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Global Fund Observer

NEWSLETTER

Issue 259: 29 January 2015

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CONTENTS OF THIS ISSUE:

focusing on key populations, aligning requests for funding with the concentrated HIV epidemics at home.

4. NEWS: Western Pacific continuing to tackle HIV with submission of multi-country concept note

Eleven Pacific Island countries have endorsed a multi-country concept note to respond to the varying HIV epidemics among their respective populations, ahead of submission expected on 30 January. The concept note -- among the only multi-country notes to be developed under the new funding model -- was drawn from extensive consultations to set priorities and identify areas of commonality.

5. NEWS: With end to Global Fund support in Bosnia and Herzegovina, services targeting Roma minorities at risk of closure

With the end of eligibility for Bosnia and Herzegovina for Global Fund support, grant subrecipient World Vision is drawing-down its long-running outreach program that worked to promote a better understanding of TB and HIV among the country's marginalized Roma populations. The fate of the program's TB and HIV centers hangs in the balance.

6. NEWS: Taking TB awareness to Roma communities in Bosnia and Herzegovina

For the Roma, who already face serious marginalization in Eastern Europe, TB infection only adds to the discrimination they experience.

7. LETTERS TO THE EDITOR: On behalf of Ecuador's Kimirina Corporation, in response to the OIG audit

Ecuador's Kimirina Corporation, which served as PR on an HIV grant that was audited by the OIG, responds to some of the conclusions in the OIG audit report.

ARTICLES:

1. NEWS: In West and Central Africa, a round-up of concept notes projected for Window 5

Stephanie Braquehais 29 January 2015

These countries were projected to submit concept notes for the 30 January window, for review in March

In West and Central Africa, countries which for the most part are low-income and facing high burdens of disease, there are gaps in diagnosis and testing, as well as treatment, that are taxing already overburdened health systems. To respond to these challenges is the need for reinvigorated efforts to improve prevention, to strengthen health systems and to increase access to services.

Reinforcing the capacity of the health system to assimilate the challenges and respond to disease is a priority in the concept notes being developed ahead of the 30 January submission deadline: the fifth of eight windows opened by the Global Fund for countries under the new funding model (NFM).

The infrastructure in many of the smaller, landlocked francophone West African states is comparatively weaker than in their anglophone neighbors, and the health system structures that require an out-of-pocket outlay by patients represent significant barriers to access. Equally, language barriers have contributed to the challenges that francophone countries in the region have found in navigating Global Fund policies and protocols.

It is for these reasons, and many others, that a number of the concept notes from francophone countries in the region that were projected to be submitted in January have ultimately been postponed. Delays can also be attributed to hold-ups in the finalizing of national strategic plans and management challenges within the country coordinating mechanism (CCM).

Below is a round-up of the current situation in the region, based on as much information as there was available. We anticipate updating this as events warrant.

Benin

Benin has delayed submission of its three concept notes until April due to reforms still under way within the country coordinating mechanism. Its NFM allocation for 2014-2017 is $14.4 million for TB, $86.7 million for HIV and $62.8 million for malaria.

Burundi

Burundi is in the final stages of preparing its joint concept note for $82.3 million in HIV funding and another $9.5 million in TB funding, and expects to submit on 30 January. A malaria concept note for $36.3 million is also on track for submission, but no further information will be available until after the notes are reviewed by the TRP.

Cape Verde

The West African archipelago was allocated $5 million for HIV under the NFM and $1.3 for its efforts to bring the number of confirmed malaria cases down from its 2013 level of 499,000 cases. Because the HIV prevalence rate is under 0.5%, the country has opted to incorporate TB-related activities into its slate of HIV interventions since there was no money specifically allocated for TB. Continuity of existing programming underpins the proposal submitted in January, and there is no acute need for additional support for health system strengthening due to the relatively robust state of the current infrastructure. Cape Verde will fulfill its responsibilities under the willingness to pay (WTP) requirement of national contribution to complement Global Fund resources, but the amount of that contribution has not been disclosed.

Côte d'Ivoire

Information about the timing of a joint HIV/TB concept note for a total $141.4 million in funding -- $28.5 million of which was allocated to TB -- was not forthcoming. The country was due to submit by 30 January.

Gabon

Gabon will integrate its HIV and TB funds -- $0.2 million and $5.1 million respectively -- to streamline costs. Delays in the development of the national strategic plan for TB are responsible for the decision to postpone submission until April. Among the vulnerable groups identified are children, TMP+ and MDR-TB patients, as well as prisoners and remote populations. Support for HSS will not exceed 11% of the allocated funds.

Gambia

Gambia is expected to submit its concept note for $6.8 million in TB funding "soon". No further information will be available until its review by the TRP.

Guinea-Bissau

Delays in development of the malaria concept note for $27.4 million have postponed its submission. Concept notes for TB ($7 million) and HIV ($18.2) are projected for later in 2015.

Liberia

The current Ebola crisis is requiring all of Liberia's attention and as such the country is delaying its submission of an HIV concept note for $45.2 million and a TB concept note for $9.6 million. Health systems strengthening is likely to feature prominently in the slate of activities proposed in the eventual submission, expected in mid-July.

Mali

Mali has experienced delays in preparing its joint submission for HIV/TB, for an envelope totalling $13.9 million for TB and $110.6 million for HIV, and will postpone submission until April. Some of the delay can be attributed to slow progress in its reimbursement of funds following an investigation by the Office of the Inspector General into financial irregularities. Other delays are due to management and coordination challenges within the CCM.

In the interim, Mali is continuing with data collection to help inform its strategic decision making. Results from studies are expected in March, to provide a window on drug use in the country -- on a major trafficking route through the Sahara and into Europe -- as well as on the size and shape of key populations including sex workers, truck drivers, uniformed personnel and men who have sex with men.

Health systems strengthening will be a central component of the finalized concept notes, as will an emphasis on youth.

Mauritania

Concept notes for Mauritania's $11.5 million for HIV and $4.8 for TB are in the final stages, according to the Fund's country team. No further details are available before the concept notes are reviewed by the Technical Review Panel.

Niger

The Sahel state has postponed its submission of concept notes for the $51.6 million allocated for TB and $88.1 million for malaria. National strategic plans for both diseases were validated in late January, which contributed to the delay in getting started. It is anticipated that Niger will submit in April.

Togo

For Togo, a joint HIV/TB concept note submitted in October for $52.3 million in HIV and $8.7 million in TB funding was rejected by the TRP. Clarifications are expected in February ahead of an anticipated resubmission by April. Some of the identified weaknesses in the note submitted in 2014 included a lack of detail on how to strengthen the health system namely: information management, stock management and supply chain, and human resources.

Data collection is underway to assess the size of key populations -- sex workers, men who have sex with men, and mothers and children -- and to identify hot spots. Results from these surveys should be available in late February. The revised note should include new innovations in treatment for pregnant women and guidelines for increasing the minimum essential services available for key populations.

Togo has also opted to delay until April its concept note for $52.2 million in malaria funding. One of the justifications for the delay was the need to identify all of the donors working in malaria control so as to prioritize needs and interventions.

Togo has signalled its commitment to WTP worth some $13.6 million: 14.6% of its NFM allocation.

[This article was first posted on GFO Live on 29 January 2015.]

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TOP

2. NEWS: Focus on communities and key populations in two African regional initiatives

Owen Nyaka 27 January 2015

The two were among 16 selected to claim a share of the regional programs envelope

Consortiums of civil society groups in East and Southern Africa are putting the finishing touches on two regional initiatives hoping to claim a share of the $200 million set aside by the Global Fund Board for cross-border projects under the new funding model (NFM).

Both proposals are focused on strengthening community systems and civil society to support the HIV response among key affected populations. They are to be reviewed by the Technical Review Panel in March, for a decision expected before mid-year 2015.

Coordinated by the Kenya AIDS NGO Consortium (KANCO), the East African proposal is seeking some $10 million to assist in the promotion of a strategic approach to harm reduction at the regional level.

Rhoda Lewa, who was engaged as a consultant for KANCO, told Aidspan that the project would span eight countries, including its headquarters in Kenya: Burundi, Ethiopia, Mauritius, Seychelles, Tanzania mainland, Uganda and Zanzibar.

A nework of existing SRs would implement at the country level, contributing to efforts to create an "enabling policy environment to support harm reduction interventions in East African countries," she said.

Injected drug use is a small but increasingly serious problem in the region, and is fuelling a concentrated HIV epidemic. In Mauritius, for example, it is estimated that more than half of the new HIV cases being recorded annually are among people who inject drugs. Currently the region has a handful of grassroots, community-level programs to promote safe needle use and other activities to mitigate risky behavior but there are few national-level policies to support wider harm reduction interventions.

“HIV prevalence rates amongst the PWID community are increasing at a very fast rate. The regional and national policy environments are not adequately supportive of harm reduction interventions," Lewa said. 'There has been little or no investment targeted towards the strengthening of community systems of harm reduction-specific organizations and networks."

Also envisioned under the proposal is more comprehensive data collection and analysis, to develop an evidence base to encourage government to support further harm reduction work, she added.

The Southern Africa proposal has a broader focus on a larger number of key affected populations in the region: sex workers and their clients, transgendered people, men who have sex with men, people who inject drugs and women

who have sex with women.

Entitled KP-Representation, Evidence and Attitude Change for Health Impact (KP-Reach), the program would fold advocacy and campaigning work into existing protocols on sexual and reproductive health agreed by the sub-region in 2009.

The KP-Reach consortium will work in Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe: among the countries with the world's largest HIV burdens. Drawing in partners from civil society as well as the private sector, the $20 million program will look to bridge the gap identified by UNAIDS in the control of concentrated epidemics among these key populations.

AIDS-related deaths in this high-burden region continue to decline as the numbers of people on treatment climb; however, adherence rates are not as high as they could be, and barriers to access for vulnerable and oft-stigmatized groups linger.

The KP-Reach proposal would also integrate work with a community that is below the radar of a group that remains below the radar even among civil society groups working with key populations: women who have sex with women. While the identified population remains miniscule, these women are often targeted for sexual assault and forced sex in an effort to 'convert' them, which then increases their risk of sexually transmitted infection and exposure to HIV.

Tanja Lubbers, regional manager for the Dutch NGO Hivos -- which will serve as PR for KP-Reach -- told Aidspan that the core objectives of the regional initiative have to do with improving data management at the country level. She noted that while national planning documents and agreements that mention KAPs exist in profusion, it is time to follow them up with targeted and effective programming.

"We would like to improve data collection/evidence and use, knowledge management, innovation, scale up and replication of best practices for more responsive national level programming and policies," she said. "We want also to disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KPs in at least 75% of participating countries by 2018."

According to Dr. Gemma Oberth, a consultant working with Hivos and the International HIV/AIDS Alliance on both of the concept notes, the focus on network strengthening demonstrates a strong commitment to community-led responses.

"Strong KP networks are a critical component of a sustainable HIV response. Both regional concept notes emphasize the importance of marginalized groups being able to collect good data, share information, and ultimately demand improved service provision from their governments." she said.

Owen Nyaka is a member of the International HIV/AIDS Alliance network of Key Correspondents.

[This article was first posted on GFO Live on 27 January 2015.]

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TOP

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3. COMMENTARY: New funding model brings promising change as African countries request millions for key populations

Gemma Oberth 27 January 2015

There is mounting evidence that within southern Africa's generalized HIV epidemic there are under-estimated concentrated epidemics among key affected populations (KAPs) such as sex workers and men who have sex with men (MSM). Recent studies have found HIV prevalence among MSM to be as high as 46.7% in Botswana[1] and 71.1% in Durban, South Africa.[2] Among sex workers, Malawi, Namibia and Swaziland report prevalence rates of 70%.[3]

Despite these alarming statistics, national AIDS spending in these countries consistently neglects MSM and sex workers. With little to no money coming from governments, KAPs rely on support from funding partners such as the US government and the Global Fund to ensure access to life-saving treatment and prevention services.

Global Fund support for targeted programming has also been less than adequate. In southern Africa, roughly 2% of total Global Fund investments in HIV prevention were allocated to sex workers.[4] Only 0.07% went towards MSM and transgender (TG) communities.[5]

Part of the problem is that challenging legal contexts and a lack of political will means countries do not always request funding for these at-risk groups. Of all southern African proposals to the Global Fund (Round 1-10) only three included targeted interventions for MSM, and only 12 had programming designed specifically to reach sex workers.[6]

To help address these issues, the Global Fund Board approved a Sexual Orientation and Gender Identities Strategy in May 2009. More recently, under the Global Fund's new funding model (NFM), the Key Populations Action Plan (2014-2017) proposes significant change in the way MSM and sex workers should be prioritized.

With January 30 marking the fifth window of concept note submission for the NFM, are African countries drawing budget lines for MSM and sex worker programming, or is it business as usual?

An analysis of the concept note budgets from Botswana, Malawi and Swaziland suggests a promising change.

Table 1: Proposed KP Programming in Country Concept Notes to the Global Fund

Country	Status of HIV/TB Concept Note Submission	Intervention(s) Targeting Key Populations	Amount requested (USD)	Total Amount Requested for KPs
Botswana	To be submitted in Window 5 (30 January 2015).	Behavioural change for MSM: Needs assessment, training of mobilisers and peers, one-on-one sessions, health talks and focus groups, leaflets on behaviour change and stakeholder meetings.	$1,479,587	$3,079,174
		Condom promotion for MSM and TG: Lubricants along with condoms to MSM and TGs at strategic sites such as BONELA, bars and peers.	$60,000	
		Behavioral change for sex workers and their clients: Training of mobilisers and peers, health talks and focus groups, leaflets on behaviour change as well as engaging psychosocial support providers to provide counselling and support.	$1,479,587	
		Condom promotion for sex workers and their clients: Procurement/distribution of lubricants to sex workers.	$60,000	
Malawi	To be submitted in Window 5 (30 January 2015).	Prevention programs for MSM: Demand creation & provision of condoms and lubricant, HTC and STI management, MSM-friendly clinical services. Above allocation amount is for expanding HCT and condom supporting activities at community level, specifically targeting MSM.	$235,000 (allocation) + $38,000 (above allocation)	$3,078,000
		Prevention programs for sex workers and their clients: Peer-led risk reduction information, routine HTC and STI/TB screening, provision of male & female condoms and lubricant, friendly clinical services, and stigma and discrimination reduction. Above allocation amount is for expanding community HTC & condoms.	$267,000 (allocation) + $38,000 (above allocation)	
		STI services for MSM and SW: Train peer-educators on STI screening and management to enhance the uptake of STI services among MSM & SW, and to boost promotion of youth friendly	$2,500,000 (above allocation)	

		health services.		
Swaziland	Submitted in Window 4 (15 October 2014).	Behavioral change for MSM: Peer education & treatment literacy for MSM networks.	$103,965	$157,201
		Behavioral change for sex workers: Peer education & treatment literacy for sex worker networks.	$53,236	

Botswana's request of $3,079,174 for key populations programming represents 7% of total funding requested by the country. With half of this for MSM and transgender communities, this far exceeds the regional average in previous rounds.[7]

This is also the first time Swaziland has ever included programming specifically for sex workers and MSM in a Global Fund proposal.[8]

Malawi's $3,078,000 request is also significant, though the majority of it sits in the above-allocation amount. This means that it is part of incentive funding, which will only be granted if all or part of the allocated funding request is deemed sound by the Technical Review Panel (TRP), and only then after a competitive process and when additional resources become available. This may imply that KAP programming is still not seen as a top priority in Malawi.

It remains to be seen how the amounts requested by these three countries will change or be re-allocated during TRP review and grant-making, but the potential for improved Global Fund commitment to key populations programming in the region is there. There is still a long way to go, particularly towards ensuring that governments dedicate public resources to KAPs to make the HIV response more sustainable. But we're moving in the right direction.

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[1] Baral S.et al. (2009). HIV prevalence, risks for HIV infection, and human rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana. Plos One, 4(3), e4997.

[2] Cloete, A., Simbayi, L.C., Rehle, T., Jooste, S., Mabaso, M., Townsend, L., Ntsepe, Y., Louw, J., Naidoo, D., Duda, T., Naidoo, P. and the Marang Men's Project Team. (2014). The South African Marang Men's Project: HIV bio-behavioural surveys using respondent-driven sampling conducted among men who have sex with men in Cape Town, Durban and Johannesburg. Cape Town: HSRC Press.

[3] According to the 2014 Global AIDS Response Progress Reports

[4] Avdeeva, O., Lazarus, J. V., Aziz, M. A., & Atun, R. (2011). The Global Fund's resource allocation decisions for HIV programmes: addressing those in need. *Journal of the International AIDS Society*, *14*(1), 51.See page 6, Figure

4.

[5] Ryan et al. (2013). Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa. *amfAR, The Foundation for AIDS Research and Johns Hopkins Bloomberg School of Public Health.*

[6] Ryan, O., Macom, J. & Moses-Eisenstein, M. (2012). Demand for programs for key populations in Africa from countries receiving international donor assistance. *Journal of Social Aspects of HIV/AIDS, 9(3),* 131-136.

[7] Ryan et al. (2013). Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa. *amfAR, The Foundation for AIDS Research and Johns Hopkins Bloomberg School of Public Health.*

[8] Lopez Gonzalez, L. (2012). The First to Go: How communities are being affected by the Global Fund Crisis. *Open Society Initiative for Southern Africa (OSISA) and the Open Society Foundations (OSF).Page 2-3.*

Gemma Oberth is an independent consultant currently supporting the development of several Global Fund concept notes in East and Southern Africa which focus on key populations. She is also a post-doctoral researcher at the Centre for Social Science Research (CSSR) at the University of Cape Town in South Africa.

[This article was first posted on GFO Live on 27 January 2015.]

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TOP

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4. NEWS: Western Pacific continuing to tackle HIV with submission of multi-country concept note

Lauren Gelfand 28 January 2015

Despite divergent burdens and diverse health systems, islands nations coming together

Eleven Pacific Island countries have endorsed a multi-country concept note to respond to the varying HIV epidemics among their respective populations, ahead of submission expected on 30 January. The concept note -- among the only multi-country notes to be developed under the new funding model -- was drawn from extensive consultations to set priorities and identify areas of commonality.

Total funding allocated to the 11 countries under the NFM is some $6.4 million. In a bid to keep operational costs contained, the grant will continue to be administered by a single principal recipient. Under the rounds-based

approach, the PR was the Secretariat of the Pacific Community. A tender was released in June 2014 for applications by new PRs.

The eleven countries -- Cooks, Federated States of Micronesia, Marshall Islands, Nauru, Niue, Kiribati, Palau, Samoa, Tonga, Tuvalu and Vanuatu -- have different HIV epidemiology and diverse health system structures. However, during meetings in the lead-up to the submission of the concept note, representatives from each state identified commonalities including a lack of data on key affected populations, low coverage of testing, high rates of sexually transmitted infections and a pronounced level of discrimination and stigma towards people living with HIV.

Ideas for high priority interventions were shared among the nations and many countries are expecting to carry out similar activities under the NFM, while targeting populations they have identified as most in need. Mobile testing and counselling and support for prevention of mother-to-child transmission are among the shared activities, as is the supply of anti-retroviral drugs and monitoring of patients on treatment.

[This article was first posted on GFO Live on 28 January 2015.]

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TOP

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5. NEWS: With end to Global Fund support in Bosnia and Herzegovina, services targeting Roma minorities at risk of closure

Tinatin Zardiashvili 28 January 2015

Fate of seven outreach centers catering to the needs of the marginalized community unknown

With the end of eligibility for Bosnia and Herzegovina for Global Fund support, World Vision is drawing-down its long-running outreach program that worked to promote a better understanding of TB and HIV among the country's marginalized Roma populations.

From humble beginnings in 1999, the program has expanded to now include seven centers, staffed by trained Roma outreach counselors, who provide information about HIV and TB to communities that exist on the margins of society. Outreach programs include house visits and regular public meetings during which community members share experiences and receive updated information. Counseling, referrals, and transportation support to testing points is also available at the outreach centers, which are located in areas with high concentrations of Roma communities. The program has trained 41Roma outreach workers who serve 50 communities in BiH.

World Vision, current sub-recipient of the grant now administered by the UN Development Program (UNDP), has tried since 2012 to encourage the BiH government to take over financial responsibility for the program but has thus far been unsuccessful.

"World Vision is doing everything we can to sustain this unique program bringing healthcare services closer to Roma minorities," Slavica Bradvic Hanusic, health lead of World Vision in BiH, told Aidspan. "We have already requested that the PR apply for a no-cost extension [to the Global Fund grant]. Meanwhile, we are awaiting donor responses on the proposals we have already developed and submitted. Together with local government, we are actively involved in developing national HIV and TB transition plans led by UNDP."

Roma communities are a visible marginalized minority in BiH. While there are no exact figures on the number of Roma in the country -- their highly mobile status makes it difficult to count them during national census surveys -- unofficial estimates suggest a community size of around 40-50,000 people.

The vast majority of the population is unemployed and living in precarious condition in informal settlements, without access to running water, sewerage or electricity. Their access to health services is curtailed due to their unregistered status and ineligibility for insurance programs. Illiteracy is high, which adds to the stigma and social isolation confronted by most Roma. These socio-economic hardships are major contributors to the population's burden of disease. HIV and TB infection rates are much higher than the national average, according to World Vision.

Over 2014, four TB centers serving Roma population and polyvalent patronage nurses referred 344 new patients to DOTS treatment. But according to Slavica Bradvic Hanusic, because of the discrimination most Roma face in BiH, it is not clear whether all of those new patients are members of the Roma community. "We can only assume based on their living conditions that TB rate within Roma communities might be higher," she said.

As an upper-middle-income country with a low HIV prevalence rate in both the general and high-risk populations, BiH was declared ineligible for Global Fund support under the new funding model (NFM). There are two Round 9 grants -- one for TB and the other for HIV -- that are set to close in 2015. UNDP is currently negotiating a no-cost extension of the TB grant to continue operations through 2016 while the hunt for additional funds continues.

[This article was first posted on GFO Live on 28 January 2015.]

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TOP

6. NEWS: Taking TB awareness to Roma communities in Bosnia and Herzegovina

Tinatin Zardiashvili 29 January 2015

Photos courtesy of World Vision

The town of Kakanj, just north of the capital Sarajevo, is home to Roma settlements of homes like this one, cobbled together from scavenged materials. A resettlement plan was initiated by the Bosnia and Herzegovinan government in 2009 but has not been able to keep up with demand. There are numerous structural challenges facing Roma families, who often have no access to public infrastructure such as power, water and sewerage. Most families splice their own electrical wires to the existing grid; few have jobs in the formal sector so among the coping mechanisms they use to support themselves is waste recycling.

A typical Roma family has many children,

though schooling and literacy present a major challenge. This family was visited by World Vision outreach workers promoting easy-to-understand behavior change materials around communicable illness including HIV and TB.

Mufid Besic is a member of the Roma community in Kakanj, and has been trained by World Vision as a TB outreach worker. Official statistics cited by World Vision show that in 2010 there were 50 new cases per 100,000 inhabitants. The country's Roma population bears the brunt of these new infections.

Outreach worker Biljana Simikic during field visit in Roma community in Bijeljina, near the Serbian border. Biljana works at a regional TB center in Gradishka that caters specifically to the Roma community. The four centers support the work of 16 Roma outreach workers and 76 polyvalent patronage nurses, all of whom have as their main goal to improve awareness of TB among the Roma community. Financial support from the Global Fund underwrites the program in its entirety, to the tune of 500,000 euros annually.

In addition to doing house visits, World Vision , and outreach partners from HIV and TB centers, regularly host public events to draw in larger numbers of Roma people to discuss TB prevention and how to recognize and react to symptoms. These public events are very well-attended because they are an informal and easy way to share information with the community. Around a table laden with snacks and drinks, families and neighbors get together to talk about the health issues that confront the population, and how to overcome the stigma that accompanies a TB diagnosis. For the Roma, who already face serious marginalization in Eastern Europe, TB infection only adds to the discrimination they experience.

Some of the public events are designed to attract

a specific group within the wider Roma community. This event in Mihatovici settlement, near the city of Tuzla, was aimed at mothers and children, to promote healthy living, TB prevention, transmitting and treatment. TB outreach workers - Roma themselves, involve them in their presentation via asking for their opinion and ideas, which builds trust and ensures understanding of important health issues.

[This article was first posted on GFO Live on 29 January 2015.]

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TOP

---

7. LETTERS TO THE EDITOR: On behalf of Ecuador's Kimirina Corporation, in response to the OIG audit

Amira Herdoiza 28 January 2015

I am writing on behalf of Kimirina Corporation, the civil society principal recipient named in the recent OIG audit of Ecuador (see article here).

Kimirina has worked with the Global Fund since 2009, on a Round 9 HIV grant seeking to help lift barriers to access to services for all people in Ecuador.

We consider that the audit demonstrates inaccuracies and decontextualized conclusions about our performance under

the grant. We are concerned that the portrayal of our organization could damage our relationships with national groups and undermine our commitment to getting the maximum benefit from the resources the Global Fund gives for the communities most vulnerable to infection.

The audit by the inspector general's office lacked an expertise in public health, which did not allow a full understanding of our role in managing civil society partners under the grant. The OIG report refers only to the extent of coverage of peer educators, and fails to acknowledge some of the other innovations in prevention that we undertook to complement our work that was supported by the Global Fund grant.

We also take issue with the audit's conclusions about the risks involved in health services and products, that "Kimirina had not been able to buy the quantities of condoms and lubricants required". This conclusion does not take into account the complicated process undertaken to purchase these products, and ignores the assumptions set out in the Plan of Acquisition Management and Medical Supplies (GAS Plan) approved by the Global Fund and endorsed by the purchasing agent, UNFPA.

We reiterate our concern of a decontextualized report that was made with several erroneous data and inaccurate remarks. We consider corrections have to be made and a correction to adequately express the situation of the findings of OIG against the performance of the Kimirina Corporation, and would like to encourage these clarifications to be amended to the OIG.

We stand by our work on this project and reiterate our commitment to working on behalf of vulnerable populations in Ecuador.

Amira Herdoiza is the executive director of Kimirina Corporation. The views expressed in this letter are Kimirina's alone and publication by Aidspan does not imply endorsement.

[This article was first posted on GFO Live on 28 January 2015.]

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TOP

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TOP