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Civil society, government and affected populations join HIV country dialogue in DRC

Stakeholders representing civil society, government, key affected populations and technical partners met on 14-15 January in Kinshasa for the final country dialogue meeting for Democratic Republic of Congo to validate the content and priorities of an HIV concept note under the Global Fund's new funding model (NFM).

The country dialogue has been identified as a requisite first step in the grant application process under the NFM, which aims to allocate the greatest possible funding to countries with the highest burden of disease and least ability to pay. Country dialogue should establish priorities and strategies in line with a country's national strategic plan while focusing on vulnerable populations with targeted prevention, treatment and care activities.

Input from a range of stakeholders into the country dialogue process should inform the development by the country coordination mechanism of a concept note: the initial funding request. Under the DRC concept note for HIV programming, some \$226 million was requested from 2015-2017, which includes a \$96 million 'above' indicative amount.

All 11 provinces in DRC were represented at the stakeholders meeting in the capital Kinshasa, which was heralded as an historic bringing together of all constituencies involved in the effort to reduce the impact of HIV on the sprawling Central African country.

With a population density of roughly 29 people per square kilometer and vast swaths of the country inaccessible due to ongoing insecurity or lack of infrastructure, there are a host of challenges in DRC impeding the collection of comprehensive data about national prevalence of HIV as well as treatment

options available to the population. Prior to the country dialogue, the Global Fund worked closely with government and technical partners to develop a clearer picture of the disease burden and agree to set indicators that would generate baseline data for future interventions.

National HIV prevalence was determined through demographic and health surveys supported by UNAIDS and the World Health Organization (WHO) at 1.1%, although some regional analysis suggests that in some parts of the country, generalized prevalence is as high as 8%. Among men who have sex with men (MSM), that figure crests to above 31%, although data is limited to predominantly urban centers. Some 75,000 people in DRC are under anti-retroviral treatment.

Given the challenges of distance and terrain and the diverging prevalence figures, the notion of inclusive national dialogue was considered especially appropriate for DRC. However participants in the meeting in Kinshasa repeatedly noted how difficult it would be to turn regional recommendations into a cohesive national strategy. Aidspace understands from many who attended the meeting that it led to some criticism that the concept note developed from the meeting would not be ambitious enough, and working estimates of target figures too low to adequately tackle the disease in accordance with recommended guidelines.

The inclusive nature of the country dialogue process also underscored how different this way of working is compared to past proposal development for Global Fund grants in DRC. Centralized decision-making in the past, while imperfect, did occur in line with timelines imposed during the application process.

Now, however, by mandating participation from across the country, the Fund placed an additional burden on the CCM which, while not onerous and generally welcomed, brought with it considerable logistical and budgetary complications. These considerations have been at the root of significant delays in convening the country dialogue, stakeholders told Aidspace.

The transition into the NFM has also brought with it a raft of changes in procedures that have also been difficult to fully explain to all of the parties in the process due to the complicated geo-political terrain in DRC. This has prompted a wider call for technical partners to improve their roles of providing clarification and guidance during the NFM grant application process. The CCM has itself faced challenges in fully integrating the new requirements and procedures in order to prepare the necessary documents and plans upon which to base the concept note.

DRC has until the end of 2014 to finalize its proposal, when current funding, worth some \$130 million, will expire. The next steps for the HIV concept note require an assessment of the CCM's eligibility and the validation of the selection of the principal recipients. Currently, there is dual-track financing for HIV, with organizations including CORDAID and Santé Rurale (SANRU) joining the government as PRs. Barring any requests for amendments to the concept note, DRC should receive notification of its funding allocation for HIV by mid-April.

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