

# Answering the Call:

## The International Donor Community's Response to the HIV/AIDS Crisis in Eurasia

BY JENNIFER RICE HENDERSON

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On the occasion of World AIDS Day, December 1, 2003, Peter Piot, executive director of the Joint United Nations Program on HIV/AIDS (UNAIDS) had some good news to share: Spending on HIV/AIDS programs rose 50 percent in 2003, from 3.1 to 4.7 billion dollars.<sup>1</sup> In large part he attributed this to the efforts of the international donor community.

International donor contributions traditionally stem from UN programs, affluent governments, development banks, and quasi-private or private organizations, such as the Bill and Melinda Gates Foundation. Various other donor agencies, including The Global Fund to Fight AIDS, Tuberculosis, and Malaria—a partnership between governments, civil society, and the private sector—are providing valuable resources in the fight against HIV/AIDS.

The support provided by these groups could not come at a more critical time. According to the latest statistics, 42 million people are living with HIV/AIDS worldwide and UN Secretary-General Kofi Annan has described the pandemic as the greatest threat to the well-being of future generations.<sup>2</sup> Two of the areas most affected by the disease are the World Bank's Eastern Europe and Central Asia sub-regions<sup>3</sup>—which include all of the countries of the former Soviet Union—where the AIDS epidemic is growing at a faster rate than anywhere else in the world.<sup>4</sup> According to a United Nations Report published in February 2004, “One out of every 100 adults walking down the streets of a city in Eastern Europe or the Commonwealth of Independent States carries the HIV virus that causes AIDS.”<sup>5</sup>

International donor support in Eurasia is vital to controlling the spread of HIV/AIDS in the region. “The situation is very worrying in Central Europe, especially in the former Soviet republics, where we can expect a real explosion if measures are not taken in these countries and internationally to contain the spread of the HIV virus,” said Marc Danzon, the World Health Organization's

(WHO) regional director for Europe, on World AIDS Day 2003.<sup>6</sup> According to the United Nations, as a consequence of the political, social, and economic changes that occurred in the region in the 1990s, governments have focused on economic development and emerging democratic institutions instead of health issues, such as the rapid spread of the HIV/AIDS epidemic.<sup>7</sup> The World Bank has expressed concern that governments in the region are in denial about the social implications of HIV/AIDS and that low domestic funding for related programs reflects a lack of commitment to fight the disease.<sup>8</sup> Citing one example, The World Bank reports that Russia's current AIDS budget is 1 percent of that spent in Britain, even though it has 20 times the problem.<sup>9</sup>

WHO has said that hundreds of millions of dollars from grants provided by international donor agencies will “greatly strengthen the expansion of programs for HIV/AIDS prevention and treatment in the European region.”<sup>10</sup> But who exactly is doing what in this global fight? This article looks at what some of the organizations in the forefront of the battle are doing to decrease the spread of the virus.

### Providing Treatment

One way international donor agencies can effectively combat the crisis is by providing funding for care and treatment to those already afflicted with the disease. According to WHO, an estimated 100,000 people in Eurasia urgently need antiretroviral (ARV) treatment and this number is expected to grow to at least 500,000 in the next few years. However, the high price of ARV drugs and the limited availability of generic ones in Eurasia are prohibiting HIV-infected individuals from receiving appropriate treatment. Countries in the region are rarely eligible for the discounted prices offered by pharmaceutical companies to countries such as those in Africa, even though one in five countries in the Eurasian region has a gross national product of less than US \$1,000 per capita.<sup>11</sup>



Because discounted ARVs are not readily available in Eurasia, international donor agencies can play a vital role in providing this necessary treatment. On December 1, 2003, WHO and UNAIDS announced details of its “Treat 3 million by 2005” or “3 by 5” HIV/AIDS program, which aims to bring antiretroviral therapy (ART) to 3 million people around the world by 2005. The US \$5.5 billion plan calls for training 100,000 healthcare workers and “redirecting the focus” of 10,000 clinics in poor countries. One of the goals of the program is to ensure that co-payments are not required of poor patients in order to receive ARVs.<sup>12</sup>

According to WHO, 90 percent of those individuals needing ART live in just 34 “high-burden” countries—defined as such based on the estimated number of people living with HIV/AIDS in need of treatment—and much of the “3 by 5” work will be focused there. Among the 45 countries who have already appealed for assistance from the program are Albania, Armenia, Azerbaijan, Belarus, the Russian Federation, and Ukraine.<sup>13</sup>

WHO’s Regional Office for Europe also recently announced that it is working with AIHA to create a Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia. The Knowledge Hub’s main objective is to develop expertise among healthcare professionals and cultivate training capacity so knowledge and skills can be passed on to others. According to a joint press release issued by WHO and AIHA, the hub will “serve as a crucial capacity-building mechanism for reaching WHO’s ‘3 by 5’ tar-

gets for the [Eurasia] region.” Calling the establishment of this regional Hub a milestone in the effort to provide care to people living with HIV/AIDS throughout Eurasia, Srdan Matic, regional adviser for STI/HIV and AIDS at WHO/Europe, said in the release “The knowledge necessary to effectively deliver ARV treatment to all those who need it will bring us a step closer to achieving the ‘3 by 5’ goal for the whole region.”

### Attracting, Managing, and Dispersing Resources

Another leader in the international community’s efforts to combat HIV/AIDS is the Global Fund to Fight AIDS, Tuberculosis and Malaria. Established in January 2002, and headquartered in Geneva, Switzerland, the organization was “created to finance a dramatic turnaround in the global fight against the three diseases that kill 6 million people each year,” said Kingsley Chiedu Moghalu, head of the Global Fund’s resource mobilization and global partnerships, at a conference on the AIDS crisis in Africa.

According to Moghalu, in four rounds of proposals and funding decisions, the Global Fund has committed more than \$3 billion to 300 programs in 128 countries for an initial two-year period, renewable for another three years based on performance. According to the Global Fund’s August 2004 progress summary, 43 percent of all grants have gone to countries in sub-Saharan Africa, 24 percent have gone to Asia, 14 percent to Latin America and the Caribbean, 7 percent to North Africa and the Middle East, and 11 percent to Eastern Europe.

As of August 2004, two-year grants totaling more than \$138.9 million have been approved by the Fund for HIV/AIDS programs in Eurasian countries. Disbursement of funds has begun in countries including Armenia, Croatia, Estonia, Georgia, Romania, Serbia, and Tajikistan, to support their national programs on HIV/AIDS and tuberculosis (TB). Other countries in the process of receiving grant money from the Fund include Belarus, Kazakhstan, Kyrgyzstan, Macedonia, Russia, and Uzbekistan.<sup>14</sup>

By December 2003, the Global Fund had approved three grants worth a total of US \$25 million over two years to Ukraine, making the country the first in the region to receive Global Fund assistance. Of that amount, roughly \$7.5 million—the bulk of which was earmarked to purchase ARVs for approximately 6,000 AIDS patients—was disbursed to three principle grantees, including the Ukrainian Ministry of Health.<sup>15</sup> In January 2004, however, the Global Fund

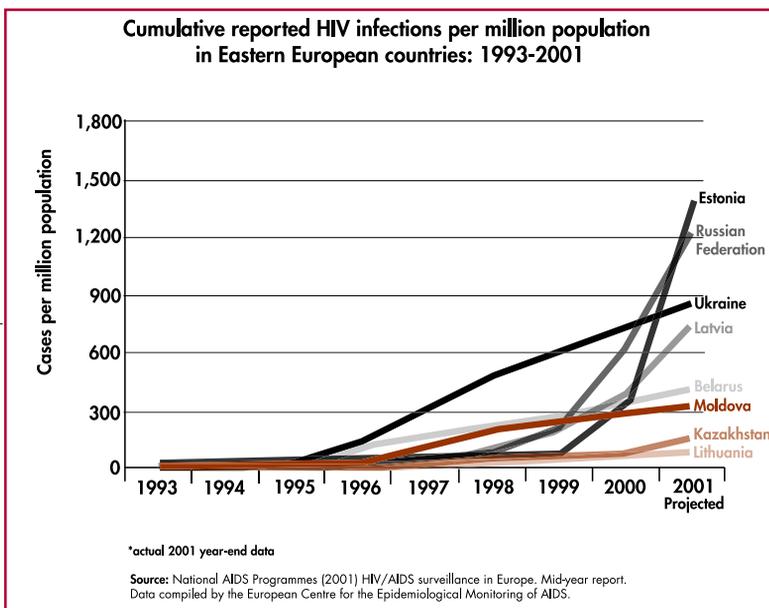


Figure 1. Cumulative reported HIV infections per million in some Eurasian countries from 1993-2001.

Source: <http://inweb18.worldbank.org/ECA/ECSHD.nsf/ECADocbyUnit/BC23A7FD88904B9085256C780024AC99?OpenDocument>.

temporarily withdrew its support from the Ukrainian programs, citing the fact that less than 10 percent of the disbursed funds had been put to use to scale up treatment and prevention programs in a timely manner. A major factor in the decision was Ukraine's inability to meet certain key target requirements, such as increasing the number of people receiving ART from fewer than 60 to 4,000 within two years.<sup>16</sup>

Noting that firm action was needed to ensure that ambitious targets for treatment and prevention of HIV/AIDS in Ukraine can be reached within the grant period, Richard Feachem, executive director of the Global Fund, said in a press release dated January 30, "The primary responsibility of the Global Fund is to achieve results and to turn back the HIV/AIDS pandemic. We have taken action with our colleagues in Ukraine in order to ensure that our money flows, that the epidemic does not spread further, and those who need treatment will receive treatment. We will take action of this kind in the future on any occasion that it is necessary to ensure that the results are achieved in any of the programs we finance."<sup>17</sup> On February 24, the Global Fund selected the International HIV/AIDS Alliance, a sub-recipient in the previous grant structure, as the sole principal recipient administering its program funds in Ukraine.

"This new arrangement will allow funds to flow to those who most need it—the people of Ukraine who are living with HIV/AIDS. We are committed to help turn around the AIDS epidemic in Ukraine, and we are pleased that we could speedily solve the problems that prevented effective action," said Feachem.<sup>18</sup>

Despite initial problems getting care and treatment programs off the ground, some institutions are already reaping small, yet significant, benefits from the Global Fund grants. Thanks to first-round awards, the Lavra Clinic at Kiev's Institute for Epidemiology and Infectious Diseases was able to implement a peer-counseling program for people living with HIV/AIDS, establish self-help groups where people can share their emotions and experiences dealing with the disease, and administer ARV treatment to a small group of approximately 50 patients. Nevertheless, the current supply of these life-extending medications remains well below what's needed to provide treatment to Ukraine's estimated 250,000 HIV-positive individuals, but with the help of Global Fund money, clinic staff hope to help more of its patients receive ARVs in the near future.<sup>19</sup>

### HIGH-PRIORITY, RAPID SCALE-UP COUNTRY:

Cambodia, Kenya, Uganda, and Zambia

### PRIORITY, INTENSIVE-FOCUS COUNTRY:

Brazil, Dominican Republic, Ethiopia, Ghana, Haiti, Honduras, India, Indonesia, Malawi, Mozambique, Nepal, Nigeria, **Russia**, Rwanda, Senegal, South Africa, Tanzania, **Ukraine**, Zimbabwe

### BASIC COUNTRY:

**Albania**, Angola, **Armenia**, Bangladesh, Benin, Bolivia, **Croatia**, Democratic Republic of Congo, Egypt, El Salvador, Eritrea, **Georgia**, Guatemala, Guinea, Guyana, Jamaica, Jordan, **Kazakhstan**, **Kosovo**, **Kyrgyzstan**, Madagascar, Mali, Mexico, Namibia, Nicaragua, Peru, Philippines, **Romania**, **Tajikistan**, **Turkmenistan**, and **Uzbekistan**

### REGIONAL PROGRAMS:

#### Africa

- Regional Economic Development Services Office (REDSO) for East and Southern Africa
- Southern Africa
- West Africa

#### Asia & Near East

#### Europe & Eurasia

- Central Asia Republics
- Central & Eastern Europe

#### Latin America & Caribbean

- Caribbean
- Central America

**Table 1:** Country priority as defined by USAID's classification system. According to USAID's Web site, the criteria for determining the amount, level, and types of assistance countries receive include: the severity and magnitude of the epidemic; the impact of HIV/AIDS on economic and social sector; the risk of a rapid increase in HIV prevalence; the availability of funding from other donors; US national interests; and the strength of host-country partnerships.

## Planning for Social and Economic Impact

Like The Global Fund, which does not initiate or establish programs, The World Bank primarily provides funding for HIV/AIDS prevention programs. The Bank recently defined its role in the fight against HIV/AIDS by stating, "While other organizations can help on the ground, the World Bank sees its role as promoting the exchange of information, helping to improve data collection, and providing estimates and planning for the social and economic impacts of the growing [HIV/AIDS] epidemic."<sup>20</sup>

As part of this effort, in September 2003, the World Bank released a strategy report titled *Averting AIDS Crises in Eastern Europe and Central Asia*. The report describes the scope of the epidemic in the region and examines different constraints currently impeding success in the fight against HIV/AIDS. The report



also addresses HIV/AIDS prevention measures including blood safety, harm reduction among injecting drug users, programs to prevent HIV transmission among sex workers, and interventions among prison inmates and ex-inmates in the regions.<sup>21</sup>

The World Bank actively works to combat HIV/AIDS in the regions by providing grants and loans aimed at controlling the disease. For instance, the Bank recently awarded Russia a \$150 million loan to fight AIDS and TB. According to Russia's Justice and Health Ministries, \$38 million will be allocated to Russia's correctional system, which holds almost one-third of Russia's active TB cases. Of the 800,000 people incarcerated in Russia, 36,000 or 4.5 percent are HIV-infected.<sup>22</sup>

In 2003, the World Bank also signed a credit agreement with Ukraine for a \$60 million loan to help the country combat the spread of TB and AIDS. Ukraine earmarked \$21.9 million of its own money for the program, according to a Ukrainian Health Ministry spokesperson.<sup>23</sup> The Ukrainian government is using the money to apply a comprehensive prevention, diagnosis, and epidemic control program to fight both diseases.

### Implementing Programs

There are many other agencies—including UNAIDS, the United Nations Children's Fund (UNICEF), the US Agency for International Development (USAID), Médecins Sans Frontières (MSF, or Doctors Without Borders), and the Bill and Melinda Gates Foundation—that are participating in this fight.

In addition to working closely with WHO on initiatives such as the "3 by 5" initiative, UNAIDS works to strengthen and support an expanded UN response aimed at preventing transmission of HIV on a global scale. For example, in Eurasia, the UNAIDS Theme Group in Russia has helped the Ministry of Health conduct strategic planning of HIV/AIDS programs in 17 oblasts throughout the country. The Theme Group recently instituted a program for youth at risk in two Russian oblasts and has been actively supporting prevention projects for commercial sex workers, drug users, and prisoners, as well as efforts to prevent mother-to-child transmission (MTCT) of HIV. UNAIDS is conducting similar efforts throughout the region.<sup>24</sup> In Moldova, the UN Theme Group has helped state and non-governmental organizations launch pilot programs such as needle-exchanges in prisons and methadone maintenance therapy. The Group also helped raise funds to support these projects and assists in government implementation of activities specified in its national HIV/AIDS plan.<sup>25</sup>

USAID and the Bill and Melinda Gates Foundation work closely with the other donor agencies throughout the world to combat the disease. USAID has provided more than \$2.3 billion for global efforts against HIV/AIDS and has assisted more than 50 countries throughout the world. Specific USAID strategies vary by country, but all programs aim to reduce prevalence rates, decrease MTCT, and increase care, treatment, and support for individuals living with HIV/AIDS. Countries receive funding based on categories established by USAID; these categories are based on the severity of the epidemic. Each country is designated either "high priority/rapid scale-up;" "priority/intensive focus;" "basic;" or "regional programs." While USAID has a prominent presence throughout Eurasia, only four countries—Cambodia, Kenya, Uganda, and Zambia—currently fall in the high priority category; 19 countries are considered priority/intensive focus, including Russia and Ukraine, and numerous Eurasian countries fall under the basic category (see Table 1).<sup>26</sup>

Although the Bill and Melinda Gates Foundation is not as active in Eurasia as the other organizations discussed, it has done much to combat the AIDS crisis on a global level. With a \$24 billion endowment, the Gates Foundation has made fighting the spread of AIDS one of its top priorities. About \$656 million has been committed by the Foundation to AIDS-related initiatives, including prevention, education, and research to develop an AIDS vaccine. In addition, the Foundation is likely to play a greater role in the effort to combat HIV/AIDS in Eurasia as the disease continues to spread. The Foundation has already lobbied the US Congress to increase HIV/AIDS spending on a global level and has directly referred to Eastern Europe. "If we are going to have the impact we need on the global epidemic, we need to look at countries in Asia like China and India [and] countries in Eastern Europe ... that are going to be part of the next wave of HIV infections," Helene Gayle, director of the HIV, TB, and reproductive health program at the Gates Foundation, said in a Foundation press release.

### Making a Significant Impact

While UNAIDS's Piot praised international efforts on World AIDS Day 2003, he says much more needs to be done. Even though spending on AIDS programs rose 50 percent in 2003, it is still only half of what is needed.

Three years ago, Piot spoke at a press conference at the UN House in Ukraine to commemorate World AIDS Day 2001. What he said then remains true today: "There is still an enormous opportunity to make a significant impact on the future

epidemic in Eastern Europe through massive prevention efforts to reduce young people's sexual and drug injecting risk behaviors. We can make a major difference in the course of the epidemic, but only through determined, long-term, sustainable, and massive efforts involving all sectors of society." ■

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