



The L' Series

SFH/PSI averted 3,690,859 DALYs January to June 2013

SFH/PSI relies on a network of efficient, reliable, and credible metrics that frame success around reductions in disease burden and use of family planning interventions. Our fundamental measures of health impact are the disability-adjusted life year (DALY) averted and couple years of protection (CYPs) provided. When SFH/PSI averts one DALY, it means that we have prevented the loss of one year of productive, healthy life.

Between January and June 2013, SFH/PSI averted 3.6m DALYs. Of this figure, malaria intervention contributed 66%, Reproductive Health (19%) and HIV and STI prevention (15%).

Male condom contributed 85% of the HIV and STI DALYs. Males Condoms also accounts for 50% of Reproductive Health DALY. 99.8% of malaria DALY is contributed by ACTs.

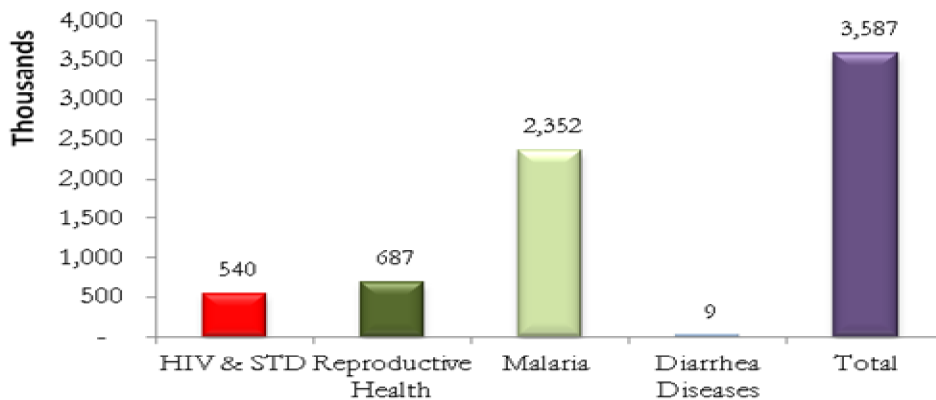
Society for Family Health, Nigeria

Special points of interest:

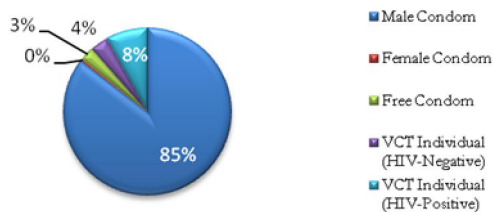
- > 3.6 million DALY averted Jan—Jun 2013
- > Long-term health benefits of physical activity
- > High maternal and neonatal mortality rates in northern Nigeria
- > Conference Announcement
- > Third Global Symposium on Health Systems Research

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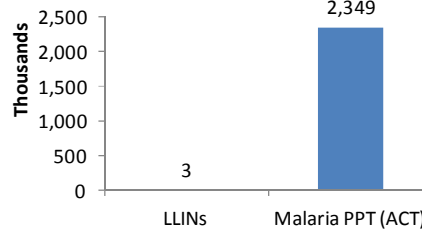
DALY Averted Jan - June 2013 by Prog Areas



Contribution to HIV and STI prevention DALY by different interventions



Malaria DALYs by Intervention areas



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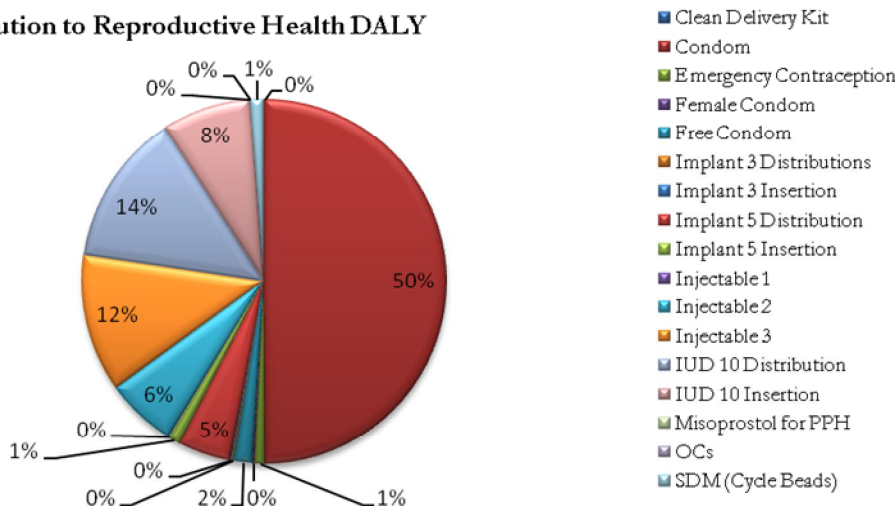
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Contribution to Reproductive Health DALY



Effectiveness of community health workers delivering preventive interventions for maternal and child health in low- and middle-income countries: a systematic review

Background:

Community Health Workers are widely utilised in low- and middle-income countries and may be an important tool in reducing maternal and child mortality; however, evidence is lacking on their effectiveness for specific types of programmes, specifically programmes of a preventive nature. This review reports findings on a systematic review analysing effectiveness of preventive interventions delivered by Community Health Workers for Maternal and Child Health in low- and middle-income countries.

Results:

A total of 10,281 studies were initially identified and through the screening process a total of 17 articles detailing 19 studies were included in the review. Studies came from ten different countries and consisted of randomized controlled trials, cluster randomized controlled trials, before and after, case control and cross sectional studies. Overall quality of evidence was

found to be moderate. Five main preventive intervention categories emerged: malaria prevention, health education, breast-feeding promotion, essential newborn care and psychosocial support. All categories showed some evidence for the effectiveness of Community Health Workers; however they were found to be especially effective in promoting mother-performed strategies (skin to skin care and exclusive breastfeeding).

Conclusions: Community Health Workers were shown to provide a range of preventive interventions for Maternal and Child Health in low- and middle-income countries with some evidence of effective strategies, though insufficient evidence is available to draw conclusions for most interventions and further research is needed.

Source: *BMC Public Health* 2013, **13**:847 doi: 10.1186/1471-2458-13-847. Published: 13 September 2013

Modelling level, trend and geographical variations in stigma and discrimination against people living with HIV/AIDS in Nigeria

People living with HIV and AIDS (PLHA) often face stigma and discrimination. Stigma is a powerful tool for social control and PLHA are to varying degrees stigmatised against. Consequences of stigma and discrimination against PLHA may result in low turn-out for HIV counselling and testing, identity crises, isolation, loneliness, low self-esteem and lack of interest in containing the disease. To achieve the millennium development goal on HIV reduction, efforts should be targeted at measuring impact of HIV preventive interventions. In this paper, effort was made to explore geographical variations in addition to level and trend of accepting attitude towards PLHA using 2003 - 2007 population-based household survey data. Inferences are based on Markov Chain Monte Carlo techniques, while model selection was based on Deviance Information Criteria. Findings revealed significant positive trend and spatial variations on level of accepting attitude towards PLHA. Level of exposure

to HIV prevention interventions and perceptions about social support received on HIV are significantly associated with accepting attitude towards PLHA. Findings provide policy makers with tools to discern states where prevention efforts on HIV-related stigma and discrimination should be intensified. This in turn, can enhance an effective utilization of scarce resources that is paramount in developing countries.

Source: Samson B Adebayo, Richard Fakolade, Jennifer Anyanti, Bright Ekweremadu, Olaronke Ladipo &

Augustine Ankomah PhD (2011): Modelling level, trend and geographical variations in stigma and discrimination against people living with HIV/AIDS in Nigeria, *SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal*, 8:3, 115-127



SFH Nigeria Visit India Avahan Project

SFH for Family with the support of Global Fund and USAID were on a learning visit to India. Projects visited include: The Avahan Project and Ashodaya. Learning from the visit are already being experimented in Nigeria.



Religion, culture and male involvement in the use of the Standard Days Method: evidence from Enugu and Katsina States of Nigeria

Aim

This paper presents findings from an explorative study on the use of the Standard Day Method (SDM) of family planning (FP) in Katsina and Enugu states of Nigeria.

Background

Potential users of FP often do not use modern methods if its practice is in dissonance with cultural and religious values. Increasing FP options will bring about an increased contraceptive prevalence in countries with strong religious barriers to modern FP methods.

Methods

Focus group discussions and in-depth interviews were conducted with nurses, community FP providers and users of SDM following the introduction of the method in two Nigerian states.

Discussion

The SDM was perceived to be religiously and culturally acceptable. It was found to be useful particularly among women who could not use hormonal methods for medical reasons.

Conclusion

There was no opposition to the use of SDM. Spousal involvement in use was perceived as an important factor in making the method

acceptable. It is imperative to scale up the intervention to other areas that have similar religious and cultural resistance to modern FP.

UJUJU C., ANYANTI J., ADEBAYO S.B., MUHAMMAD F., OLUIGBO O. & GOFWAN A. (2011) Religion, culture and male involvement in the use of the Standard Days Method: evidence from Enugu and Katsina states of Nigeria. *International Nursing Review* 58, 484-490



Packet of Combination 3

"It doesn't matter where you are, you are nowhere compared to where you can go."

— **Bob Proctor:** author, business consultant, entrepreneur and life mentor expert

Effect of early antiretroviral therapy on sexual behaviors and HIV-1 transmission risk in adults with diverse

The effect of early antiretroviral therapy (ART) on sexual behaviors and HIV-1 transmission risk has not been documented beyond the specific population of stable serodiscordant couples. Based on a behavioral study nested in a randomized controlled trial (Temprano-ANRS12136) of early ART, we compared proportions of risky sex (unprotected sex with a partner of negative/unknown HIV status) reported 12 months after inclusion between participants randomized to initiate ART immediately ('early ART') or according to WHO criteria ('standard ART'). Group-specific HIV-transmission rates

were estimated based on sexual behaviors and viral load-specific per-act HIV-1 transmission probabilities. Their ratio was computed to estimate the protective effect of early ART. Among 957 participants (baseline CD4: 478/mm³), 46.0% reported sexual activity in the past month, 41.5% of them with non-cohabiting partners. Proportion of risky sex was 10.0% vs. 12.8%, respectively, in participants on early vs. standard ART ($p=0.17$). Accounting for sexual behaviors and viral load, the estimated protective effect of early ART was 90% (95%CI 81-95%). Twelve months after inclusion, patients on early

and standard ART reported similar sexual behaviors. Early ART decreased the estimated risk of HIV transmission by 90%, suggesting a major prevention benefit among both stable and casual partners.

Source: Kévin Jean, Delphine Gabillard, Raoul Moh, Christine Danel, Raimi Fassassi, Annabel Desgrees-du-Lou, Serge Eholie, France Lert, Xavier Anglaret, and Rosemary Dray-Spira. *J Infect Dis.* (2013) doi: 10.1093/infdis/jit470



Cycle Bead for family plan-

Long-term health benefits of physical activity – a systematic review of longitudinal studies

"For what is done or learned by one class of women becomes, by virtue of their common womanhood, the property of all women."

-- Elizabeth Blackwell
(The first woman in the U.S. to become a physician)

Background

The treatment of noncommunicable diseases (NCD), like coronary heart disease or type 2 diabetes mellitus, causes rising costs for the health system. Physical activity is supposed to reduce the risk for these diseases. Results of cross-sectional studies showed that physical activity is associated with better health, and that physical activity could prevent the development of these diseases. The purpose of this review is to summarize existing evidence for the long-term (>5 years) relationship between physical activity and weight gain, obesity, coronary heart disease, type 2 diabetes mellitus, Alzheimer's disease

and dementia.

Methods

Fifteen longitudinal studies with at least 5-year follow up times and a total of 288,724 subjects (>500 participants in each study), aged between 18 and 85 years, were identified using digital databases. Only studies published in English, about healthy adults at baseline, intentional physical activity and the listed NCDs were included.

Results

The results of these studies

show that physical activity appears to have a positive long-term influence on all selected diseases.

Conclusions

This review revealed a paucity of long-term studies on the relationship between physical activity and the incidence of NCD.

Miriam Reiner, Christina Niermann, Darko Jekauc and Alexander Woll. *BMC Public Health* 2013, **13**:813 doi:10.1186/1471-2458-13-813. Published: 8 September 2013

Barriers to Contraceptive Use among Married Young Adults in Nigeria: A Qualitative Study

"As long as there is poverty in the world I can never be rich...As long as diseases are rampant and millions of people in this world cannot expect to live more than twenty-eight or thirty years, I can never be totally healthy... I can never be what I ought to be until you are what you ought to be. This is the way our world is made. No individual or nation can boast of being independent. We are interdependent."

-- Unknown

Aims: Nigeria's contraceptive prevalence is one of the lowest in sub-Saharan Africa. The majority of married women in Nigeria is not currently using contraceptives and has no intention of doing so in the near future. This study was aimed at exploring the key cultural and societal perceptions, beliefs and practices that impede the uptake of contraceptives among young married Nigerians.

Study Design: Focus group discussions (FGDs); qualitative.

Place and Duration of Study: The study took place in thirteen locations across Nigeria's six geo-political zones between July 2010 and September 2010.

Methodology: This is a qualitative study based on 30 focus group discussions held across 13

states in Nigeria's six geo-political zones. Thirteen cities and towns were purposively selected to reflect the main ethnic and geographical variations in Nigeria. Focus groups were stratified, after initial screening, into four main groups: males, females currently using contraceptives, females not currently using contraception but with no unmet need; and females with unmet need. Local 'mobilizers' were enlisted to help in the recruitment. Trained FGD moderators and note takers used a semi-structured FGD guide to hold discussions in English or local languages.

Results: Compared with women, men have poorer knowledge of family planning. Women currently using family planning do so for two main reasons. The first is for economic reasons at the family level and the second is for health

reasons. The greatest impediment to women's contraceptive use is lack of support from husbands and other significant others as well as the absence of inter-spousal communication. Real and perceived fear of side effects is a major barrier. Rumours, myths and misinformation about contraceptives often have a strong negative impact on use.

Conclusion: The study confirms that even among young couples, inter-spousal communication is poor and contraceptive use in Nigeria is unlikely to improve without addressing men's apparent lack of interest and involvement in family planning.

A. Ankomah^{1*}, J. Anyanti², S. Adebayo³ and A. Giwa⁴
International Journal of TROPICAL DISEASE & Health, 3(3): 267-282, 2013

Association between vitamin D insufficiency and adverse pregnancy outcome: global comparisons

Background

Vitamin D insufficiency has been associated with a number of adverse pregnancy outcomes, and has been recognized as a public health concern.

Aim

The objective of this study was to determine the impact of vitamin D deficiency on maternal complications like gestational diabetes mellitus (GDM), anemia, iron deficiency, and preeclampsia among pregnant women.

Subjects and methods

This was a cohort study undertaken at antenatal clinics at the Women's Hospital of Hamad Medical Corporation in Doha. A total of 2,487 Arab pregnant women above 24 weeks' gestation with any maternal complication were approached, and 1,873 women (75.3%) consented to participate in the study. Data on sociodemographic and clinical characteristics by interview and biochemistry parameters were retrieved from medical records. Multivariate logistic regression analysis was performed to determine the associated risk factors.

Results

Of the studied pregnant women, nearly half of them had vitamin D deficiency (48.4%). Younger women below 30 years old (43.2%, $P = 0.032$), housewives (65.3%, $P = 0.008$), and those on low monthly household incomes (QR5,000–9,999) (49.2%, $P = 0.03$) were significantly more likely to have lower vitamin D compared with those who had sufficient vitamin D levels. Exposure to sunlight (63.4%, $P = 0.05$), daily physical activity (64.4%, $P = 0.05$), and vitamin D supplement intake (89.7%, $P < 0.001$) were significantly lower in deficient pregnant women. In the study sample of pregnant women, 13.9% had GDM, 11.5% had anemia, 8.6% had iron deficiency, and 6.9% had preeclampsia. Severe vitamin D deficiency was significantly higher in pregnant women with GDM (16.5% vs 11%), anemia (17.1% vs 11%), iron deficiency (18.5% vs 11.2%), and preeclampsia (19.8% vs 11.4%) when compared to the uncomplicated group. Socioeconomic status was low in pregnant women with complications like GDM, anemia, iron deficiency, and pre-eclampsia. Pregnancy complications like GDM

(52.7%), anemia (53.2%), iron deficiency (55.6%), and preeclampsia (51.9%) were higher in Qataris. Also, GDM (66.2%), anemia (66.2%), iron deficiency (68.5%), and preeclampsia (58.1%) were observed more commonly among housewives compared to working women. Obesity was significantly more common in pregnant women with GDM (41.5%) and preeclampsia (41.1%).

Conclusion

The study findings revealed that maternal vitamin D deficiency in pregnancy is significantly associated with elevated risk for GDM, anemia, and preeclampsia. The risk of vitamin D deficiency was higher in Qataris, housewives and those with low monthly household income.

Published Date September 2013
Volume 2013:5 Pages 523 – 531
DOI: <http://dx.doi.org/10.2147/IJWH.S51403>



High maternal and neonatal mortality rates in northern Nigeria: an 8-month observational study

Background

Despite considerable efforts to reduce the maternal mortality ratio, numerous pregnant women continue to die in many developing countries, including Nigeria. We conducted a study to determine the incidence and causes of maternal mortality over an 8-month period in a rural-based secondary health facility located in Jahun, northern Nigeria.

Methods

A retrospective observational study was performed in a 41-bed obstetric ward. From October 2010 to May 2011, demographic data, obstetric characteristics, and outcome were collected from all pregnant women admitted. The total number of live births during the study period was recorded in order to calculate the maternal mortality ratio.

Results

There were 2,177 deliveries and 39 maternal deaths during the study period, with a maternal mortality ratio of 1,791/100,000 live births. The most common causes of maternal mortality were hemorrhage (26%), puerperal sepsis (19%), and obstructed labor (5%). No significant difference ($P = 0.07$) in mean time to reach the hospital was noted between fatal cases (1.9 hours, 95% confidence interval [CI] 1.1–2.6) and nonfatal cases (1.4 hours, 95% CI 1.4–1.5). Two hundred and sixty-six women were admitted presenting with stillbirth. Maternal mortality was higher for unbooked patients than for booked patients (odds ratio 5.1, 95% CI 3.5–6.2, $P < 0.0001$). The neonatal mortality rate was calculated at 46/1,000 live births. The main primary causes of neonatal deaths were prematurity (44%)

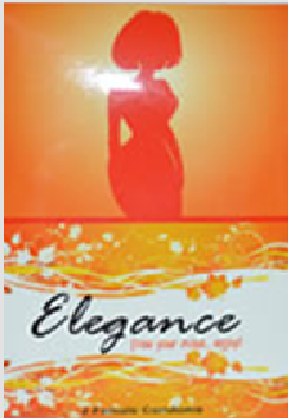
and birth asphyxia (22%).

Conclusion

Maternal and neonatal mortality remains unacceptably high in this setting. Reducing unbooked emergencies should be a priority with continuous programs including orthodox practices in order to meet the fifth Millennium Development Goal.

Authors: Guerrier G, Oluyide B, Keramarou M, Grais R, 2013 Volume 2013:5 Pages 495 – 499 DOI: <http://dx.doi.org/10.2147/IJWH.S48179>

Exploring the Feasibility of Conducting Malaria Rapid Diagnostic Tests through Patent Medicine Vendors.



Elegance Female Condom

When a Nigerian person has a fever, they usually think, 'I have malaria,' and then proceed to take over-the-counter medication. However, few proprietary patent medicine vendors (PPMVs) request a prescription before selling an anti-malarial.

To prevent drug misuse, the WHO recommends testing for all suspected malaria cases before treatment, but microscopes are scarce in rural areas. It is quicker to do a malaria rapid diagnostic test (RDT). With easy access to PPMVs, presumptive treatment is widespread. The need to assess the application of RDTs in rural communities is at the core of this study.

How Was the Study Done?

The study was conducted in one state per geopolitical zone. For one month, under the supervision of a trained nurse or lab scientist, PPMVs conducted RDTs for febrile clients who came seeking malaria treatment.

What Did the Study Find Out?

PPMV found RDTs to be a safe, simple and

effective means of diagnosing malaria. Clients were pleased with the quick test results and PPMVs' pre-test counselling helped to enhance their acceptance

Conducting RDTs through PPMVs would be an opportunity to refer RDT negative clients to higher care, and boost their confidence in PPMVs' capacities to provide approved health services.

The study also explored possible implementation challenges; participants were concerned that ACT stock-out might pose a challenge.

What are the Implications of Study Findings?

Allowing for a controlled step-down of malaria diagnostic services to PPMVs is an opportunity to improve malaria case management. PPMVs maintain that seeking to scale up malaria diagnosis through them reveals Nigeria's commitment to eradicate Malaria.

Author: Elamei Bongos-Ikwue

HELP SAVE OUR ACTs

Artemisinin-based combination therapies are the current drug of choice for the treatment of uncomplicated malaria. ACTs are recommended for the treatment of uncomplicated *falciparum* malaria. They are recommended for all age groups including pregnant women. Rational use of medicines requires that "patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community"(WHO). The WHO recommends confirmation of malaria through parasite-based diagnosis in all patients prior to instituting treatment.

The malaria rapid diagnostic test (RDT) feasibility study conducted by SFH in 2012 found that only 18% of clients who visited patent medicine shops and bought anti-malarial drugs tested positive for the malaria parasite. The remaining 82% tested negative. The implication of this is that 82% of the anti-malarial drugs are being wasted.

BEHAVIOURS: Clients' inapt behaviours include taking anti-malaria drugs without parasitological confirmation, not believing the RDT test result (especially if they are experiencing the "usual feverish feelings"), over dependence on clinical diagnosis and not adhering to advice given by the clinician/tester.

IMPLICATION: The implication of the above is that demand for ACTs far outweighs their supply consequently price of ACTs will continue to rise. This implies that people who need these drugs most would be deprived of them, either due to their high cost or their unavailability resulting from the unnecessarily high demand for ACTs.

REMEDY: Early diagnosis using either microscopy or RDT and prompt, effective treatment with ACTs for uncomplicated malaria cases is the basis for the management of malaria, and is key to reducing malaria mortality and morbidity. Help save our ACTs for the population that needs them the most by abiding with the above.

Author: Christopher Dangana



Third Global Symposium on Health Systems Research

Science and practice of people-centred health systems
Cape Town · 30 September – 3 October 2014

Submission of abstracts for both organized sessions and individual presentations has opened.

Symposium organizers aim to develop a programme that:

Is of the highest technical quality
Encourages active debate: All organized sessions will be judged not only on technical merit, but on innovative approaches, including planned roles for contributors and the potential for the active engagement of session participants.

Allows for skills building: Participants in past symposia have requested a stream of skills-building workshops. These can range, for example, from participatory teaching around a particular research methodology or software for analysis, to a focus on innovative means of communi-

cating results, working with the media or having decision-makers and researchers work collaboratively.

Is diverse and inclusive: Symposium organizers encourage all of the sessions to be organized in ways that are attractive to the Symposium's diverse target audiences:

- researchers and policy-makers, managers, civil society participants
- regular conference attendees with "first-timers"
- residents of different geographic regions
- those from different disciplinary backgrounds.

They encourage session organizers to keep audience diversity and inclusiveness in mind as they plan who they directly involve as contributors to their sessions and who they aim to attract as session participants.

There are approximately one hundred 90-minute concurrent sessions available within the three-day programme. Approximately one half of these concurrent sessions will be allocated to accepted "organized sessions" and approximately one half will be allocated to grouped "individual abstracts".

For full details and submission of an abstract, <http://hsr2014.healthsystemsresearch.org/abstract-submission-third-global-symposium-on-health-systems-research-2014-cape-town>



Communication activities should be targeted at promoting health facility delivery especially in rural communities, among pregnant women age 20–24 and those with only primary school education. Compulsory girl education will most likely improve health-facility delivery.

Call for Papers: Health Systems and Policy Research

Health Systems and Policy Research (HSPR) provides free access to research information around the globe without financial, legal or technical barriers and act as a forum for exchanging of ideas/views. HSPR is an international, indexed, peer-reviewed, hybrid journal. The journal features articles on those projects, which are making a significant impact on the education of health personnel. This journal will be freely distributed and available from multiple websites.

You are invited to submit an Original Research Article, Review, Short Report, Commentary or Case

Report to be considered by peer-review for publication. The published version of your article will be immediately placed in freely accessible full-text repositories. This complies with the NIH Public Access Policy and the Wellcome Trust Open Access Policy.

For more details contact the Editor, hspr@imedpub.com, <http://imedpub.com/ojs/index.php/hspr>

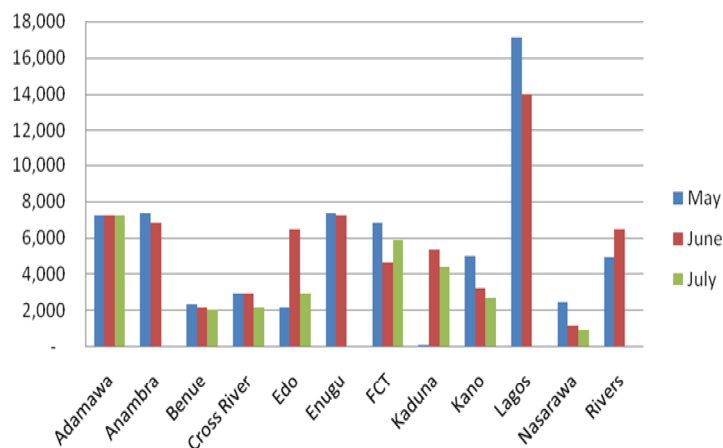


SFH distributes over 161,109 sample condoms to Female Sex Workers in three months



Society for Family Health, Nigeria

Total number of male and female condoms distributed by month by state



The use of condom during sexual intercourse has been found to be one of the most effective ways of reducing the risk of HIV transmission. Since the ultimate goal of the national response is to prevent new infections, there is a need to ensure uninterrupted supply as well as promote correct and consistent use of condoms among FSWs and other MARPs who are one of the leading drivers of the epidemic.

Current interventions among MARPs supported by the Global Fund HIV Round 9 phase 2 grant supports the distribution of free sample condoms to FSWs and promotes its use. Reports received from 12 states where FSW interventions were implemented by SFH indicated that about 161,109 sample condoms were distributed free between May and July 2013. Of this number, 159,901 representing 98% were male condoms, while only 3,208 representing 2% were female condoms.

CONFERENCE ANNOUNCEMENT

9th International Conference on HIV Treatment and Prevention Adherence

We are proud to announce the **9th International Conference on HIV Treatment and Prevention Adherence** will take place **8-10 June 2014** at the Loews Miami Beach Hotel in Miami, FL, USA.

The conference provides an annual forum for the presentation and discussion of state-of-the-science HIV treatment and biomedical prevention adherence research, as well as current behavioral and clinical perspectives in practicum, within the context of achieving the maximum therapeutic and preventative benefit of antiretroviral therapy across the continuum of care.

The conference's target audience includes physicians, nurses/nurse-practitioners, pharmacists, psychologists, behavioral researchers, social scientists, epidemiologists, social

workers, case managers, AIDS service organization (ASO)/community-based organization (CBO) staff, and allied healthcare and lay professionals working in the field of HIV medicine.

Applications are pending to offer continuing medical education credits for physicians, nurses/nurse-practitioners, pharmacists, psychologists, and social workers. Additional conference-related information, including about abstract submission and the discounted room rate at the Loews Miami Beach Hotel, will be available soon at www.iapac.org.

International Forum on Quality and Safety in Healthcare

The 2013 **International Forum on Quality and Safety in Healthcare** will see 3,300 healthcare professionals and key international opinion leaders get together to learn, share experiences and contribute to

improving healthcare and outcomes for patients worldwide.

Position yourself in this growing movement and **submit** an abstract for an opportunity to display your work at the 2014 Forum in Paris.

They are expecting 1,200 posters to be showcased during the Forum. Deadline for submissions: 4 November 2013. A selection of the best abstracts will also be published in [BMJ Quality & Safety](#).

For more information: http://internationalforum.bmj.com/internationalforumabstracts?utm_medium=email&utm_campaign=9894&utm_content=Present%20your%20poster%20at%20the%20International%20Forum%202014%20in%20Paris&utm_term=Abstract%20submissions%20Paris%202014&utm_source=Aestra_BMJ%20Quality

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USAID
FROM THE AMERICAN PEOPLE



The Global Fund
To Fight AIDS, Tuberculosis and Malaria



UKaid
from the Department for International Development