

# HIV Update

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## Global HIV Financing

Increasingly the pressures of the current world economic crisis will affect the amount donors are willing and/or able to provide in international aid. HIV funding is not immune and is, in fact, coming under increased scrutiny from a number of angles.

**Many academics and policy makers** are beginning to question the exceptionalism of HIV and managers are having to demonstrate even more clearly the short term impact of their programmes.

The global economic downturn has clearly put a budgetary strain on international donors and domestic governments who have started cutting funding. The Global Fund to Fight AIDS, Tuberculosis and Malaria recently announced a \$4

billion shortfall for 2009. Some African countries are already trimming their health budgets, with Tanzania announcing a 25% cut in HIV spending in the coming year. Other countries are likely to follow suit.

Since 1996 funding for the response to HIV in low- and middle-income countries rose from US\$300 million annually to US\$10 billion in 2007. In 2008 global spending on HIV totalled \$13.7 billion, most of which was provided by international

donors through global health initiatives such as the Global Fund, which distributed a quarter of that funding. A key part of the Global Fund strategy has been to support partnerships between civil society and government actors to strengthen national responses to HIV. Over the last four years, the IPPF Secretariat has been working hard to build the capacity of IPPF Member Associations to engage in this process and become a national partner in the response to HIV (page 3). A new survey of IPPF Member Associations shows that this had been a success and many more are now engaging with Global Fund processes – either as an active member of the Country Coordinating Mechanism (CCM) or as a principal recipient (such as the Family Planning Association of Nepal, pictured). In 2005 only 36% of surveyed Associations reported to be part of the CCM processes, by 2009 this has increased to 74%.

HIV programmes still have many challenges to overcome if they are to become sustainable, such as: tailoring prevention programmes to meet the needs of an emerging young generation for whom the past hard-won battles have

limited resonance; addressing antiretroviral; preventing co-infection with tuberculosis and hepatitis C; and overcoming the impact of stigma. In addition the challenge of reaching those at the forefront of the epidemic is still an elusive target for many governments and service providers. HIV has provided an unparalleled opportunity to highlight many of the universal truths we have often chosen to ignore – from fragile health systems to deep-rooted societal prejudices. These are reasons enough to remind us how urgently our collective advocacy on HIV is needed. Andy Guise looks further into the impact of the global financial crisis on the worldwide response to HIV (page 2).

At IPPF, if we are to succeed in our goal of reducing the global incidence of HIV whilst achieving the full protection of the rights of people living with and affected by HIV, we need to do all we can to engage with the Global Fund and other donors, and advocate for HIV funding streams to be maintained and further expanded.

Love  
Kevin Osborne  
Senior HIV Advisor



# Challenge and opportunity: the global financial crisis and HIV

The impact of the 'credit crunch' in the world's financial system is reaching beyond banks and businesses. The resources available for spending on HIV services and programmes are threatened as governments and donors respond to the financial crisis.

By **Andy Guise** – London School of Hygiene and Tropical Medicine & Economic Governance for Health<sup>1</sup>  
(formerly HIV Research and Admin Assistant, IPPF)

**As economies across the world slip into crisis**, many governments and donors are trying to cut their spending. HIV services and programmes are a potential target for a reduction in funding at a time when there is growing criticism of the amount of money spent on HIV. Critics suggest the large sums spent are distorting health systems or denying funds to other neglected issues.

This is clearly a crucial time; the financial crisis could cause governments and donors to cancel spending on HIV or divert resources to other issues. Yet if we look beyond the initial threat we can see it presents both challenges and opportunities for HIV funding and the HIV community as a whole.

## More money is available

Despite threatening funding, the financial crisis also perversely shows that more money is available. As banks collapsed around the world, governments in the USA, UK and elsewhere rallied. Hundreds of billions of dollars were spent to prevent economic catastrophe. The fact that resources were found so quickly for the banks, highlights the hollowness of claims that there is no money for HIV and health.

Our demands for more money for HIV are therefore limited by the political choices of our leaders, not by a lack of resources. This recognition is an important opportunity for the health community to challenge these choices and call for more resources. This could be difficult. Challenging economic policy requires the health community to go beyond our specialized knowledge. We must make the case that the economic catastrophe will be pale in comparison to the effects of continued underfunding of HIV and other health priorities.

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**“The fact that resources were found so quickly for the banks, highlights the hollowness of claims that there is no money for HIV and health”**

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There may be criticisms of HIV funding, but we do still need more resources. In 2008 \$13 billion was spent on HIV, yet people are still dying from a lack of antiretroviral therapy treatment or because they lack access to condoms. UNAIDS estimates that \$25 billion a year is needed to allow universal access to HIV prevention, treatment, care and support. The critics of HIV spending do however highlight real problems: people are dying of other neglected diseases; health workers are leaving for better paid jobs in HIV clinics; 'vertical' programmes focussed solely on HIV are poorly integrated. Yet the real cause of these problems is the decades long neglect of health systems, a neglect that spending on HIV is highlighting. To correct this, we need more money for HIV and other health issues, not to deprive HIV of funding.

## 'More for the money'

Even if more money is sought, the threat to funding from the financial crisis will still likely create pressure to demonstrate greater efficiency in how money is spent.

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**“UNAIDS estimates that \$25 billion a year is needed to allow universal access to HIV prevention, treatment, care and support”**

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One potential area for greater efficiency is the design and management of services. Arguments for integrating services are well known. Integration is seen as leading to both higher quality of care and better use of a clinic's time and resources. At the same time there have been growing criticisms of 'HIV exceptionalism': the idea that an effective response to HIV requires doing things differently. Exceptionalism has brought enormous benefits, such as a focus on the involvement of civil society in decision making and respect for marginalized and vulnerable groups. However, it is also seen as leading to stand-alone services and poorly integrated programmes. A potential challenge then, is to make sure services are integrated to boost efficiency, but also ensure that the benefits of HIV exceptionalism are retained.

A second area for efficiency is in how organizations approach their work. As funding has flowed in to HIV services and programmes it is impossible to deny that money has been wasted: prevention programmes that ignore the evidence of what works; condoms or drugs left to perish in warehouses; and the wasteful bureaucracy of conferences and workshops that often achieve little beyond recycling agreed arguments. External pressure on resources will likely force organizations to show greater accountability in how money is spent and, in the same way, increase the legitimacy of any claims for more funding.

## A challenge and an opportunity

Beyond the immediate threat posed by the financial crisis it seems clear there are implications for advocacy, the provision of services and internal management of organizations. For IPPF these will have repercussions for Member Associations and the Secretariat. The global financial crisis is an important challenge. It is also a chance for IPPF, and the entire HIV community, to grasp the opportunity for more resources and to ensure that, when we get them, they are effectively used to prevent and treat HIV and improve sexual and reproductive health.

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1. Economic Governance for Health (EG4H) – [www.eg4health.org](http://www.eg4health.org) – is a civil society initiative supporting the health community – healthworkers, academics and activists – calling for reform to the way the global economy is organized. EG4H provides accessible information and targeted opportunities for action, designed for a health community already working hard to grapple with the effects of HIV, poor SRH and ill-health.

# Money matters: IPPF and the Global Fund

The Global Fund to fight AIDS, TB and Malaria is the largest single donor to national HIV programming in the world, supporting partnerships between civil society and government actors and thereby strengthening national responses to HIV.

By Adam Garner, IPPF Central Office

There is a growing evidence base which shows that reinforcing the linkages between sexual and reproductive health (SRH) and HIV creates a more effective and efficient environment for providing high quality SRH and HIV services. This has been recognized by both IPPF Member Associations – with many offering integrated services and adopting linked programmes – and the Global Fund, which has increasingly funded proposals that include such programming. The Global Fund has shown willingness to support the use of the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages*, an IPPF, UNFPA, UNAIDS and WHO publication, in collaboration with GNP+, ICW and Young Positives. So, if Member Associations are integrating services, the Global Fund should be a key target for resource mobilisation activities to support this integration.

The role of civil society in national responses to HIV varies from country to country. A priority of the Global Fund strategy is to support civil society's involvement in national mechanisms through the country coordinating mechanisms and also in the implementation of proposals. This position is highlighted through their commitment to community system strengthening and the dual track financing system.

The *Global Fund's Strategy for Ensuring Gender Equality in the Response to AIDS, Tuberculosis and Malaria* and *Strategy in*



Investing in our future

## The Global Fund

To Fight AIDS, Tuberculosis and Malaria

*relation to Sexual Orientation and Gender Identities* and their implementation plans indicates the Fund's agenda and provides another entry point for IPPF Member Associations to contribute to national gender equitable programming.

### IPPF's history with the Global Fund

In 2005 a number of IPPF Member Associations were surveyed to find out some of the factors that restrict civil society (specifically SRH organisations) from becoming Country Coordinating Mechanism (CCM) members, Sub Recipients (implementing partners) or Principal Recipients. Though the study was not comprehensive, it showed that there was limited participation from Associations, particularly in implementing the proposals.

In 2008/9 a similar study was conducted to discover whether the situation had changed. In the study many more IPPF Member Associations reported that they had become CCM members and also sub-recipients (65% and 43% of Member Associations in eligible countries respectively). This change can be put down to a number of factors: Global

Fund system changes to encourage better civil society involvement; stronger Member Association capacity in HIV-related fields; and recognition among the national civil society community that IPPF Member Associations have a legitimate claim to participate in the Global Fund process.

This trend is very encouraging but more can be done, namely strong national, regional and global advocacy efforts to increase civil society engagement and strengthening technical support for Global Fund proposals and their implementation.

### Where to now?

The IPPF Secretariat has a responsibility as a global advocate for Millennium Development Goals 5 and 6, to ensure that the Global Fund continues to fund proposals that link SRH and HIV and that it fulfils its commitments laid out in its two gender strategies.

IPPF remains a supportive, yet critical, partner of the Global Fund. IPPF will promote SRH/HIV linkages and civil society's participation wherever it can, at Partnership Forums, replenishment meetings, Technical Review Panel briefings, communities' delegations and any other appropriate fora.

## Case study FPAN: the principal recipient

On 15th November, 2008, the Family Planning Association of Nepal (FPAN) was selected as one of the principal recipients for the Global Fund's two year Round 7 Nepalese grant, along with UNDP and Save the Children. During the application process, FPAN went through an intensive capacity assessment on their existing finance, logistics, and programme management systems. In total FPAN are responsible for managing a grant of \$2.6 million in 2009 and 2010, which is used to support 20 sub-recipients working

across Nepal. Sixteen of the sub-recipients are working on the migrant worker component of the grant and four are working on the men who have sex with men component.

There are a number of challenges being a principal recipient. One is the high standard of performance required from the Global Fund. The Fund awards and administers

grants based on strict standards that require programmes to reach specific targets throughout the life of the grant. Funding is tied to performance, with money flowing to grants that perform well. Another challenge is that key populations in the country felt strongly that they should have full control over the Global Fund money and FPAN faced much opposition during the sub-recipient selection. However, many lessons have already been learnt such as selecting sub-recipients according to a previously agreed criterion.

As a principal recipient, FPAN now have an excellent opportunity to contribute directly to the reduction of the prevalence of HIV among the most at-risk populations in Nepal, and to build the capacity of Nepalese civil society organizations to meet the needs of these populations.



**The people at IPPF**



## Lungile Mabuza

HIV Counsellor,  
Family Life Association Swaziland (FLAS)

**I am an HIV counsellor at FLAS.** I became a counsellor because of my experience as an HIV positive woman on antiretroviral therapy. The first time I was told I was HIV positive I assumed that I would soon die. However, over time I came to understand that when I take care of myself and adhere to my antiretroviral drugs, I will live a long time. This has greatly

encouraged me so I decided to become an HIV counsellor to help others who are HIV positive, and think they have no future because of their sero status.

Talking openly about my HIV status has helped me to grow strong. By being openly HIV positive I can be a comfort and support to those who have just been diagnosed, giving them

hope that they can still achieve their future goals and dreams.

My passion to go to work each day comes from a desire to help my country, community and friends who are living with HIV and are sick. I enjoy helping people who are starting antiretroviral therapy; I can encourage them to live in a positive way and be a support to their families.

## IPPF sign-ons

### Declaration of Solidarity for a Unified Movement for the Right to Health

IPPF have signed the Declaration of Solidarity for a Unified Movement for the Right to Health. The declaration brings together the voices of HIV, maternal and child health and sexual and reproductive rights and health movements and aims to unify organizations working in these fields in order to meet health-related commitments and secure the right to health.

The full declaration is available at <http://act.pih.org/page/s/declaration>

## New publications

### Integrating gender into HIV programmes in the health sector: tool to improve responsiveness to women's needs

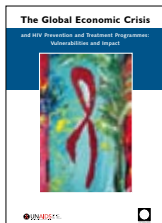


This new hands-on tool from the WHO helps programme managers and health-care providers in the public and private sectors integrate gender into HIV programmes, and to implement and evaluate them so that they are more responsive to women's needs.

This tool is available to download from

[www.who.int/gender/documents/gender\\_hiv/en/index.html](http://www.who.int/gender/documents/gender_hiv/en/index.html)

### The global economic crisis and HIV prevention and treatment programmes: vulnerabilities and impact



This joint World Bank/UNAIDS report looks at the potential impact of the global financial crisis on HIV prevention and treatment programmes worldwide. Using data collected in March 2009 from 71 countries, the analysis looks at how the crisis could affect the four million people living with HIV on treatment, and the seven million who need treatment but don't have access to it. The report also proposes some appropriate responses.

The report is available for download from [http://data.unaids.org/pub/Report/2009/jc1734\\_econ\\_crisis\\_hiv\\_response\\_en.pdf](http://data.unaids.org/pub/Report/2009/jc1734_econ_crisis_hiv_response_en.pdf)

[data.unaids.org/pub/Report/2009/jc1734\\_econ\\_crisis\\_hiv\\_response\\_en.pdf](http://data.unaids.org/pub/Report/2009/jc1734_econ_crisis_hiv_response_en.pdf)

## Internet resources

### The Global Fund for AIDS, TB & Malaria

[www.theglobalfund.org/en/](http://www.theglobalfund.org/en/)

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to dramatically increase resources to fight three of the world's most devastating diseases, and to direct these resources to areas of greatest need. The website details the core structure of the Global Fund and lists all the grants that have been awarded to country and implementing organizations. There are also full details of how to apply for funding from the Global Fund.

## Events and key dates

### Asia Pacific Conference on Reproductive and Sexual Health (APCRSH)

17-20 October **Beijing, China**

[www.5apcrshr.org/en/index.html](http://www.5apcrshr.org/en/index.html)

### 3rd Eastern Europe and Central Asia AIDS Conference

28-30 October **Moscow, Russia**

[www.eecaac.org/en/index.phtml](http://www.eecaac.org/en/index.phtml)

### 5th Latin American and Caribbean Forum on HIV/AIDS (FORO)

21-23 November **Lima, Peru**

[www.forovih2009.org.pe](http://www.forovih2009.org.pe)

### HIV Competencies Workshop

13-16 July 2010 **Vienna, Austria**

### International AIDS Conference

18-23 July 2010 **Vienna, Austria**

[www.aids2010.org](http://www.aids2010.org)

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