

# MOBILIZING FOR RH/HIV INTEGRATION

## **NEW POLICIES OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA:**

### **Enabling Environment for Integration of Reproductive Health and HIV/AIDS**

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is a unique multilateral partnership designed to fund country-led proposals to prevent and treat these three deadly diseases. One important component of the way the Global Fund works relates to the development of its policy, which is done largely through decisions made by the Global Fund's Board. Because the Board includes three delegations of civil society actors, as well as bilateral donors, private foundations, and others, these decisions have the potential to truly reflect the needs of civil society around the world. Such decisions, of course, need to be well implemented in order for them to have the intended impact, but establishment of the policies themselves through Board decisions opens the space for recipients of Global Fund money to adapt their funding requests accordingly, and for advocates to use the Board's decisions to help shape the way the Global Fund's structures respond to proposals received from Country Coordinating Mechanisms (CCMs).

In the past two years, the Global Fund Board has passed several decisions that establish an important enabling environment for CCMs to submit proposals that integrate reproductive health (RH) and HIV/AIDS. Those of primary importance are:

1. Gender Decision Point;
2. Health Systems Strengthening;
3. Community Systems Strengthening;
4. Dual-track Financing; and
5. Participation of Vulnerable Groups on CCMs.

An overview of these key decisions and their implications for RH-HIV/AIDS integration is below.

## **Gender Decision Point**

*GF/B16/DP26: Scaling Up a Gender-Sensitive Response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund*

The Gender Decision Point places gender as a high priority for efforts to address AIDS, tuberculosis and malaria. It defines gender broadly, to include women and girls but also sexual minorities, including people who identify as male, female, and transgender. In addition to authorizing the Global Fund Secretariat to hire staff people to champion an integrated gender focus throughout Global Fund activities, it also indicates that the Secretariat should develop a gender strategy about how to integrate gender in Global Fund mechanisms and proposals. Most importantly from the standpoint of preparing Round 8 proposals with RH-HIV/AIDS integration is the component of the decision point that provides for the Portfolio Committee of the Board to include gender as a primary focus on the Round 8 Call for Proposals and Guidelines.

For those preparing Round 8 proposals, the implications of these changes are enormous. Among many other possibilities, proposals developers can now:

- Have confidence that gender and all related programming that can be demonstrated to have a positive impact on the disease in question are relevant and important elements of any proposal to the Global Fund.
- Include gender programming as a cross-cutting intervention throughout a proposal.
- Include procurement, promotion and distribution of contraceptives, including but not limited to condoms and injectables, as budget line items and programmatic interventions in the proposal.
- Provide comprehensive family planning services at HIV/AIDS clinics, including prevention of mother-to-child HIV transmission (PMTCT+) clinics, voluntary counseling and testing (VCT) sites, and antiretroviral therapy clinics, and vice versa.
- Consider gender-related risk factors for HIV, such as commonly accepted gender norms that put women, girls, and sexual minorities at increased risk; child or early marriage; sexual and physical violence; and stigma and discrimination; and include interventions to address these issues, as appropriate for each country, in the proposal.

Changes to the Round 8 Call for Proposals and Guidelines will reflect the importance of considering the gender implications of local epidemiology of HIV/AIDS and will become a factor used by the Global Fund's Technical Review Panel (TRP) in reviewing proposals and deciding which proposals are to be funded.

## **Health Systems Strengthening**

*GF/B16/DP10: Strategic Approach to Health Systems Strengthening*

As a grantmaking mechanism that focuses on health-related interventions and outcomes, the Global Fund and its Board have recognized the importance of addressing weaknesses in national health systems in order to optimize access to high-quality, evidence-based services and programs that respond to local culture, epidemiology and socio-economic conditions. In Round 5, the Global Fund offered a window of funding

specifically for health systems strengthening (HSS), but this opportunity was only treated as a separate component for one round of grantmaking, after which HSS became a cross-cutting intervention expected of all proposals and assessed by the TRP in deciding which proposals will be funded.

At its 16<sup>th</sup> Board meeting in November 2007, the Global Fund's Board reaffirmed its commitment to continued support of HSS activities, including those focused on public, private and community health systems. The primary principle of HSS is that activities should have a positive impact on the entire system; such activities may relate specifically to any one of the three diseases, according to the disease component under which a proposal is submitted, but they may also be included (and assessed by the TRP) in a proposal as a separate cross-cutting initiative when health systems benefits are not specific to one of the diseases but stand to benefit more than one of them. The ultimate goal of HSS is to address major bottlenecks that hold back scale-up of system-wide interventions.

Because reproductive health and HIV/AIDS services have traditionally been provided in separate clinics by separate health care workers, HSS provides an outstanding opportunity to address the infrastructural, human and financial resources needs to integrate these services efficiently and effectively. As such, the HSS elements of HIV/AIDS proposals are of great importance for those wishing to submit RH-HIV/AIDS proposals in Round 8 and beyond. Some specific HSS opportunities that support RH-HIV/AIDS integration include:

- Rehabilitation of existing clinics and hospitals to provide clinical space appropriate for a combination of services, such as providing family planning counseling, sexually transmitted infection (STI) testing and VCT, or providing maternal health care, family planning and PMTCT+, in the same setting.
- Establishment or improvement of a national commodities procurement and distribution mechanism, to include procurement and distribution of reproductive health supplies such as a range of contraceptives, STI testing kits, rape kits where forensic DNA testing is available, etc.
- Establishment of a forensic DNA testing lab and training of lab workers to ensure the ability to provide legal follow-up to survivors of rape.
- Training of health care workers specializing in HIV/AIDS prevention, care and treatment in reproductive health services, and vice versa.

CCMs preparing an RH-HIV/AIDS proposal should consider existing national strategies, such as the national AIDS strategy, national reproductive health strategy, and national strategies on gender and/or women's empowerment, in identifying gaps in the health system that would prevent successful integration. Additionally, needs assessments and reviews of the practical gaps in access to and quality of RH and HIV/AIDS services should inform HSS elements of integrated RH-HIV/AIDS proposals. HSS is the foundation for increasing services in any setting, and is an important element of all Global Fund proposals.

## **Community Systems Strengthening**

*GF/B15/DP14: Strengthening the Role of Civil Society and the Private Sector in the Global Fund's Work*

The Global Fund and its Board are aware of the important role that community-based organizations (CBOs) play in implementing life-saving services, and that these organizations are sometimes the only ones that can reach certain populations with HIV/AIDS prevention, care and treatment. As such, community-based organizations are in fact a part of overall health systems strengthening. In order to ensure that community-based organizations have the resources, infrastructure, and capacity to play their important roles, the Board passed a decision recognizing “the need to further enable civil society...to play [its] critical role” and encouraging that requests for funding to strengthen community systems be a routine part of Global Fund Proposals. In particular, there are three areas that define Community Systems Strengthening (CSS):

1. **Predictable Financing:** this refers to the need for community-based organizations to receive funding, especially as Principal Recipients or Sub-Recipients of Global Fund Grants, in order to be able to best play their role. Other donors and national governments should also support CBOs in expanding their capacity and positioning them as important components of any health system.
2. **Training and Capacity Building:** as community-based organizations grow and position themselves as leaders in the health system, it is important that their technical capacity continues to grow, as well. This priority area indicates the need for Global Fund proposals to include funding for personnel training and technical support to ensure that organizational growth and development is technically sound and that a broad range of programs can be conducted by CBOs.
3. **Coordination, Alignment, and Advocacy for an Enabling Environment:** CBOs are frequently excluded from national processes and work with larger non-governmental and donor agencies. Coordination and alignment with these institutions are essential for CBOs to have an active voice in the development and implementation of programs that impact them. To accomplish such coordination, CBOs need to raise their voices so that CCMs, government ministries, and large national or international non-governmental organizations know what they have to offer and how best to work with them. Financial support from Global Fund grants can be used to persuade Global Fund in-country structures and other relevant stakeholders to prioritize building the capacity of community-based organizations to provide services to those infected with and affected by the three diseases.

There are a number of implications of these three CSS program areas for RH-HIV integration. Primarily, the focus on CSS allows for proposal developers to consider the important role CBOs have in addressing gender norms, in reaching vulnerable populations, and in providing services that may not be supported by other donors, such as integrated family planning and VCT. For example, new possibilities for funding with an eye toward RH-HIV integration under the CSS component include:

- Training for community-based health care workers in integrating RH services into HIV/AIDS clinics, clubs and other settings;
- Technical support from national, regional or international sources to increase understanding of the health benefits of linking RH and HIV/AIDS and to know how to do so in a technically sound way consistent with international best practice;
- Technical support on budgeting, planning, and proposal development, to allow CBOs to submit sub-proposals to the CCM and to better coordinate with national strategies;
- Rehabilitation of existing community health centers and other community-based service centers focused on HIV/AIDS to add clinical areas for reproductive health services (such as antenatal care or STI testing) and, similarly, rehabilitation of existing reproductive health infrastructure to enable the addition of AIDS services (such as VCT or treatment);
- Advocacy campaigns, such as use of mass media, to raise awareness of the role of CBOs in scaling up universal access to HIV/AIDS prevention, care and treatment and services they have to offer;
- Funding of reproductive health organizations as principal recipients or sub-recipients of Global Fund grants.

CSS should be viewed as complementary to health systems strengthening, which is essential to successfully reaching universal access to HIV/AIDS prevention, care and treatment—but not as the same thing. It is a cross-cutting issue that can be addressed in the context of nearly any programmatic focus. Given that reproductive health organizations have historically been unable to get a seat at the Global Fund table, CSS provides the ideal opportunity to bring them into CCMs and the Global Fund system as a whole.

### **Dual-track Financing**

*GF/B15/DP14: Strengthening the Role of Civil Society and the Private Sector in the Global Fund's Work*

Dual-track financing is the concept that the role of principal recipient should be shared between a government ministry and a civil society organization. Beginning in Round 8, dual-track financing is a requirement, and any deviation from this structure must be justified in the proposal itself. Civil society consistently receives high ratings for performance as principal recipients and this success, in conjunction with the principles of Community Systems Strengthening, makes it vital to scale-up the provision of predictable financing to civil society organizations through Global Fund grants and other funding mechanisms. In deciding to require routine inclusion of dual-track financing in proposals, the Global Fund Board emphasized that it should be harmonized with other efforts to fight the disease in question and consistent with applicable national plans.

However, these guidelines leave a great deal of room for civil society organizations to benefit. Among the potential positive outcomes of dual-track financing for RH-HIV/AIDS integration are:

- RH civil society organizations serving as principal recipients can help ensure RH-HIV/AIDS integration is done consistently and is incorporated in the work of the government ministry that is also serving as a principal recipient;
- Civil society principal recipients can improve their ability to expand their expertise and reach and to increase their absorptive capacity quickly, meaning that the entire civil society sector stands to benefit.

Additionally, because dual-track financing is an important component of Community Systems Strengthening, the benefits and opportunities provided by CSS may also apply to this discussion of dual-track financing. Given that RH organizations have traditionally been left almost entirely out of Global Fund processes, dual-track financing and CSS are the perfect opportunity to close this gap and increase life-saving services in the process.

### **Participation of Vulnerable Groups on CCMs**

*GH/B16/DP19: Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinated Mechanisms and Requirements for Grant Eligibility*

Access to a country's CCM is often a determining factor of what issues and intervention areas are considered priorities for proposal development. The Global Fund Board has passed a decision designed in part to increase the participation of vulnerable groups on the CCM to ensure that the realities of a country's epidemic are reflected in the proposal put forward by the CCM. In addition to a recommended quota of 40% non-governmental representation on the CCM, the Board's Portfolio Committee was tasked with working with the Secretariat to identify potential models of funding the CCM that would focus on the need for meaningful participation of civil society on the CCM, including vulnerable groups. The potential impacts of this decision are great. Through the lens of RH-HIV/AIDS integration, they include:

- Inclusion of RH providers, networks of people living with HIV/AIDS, adolescents' and youth organizations, and other often overlooked sectors on the CCM;
- Increased attention to the various needs of vulnerable populations, such as reproductive health and family planning services, youth-friendly services, interventions to reduce stigma and discrimination, programs to prevent and respond to gender-based violence, and a range of services for sexual minorities, who are often among the hardest to reach populations;
- Increased access for civil society organizations, especially those representing underserved populations—such as sexual minorities, sex workers, migrant populations and other vulnerable groups—and overlooked services; and increased opportunity to serve as principal recipients or sub-recipients of Global Fund grants.

In most cases, the CCM is the gatekeeper to Global Fund processes. The individual voices that make up the CCM can be of great importance in determining what will be included in a country coordinated proposal to the Global Fund, and in deciding through which organizations or agencies that money will flow. Positioning RH organizations as CCM members, principal recipients, and implementers is one of the most important steps that can be taken in ensuring that reproductive health and HIV/AIDS can be successfully integrated through Global Fund proposals.