



MOBILIZING FOR RH/HIV INTEGRATION

Support for Sexual and Reproductive Health-HIV/AIDS Integration in Proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria Evident but Insufficient

Major multilateral agencies, including the UN General Assembly in its 2001 Declaration of Commitment on HIV/AIDS, UNAIDS, UNFPA and the World Health Organization (WHO) have indicated that reproductive health (RH) is essential to prevent the spread and mitigate the impact of HIV/AIDS. As one of the largest funders of HIV/AIDS programs worldwide, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is essential to achieving international goals for universal access to HIV/AIDS prevention, care and treatment by 2010. However, to date, the bidirectional integration of RH with HIV/AIDS services has been insufficient, leaving women and girls, men and boys, and people living with HIV at risk of preventable life-threatening health outcomes. Although the Global Fund is in a strong position to further integrated efforts, recent research demonstrates that with greater guidance and support, much more can be done to encourage increased numbers of integrated initiatives by national partners. The Global Fund needs to make full use of the opportunity integrated programs provide for achieving universal access and scaling up HIV prevention, treatment and care programs.

In the summer of 2008, the Department of Reproductive Health and Research at WHO confidentially shared the results of a desk review of all 214 approved Global Fund proposals from Rounds 1 through 7 with partners, including with Global Fund Secretariat staff. The analysis revealed that RH services are regularly considered in Global Fund proposals—in fact, all but two of the approved proposals had at least one RH service included, and the two that didn't apparently had addressed such issues in prior funding rounds. While the analysis provided data about integration in GF proposals, the results do not indicate to what extent funds have been allocated to support bidirectional integrated programs. **Despite the findings of the analysis, it does not provide a comprehensive picture of the opportunities for RH-HIV funding, and the extent to which they are being missed by the Global Fund and its stakeholders.**

At first glance, these results reveal a success: the Global Fund recognizes RH-HIV integration as an effective approach to addressing HIV. In addition, this research reveals that there is a demand from national partners for RH-HIV integration. However, it is essential to further analyze the data in order to assess the levels and types of integration proposed over different grant rounds.

The WHO defines its global reproductive health strategy as including the following five elements:

1. Antenatal, delivery, postpartum and newborn care;
2. Family planning;
3. Eliminating unsafe abortion;
4. Control of sexually transmitted infections (STIs), including HIV; and
5. Promoting sexual health.

Other issues are defined as cross-cutting, yet relevant to this strategy, including prevention of mother-to-child transmission of HIV (PMTCT), gender inequality including gender-based violence, male involvement, and adolescent needs, involvement of people living with HIV/AIDS (PLHIV) and the sexual and reproductive health of PLHIV.

Based upon this comprehensive framework as defined by WHO, it is clear that **the RH-HIV integration approaches thus far funded by the Global Fund is inadequate and addresses only a fraction of the possible methods of integration.** For example, of the 212 proposals reviewed that did contain some RH component, the vast majority focused on only three specific services:

- PMTCT (about 25% of proposals);
- STI prevention, diagnosis and treatment (about 25% of proposals); and
- Safe sex/sexual health promotion (about 25% of proposals).

Although they are essential to HIV prevention, **these interventions are only the most common of the many RH interventions that can and should be integrated with the HIV response.** They do not address all of the five areas of comprehensive reproductive health according to the strategy cited above, nor do they necessarily address some of the most relevant gaps at the country level.

While it is important that these three interventions were included as often as they were, many other RH interventions were included infrequently, if at all. For example, gender-based violence (GBV) prevention and management (cross-cutting) and family planning, which can be linked with PMTCT, voluntary counseling and testing and GBV, were found in far fewer proposals, despite their clear links to and importance in HIV transmission and prevention. Although the Global Fund, UNAIDS, and other global leaders have acknowledged the importance of such programs to meeting HIV/AIDS universal access targets, the WHO analysis makes it clear that the message is not reaching everyone who needs to hear it, including national partners who may be supportive of these programs, but need assistance in developing the technical and human resource capacity needed for implementation.

Some RH services are being funded by the Global Fund, but much more needs to be done.

Country partners need to clearly understand the opportunity for funding integrated RH-HIV approaches that is available to them through the Global Fund, and the Global Fund needs to ensure that it is acting on the support it has expressed for such services.

Recommendations:

- The Global Fund Secretariat and other stakeholders must acknowledge that, while there is demand for and willingness to fund RH-HIV integration when the impact on HIV can be shown, it has yet to be systematically addressed in approved Global Fund proposals.
- The Global Fund Secretariat must urgently implement the most robust gender equality strategy possible, ensuring that the need for comprehensive RH-HIV integration is communicated to all stakeholders, from Geneva to the country level.
- All monitoring and evaluation and reporting tools for Global Fund proposals should ensure that the full range of RH interventions can be monitored, and sex and age disaggregated data should be required.
- Global Fund technical partners, including but not limited to UNAIDS, UNFPA, UNICEF and WHO, must align their messages around the need for comprehensive RH services to be integrated with and linked to HIV/AIDS services, and provide capacity building and technical support for proposal development and implementation.

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