Global Fund Observer

NEWSLETTER

Issue 265: 06 May 2015

Independent observer of the Global Fund

To download Word and PDF versions of this issue, click here

GFO is now available in French. Subscribe to it or add it to your existing subscription.

L'OFM est désormais disponible en français. Abonnez-vous ou ajoutez-le à votre abonnement.

If your email program has trouble displaying this email,. view it as a web page

CONTENTS OF THIS ISSUE:

3. NEWS: New platform for reports of human rights violations in Global Fund programs launched

The Office of the Inspector General has launched a new platform for individuals to report allegations of human rights violations occurring in programs or activities supported by the Global Fund.

4. NEWS: With eye on transition, a boost to investment in community systems in EECA

The International HIV/AIDS Alliance in Ukraine will lead a new regional technical assistance project across Eastern Europe and Central Asia.The project, to ensure that knowledge, skills and experience -- with particular emphasis on community systems, rights and gender -- are transferred and ingrained in local groups, will be supported by the Global Fund's Community, Rights and Gender (CRG) Special Initiative and will run through 2017.

See section near the end of this newsletter listing additional articles available on GFO Live.

ARTICLES:

1. NEWS: The missing middle: harm reduction in East Africa

Njihia Mbiritu 04 May 2015

At around 11:30 every morning, Chiku begins her work day. Carefully gathering her syringes and needles, she'll work steadily preparing doses for her clients -- all of whom wait inside her tin-roofed shack in the slum known as Nigeria: one of Nairobi, Kenya's toughest neighborhoods. The money she earns will be enough to pay her rent, and feed her own heroin habit. After every fix, she drops the dirty needle into a box branded with two logos: one for SAPTA, a local non-government organization , the other for the Global Fund.

Needle exchange and opioid substitution therapy programs are a small but resourceful response to a growing threat of injected drug use (IDU) in sub-Saharan Africa, which is beginning to drive the HIV epidemic and threatens to undermine the investment in reducing the burden of disease.

Kenya, Tanzania and Mauritius are among a handful of countries on the continent with needle-exchange programs in place. But these are often run by small grassroots organizations drawing

on international support -- without the buy-in of national governments or an overarching policy framework to support harm reduction.

2014 estimates by Kenya AIDS NGO Consortium put the number of PWIDs at 30,000 people. Around 18.3% of them are HIV positive, according to estimates generated by Harm Reduction International (IHRA).

Reaching this group and preventing the spread of HIV through unsafe sex or sharing dirty needles requires a nuanced approach in many ways different from harm reduction work at the global level.

Initially, Kenya drew much of its approach from the Ukrainian model in establishing needle and syringe exchange programs for at-risk communities in 2012. This ad hoc approach was necessary in large part due to funding shortfalls, which were ultimately the result of an unsympathetic policy environment. Delays and logistical challenges have plagued the roll-out of Kenya's harm reduction activities; a planned piloting of methadone-assisted therapy (MAT) in August 2014 has yet to begin. Phased trials for opioid substitution therapy have also been plagued by delays and logistical challenges.

In looking for locally sourced solutions to emerging public health problems posed by injected drug use, Kenya would do well to adopt some of the innovations currently being implemented in next-door Tanzania. To respond to a population size estimated at around 25,000 people, Tanzania was the first country in sub-Saharan Africa to implement needle exchange and methadone therapies. There are two PEPFAR-funded methadone clinics in Tanzania, and plans are in place to open two more in the Temeke and Illala districts of the capital, Dar Es Salaam.

Mauritius is also providing a regional model for harm reduction. The country has a high HIV prevalence rate among injected drug users, who form the bulk of the country’s HIV population (UNAIDS figures place the estimate at 9,600). In 2005, the figure was 92%. By 2013, it had fallen to 44%: the result of a massive harm reduction campaign at the center of its HIV response.

Both formal needle exchange programs and methadone-assisted therapy have been available in the country since 2006, provided by both NGOs and as part of government policy. However, the public health approach has had little impact on how Mauritius sees drug use. As a result there has been little progress in efforts to decriminalize drug use, which has kept many drug users underground.

Representatives from the Kenyan HIV advocacy community and government agencies travelled

to Mauritius in early 2012 to observe some of the activities underway. What was happening in Mauritius was eye-opening and fueled considerable momentum in Kenya to open dialogue at all levels. Community engagement and policy discussions drawing in both government and non-government voices took place in September 2012. These discussions ultimately set the ball rolling toward engagement by both NGOs and government institutions with the challenge of substantive harm reduction work.

That said, the risk for Kenya, as for countries on the East African region and beyond, is that investment in controlling the spread of HIV among the general population may be undermined if a proportionate investment is not made in responding to the emerging threat posed by injected drug use.

In a July 2014 report, IHRA noted that in low- and middle-income countries, an acute funding crisis was jeopardizing even the modest harm reduction activities currently in place. And while national governments were spending more on HIV than ever before, "these increased state commitments have yet to benefit people who inject drugs and other key populations".

As East African countries develop their HIV concept notes to submit to the Global Fund, advocates both at the grassroots and the global level are pushing hard to develop an investment case and evidence base for harm reduction to be included as part of prevention activities funded by the international community. In the meantime, a comparable push is being made to encourage governments to hold policy discussions to create a more conducive environment for a sustained engagement in harm reduction at the national and regional level.

In the interim, KANCO is continuing to pilot harm reduction services including MAT, and is working toward the creation a regional harm reduction network of service providers and recipients Eventually, the hope is for drug users or drug users in recovery to become part of the policy discussions, instead of just part of the supply chain, like Chiku. But that, like everything else, will take time and money: resources that are in short supply.

SAPTA spends around $1 on each of the NSP kits they give to Chiku and the 30 other peer educators in the program in Nairobi. Their budget estimates hover around $100 for each of the 1,355 recipients of harm reduction services -- a negligible number when the estimated size of the injected-drug population in Kenya is around 30,000 people.

Still for people like Chiku, who was diagnosed as HIV+ in 2013 and is currently receiving treatment for tuberculosis, that $1 kit is helping her do her own small part in stemming the epidemic.

[This article was first posted on GFO Live on 04 May 2015.]

To comment on this article, click here.

TOP

---

2. COMMENTARY: Innovation for greater impact: exploring domestic resource mobilization efforts in collaboration with the Global Fund

Deb Derrick 05 May 2015

As Aidspan has explored previously, international aid for AIDS, tuberculosis and malaria is plateauing, and a critical transition is underway to find more sustainable approaches to health financing in implementing countries. The Global Fund, together with PEPFAR and PMI, is working with implementing countries, the private sector and civil society partners to find innovative solutions to fill these funding gaps.

Domestic expenditures for health are particularly vital, and developing countries are already making greater investments in their own health systems. Through the Global Fund's 2015-2017 concept note process, implementing countries have committed $3.9 billion to date in domestic financing. Mobilizing these funds will help ensure program sustainability as countries transition from international support.

As noted in a 2013 Results for Development report, however, "While there may be scope for … countries to increase (their) domestic financial contribution to the national AIDS effort, the political and fiscal challenges of doing so should not be underestimated". The same is true for tuberculosis and malaria. Newly discovered natural resources and economic growth have lifted many countries into middle-income status, but their health systems are still reliant on donor support.

The Global Fund is working with eight countries to pilot innovative strategies to increase domestic contributions: Ethiopia, Kenya, Senegal, Nigeria, Cote d'Ivoire, Myanmar, Pakistan and Tanzania. The Global Fund is also working with ministries of health to review national targets for domestic investment and develop strategic financing plans, helping them to advocate for greater allocation of funds for health. Although trust funds for health exist or have been proposed in some of these countries, mobilizing resources remains a challenge.

Similar measures are underway across the civil society global health community. RESULTS

UK, for example, aims to launch a new publication on domestic investment in July 2015. It will illustrate how domestic resource mobilization can be supported by improved tax collection practices, the reduction of tax evasion, introduction of new taxes, and efforts to increase efficiency in the health system and prevent corruption.

Importantly, as detailed in Friends of the Global Fight Against AIDS, Tuberculosis and Malaria's February 2015 "Innovation for Greater Impact: Exploring Resources for Domestic Health Funding in Africa," implementing countries are heavily involved in efforts to grow resources and address budgetary shortfalls. The following – pulled from the Friends report and updated to reflect advances made in recent months, largely by Kenya – is an overview of mechanisms and strategies that are key to increasing domestic resource mobilization:

- **Trust funds:** National trust funds for HIV/AIDS are a major element of domestic efforts. Zimbabwe has already implemented this mechanism, and countries such as Kenya, Tanzania and Uganda are working toward establishing their own. In Kenya, the National AIDS Control Council's (NACC) 2014/15-2018/19 Kenya National AIDS Strategic Framework has proposed an HIV/AIDS trust fund that would draw 2% of government resources annually. The framework estimates that increasing government revenues to this level would contribute $423 million (75%) of Kenya's domestic financing for HIV in 2018-2019, with domestic private sector funds realistically contributing an additional $143 million by that time. Notably, achieving efficiency gains are also paramount to meeting the resource gap.

- **Tax levies:** The government of Zimbabwe is working to grow its successful AIDS levy initiative, a 3 % tax on the income of formally-employed individuals and companies. The levy, in effect since 2000 and the first of its kind in Africa, surged when Zimbabwe officially began accepting foreign currencies in 2009. Between 2009 and 2012, the fund grew from $5.7 million to $26.5 million, and projections indicate that it will grow to $47 million in 2016. The levy has inspired other sub-Saharan African nations such as Tanzania, Uganda and Zambia to explore similar schemes.

- **Public-private partnerships:** As emerging markets grow stronger in Africa, it is essential that in-country businesses support health, particularly in local communities where their operations are based. Disease control efforts are not only critical to saving more lives, but also have been proven to increase companies' productivity and offer a sustainable return on investment. A recent example of public-private partnerships is Kenya's "Beyond Zero" campaign, launched in January 2014 by First Lady Margaret Kenyatta to accelerate national efforts against new HIV infections in children. The campaign has received support from private sector donors such as Equity Bank, which

pledged $580,000 during the launch event, and the Ministry of Health announced plans to invest $400 million.

- **Political will:** Increasing domestic investment would be impossible without health champions among implementing countries' leadership. Kenya's efforts have included pledging $2 million to the Global Fund in the lead-up to its 2013 Fourth Voluntary Replenishment Conference, and issuing a call to action to low- and middle-income nations to increase domestic investments during a United Nations General Assembly side event with the Global Fund in September 2014. And, at the February 2015 launch in Nairobi of "All In," a global initiative to end the AIDS epidemic among adolescents, President Kenyatta announced that Kenya will lead by example, working to increase domestic resources, improve adolescent interventions, and adapt the national curriculum to better engage with HIV-positive students and fight stigma.
- **Health insurance schemes:** Several high disease burden countries in Africa and Asia also have high out-of-pocket expenditures for health. Requiring developing countries to pay more for services is among the most regressive systems; therefore, other forms of funding should be identified to promote vertical and horizontal equity. Health insurance schemes in countries can provide an alternative method of increasing equity if the structures and premiums are favorable to the poor. Several countries, including Tanzania, Cote D'Ivoire and Kenya, are investigating or planning to consolidate fragmented health insurances schemes to encourage more risk pooling.

Domestic resource mobilization will only continue to gain momentum as global health partners look ahead to the third International Conference on Financing for Development, taking place in Addis Ababa in July. High-level government, NGO and private sector partners will join together to implement the post-2015 development agenda, for which shared responsibility, health system strengthening, and efforts to eliminate HIV/AIDS, tuberculosis and malaria will be integral. As this agenda develops, it is imperative that implementing countries and international partners advance such efforts to prioritize health system sustainability, and innovations to support its growth for years to come.

Deb Derrick is the president of Friends of the Global Fight Against AIDS, Tuberculosis and Malaria, an advocacy organization dedicated to sustaining and expanding US support for the Global Fund. The opinions contained in this commentary reflect her organization's position and may not be construed as Aidspan's own.

[This article was first posted on GFO Live on 05 May 2015.]

To comment on this article, click here.

TOP

3. NEWS: New platform for reports of human rights violations in Global Fund programs launched

Lauren Gelfand 05 May 2015

A first response to complaints will be made within 48 hours

Interested parties will now be able to report alleged human rights violations or infringements occurring in programs or activities supported by the Global Fund using a new complaints mechanism launched by the Global Fund on 27 April.

Complaints may be made either by telephone or email, or using a form available on the Global Fund website. Complainants are encouraged to detail which of the five minimum human rights standards may have been violated by a grant implementer -- at the sub-recipient, or principal recipient level.

“The Global Fund needs to know about any human rights infringements in the programs we support,” Inspector General Mouhamadou Diagne said in a statement released by the Fund. “We encourage all to speak up using our whistle-blowing channels which are free, safe and confidential.”

Each program or activity that receives Global Fund support should adhere to the five minimum standards for human rights, all of which are based on international human rights treaties. Most countries eligible for Global Fund support have ratified these treaties that would ensure:

- non-discriminatory access to services for all, including prisoners
- use of only scientifically sound and approved medicines or medical practices in treatment or care
- use of methods that cannot be seen as constituting torture, or that are cruel, inhuman or degrading
- respect and protect informed consent, confidentiality and the right to privacy with respect to medical testing, treatment or health services
- avoid medical detential and involuntary isolation which, consistent with guidance from the World Health Organization, is used only as a last resort

According to the provisions in grant agreements signed with the Global Fund, recipients are meant to inform the Fund if they are unable to uphold these standards -- for example, if national laws conflict with them, such as Viet Nam's use of compulsory drug detention centers (see article here). The Fund developed a policy on compulsory treatment passed by the Board's Strategy, Investment and Impact Committee in October 2014.

With respect to other national laws that would seem to run completely counter to human rights -- such as the criminalization of same-sex relationships in 34 countries in sub-Saharan Africa, for example -- this should have no bearing on the obligations of states and of Global Fund grant recipients to ensure non-discriminatory access to health services, Seth Faison, communications director for the Fund, told Aidspan in an email.

"We will work with countries where these barriers exist to develop work plans to mitigate risk to performance of our programs," he said.

The responsibility for identifying risk that these human rights standards could be violated rests with principal recipients, who will be required to develop a mitigation plan to ensure violations do not occur.

This proactive identification of human rights risk, and disclosure to the Fund, will feed into mitigation plans that could include developing or improving policies to align with the human rights standards, or providing training to implementing partners on how to manage human rights complaints. Any rights mitigation work will be funded through the grants themselves, under the auspices of the Removing Legal Barriers package of interventions (see the Human Rights Information note here).

The OIG is committing to a 48-hour turnaround time for an initial response to complainants on alleged human rights violations -- as with other screening the OIG does for other complaints through the Report Fraud and Abuse platform. All OIG investigators have received specialist Human Rights training, and continue to receive support from within the Secretariat's Community, Rights and Gender team and the Human Rights Reference Group. Where necessary, external rights specialists will be asked to consult.

Over a period of up to five weeks, complaints will be assessed to confirm whether they are within the scope of the office, to ensure they are related to a Global Fund-financed program, and credible and verifiable with material implications. Then, further actions will occur as events warrant.

[This article was first posted on GFO Live on 05 May 2015.]

To comment on this article, click here.

TOP

---

4. NEWS: With eye on transition, a boost to investment in community systems in EECA

Tinatin Zardiashvili 04 May 2015

New technical support program will be led by the International HIV/AIDS Alliance - Ukraine

Seeking to bolster local capacity to advocate for resources, implement and monitor programs ahead of countries' graduation from Global Fund eligibility, the International HIV/AIDS Alliance in Ukraine will lead a new regional technical assistance project across Eastern Europe and Central Asia.The project will be supported by the Global Fund's Community, Rights and Gender (CRG) Special Initiative and will run through 2017.

The aim of the project, which will be replicated in other Global Fund regions, is to ensure that knowledge, skills and experience -- with particular emphasis on community systems, rights and gender -- are transferred and ingrained in local groups to help continue with programs started and maintained with Global Fund grants.

Many of the 16 EECA countries currently eligible for Global Fund resources are likely to transition away from eligibility in 2017 when the next allocation period begins as the Fund shifts its attention and investments towards those countries with the highest disease burden and least ability to pay.

This reprioritization of Global Fund support has evoked concern in the EECA region amid fears that programs supported by the Fund -- including harm reduction work among people who inject drugs, outreach to sex workers and men who have sex with men, and work with economic migrants -- will not find financial support in tight state budgets.

The Regional Civil Society and Community Support, Communication and Coordination Platform is, essentially, a boot camp for local NGOs and governments designed to frontload as much information on best practice, strategic development, advocacy and monitoring and

evaluation as possible, to try and sustain momentum built under the Fund.

One of the key deliverables expected from the project is an online database of technical assistance providers working in the region and familiar with the issues facing EECA. By having such a database at their fingertips, it is hoped that national implementers of HIV and tuberculosis response programs will seek support, going forward, to address the challenges they are facing in garnering support, both financial and practical, for their activities.

A first planning meeting for the regional work was held in mid-April in Kiev. Hosted by Alliance Ukraine, the meeting was attended by representatives from some of the major civil society stakeholders around the region, among them existing recipients of Global Fund support including the Eurasian Harm Reduction Network and the EECA Union of People Living with HIV.

According to Ganna Dovbakh, deputy director at the EHRN for information and technical support, the platform is a "good starting point for community leaders and civil society activists" as they dive into the difficult task of soliciting state funding for specific areas in the national HIV response.

[This article was first posted on GFO Live on 04 May 2015.]

To comment on this article, click here.

TOP

AVAILABLE ON GFO LIVE:

The following articles have been posted on GFO Live on the Aidspan website. Click on an article heading to view the article. These articles may or may not be reproduced in GFO Newsletter.

NEWS : Global Fund seeks to recover $116,000 from Tajikistan after procurement fraud

> Tajikistan will be asked to repay more than $116,000 after an Office of the Inspector General investigation that found irregularities in procurement carried out by a

government sub-recipient of an HIV grant managed by the UN Development Program.

NEWS : Stakeholder workshop in Russia develops path to grant implementation

In a two-day workshop, Russia's coordination committee discussed the foundations for oversight and implementation of an HIV grant: the first to be implemented under the Global Fund's NGO rule.

This is issue 265 of the GLOBAL FUND OBSERVER (GFO) Newsletter. Please send all suggestions for news items, commentaries or any other feedback to the Editor in Chief, Lauren Gelfand (lauren.gelfand@aidspan.org). To subscribe to GFO, go to www.aidspan.org.

GFO Newsletter is a free and independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria (www.theglobalfund.org).

Aidspan (www.aidspan.org) is a Kenya-based international NGO that serves as an independent watchdog of the Global Fund, aiming to benefit all countries wishing to obtain and make effective use of Global Fund resources. Aidspan finances its work through grants from foundations and bilateral donors. Aidspan does not accept Global Fund money, perform paid consulting work, or charge for any of its products.

TOP