
	Support for evaluating the eligibility and performance of the HCNC in the new funding model framework	HCNC Chad	CCM	25,253
	Technical support for the process of writing the joint HIV/TB funding request while integrating HSS/RSC interventions in the context of the new funding model	CNLS	Public institution	179,129
Congo	Boosting the organizational and managerial capabilities of the national programs for fighting malaria and tuberculosis	PNLP-PNLT	Public institution	37,278
	Support for developing new Global Fund funding requests for HIV, tuberculosis and malaria	CCM	CCM	85,207
Côte d'Ivoire	Boosting ITPC West Africa governance and financial management capabilities, and supporting the development of its strategic plan	ITPC-West Africa	International NGO	90,848
	Support mission for the organization of a regional workshop on community health	DSC	Public institution	23,184
	Supporting the CCM-CI in strategic monitoring of Global Fund grants	CCM	CCM	42,115
DRC	Support for strengthening the organization of strategic monitoring committee activities, following the reorganization of the CCM in 2016	CCM	CCM	72,404
	Support for the organization of a reflexion workshop on integrating the CCM into the national health sector pilot committee, under the direction of the Ministry of Health	CCM	CCM	10,603
	Supporting the CCM in different steps of the process of developing a joint HIV/TB and a malaria funding request	CCM	CCM	198,220
Gabon	Supporting the CCM in developing a communications strategy and plan	CCM	CCM	22,732
Ghana	Support to the development of the joint HIV/TB funding request	CCM	CCM	34,545
	Support to the development of the RSSH component of Ghana financial requests	CCM	CCM	56,631
Laos	Supporting the financial component of the HIV and TB programs in the context of the new funding request and of more general skill enhancement	CCM	CCM	118,251
Mauritania	Support for developing malaria, HIV and tuberculosis funding requests	CCM	CCM	61,939
	Support for operationalizing the SENLS management unit	SENLS	Public institution	155,263
	Supporting the CCM in implementing activities related to the plan for strengthening the evaluation of its eligibility and performance	CCM	CCM	103,565
Morocco	Support for redefining the minimum services package	Ministry of Health	Public institution	149,409
	Supporting the CCM/ST in the membership renewal process	CCM	CCM	19,847
	Supporting the development of HIV and TB funding requests	CCM	CCM	98,395
	Supporting the establishment of the HIV and TB grants	CCM	CCM	80,109
Niger	Supporting the development of a new Global Fund funding request for strengthening the health system	CCM	CCM	98,773
Senegal	Support for developing preparatory documents and organizing the national health funding workshop	CCM	CCM	33,394

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Country	Mission title	Recipient	Recipient type	Funds contributed (€)
Senegal	Support for developing the HSS component of the TB/SSRP concept note	DGS	Public institution	59,976
Thailand	Support the Thai CCM regarding the eligibility and performance assessment (EPA)	CCM	CCM	27,074
Togo	Strengthening UGP skills in human resources management	UGP	Public institution	53,334
	Support for boosting the human resource management capabilities of CAMEG Togo	CAMEG	Public institution	109,153
	Support for the creation of a diagnostic for creating a technical support mission on best practices in the distribution of industrial supply stores	CAMEG	Public institution	26,147
	Support for the development of a national strategic HSS plan	CCM	CCM	30,479
Multi-country, Africa, Indian Ocean	Strengthening the leaders of the key populations of the member organizations of AfricaGay in anti-AIDS measures and strengthening the network's structural and organizational capabilities	AGCS	Local NGO	44,768
	Supporting the ACAME in creating a fire audit in seven national purchasing centers	ACAME	Other	131,125
Multi-country, Asia	Support the development of a multi-country funding request on tuberculosis and migration in the Greater Mekong Sub-region	CCM	CCM	106,545

LONG-TERM ONGOING PROJECTS IN 2017

Country	Launch year	Project title	Project leader	Project leader type	Funds committed (€)
HIV/AIDS					
Cameroon	2015	Support for the CBOs responsible for preventing HIV/AIDS in vulnerable populations through transportation	MOTO ACTION	Local NGO	682,931
Congo	2017	Study of genotype resistances in HIV 1 and their emergence risk factors	French Red Cross	International NGO	474,200
Haiti	2015	Improving the performance of HIV screening by implementing a community screening mechanism for MSM and TS	VDH	International NGO	864,253
Madagascar	2017	Contributing to enhancing prevention, screening, care and monitoring strategies for HIV/AIDS and HIV/TB co-infections in key populations: SW, MSM, IDU, especially the young, and PLWHIV	Doctors of the World—France	International NGO	787,500
Myanmar	2015	Creation of a conducive environment for enhanced engagement of the key population to the HIV program supported by the GF in Myanmar	Première Urgence Internationale	International NGO	1,000,000
Niger	2014	Support for coordinating monitoring and evaluation activities and for strengthening the national HIV/AIDS monitoring and evaluation facility in the context of implementing Global Fund-financed operations	Coordination Intersectorielle de Lutte contre les IST/VIH/SIDA (CISLS)	Public institution	680,259
DRC	2016	Program for boosting prevention, screening and care strategies for youth from 10 to 24 years old, in Kinshasa and North Kivu	Doctors of the World—France	International NGO	1,007,760
Senegal	2017	INCLUSIPH: Including persons with disabilities in HIV response	Handicap International France	International NGO	1,448,689
	2016	Antiretroviral resistance prevention in children: three-year multi-topic program through the international African pediatric network EVA	Regional Research and Training Center for Clinical Care (CRCF)	Research institution/ University/ School	1,524,544
	2016	Connecting4Life: using innovative technologies and youth outreach to improve sexual and reproductive health	OXFAM	International NGO	469,708
	2015	Evaluating the acceptability, feasibility and efficacy of nutritional care protocols for children and teens living with HIV in Dakar: operational research project SNAC'S (Nutritional supplementation of malnourished children and adolescents)	CRCF	Research institution/ University/ School	325,733

Country	Launch year	Project title	Project leader	Project leader type	Funds committed (€)
Thailand	2015	Expanding access to HIV counselling and testing for Thai and non-Thai high-risk populations in the Public Health System	Faculty of Associated Medical Sciences, Chiang Mai University (PHPT International joint research unit)	Research institution/ University/ School	632,763
Ukraine	2017	Sustainable community-based solutions in HIV care	All-Ukrainian Network of People Living with HIV	Local NGO	1,023,900
	2017	Underage, overlooked: Improving access to integrated HIV services for adolescents most at risk in Ukraine	AFEW Ukraine	Local NGO	990,030
	2015	Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions in Ukraine	International Charitable Foundation "International HIV/AIDS Alliance in Ukraine"	International NGO	994,275
Vietnam	2016	Saving the future — Innovative Strategies to control HIV among young people who use drugs in Vietnam	Centre for Supporting Community Development Initiatives	NGO	860,830
Multi-country, Africa, Indian Ocean	2017	Access to HIV pre-exposure prophylaxis for MSM: acceptability and feasibility study in West African community clinics	Institut Bertrand Bouisson	Research institution/ University/ School	1,349,906
	2017	Quality health services access for key populations	Coalition PLUS	International NGO	1,488,599
	2017	Training and empowerment for greater support of teens and girls infected or affected by HIV	SIDACTION	International NGO	770,982
	2016	Pilot intervention for promoting teen sexual health and reducing new HIV/AIDS infection and mortality	SOLTHIS	International NGO	1,538,111
	2015	HIV infection prevention among MSM in sub-Saharan Africa: feasibility and value of quarterly comprehensive prevention care	Fondation-Institut Bouisson Bertrand	Research institution/ University/ School	698,051
	2014	Generation MSM without AIDS	AfriCASO	International NGO	472,409
	2014	Strengthening and expanding the community observation center and advocating for the use of Global Fund financing for quality care and treatment access for PLWHIV and vulnerable groups in Benin and Niger	CeRADIS	Local NGO	769,875
	2013	Training network for comprehensive pediatric HIV infection care in Francophone Africa	GIP ESTHER	Public institution	1,453,127
Multi-country, Asia	2016	Greater Mekong Young MSM Internet Survey	APCOM	Local NGO	1,369,558
Tuberculosis					
Georgia	2017	Capacity Building for Diagnostic and Clinical Management of MDR and XDR tuberculosis in Civil and Penitentiary Sector in Georgia in the context of new anti-TB drugs implementation and Surveillance of X/MDR-TB transmission in Georgia	National Center for Tuberculosis and Lung Diseases (NCTLD)	Public institution	610,796
Multi-country, Africa, Indian Ocean	2017	TB-SPEED (TB in Severe Pneumonia - impact of Early Detection): impact of systematic early tuberculosis detection using Xpert MTB/RIF Ultra in children with severe pneumonia in high tuberculosis burden countries	University of Bordeaux, Inserm U1219	Research institution/ University/ School	1,537,401
	2015	Boosting national responses for screening and diagnosing TB in two at-risk populations: HIV and diabetes patients in Benin, Senegal and Guinea	PNLT	Public institution	1,282,501
	2015	TITI: Investigating childhood tuberculosis transmission	L'Union	International NGO	700,000
Malaria					
Mauritania	2014	Updating malaria data regarding three epidemiological features in Mauritania	IRD	Research institution/ University/ School	334,814
Multi-country, Africa, Indian Ocean	2016	REACT: managing insecticide resistance in Burkina Faso and Côte d'Ivoire: research on vector-control strategies	IRD UMR MIVEGEC (France)	Research institution/ University/ School	1,539,466
	2014	Contributing to increasing the impact of NMCPs through effective participation by retail pharmacists in three Francophone Africa countries	ReMeD	International NGO	720,690

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Country	Launch year	Project title	Project leader	Project leader type	Funds committed (€)
Multi-country, Africa, Indian Ocean	2013	PALEVALUT Project: Operational evaluation of the combined fight against malaria	Pasteur Institute of Madagascar	Research institution/ University/ School	1,492,775
Multi-country, Asia	2016	Molecular and invitro surveillance of ACT partner drug efficacy in the Greater Mekong Subregion "MIVS_ACT"	Mahidol-Oxford Tropical Medicine Research Unit (MORU) - Mahidol University	Research institution/ University/ School	1,020,087
HSS/Transversal					
Cape Verde	2014	Proposals for strengthening the supply system and its general environment	DGPM	Public institution	580,505
Central African Republic	2017	Revitalizing paramedical training availability in Bangui and supporting the decentralization of training in Mambéré-Kadéï prefecture	French Red Cross	International NGO	1,023,810
Congo	2017	Boosting quality health services access for girls in vulnerable circumstances and SWs in Brazzaville and Pointe-Noire	Actions de Solidarité Internationale	International NGO	497,368
Côte d'Ivoire	2017	Development of new technologies for monitoring the market and fighting counterfeit medication	New Public Health Pharmacy of Côte d'Ivoire	Public institution	965,921
	2017	Improving the quality of community anti-HIV/AIDS and tuberculosis services through scientific documentation	National anti-HIV alliance of Côte d'Ivoire	Local NGO	427,977
	2015	Accessing drug users in precarity in Abidjan: toward a needs-based national policy	Doctors of the World—France	International NGO	840,000
	2015	DEPISTNEO: establishing an information system for implementing a cross-care strategy for routine neonatal HIV-HBV screening and mother-child monitoring in Abidjan	PACCI program	Research institution/ University/ School	999,930
DRC	2015	Project to enhance the integration of vertical health systems programs	Public Health School of Kinshasa	Research institution/ University/ School	1,000,000
Guinea-Bissau	2014	Securing access to medications and essential medical products in the fight against HIV/AIDS, tuberculosis and malaria	EMI	International NGO	999,394
Laos	2014	Promoting good governance mechanisms in the context of CCM reform in order to bring State and civil society actors together	French Red Cross	International NGO	690,000
Multi-country, Africa, Indian Ocean	2017	Improving health services personnel's skills in joint diabetes/ tuberculosis and diabetes/HIV prevention and care in Burkina Faso and Mali	Santé Diabète	International NGO	862,523
	2017	Strengthening the performance of 14 central purchasing members of ACAME in supplying quality essential health products	ACAME	Public institution	966,000
	2017	Tailoring HIV/AIDS, tuberculosis and malaria programs and services to homeless teens in Mali, Congo-Brazzaville and Senegal	Samusocial International	International NGO	549,492
	2015	Positioning six CSOs from six African countries as actors of reference in financial management in the implementation of Global Fund grants	Coalition PLUS	International NGO	633,838
	2015	Sharing best practices in managing stocks and supplies and enhancing the pharmaceutical information system	GIP ESTHER	Public institution	851,054
	2014	Health governance through the implementation of an independent community facility for monitoring access to care	Positive-Generation	Local NGO	776,892
	2014	Implementation of observation centers for health care access in West Africa	RAME	Local NGO	841,821

COUNTRIES ELIGIBLE FOR 5% INITIATIVE SUPPORT

Countries which are priority recipients for official French development assistance

- Benin
- Burkina Faso
- Burundi
- Central African Republic
- Comoros
- Democratic Republic of the Congo
- Djibouti
- Ethiopia
- Gambia
- Guinea
- Haiti
- Liberia
- Madagascar
- Mali
- Mauritania
- Niger
- Senegal
- Chad
- Togo

Member and observer countries of the International Organisation of La Francophonie and recipients of official French development assistance

- Afghanistan
- Albania
- Armenia
- Bulgaria
- Cambodia
- Cameroon
- Cape Verde
- Republic of the Congo
- Costa Rica
- Côte d'Ivoire
- Dominican Republic
- Dominica
- Egypt
- Gabon
- Georgia
- Ghana
- Guinea-Bissau
- Equatorial Guinea
- Kosovo
- Laos
- Lebanon
- Morocco
- Mauritius
- Moldova
- Montenegro
- Mozambique
- Myanmar
- Palestinian territories
- Romania
- Rwanda
- Saint Lucia
- São Tomé and Príncipe
- Serbia
- Thailand
- Tunisia
- Ukraine
- Vanuatu
- Vietnam

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ANIMAL PENSANT

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