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Request for Phase 2 Funding for Ecuador HIV Grants Approved After Two Resubmissions

The request from the Ecuadorian CCM for continued funding for two HIV grants was rewritten twice before finally being recommended for funding by the Grant Approvals Committee (GAC).

As reported in a previous [GFO article](#), Ecuador was awarded incremental renewal funding of up to \$13.8 million for Phase 2 of a Round 9 grant, ECU-910-GO7-H, for which the principal recipient (PR) is the Corporacion Kimirina. The other HIV grant up for renewal, ECU-910-GO6-H, for which the PR is the Ministry of Health (MOH) did not receive any incremental funding; instead, unspent funds from Phase 1 will be used to implement Phase 2.

The original request for continued funding was reviewed by the Grant Renewals Panel (the predecessor of the GAC) in December 2012. The Panel recommended that the request be resubmitted and the Global Fund Board confirmed the resubmission request in January 2013 (see [GFO article](#)). (The reasons for the Secretariat's recommendation were not made public.)

When the GAC reviewed the resubmission request in May 2013, it concluded that the guidance from the Grant Renewals Panel was only partially followed and that the resubmission was still not strong enough. For example, the GAC said, the CCM did not re-programme funds at a scale necessary to reach high coverage of most-at-risk populations (MARPs). According to the GAC, the MOH request included a range of activities which did not meet the requirement for upper-middle-income countries like Ecuador that 100% of the request be focused on MARPS. In addition, the GAC said, the scale of coverage of key populations was not ambitious; and the proposed areas of intervention were dispersed all over the country instead of being focused on the “hot spots” where vulnerable key populations are most concentrated. Finally, the GAC said, the prevention packages were not clearly defined.

So, the CCM was invited to resubmit again. Meanwhile, in June, the Global Fund’s country team for Ecuador organised a mission along with UNAIDS and the International HIV/AIDS Alliance to visit Ecuador to support the CCM in the resubmission process.

The GAC said that the CCM and the mission collaborated closely. This resulted in a revision of the key population size estimates, the identification of hot spots, the design of the prevention packages and the development of new linkages between the two PRs implementing HIV grants. The coverage goal for services to MARPs went up to 80% compared to 16% in the previous submission.

Representatives of stakeholders in Ecuador told GFO that the fact that data on the size of two populations – men who have sex with men, and trans people – were recently made available explains why coverage goals could be increased significantly. The representatives also said the mission provided valuable assistance in developing the goals, indicators and budgets for the request.

During Phase 2, the MOH will focus on development of a national comprehensive policy framework on MARPS, including defined intervention packages and plans for their roll-out at service delivery points. The MOH will also focus on support for vulnerable groups, such as pregnant women accessing pre-natal services in private clinics, and TB/HIV patients; and interventions to improve the quality of life for persons living with HIV/AIDS. Corporacion Kimirina will be designing, developing and implementing peer-to-peer and community-level behavioural change and prevention packages.

Stakeholders in Ecuador told GFO that the final proposal included two innovative strategies. One strategy is the use of “community entertainers.” They are similar to peer counsellors but will reach people where they live. The second strategy is the use of social networks where targeted communities interact.

Most people GFO spoke to in Ecuador said they were happy with the final proposal. However, one trans activist said that because civil society organisations (CSOs) will have to provide services to many more people in Phase 2, more money should have been allocated for CSO capacity building.

Some of the information for this article was taken from Board Decision GF-B29-EDP3 and from B29-ER-02, the Report of Secretariat Funding Recommendations for July 2013. These documents are not available on the Global Fund website. Our regional correspondent for Latin America, Lídice Lopez, contributed to this article.

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