



## Parliamentary Study Tours to Ethiopia and Peru: Witnessing the Results on the Ground



Investing in our future

**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria

## ACKNOWLEDGEMENTS

The Global Fund staff would like to thank the participants, organizers and everybody else who contributed to the successful running of the site visits in Ethiopia and Peru. In particular, the Global Fund thanks the following:

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Natasha Bilimoria, Executive Director, Friends of the Global Fight  
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Patrice Wedderburn, Policy Associate, Friends of the Global Fight  
Betru Tekle, Director, HIV/AIDS Prevention and Control Office (HAPCO)  
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### Cover Photo:

Global Fund grants help train 30,000 health Extension Workers (HEWs) in Ethiopia, equipping them with malaria testing kits and drugs for malaria, TB and AIDS. There are two HEWs for each village and they advise communities on disease prevention as well as general family health, hygiene and nutrition.

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One of several income-generating projects run by Mekdim Ethiopia National Association, the Triet Poultry Farm in Addis Ababa gives HIV-positive participants vocational training to help them transition into long-term employment. With the support of a Global Fund grant, Mekdim reaches 5,000 people affected by the HIV/AIDS epidemic.

# INTRODUCTION

The Global Fund is a public/private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis (TB) and malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. The Global Fund currently provides more than 20 percent of international funding to fight AIDS and two-thirds of international funding to fight TB as well as three-quarters of all international funding to fight malaria.

Legislators are, increasingly, key partners of the Global Fund. By vigorously promoting the need for financing health and the fight against the three diseases in a predictable and sustainable way, they ensure the continued visibility of the issue in the political debate.

Thanks to the support of members of parliaments and congresses from donor countries and as well as Friends of the Fund organizations and advocates, the Global Fund is holds hearings and briefings with key leaders in legislative bodies around the world to convey information about results and funding needs. The Global Fund has also started participating in events and meetings with international and regional organizations.

In 2007, the Global Fund started a regular program of activities and field visits specifically targeted to legislators. This program has allowed 12 parliamentarians and senior staffers from Italy, Spain, the European Parliament and the U.S. Congress to witness results on the ground and interact with beneficiaries and service providers. The representatives had an opportunity to talk to local experts and organizations, as well as to the people providing and using services that the Global Fund supports. They met with government ministers and officials, members of the local legislatures, technical agencies, representatives from nongovernmental organizations (NGOs), community leaders and local delegations of donor governments or organizations.

The government of the United States is the single largest donor to the Global Fund, providing nearly 33 percent of all donations to date. The European Commission, Italy and Spain are also among the top ten donors to the Global Fund, having pledged or contributed a total of almost US\$ 2.3 billion. The participants invited to the site visits have played an important role in key appropriations and authorizing committees, where funding and policy decisions regarding the Global Fund and other multilateral institutions are made.

The site visits were organized in Ethiopia and Peru. In these two countries AIDS, tuberculosis and malaria have had a considerable impact on national development. Both countries have managed Global Fund resources well despite complex social and development contexts. The programs in Ethiopia represent an excellent example of donor coordination. A Memorandum of Understanding signed between the U.S. President's Emergency Program for AIDS Relief's (PEPFAR) in-country team and Global Fund Principal Recipient (PR) the HIV/AIDS Prevention and Control Office (HAPCO) was signed in 2006 to ensure greater coordination. The site visit in Ethiopia was organized jointly with Friends of the Global Fight in the United States. The visit to Peru was largely based on the support of the PR, CARE Peru, which effectively supported a program aimed at implementing eight complex strategic objectives and ensuring monitoring and evaluation of progress made.

The work of Global Fund's implementers and partners renews hope that it is possible to change the course of AIDS, tuberculosis and malaria and prevent millions of deaths and widespread suffering. By making these results visible, the Global Fund hopes that parliaments and congresses will increasingly become acquainted with the fight against the three diseases and the need to ensure adequate, predictable and sustainable funding for this challenging fight.



## Background on Ethiopia

Located in the Horn of East Africa, Ethiopia is Africa's oldest independent country and the continent's second-most populous nation with approximately 77 million people. Addis Ababa, the capital, is home to more than two million people. Drought, famine, and war brought millions to the brink of starvation in the 1970s and 1980s, and as a result, nearly half the population lives below the poverty line, subsisting on one dollar a day. As of end 2007, the Global Fund had awarded Ethiopia a total of nearly US\$ 778 million – US\$ 606 million for the fight against HIV/AIDS, US\$ 133 million for malaria and US\$ 39 million for TB.

# ETHIOPIA

## HIV/AIDS, Tuberculosis and Malaria in Ethiopia

Ethiopia has been hit particularly hard by the **HIV/AIDS** pandemic, and has the sixth-largest population of people living with the disease in the world. Since HIV's outbreak in the country in the early 1990s, an estimated 1.2 million people have died of AIDS. In addition, an estimated 1.5 million people, representing 1.8 percent of the population, are currently living with the disease. HIV prevalence among adults is estimated at 3.5 percent. Young women are more vulnerable to infection than young men, with women living in urban centers being three times as likely to be infected as their male counterparts. Other high-risk populations include commercial sex workers, police and military officials, migrant workers and farmers. Factors contributing to the spread of HIV, particularly within high-risk populations, are poverty, high unemployment, widespread sex work, gender disparity, rural to urban migration and harmful traditional practices, including early marriage and female genital mutilation.

Ranking eighth on a list of 22 countries that account for 80 percent of **tuberculosis** cases worldwide, Ethiopia is third in Africa after Nigeria and South Africa. More than one-third of the population is estimated to have been exposed to TB. An estimated 377,030 Ethiopians have active TB, with more than 120,000 new cases reported annually. The disease is most prevalent in children under age five; however, the most vulnerable group, as with malaria, are those with immune-compromised systems, which include people living with HIV/AIDS.

In addition to HIV/AIDS and tuberculosis, **malaria** is also a major health risk and threat in Ethiopia. A preventable and treatable disease, malaria is the leading cause of morbidity and mortality in Ethiopia with nearly 48 million people living in malaria-endemic areas. Every year, nine million people become infected with malaria but less than half receive treatment at local health facilities. On average, only 400,000 to 600,000 confirmed malaria cases are treated every year. Children and pregnant mothers are among the most vulnerable to developing full-blown malaria. Drought-related malnutrition and poor health and sanitation are some of the risk factors which make Ethiopians especially prone to the disease. Malaria also severely worsens the effects of malnutrition through malaria-related diarrhea and anemia. It also accelerates the onset of AIDS in anyone who is HIV-positive.

**“The key issue for me was the importance of ongoing coordination between PEPFAR, Global Fund, and the Ethiopian Government. I also have a better understanding of how much Ethiopia’s healthcare infrastructure contributes (and detracts) from its ability to deal with AIDS, malaria, and TB.”**

- Ryan Keating,  
Legislative Director,  
Congressman Tim Ryan

# ETHIOPIA

## Program of Site Visit

### Participants in the Site Visit in Ethiopia

#### U.S. CONGRESSIONAL STAFF:

- Martin Bayr, Legislative Assistant, Senator John E. Sununu
- Roberta Downing, Legislative Assistant, Senator Sherrod Brown
- Charles Dujon, Legislative Director, Congressman Jesse Jackson Jr.
- William Harper, Chief of Staff, Congresswoman Betty McCollum
- Fay Johnson, Staff Associate, Subcommittee on Africa and Global Health, Chairman Donald Payne
- Ryan Keating, Legislative Director, Congressman Tim Ryan
- Chanda Stevick, Legislative Assistant, Senator Mary Landrieu

#### FRIENDS OF THE GLOBAL FIGHT:

- Natasha Bilimoria, Executive Director,
- Mike Skonieczny, Director of Public Policy
- Patrice Wedderburn, Policy Associate

#### THE GLOBAL FUND:

- Dianne Stewart, Head of Board and Donor Relations
- Sylvia Szabo, Donor Relations Officer

Seven participants from the U.S. Congress took part in this educational site visit to the Global Fund-supported projects in Ethiopia. The delegation was accompanied by Friends of the Fight and officials from the HAPCO.

### Day 1

The program started with a welcome speech by the **State Minister of Health, Dr. Shiferaw Teklemariam**, and presentations on the three diseases in Ethiopia.

The first field visit was to **Mekdim** (“Pioneer”), Ethiopia’s first association of people living with HIV/AIDS. Established in 1997, Mekdim plays a crucial role in the provision of care and support for people living with HIV/AIDS and others affected by the epidemic. After a short presentation given by the association’s director and a tour of the facility, the participants visited a wood and metal workshop at Kotebe, an income-generating activity which produces furniture and other products. The participants spoke to the project beneficiaries and learned about the impact this project has had on people’s daily lives as well as how it helps people transition to long-term employment.

### Day 2

The delegation visited the **Zewditu Hospital**, which is a general hospital that offers in-patient and out-patient services mainly to people referred from health centers in Addis Ababa and other parts of the country. The hospital has an HIV clinic which provides voluntary counseling and testing, antiretroviral (ARV) drugs and prevention of mother-to-child-transmission (PMTCT) services, including counseling and testing, laboratory services, dispensary services and data analysis. The hospital started distributing ARVs in July 2003 to patients mainly from Akaki/Kaliti and Cherkos sub-cities. By August 2006, 12,704 patients were enrolled for HIV care and 7,493 had started treatment with ARVs. During the visit, the participants were briefed by the clinic director and other medical staff and had the opportunity to interact with both the service providers and beneficiaries.

To witness the progress made in the fight against TB, the participants paid a visit to **Saint Peter’s Tuberculosis Specialized Hospital**, which has provided HIV counseling and testing services for all tuberculosis patients since September 2005. So far, 3,338 newly-diagnosed tuberculosis patients have been counseled and tested for HIV, out of which more than 50 percent were found to be HIV-positive. There are 1,210 patients currently on ARVs and the clinic has handled a total of 7,177 clinic visits. Thanks to the funds provided by the Ethiopian government, the Global Fund, PEPFAR and the World Bank, a new building was constructed, which will serve as a detection and treatment ward for TB patients co-infected with HIV. During the visit the participants had the opportunity to be briefed about the work of the hospital and visited both the out-patient department at Kolfie and the in-patient department at Shiromeda.

The delegation traveled outside of Addis to **Adaa Woreda Health Office** in Debrezeit Town to see the malaria control programs carried out in the region. The main



activities shown were the distribution of insecticide-treated bed nets (ITNs), follow-up on ITN utilization by health extension workers, indoor residual spraying, environmental management (draining of standing water), diagnosis and treatment of malaria cases and health education. Funding for these activities is provided by the Global Fund, UNICEF, and the Ethiopian government. The services benefit the community in general, and more specifically, target children under five and pregnant women.

The participants also visited the **Ethiopian Orthodox Church** in the **East Shoa Diocese**. The diocese is delivering HIV/AIDS prevention, care and support activities through 130 parish churches across the region. Also, the diocese oversees several income-generating activities such as sheep and cattle rearing, small shops, merchandising, sewing clothes, etc. These projects target people living with HIV/AIDS and orphans and vulnerable children.

### Day 3

The delegation visited the **Lume Woreda Health Office** and was briefed on the malaria trends in Lume Woreda region. In addition, the local health officials discussed the distribution of ITNs, indoor residual spray activities, health education on prevention and control of malaria and problems encountered within the region. Following the briefing at the Lume Woreda Health Office, the participants had the opportunity to meet with a local community-based organization of health extension workers implementing malaria control activities in the region. After the presentation, the participants enjoyed a traditional coffee ceremony, toured the local community and discussed issues of interest with project implementers and beneficiaries.

### Day 4 and Day 5

The delegation then visited the projects in the former Ethiopian capital Gondar, which is in the northwestern part of the country. There, the participants visited the **Frehiwot Association of People Living with HIV/AIDS**, which provides services to commercial sex workers, orphans and vulnerable children. The visitors saw one of the income-generating projects, which is focused on urban gardening and animal fattening. The **Frehiwot Association** is sponsored by the Ethiopian government, the Global Fund and PEPFAR. In the afternoon, the group visited the **Gondar University Hospital** which provides both out-patient and in-patient services. The HIV/AIDS Medical Director gave a short briefing and offered a tour of the ARV treatment and PMTCT clinics as well as the pediatric ward. Although it is a state hospital, funding is provided by the Global Fund, PEPFAR, and the Carter Center. Residents of Gondar town and referred patients from the northwestern part of the Amhara region benefit from the services provided by this hospital.

A final reception and debriefing on the visit was hosted by the **Minister of Health, the Honorable Dr Tedros Adhanom Gebreyesus** and attended by the members of the Country Coordinating Mechanism (CCM), HAPCO, as well as U.S. government officials, including the **U.S. Ambassador in Ethiopia, H E Donald Yamamoto**.

**“Finally, the relationship between Global Fund resources and other donor funds in confronting the health system challenges was enlightening. Overall, allowing the delegation to see a single example of the Global Fund in action in Ethiopia, including all the successes, challenges and opportunities, was very beneficial from a policy standpoint and helped make “sense” of the broader global effort.”**

- William Harper,  
Chief of Staff, Congresswoman Betty  
McCollum



## Background on Peru

Peru is a country with more than 28 million people. Peru has only five percent of the population of Latin America, however it reports 25 percent of all the recorded TB cases in the region and has an estimated 93,000 people living with HIV/AIDS (UNAIDS 2006). As of end 2007, the Global Fund had awarded Peru nearly US\$ 93 million in grants – US\$ 54 million for the fight against HIV/AIDS and US\$ 39 million for TB. The grants in Peru have been performing well. Government, civil society, people living with AIDS and people affected by TB participate actively both in the CCM and at the implementation level.

# PERU

HIV/AIDS, Tuberculosis and Malaria in Peru

Peru has a low prevalence rate for **HIV/AIDS**, under one percent. The epidemic is mostly concentrated with certain segments of society such as men who have sex with men, injecting drug users and commercial sex workers. The HIV/AIDS program aims to strengthen the existing government's efforts to control and prevent sexually transmitted infections and HIV in vulnerable populations as well as the general population. The program has a strong decentralized approach and has made treatment with ARVs accessible to everybody in need in areas where it hardly existed previously. Thanks to Global Fund-supported programs, universal access to ARVs is a reality in Peru.

Though the incidence of **tuberculosis** per 100,000 habitants has decreased from 256 in 1992 to 124.4 in 2005, the disease still remains a significant public health problem. The Global Fund provides financial support to ensure enhanced access to TB treatment, including treatment services for multidrug-resistant TB. This is expected to be achieved through the further scaling up of activities that have started through the TB grant financed in Round 2. As with HIV, the fight against TB has changed dramatically since the Global Fund started providing support. Currently, complete treatment with second-line drugs is available for free for all patients diagnosed with MDR-TB. Peru is now the country with the largest group of patients treated for MDR-TB in the Latin America and Caribbean region (more than 5,000 patients with a remarkable 80 percent cure rate).

**Malaria** transmission occurs in nine countries that share the Amazon rainforest in South America (Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Peru, Suriname and Venezuela), eight countries in Central America (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Mexico) and in two countries that share the Caribbean island of Hispaniola (Haiti and the Dominican Republic). In addition, small numbers of cases are reported from Argentina and Paraguay in South America. The World Health Organization (WHO) reported 79,473 malaria cases in Peru (2003). Together with Colombia, Ecuador, and Venezuela, Peru is part of the multi-country Americas (Andean) grant on malaria. To date, US\$ 15.9 million has been approved and US\$ 13 million has been disbursed towards this project.

# PERU

Program of the Site Visit

## Day 1

The participants started their visit with a meeting with the **President of the Peruvian Congress, Luis Javier Gonzáles Posada Eyzaguirre**, who stressed the importance of the fight against the three diseases in Peru and assured the parliamentarians of his commitment to this fight. Other meetings included discussions with the **Minister of Health, Carlos Vallejos**, who is also the President of the Peruvian CCM, **CONAMUSA** and **Mr Robinso Cabello**, a representative of the Peruvian civil society and the Vice-Chairman of CONAMUSA. The Minister highlighted the

**“We have assessed in this context many effective responses. First of all the prevention programs are very innovative ...Today in Peru over 10,000 HIV patients are in treatment, compared to around under 1,000 at the start of the Global Fund project in 2003... I can say that the money has been well used.”**

– Vittorio Agnoletto,  
Member of the European Parliament

## Participants in the Site Visit in Peru

### PARLIAMENTARIANS:

- Mr Vittorio Agnoletto, European Parliament
- Mr Eoin Ryan, European Parliament
- Mr Ignazio Marino, Senate, Italy
- Mr Jordi Pedret, Congress of Representatives, Spain
- Mr Carles Campuzano, Congress of Representatives, Spain

### THE GLOBAL FUND:

- Silvia Ferazzi, Donor Governments Manager
- Matias Gomez, Fund Portfolio Manager
- Sylvia Szabo, Donor Relations Officer

actions undertaken to combat the diseases and pointed out that the government has recently adopted a multi-sectoral plan to fight HIV/AIDS.

The program continued with a visit to the **Laboratory of Microbiology and Biomedicine at the National Center of Public Health**, National Institute for Health. The participants had the opportunity to get to know the operations of the national network of HIV/AIDS laboratories and see the laboratory equipment which was purchased with Global Fund money. The parliamentarians were interested in access to treatment, the structure of Peru's social security system, technical standards, and sensitivities around mandatory testing.

The delegation paid a visit to the penitentiary clinic at the **women's prison "Santa Mónica"** which was established in February 2007 with the resources provided by the Global Fund. The clinic is now able to provide the following services as a result of Global Fund financing: new infrastructure for the clinic, ten beds for hospitalization with necessary equipment, training of the staff, emergency care 24 hours a day, promotion of preventive measures and access to voluntary counseling and testing and ARVs.

## Day 2

The parliamentarians visited highly-active ARV treatment ambulatories of the **Hospital Dos de Mayo**, a hospital which is deeply rooted in the history of medical education in Peru and has the vocation of serving the poor. The Global Fund financed the procurement of free ARVs for the entire country, and the Hospital Dos de Mayo is one of the main delivery points in Lima. The procurement of drugs has now been taken over by the Peruvian government. The parliamentarians got to know the issues associated with medical care of patients living with AIDS, the work in the highly active ARV treatment ambulatories, and the specialized areas of diagnosis and treatment of HIV/AIDS. This presentation was followed by a meeting at Dos de Mayo Hospital Auditorium, where the group of parliamentarians met with associations of HIV-positive people. Despite many challenges, including access to basic health services, significant progress was achieved thanks to the support of the Global Fund, such as better participation of affected communities (a representative of the community is on the CCM) and more visibility of the homosexual and trans-sexual communities and sex workers in the political debate on HIV/AIDS.

An interesting and informative event was the visit to the **Lurigancho prison** (the most populated prison in Peru), where the parliamentarians had the opportunity to learn about health issues in the larger context of the penitentiary sector in Peru. The participants visited the clinic and the hostel for people living with HIV/AIDS and affected by TB, both established with resources provided by the Global Fund. A briefing on the work in the prison was given by the director of the health services at Lurigancho.

In the afternoon, the pupils of **"Ramiro Prialé Prialé" public school** in Callao, Lima, gave a warm welcome to the visitors by chanting the national anthem accompanied by an orchestra and dance performance. Numerous activities supported by the Global Fund were presented to the participants, focusing on the work of the teachers and

student peers in the prevention of sexually-transmitted diseases, especially HIV/AIDS. Impressive work is being done by a number of schools in Lima and Peru, and the “Ramiro Prialé Prialé” was a positive example of the commitment and hard work of young Peruvians, who educate their peers.

## Day 3 and Day 4

A visit was organized to a **health center in Cono Norte**, where treatment for MDR-TB is delivered. The participants met with the health promotion staff working on the international standard treatment protocol for MDR-TB, Directly-observed treatment, short course (DOTS) Plus. The delegation visited the **Hospital “Sergio Bernales”** in Collique, where participants saw facilities for the treatment of people suffering from MDR-TB. These facilities will serve as a model for 25 other establishments at the national level. A briefing on the work of the hospital and a tour of the new areas devoted to diagnosis and treatment of TB was organized. The questions asked covered issues such as prevalence rates before and after Global Fund support, social/economic problems of patients, food supplements for patients, and access to treatment.

These visits were followed by a meeting with the **Solidarity Network of People Affected by Tuberculosis** (an organization made up of sixteen organizations in metropolitan Lima and with outreach at the national level), which allowed the participants to learn about the development of the first organization of this nature in Peru.

The multi-country malaria program (Colombia, Ecuador, Peru, and Venezuela) was presented by the program coordinator during a working lunch. This project, run by the **Andean Health Agency**, promotes community participation, strengthening civil society organizations, increasing the access to diagnosis and treatment for malaria. It also has designed and implemented a community-based information system that will be integrated with the already-existing health information system, providing a strong communication network for malaria control, giving support to health workers in poor areas, conducting essential health research oriented towards prioritizing and solving main health problems.

The parliamentarians visited **Hogar San Camilo**, a community house for HIV-positive people run by an Italian priest. Project beneficiaries, including in-house patients, spontaneously shared their experiences with the parliamentarians. ARVs were provided in the past as part of a national program, thanks to the Global Fund, and the procurement of ARVs has now been taken over by the government. The group then visited a new building, which is being finalized thanks to funding from the Italian Development Cooperation. This building will also host a clinic for HIV-positive patients and it will offer counseling services.

The study tour concluded on Sunday, when the parliamentarians paid a visit to NGOs of women living with HIV/AIDS. The goal of the first one, **Solas y Unidas**, is to prove that people living with HIV/AIDS can get involved in sustainable income-generation programs and become economically independent. The second one, **Santa Micaela**, an organization of former sex workers, showed an example of prevention work with vulnerable populations.

**“We have seen a strong human network of committed people. The Global Fund’s projects have allowed this network to articulate itself and gain a political dimension.”**

- Carles Campuzano,  
Member of the Spanish  
Congress of Representatives



At 27 Peruvian prisons, educational workshops help raise awareness about prevention, diagnosis and treatment of tuberculosis. To date, Global Fund-supported programs have reached 36,500 prisoners in the Peruvian correctional system, 80 percent of the target number.



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## Photo Credits

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Page 4 Ethiopia: The Global Fund/Guy Stubbs  
Page 14 Peru: Objective TB 2. 2nd round/UGPFM/CARE Peru

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ISBN number: 92-9224-108-7