Friends of the Global Fund Europe

Study Tour Ethiopia October2-4 2014

IN PARTNERSHIP WITH

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Debriefing: Special Report

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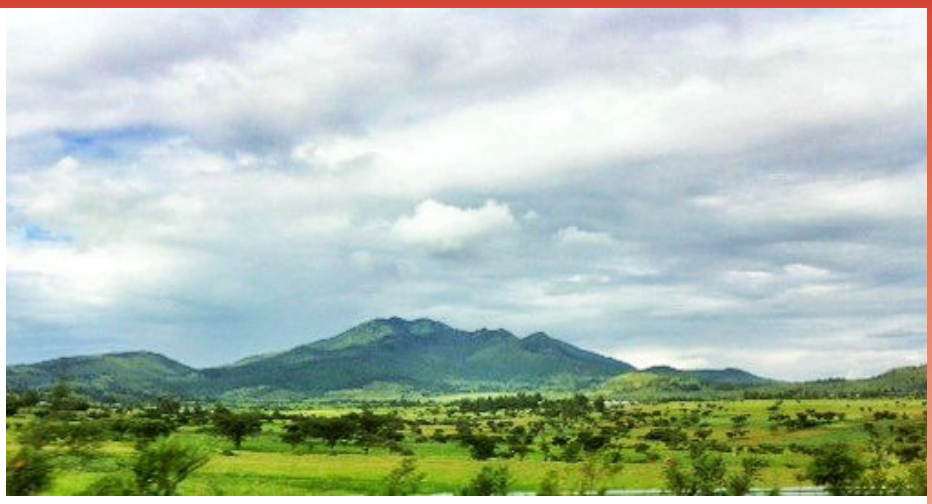
Introduction



In carrying out its aims—to raise awareness and mobilize resources for the Global Fund—Friends Europe organized a Study Tour in Ethiopia from October 2-4, 2014.

What follows is brief report on what the participants of the trip witnessed. We present this to the reader, whether decision-maker or curious and concerned citizen, with the hope that it presents a glimpse of the day-to-day work, the fight, to end the three epidemics of AIDS, tuberculosis and malaria, made possible by the vital support of the Global Fund, of which the European Union and its Member States are major donors.

The group consisted of Members of the European Parliament and Members of the Parliament of Luxembourg. The aim of the study tour was to see first hand the impact of the Global Fund, comprehend the progress made and understand the challenges to be faced in Ethiopia.

To meet our aim, we planned the tour around 5 strategic points to form a comprehensive picture:

- Witness the hard work of doctors, nurses and health workers in the field
- Connect with the Global Fund and its Partners
- Touch base with the European Union Delegation to Ethiopia
- Share insights and perspectives with the Ministry of Health
- Exchange views with representatives of the African Union

Importantly, the study tour was undertaken for the benefit of European decision-makers in the hope that direct experience would impress, in a way numbers and reports can not, the dynamic of Global Fund financed programs on the ground and in the field. This, in turn, we hope, we believe, will translate into more effective action, and thus more effective support, in Europe–at the level of Member Sates and the European Union itself.

The three day tour ran on a tight schedule, so that participants could meet with all the partners of the Global Fund, ranging from the Ministry of Health and the African Union to civil society groups implementing programs, and finally and crucially, to the people living with the diseases.

We thank everyone involved in making this trip happen, all the committed stakeholders in Ethiopia, Europe and at the Global Fund Secretariat. Side by side we are all fighting the same fight to rid the world of the three epidemics.

Lastly, please be aware that the views expressed in this are not official statements, nor are they intended to be, of the European Parliament, the parliament of Luxembourg, or of the Global Fund.

On behalf of Friends of the Global Fund Europe,
Sincerely,

Sylvie Chantereau and Oliver Karsten

GOOD TO KNOW

The EU is the 6th largest donor to the Global Fund, after the USA, France, UK, Germany and Japan, having contributed US$1.6 billion (€1.25 billion) to the Global Fund thus far.
With contributions from the EU budget and the European Development Fund, the EU and its member states represent approximately 46 % of the total funding provided to the Global Fund.

Ethiopia

has a population of 93 million (2013) and is the 13th most populous country in the world. Ethiopia is a landlocked country in the Horn of Africa, divided into nine ethnically based and politically autonomous regional states and two governing city administrations (Addis Ababa and Dire Dawa). The regions are sub-divided into 68 zones, and then further into over 800 woredas (administrative divisions). Ethiopia is a multilingual and multi-ethnic society of around 80 groups. The majority of the population is Christian (62.8%) and a third of its population is Muslim. The Ethiopian calendar is seven years and about three months behind the Gregorian calendar. Ethiopia's Human Development Index (HDI) value for 2013 is 0.396 which puts the country in the low human development category, lower than the average for sub-Saharan African countries (0.475). From 2000 - 2012, Ethiopia's HDI value increased from 0.275 to 0.396, a 32.0 percent increase. Life expectancy has improved by 7.6 years to 59.7 years in 2012, and expected years of schooling doubled from 4.4yrs to 8.7 yrs.

Access to health services at the district and zonal level has been challenging. In 2005 only 60% of the population lived within 10 kilometers of a clinic or other health service delivery point. Furthermore, health workforce to population ratio in Ethiopia is among the lowest in the world at 0.84 per 100,000 population, while the doctor, nurse, and mid-wife ratio is 0.3 per 1,000 population, far below the estimated benchmark of 2.28 required to achieve 80% coverage of live births. Poor infrastructure and facilities further skewed the urban-rural distribution of health workforce.

Systematic efforts under the Health Sector Development Program (HSDP) implemented by the government of Ethiopia over the last fifteen years have yielded positive results, in improving access to health services. The first three HSDP programs contributed to the expansion of health care infrastructure and manpower and improvements in health service coverage, including HIV, TB, malaria, maternal and child health services and other programs. The fourth HSDP program (2010/11-2014/15) aims to sustain the reductions in morbidity and mortality by focusing on three strategic themes: building excellence in health service delivery and quality of care, leadership and governance, and health infrastructure and resources.

There has been a liner increase in the three tier health care delivery system and infrastructure over the four HSDPs: over 15,000 health posts were built (1/3,000-5,000 population), nearly 3000 health centres (nearly 5 fold increase since 1998, 1/15,000-25,000 population), and over 125 hospitals have improved access to health services to over 90% of the population.

Ethiopia has made marked progress towards health-related MDGs in the past decade and has achieved MDG 4 (67% reduction in child mortality since 1990), and reported to be on track to achieve MDG 6, with additional efforts required to improve maternal health (MDG 5). The country continues to face the challenge of high morbidity and mortality due to communicable diseases and maternal and child health conditions. Sustaining the gains and further scaling up of health programs are highly dependent on health systems capacity to deliver patient-centered, accessible, and affordable quality services.

Ethiopia is the Global Fund's largest recipient of grant funds with disbursed funds of almost USD 1.6 billion since 2002. There are six active grants managed by the Federal Democratic Republic of Ethiopia as well as by two national non-governmental organizations:

- three for HIV and AIDS
- one for TB
- one for malaria
- and one for Health System Strengthening

The total lifetime allocation for Ethiopia is **USD 1.74 billion**:

Component	Lifetime Allocation	Percentage	Total cumulative disbursement	Percentage
HIV/AIDS	1,080,889,770	(62%)	1,011,353,751	(94%)
Malaria	489,623,770	(28%)	477,138,771	(97%)
TB*	150,193,141	(9%)	93,709,436	(62%)
HSS	20,512,223	(1%)	16,565,891	(81%)
Total	1,741,218,209	100%	1,598,767,850	(92%)

* TB Phase 2 signed in Aug 2014 for the period July 2014 – Dec 2016

Public Health System

Ethiopia's HIV/AIDS, TB and malaria programs are mainly delivered through the public health system. The health system is structured in three levels: primary, secondary and tertiary. The primary level represents the most reachable and widespread access points to healthcare, composed of community-level health posts which provide basic health services and screenings, health centers with expanded prevention, diagnosis and care (e.g. HIV/AIDS treatment), and primary hospitals providing in-patient and emergency surgical services. The secondary level consists of general hospitals which cover a larger population (~1,000,000 people) and acts as a referral centre for primary hospitals for additional services. Finally, the tertiary level comprises of Specialized Hospitals with advanced laboratory and care facilities, covering a population of 5 million people. The pyramid structure maximizes the use of Ethiopia's limited resources through supervision and referrals at each level. For example, one health centre would provide supportive supervision to a cluster of five health posts, ensuring quality of services at the community level. Patients in need of additional care that primary hospitals cannot offer would be referred to larger general or specialized hospitals. (Please see Figure 1: Ethiopia Health Tier System).

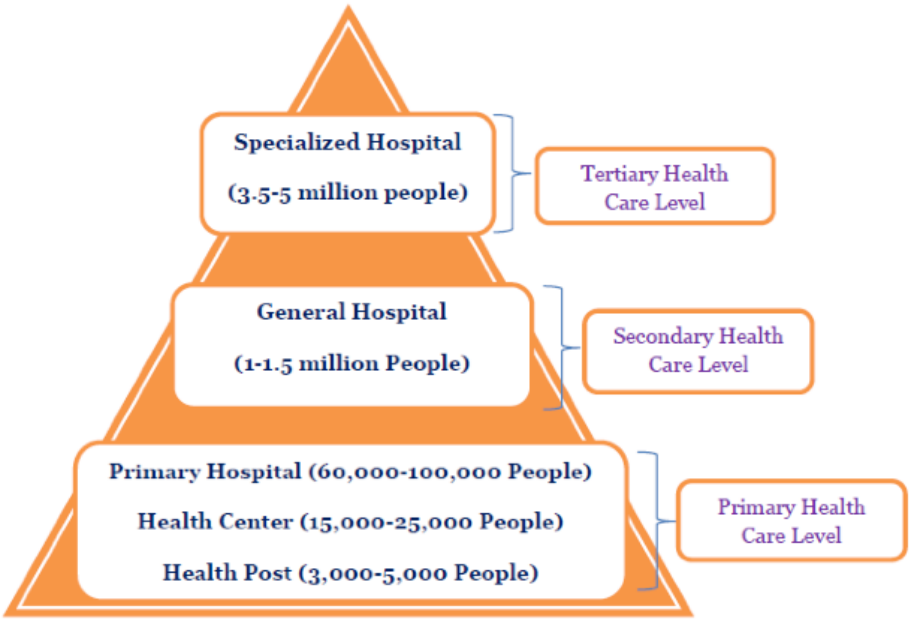


Figure 1: Ethiopia Health Tier System

Community-level health posts are especially crucial to Ethiopia's predominantly rural population with many groups located in distant and inaccessible areas. Since its launch in 2005, Ethiopia's Health Extension Program has constructed over 15,000 health posts and deployed 38,000 Health Extension Workers (HEW's), ensuring access to health for every individual within 10km. Working at the front-lines the health system, HEW's are locally recruited young women who undergo a year of training to provide a standard package of 16 health services to their communities. Because of their local ties, they are well-equipped to organize community health volunteers and model family households who help spread good health practices and mobilize demand and awareness of services.

Site Visits

After a brief but detailed introduction on the Global Fund and its programs by Dr. Sai Prothepogeda and lunch with representatives of the European Delegation to Ethiopia, the group began its site visits.

In order to better grasp how Global Fund support works in the context of the health system, three visits were arranged to reflect the primary, secondary and tertiary levels of health care in Ethiopia (See page 3 for more details). This was crucial to the aims of the tour, to connect with doctors, nurses and health workers who are on the front line in the fight against the epidemics.

ALERT hospital, located in the Zenbework district of Addis Ababa, is a specialized, tertiary hospital providing medical services, rehabilitation support, training and research dedicated to leprosy and TB. Facilities include over 240-beds for in-patient care, dermatology, ophthalmology and surgery departments. The hospital boasts an extensive history of biomedical research and capacity building through the Armauer Hansen Research Institute which has expanded its focus on leprosy to include tuberculosis, HIV, malaria and Leishmaniasis.

Here, the group learned how the hospital operated, toured the facilities and met with a few patients before meeting with leading medical experts. Mr. Mertens, a medical doctor and member of the Chamber of Deputies, the parliament of Luxembourg, said for him that “the Alert Hospital stands out with its research and training work.”

The group also had the opportunity to visit the Mojo Health Center, where the staff explained how the center operated and was organized, demonstrating their expertise and commitment The health center provides comprehensive and integrated health services including communicable disease prevention and control (HIV/AIDS, Malaria and TB), maternal and child health services and other programs to the Mojo District. The Mojo District was named after the nearby Modjo River and has an estimated population of over 40,000. The Health Center also provides integrated supportive supervision to satellite health posts and is typically managed by an average staff of 20 workers.

Yet the most impressive visit was to the Koka Health Post, of which Mr. Vajgl, Former Minister of Foreign Affairs of Slovenia, and Member of the European Parliament, said, “for me personally, the most touching moment.” As one of the 15,000 health posts in the country, the Koka Health Post is manned by two Health Extension Workers. Both HEWs are trained and equipped to provide the package of services in the main areas of :

- Hygiene and Environmental Sanitation
- Disease Prevention and Control including the three diseases
- Family Health Services including maternal and child health.

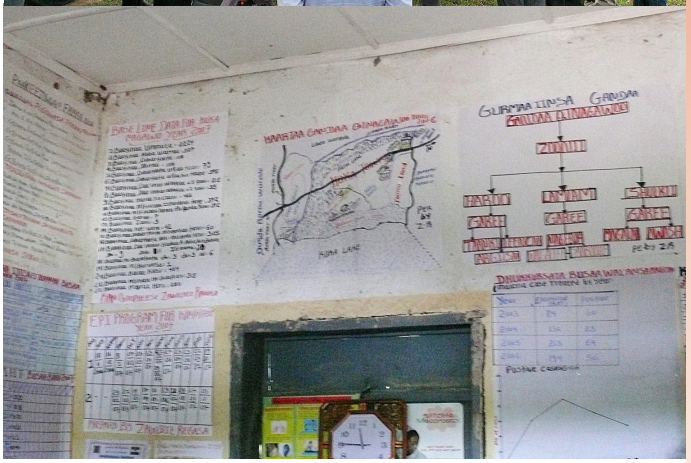
Surrounded by the Ethiopian

media and a crowd of curious villagers, the group spoke with the Health Extension Worker who described her daily work with the help of interpreters. Then, the group was invited to pay a brief visit to a nearby home of a villager who shared her experience of the Health Post.

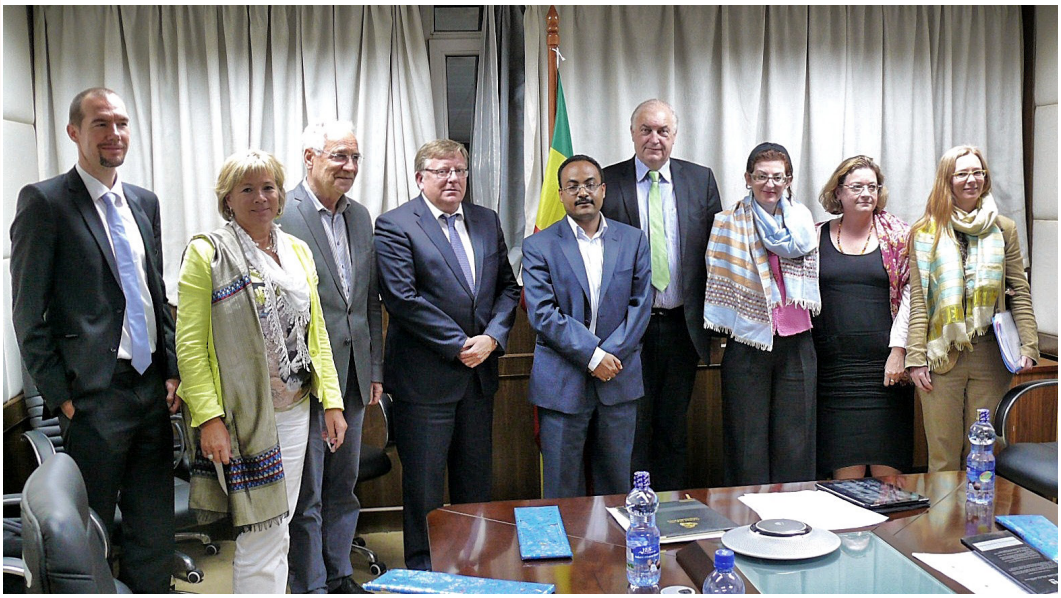
"It is impressive to see with your own eyes the incredible progress Ethiopia has made. The country has come a long way since its hardships in the 70s and 80s. The visits to the various sites where testing and treatment is carried out had a profound effect on me. The health system build around the Health Extension Workers program is quite well organized and supplied," said Mr. Goerens, former Minister of International Cooperation and Development of Luxembourg and Member of the European Parliament.

In summing up his thoughts about the health system, Mr. Mertens, having travelled several times as a doctor to countries with high disease burdens, noted that "the setup and network of Health Posts and Health Centres along the lines of the country's administrative divisions is very good." But in his view there was still room for improvement in terms of equipment, material and staff. He thought that, for difficult to reach rural areas, "more cooperation with universities could better accommodate personnel."

Ms. Cecile Hemmen, a member of the Chamber of Deputies of Luxembourg, shared her views as well. "I was very impressed by the Health Post philosophy and how committed the young health extension worker was. Providing a package of services in elementary domains like hygiene, health education, family



services, is the very best prevention of all. I also think that the infrastructure should be better equipped and an "attractive" financial remuneration for the staff could encourage more young people to dedicate themselves to this job."



Meeting with the Minister of Health Insights and Perspectives

A meeting with the Federal Minister of Health enabled the participants to hear first-hand on the government's efforts

to combat the three diseases and improve the country's health care.

Officials gave a presentation charting the steps the government had undertaken and the remarkable accomplishments achieved, including great reducing in child mortality, maternal health and rolling back AIDS, tuberculosis and malaria. Officials highlighted the factors contributing to success: political commitment and leadership at all levels; ***clear policies and strategies; community engagement; effective partnership; integration; innovation***. Ethiopia has shown that these are not mere buzz words. Indeed, the country has demonstrated that such factors have immense effect in the real world when applied by real people dedicated to saving real lives.

Indeed, the Minister, Dr Kesetebirhan Admasu,stated "Ethiopia has made incredible progress in public health. The government is very committed to health issues, which serve as kind of strategic axis for the whole country. The health system has been strengthened. We are working on ensuring that the population has access to it. This involves a tremendous amount of human resources: training and involvement of young people, capacity building and reducing inequalities."

In commenting on the role of the Global Fund,which provides vital support, the Minister said, "Having cemented a strong relationship with the Global Fund due to the efforts of current Minister of Foreign Affairs, Dr. Tedros Adanom Gehbreyesus, former Minister of Health and Board Chair of the Global Fund, Ethiopia continues to build upon that, and work closely and productively with all its international partners. But we also stress ownership. It is very important, and we have shown how successful it can be."

Furthermore, the Minister stressed that, in referring to the topic of health planning, "ownership is crucial. It must be respected and supported by our partners. There should be one plan, one budget, one report. This should be based on data and supported by evidence."

The question on the minds of many of the participants, was what the minister thought about the coming Sustainable Development Goals currently being formulated in the United Nations and which have ramifications for countries striving to meet the MDGs. "Ethiopia is in favor of new sustainable development goals, but the millennium development goals are far from complete. They remain unfinished business," answered the Minister.

IMPACT:

Thanks to Global Fund-supported programs, Ethiopia has achieved remarkable results in fighting the three diseases

AIDS: Ethiopia has seen a 25% decline in new HIV infections, 82% decrease in HIV prevalence among the 15-24 age group, and AIDS-related deaths fell from 99,000 in 2005 to 45,000 in 2009; There's been a fifteen fold increase in patients enrolled in ARV treatment from 19,000 in 2005 to over 323,106 by end of Dec 2013. Prevention of Mother to Child Transmission (PMTCT) coverage increased to 55% with new infections among children declining by over 50%

TB: 33% reduction in TB incidence rate since 1990, 41% reduction in prevalence and 56% reduction in TB mortality rates from 1990 to 2010.

MALARIA: In-patient malaria deaths fell by 43% in all age groups and by 60% in children under-5; five-fold increase in facilities providing malaria diagnosis and treatment; parasitological test confirmation of malaria cases increased from less than 10% to 83% and malaria surveillance reporting completeness increased from less than 20% to over 80%.

African Union

Owing to the overriding emergency of the Ebola outbreak, the group was not able to meet with the Deputy Chair Person of the AU as originally planned, and were instead welcomed by the Commissioner for Infrastructure and Energy.

Nevertheless, the group was able to meet with Dr. Marie-Goretti Harakeye of AIDS WATCH Africa, a crucial partner of the Global Fund in Africa. The participants learned about the steps being taken by African countries to combat AIDS and other communicable diseases using their own domestic financing, a topic widely discussed in development policy circles around the world.

Dr. Marie-Goretti Harakeye managed to get the group to sit in on a Ebola task force meeting, with representatives and health officials from several African countries, the UK and the USA. This proved to be an eye-opening experience.

Civil Society

For the Global Fund, civil society organizations (CSOs) are also intimately involved in the implementation of Global Fund grants. The group was able to visit two CSOs.

Negem Lela Ken New (NLK), which means "Tomorrow is another day" mainly focuses on distributing antiretroviral treatment and providing economic empowerment to women living with AIDS. Within this framework, the fight against marginalization and stigmatization, organizing home and community based care. The group heard directly from women with living with AIDS, who were receiving treatment and, at the same time, attended job training courses.

Afterwards, the group visited the CSO,'Equal Opportunity People Living with HIV (PLHIV) Association'. Here too, marginalized and disabled people got treatment and had the opportunity to work together, enabling them to make a living.

In reflecting on what she had seen, Ms. Maite Pagazaurtunda-Ruiz, A Spanish Member of the European Parliament, revealed that, "this trip to Ethiopia made a deep impact on me. All the things shown, learnt and seen have increased my awareness of the fights that Global Fund has endured, and my personal will to collaborate with them has grown."

Despite the tight schedule, the team decided to see the work of the UNDPA-sponsored Safe House in Addis Ababa for women victims of gender violence. The Association for Women's Sanctuary and Development (AWSAD) provides a last resort refuge for victims, the only one of its kind in the capital. Listening to the testimonies of young women survivors was heart wrenching. Despite the assistance of international organizations, AWSAD struggles to make ends meet, overburdened

with victims. Like the fight to end the three epidemics, there is still an overwhelming need for countries and organizations to work in a more complementary fashion, maximizing the impact.

Conclusion

What are the next steps? That is the question commonly asked. But it is perhaps more precise and effective to ask, how to continue the impact on the ground while at the same time ensuring that it becomes more effective? The participants of this study tour have a few ideas, which could have a positive influence, a win-win situation for all stakeholders.

Cecile Hemmen is straight to the point, “the most important thing is communication.” And, “I have a feeling that, especially on the Ethiopian projects regarding the fight against AIDS, Tuberculosis and Malaria, there is part of a ray of light at the end of the tunnel. Still, a lot has to be done and it would be fatal to slow down.”

Ms. Pagazaurtundua-Ruiz is adamant. “The movement that incarnates the Global Fund is astonishing and inspiring. But this drive has to continue. The will to collaborate shown by the Global Fund is—and should continue to be—a key point to focus on, not only for the work inside the partners subscribed but also inside the framework of the EU.”

For his part, Mr. Vajgl is convinced that “the Global Fund deserves all possible support from the EU, from national governments and private institutions, and the business community included. Information on the activities and its impact should be spread as broad as possible and made available to the public media.”

Mr. Goerens emphasized the spirit of cooperation and sense of urgency. “I think the European Union and its Member States should keep in mind that the window of opportunity to end the three diseases as epidemics is limited and might close sooner then expected. That said, we need to continue to support the Global Fund so that it can control and roll back the advancement of the diseases as soon as possible, especially in low income countries. The Global Fund is truly a global instrument that has shown, again and again, that a multilateral effort is highly effective when rising to the challenges of international and global threats.”

Who is Who and Who does What

Friends Europe

Friends of the Global Fund Europe (Friends Europe) is a non-profit organisation founded in April 2005, under the high patronage of the President of the French Republic, to engage with Europe's political and institutional decision-makers, public opinion, media, civil society organisations and private sector on the task of combating AIDS, tuberculosis and malaria, and more specifically to mobilise support for the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund). Its actions include political advocacy to support investment in the Global Fund by the international community and to succeed in eradicating three of the most devastating pandemics affecting the developing world.

Our Objectives

Raise the awareness of States, political decision-makers, civil society, public opinion and the media as regards the issues involved in combating the three pandemics on a global scale, and as regards the Global Fund's strategy, actions, operating model and funding needs;
Support and increase the resources dedicated to fighting the three pandemics, through the Global Fund in particular, and find innovative means of financing development and world health;
Mobilise public and private sector stakeholders and encourage the development of partnerships between business and the public sector to combat the three pandemics.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing institution that supports countries in their fight against three of the world's most devastating diseases.
Created in 2002, the Global Fund is a unique partnership between governments, civil society, the private sector and affected communities. The Global Fund channels approximately US$ 3 billion a year to health professionals to treat and prevent AIDS, tuberculosis and malaria in their countries. The Global Fund does not implement or manage programs on the ground, relying instead on local experts to select and administer the programs that save the most lives.
The success of the Global Fund relies on the financial pledges of donors, the technical guidance of multilateral partners, and particularly on the devotion and hard work of implementers at the country level.

The Global Fund is primarily supported by donor countries, led by the United States, France, the United Kingdom, Japan and Germany. We also seek funding from private sector companies, private foundations, and individuals. A full list of donors and amounts pledged or contributed can be found on the Global Fund website.
Global Fund financing is intended to be in addition to – and not in replacement of – national health budgets. We insist that middle-income countries contribute a portion of program costs. In this way, available funding can be directed to those most in need and those who can make the most effective use of it and those decisions take into account a country's ability to contribute.

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