SHADOW REPORT

Review of Country Coordinating Mechanism Proposals with SRH-HIV/AIDS Integration Submitted to the Global Fund Round 7

24 August 2007

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Thanks to: Sunita Grote, International HIV/AIDS Alliance; Kate Hawkins, Interact Worldwide; Katie Porter, Population Action International; Heather Boonstra, Guttmacher Institute; Marge Berer, Reproductive Health Matters, and Rose Wilcher, Family Health International; for their invaluable input.

This report considers efforts to integrate sexual and reproductive health (SRH) in the HIV/AIDS components of country coordinated proposals submitted in July 2007 by Country Coordinating Mechanisms (CCM) for the 7th Round of funding by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). These proposals are under review by the Global Fund's Technical Review Panel (TRP).[1] This document reviews several final proposals that contain some level of sexual and reproductive health and HIV/AIDS (SRH-HIV/AIDS) service integration. In consultation with the Global Fund in advance of Round 7[2] it was confirmed that proposals that establish linkages with traditional SRH systems are acceptable within the overall frameworks of combating HIV/AIDS, tuberculosis and malaria so long as a positive outcome for the disease in question can be demonstrated. Acceptable integrated services include, but are not limited to, financing and provision of family planning services.

This review is meant to reveal components in proposals of SRH-HIV/AIDS service integration and determine how comprehensive they are. This is not intended to assess technical merit according to the criteria against which the Global Fund's Technical Review Panel reviews entire proposals. Each proposal has been evaluated based on its inclusion of SRH-HIV/AIDS service integration advocated for by a coalition[3] focused on increasing the number of (successful) SRH-related proposals within the HIV and malaria components of the Global Fund.

Additionally, the reviews are guided by recommended service integration outlined in recently issued technical briefings developed by WHO on Strengthening Linkages between Family Planning and HIV and Strengthening Linkages between Sexual and Reproductive Health and HIV, and the Round 7 Guidelines published by a coalition of civil society partners.[4] Depending on the type of epidemic, transmission dynamics and the populations being served, criteria for evaluating comprehensive integration was based on one or more of the following elements:[5]

- Sexual health counselling, treatment and supplies as an effective means to change risk-taking behaviour and reduce both SRH and HIV morbidity and mortality;
- Procurement, promotion and provision of condoms (male and female) as the only contraceptive method which provides dual protection against both unintended pregnancy and STIs, including HIV;

[1] This report is not intended to in any way privilege the consideration of the proposals reviewed or to unduly scrutinize components of full proposals. The report will not be directly distributed to members of the TRP in advance of their meeting.

[2] Report of Advocacy Summit on Global Fund Round 7: Integrating of Sexual and Reproductive Health within the HIV and malaria Components of Country Coordinated Proposals, UNAIDS headquarters, Geneva, Switzerland 4-6 December, 2006. http://aidsalliance.bluestatedigital.com/index.php/355.

[3] The Global AIDS Alliance, the International HIV/AIDS Alliance, International Planned Parenthood Federation, Interact Worldwide, and Population Action International co-hosted the Advocacy Summit 4-6 December 2006.

[4] Guidelines for Integrating Sexual and Reproductive Health into the HIV/AIDS Component of Country Coordinated Proposals to be submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria Round 7 and Beyond published by the Advocacy Summit partners along with Advocates for Youth. http://aidsalliance.3cdn.net/ebe8657456c6f186b3_7tm6iio1b.pdf.

[5] The interventions highlighted do not necessarily describe all relevant interventions available or those that have been indicated in the reviewed proposals.

- Antenatal and perinatal care for all pregnant women, including delivery and post-partum care, and emergency obstetric care that considers HIV status;
- PMTCT Plus, including initial provision of PMTCT interventions to pregnant and delivering women and their newborns, delivery and post-partum care, plus HIV treatment for women, infants and their families as appropriate, as well SRH services, including family planning and dual protection advice for women and their partners, and infant feeding options counselling and support;
- Provision of testing and pre- and post-test counselling for HIV in SRH services as a means to enable people to know their status and receive appropriate care. This includes ensuring access to appropriate laboratory facilities and couples counselling;
- Provision of and access to antiretroviral therapy (ART) and treatment for opportunistic infections and STIs, and referrals between these services and services such as family planning and VCT sites;
- Provision of comprehensive family planning services for all people of reproductive age which tailors non-coercive contraceptive advice to HIV status and counsels and/or provides safe abortion in circumstances where it is not against the law;
- STI and other services for vulnerable groups such as men who have sex with men (MSM), sex workers and injecting drug users (IDUs) that provide and or/refer to contraceptive services for dual protection;
- Youth-friendly information, education and services accommodating the special sexual and reproductive health needs of young people;
- Services to prevent and respond to gender-based violence, which impacts SRH and the spread of STIs, including HIV, including gender-sensitive referrals to SRH and HIV services and legal services, as appropriate, and psychosocial care.

An available selection of final proposals was reviewed, thus this report does not reflect all proposals containing SRH-HIV/AIDS service integration that may have been submitted to the Global Fund for Round 7. Conclusions are drawn which highlight the need for further support for SRH-HIV/AIDS integration to be taken up by the Global Fund Board, provided to the TRP and explicitly indicated in technical guidance in key documentation for the development of proposals, whereby it is highlighted as an essential component of HIV prevention and treatment services.

Reviews: Burundi, Madagascar, Malawi, Pakistan, Rwanda and Tanzania

Burundi[6]

Burundi's Round 7 HIV/AIDS proposal makes important strides in addressing the integration of SRH with HIV and AIDS services. The proposal contains a number of creative interventions for behaviour change communication (BCC) and social marketing that include information about STI transmission targeted at vulnerable populations and messaging around antenatal care and PMTCT. The proposal also includes an emphasis on procurement, marketing and provision of male and female condoms, including targeting HIV-positive women of reproductive age to ensure they know how to prevent unwanted pregnancies. Building on efforts supported by Burundi's Round 5 grant, the Round 7 grant includes diagnosis and treatment of STIs, as well.

[6] Burundi's proposal was reviewed in French. Translations are the sole responsibility of this report's authors.

The proposal focuses a great deal on prevention of mother-to-child-transmission (PMTCT) as a primary entry point for women of reproductive age and for their partners, and as a fundamental intervention for preventing and treating HIV. The proposal would establish 52 new PMTCT centres, bringing the total of Global Fund-supported PMTCT sites to 80. Recognizing a key gap in couples HIV counselling and nutrition for pregnant women living with HIV, the Round 7 proposal would build these services into all PMTCT sites. Importantly, the proposal seeks to integrate PMTCT with reproductive health care, including counselling on infant feeding options. It also seeks to provide training on perinatal care through PMTCT sites, building upon work supported by the Global Fund through Burundi's Round 5 proposal, and on ongoing care and support for pregnant women living with HIV. This support includes ART access for pregnant women in need of treatment.

If funded, the proposal would provide training for health care workers who specialize in related fields, including gynecologists and midwives, and would integrate primary HIV prevention and VCT into family planning and antenatal care settings. Additionally, Burundi seeks support in Round 7 for the integration of HIV prevention messaging and promotion of PMTCT with antenatal and family planning clinics. The proposal does lack some of the interventions used as benchmarks for this review. For example, no explicit mention is made of youth-friendly services or of services to prevent and respond to gender-based violence. Burundi's CCM has furthered its commitment to SRH-HIV/AIDS integration by naming civil society organizations with SRH expertise as sub-recipients for the Round 7 grant proposal, including Association Pour Le Bien Être Familial, an International Planned Parenthood Federation Member Association.

- ✓ HIV prevention counselling.
- ✓ Procurement, promotion and provision of condoms.
- ✓ Perinatal care.
- ✓ PMTCT Plus, including counselling on feeding options and ongoing care for pregnant women living with HIV.
- ✓ VCT integrated with family planning and ANC.
- ✓ Provision of ART for pregnant women living with HIV and of treatment for STIs.
- ✓ STI services for vulnerable populations.

Madagascar

Given that Madagascar remains a low HIV-prevalence country, its Round 7 proposal has shifted focus from generalized interventions emphasized in previous Global Fund proposals to those targeting marginalized populations that are most at risk of HIV and other STIs: sex workers and their clients, MSM, prisoners, injection drug users, STI patients, and marginalized youth. For each category, Madagascar's proposal centers on increasing knowledge of STIs, including HIV, behaviour change, and access to male and female condoms, STI treatment and HIV testing. Population Services International, a leading SRH organization, is proposed as principle recipient. The proposed SRH-HIV/AIDS integration is limited, primarily emphasizing STIs and leaving out other benchmark interventions, such as PMTCT, comprehensive integrated family planning, and services for gender-based violence. Yet, the proposal would yield important health system strengthening and provide services essential for maintaining Madagascar's low HIV prevalence.

- ✓ Sexual health counselling.
- ✓ Promotion and provision of condoms.
- ✓ HIV testing in family planning settings.
- ✓ Provision of ART and treatment for STIs, including in ANC settings and referrals from family planning clinics.
- ✓ STI services for vulnerable groups.
- ✓ Youth-friendly health centres.

The primary focus on STIs includes the expectation of treating 300,000 episodes over the life of the grant, an important element of SRH-HIV integration and a goal of Madagascar's National Plan of Action for HIV and AIDS. In addition, the proposal seeks to integrate clinical STI and HIV services into existing medical services, with an eye toward health system efficiency and accessibility of services. Further, integration of services would include STI testing and treatment in ANC settings, referral of STI patients by family planning clinics, and opt-out testing for HIV in all family planning centres, all of which should lead ultimately to decreased mother-to-child transmission of HIV and increased maternal health.

Madagascar's Round 7 focus on vulnerable groups includes an important emphasis on making health centres 'friendly' to those least likely to attend them, including operationalizing youth-friendly health centres and reinvigorating youth centres, which often serve as an entry point to the health system for adolescents. Additionally, the proposal seeks to address the unique risk factors for STIs, including HIV, of prisoners and sex workers by training prison health care workers, leadership, and peer educators on STIs and HIV/AIDS, and by promoting female condoms with sex workers.

Malawi

The overarching goal of Malawi's Round 7 proposal is to reduce the prevalence and incidence of HIV infection through scale up of behaviour change communication (BCC) interventions, sexual and reproductive health and rights[7] (SRHR) and non-biomedical HIV prevention services for young people. The proposal notes that young people's HIV prevention and SRHR needs are not prioritised and are under-funded through the HIV/AIDS National Action Framework and plans to achieve Universal Access to comprehensive HIV/AIDS services. Young people aged 10-24 years in Malawi bear a disproportionate share of HIV infections and are also experiencing a high rate of new infections.

- ✓ SRH counselling.
- ✓ Promotion and provision of condoms for dual protection.
- ✓ STI treatment.
- ✓ Youth-friendly information, education and services accommodating the special SRH needs of young people.

The proposal highlights provision of youth-friendly SRH services, including HIV counselling and testing, family planning and STI treatment. Trained young people will be supported as community-based distribution agents for male and female condoms and BCC materials. It is recognized that unless underlying societal factors are addressed, prevention efforts will have limited reach, thus socio-economic interventions such as vocational skills training and micro-credit support feature centrally. The proposal notes evidence of the relationship between the policy environment and adoption of HIV preventive behaviour by young people and aims to strengthen advocacy for implementation of policies that promote HIV prevention and laws that protect young people's rights, promote women's rights, combat stigma and discrimination and protect adolescents from sexual abuse.

Proposed services will target young people from poor communities, young people living with disabilities, as well as orphans and other vulnerable children and high-risk groups, including sex workers, those living in epidemic 'hotspots,' and street children. Young women who are disproportionately affected by the epidemic in Malawi will be prioritised with a focus on adolescent mothers. The programme will leverage biomedical HIV

[7] Abortion remains illegal in Malawi.

prevention services provided under existing programmes funded through other domestic and external resources, including a Round 2 Global Fund grant, which will enable access to HIV testing centres and treatment for STIs and thereby provide a holistic and comprehensive HIV prevention package to young people and others.

Pakistan

The HIV and AIDS epidemic in Pakistan, recently reclassified from low prevalence/high risk to concentrated epidemic, is mainly driven by high-risk practices undertaken by street-based injecting drug users (IDUs). The overall goal of the proposed interventions in the HIV and AIDS component of Pakistan's Round 7 proposal is to control HIV transmission among IDUs and associated networks and prevent transmission to the general population, thus avoiding a generalized epidemic. The Round 7 proposal aims to ensure increased access to comprehensive prevention, harm reduction, treatment and care services for IDUs, their spouses and associated risk networks, which is intended to result in increased adoption of safe behaviors, such as reduction in syringe sharing practices, increased condom use and reduction in the prevalence of STIs. It is estimated that there are 70,000 female sex workers and 60,000 MSM (including *Hijras* or transsexuals) present in Pakistan. A multi-pronged approach would be adopted to provide HIV prevention services to 44,000 sex workers through outreach and clinic-based services in six cities of Pakistan. The service package would include focused behaviour change communication strategies targeted to sex workers, provision of primary health care, STI management, provision of condoms, and access to voluntary counselling and testing along with ART treatment. Sex workers associated directly with IDUs would have services specific to their needs, with SRH services specifically noted.

Taking forward best practices of VCT services strengthened through implementation of Pakistan's Round 2 proposal, the ART treatment and support programme in Round 7 will pursue enhanced VCT for vulnerable groups so that all high-risk populations are able to access confidential testing and counselling. As approximately 50% of male IDUs are married and regularly engage in unprotected sex with their spouses, an estimated 50,000 wives of male IDUs are at high-risk of HIV transmission. The proposal asserts that scaled-up VCT services and HIV care and support is expected to reach 30-40% of IDU spouses.

- ✓ SRH counselling.
- ✓ Promotion and provision of condoms.
- ✓ PMTCT Plus, including ongoing care for pregnant women living with HIV.
- ✓ ART and STI treatment.
- ✓ STI and other services for vulnerable groups, particularly injecting drug users and sex workers, that provide and or/refer to contraceptive services for dual protection.
- ✓ Youth-friendly information, education and services accommodating the special sexual and reproductive health needs of young people.

Within the National Strategic Framework for HIV Treatment, Care and Support in Pakistan, treatment exists in synergy with PMTCT sites and pediatric ART sites, including support for people living with HIV at the community level. There is no focus on the promotion and provision of voluntary contraceptive services as an integral component of PMTCT to help women living with HIV to prevent unwanted pregnancies. Neither is there focus on counselling on reproductive choices for people living with HIV, including planning for a pregnancy, protecting against a pregnancy or interrupting an unwanted pregnancy. The existing service delivery packages have developed training modules specific to the needs of adolescents. The proposal outlines services to street dwelling adolescents at high risk, including condom provision, counselling, peer education, basic health care, nutrition, STI treatment and referrals for drug treatment and skills training.

Rwanda

Rwanda's HIV/AIDS proposal for the Global Fund's Round 7 seeks to advance comprehensive integration of SRH and HIV/AIDS services and programmes. Based upon Rwanda's National Reproductive Health Policy, which links with the National Policy on HIV and AIDS, the HIV prevention section of the full proposal includes SRH at every level, from ministry coordination and support to training and support for community health workers. The proposal places a strong emphasis on increasing access to PMTCT Plus and on promotion and provision of condoms for dual protection against pregnancy and STIs, including HIV.

- ✓ SRH counselling.
- ✓ Procurement, promotion and provision of condoms for dual protection.
- ✓ ANC, including emergency obstetric care.
- ✓ PMTCT Plus, including integrated ANC, delivery care, counselling on feeding options and family planning.
- ✓ Integration of VCT in SRH services and vice versa, including couples counselling.
- ✓ Provision of ART and treatment for STIs.
- ✓ Comprehensive family planning, including for women living with HIV.
- ✓ STI services for vulnerable groups, such as OVC.
- ✓ Youth-friendly health centres.
- ✓ Gender-based violence services, including dedicated clinics, referrals and scaled-up psychosocial care.

Significant attention is paid to maternal and child health, including counselling on exclusive breastfeeding, efforts to increase the number of births attended by trained assistants and check-ups in the first few months of infants' lives. STI management would significantly increase and be integrated into the health centres the Global Fund supports thorough previous funding rounds. Health care worker capacity to provide SRH counselling and services, including comprehensive family planning, would be bolstered through ongoing trainings that continue throughout the grant period and through direct support for new health care workers. The special needs of youth for targeted services would be addressed through the establishment of new youth-friendly health centres and trainings for health care workers at the clinic and community levels on how best to work with adolescents; youth clubs linked with health centres would also be supported, intended to increase comfort with the health system. Rehabilitation of all 182 health centres currently supported by the Global Fund would increase worker comfort in addition to ensuring adequate and appropriate facilities for SRH services to be conducted alongside HIV/AIDS and primary care services.

Rwanda's proposal reflects WHO's technical guidance regarding comprehensive SRH-HIV linkages and includes elements of all benchmark interventions used in this review. Notably, Rwanda's proposal emphasizes efforts to combat gender-based violence, which has clear implications for both SRH and HIV/AIDS, and is a priority area in Rwanda's National Reproductive Health Policy. Rwanda's Round 7 proposal would integrate services to recognize and respond to gender-based violence in all Global Fund-supported health centres, increase opportunities for victims to report their experiences through referrals to government hospitals and linkages to community health workers who are specially trained in GBV, and provide post-exposure prophylaxis for HIV.

Additionally, the proposal would allow for the establishment of health clinics dedicated to GBV and to the health and empowerment of survivors. SRH integration included in the proposal also means that women and children who have experienced GBV and report to a health centre would be able to access the range of SRH and HIV services described above and supported by previous Global Fund grants and other donor efforts in Rwanda. Finally, the proposal would fund training and support for psychosocial counselors and

community-based victim advocates to provide essential services and referrals for survivors of GBV.[8]

Tanzania

Tanzania has submitted a Round 7 proposal that emphasizes two-way SRH-HIV integration with a number of different entry points and target populations. Ultimately, in addition to reducing STI rates, including HIV, especially among at-risk populations, increasing the number of people who know their HIV status, improving integration of HIV/AIDS services into SRH services, and improving adolescent SRH, Tanzania's Round 7 proposal seeks to lay the groundwork for institutionalization of SRH integration at all levels of the health system.

The proposal seeks to integrate STI and SRH services at the point of delivery, by training health care workers and bolstering health facilities that offer family planning, ANC, VCT, and HIV/AIDS care and treatment so that they can also offer STI diagnosis and treatment. Tanzania's STI Program has determined that gender-based violence is an important contributing factor to the spread of STIs in that country; STI activities would therefore include gender-based violence services. Mass media, including a televised mini-series, would be used to raise awareness about STIs, help people find SRH-HIV services, and encourage safe behaviour, including family planning. Tanzania's proposal also focuses on integrating VCT and SRH services at the point of delivery. SRH would be integrated into all VCT training, counselling, and community health activities.

- ✓ SRH counselling in context of HIV/AIDS and SRH services.
- ✓ Promotion and provision of condoms for dual protection.
- ✓ PMTCT integrated into reproductive and child health.
- ✓ Testing services for STIs integrated with SRH and HIV/AIDS services.
- ✓ Provision of ART and treatment for STIs, including in ANC settings and referrals from family planning clinics.
- ✓ Family planning services for HIV-positive women who have given birth.
- ✓ STI services for vulnerable groups.
- ✓ Youth-friendly health centres.
- ✓ Gender-based violence services within STI services, including those integrated with SRH services.

The proposal seeks support to review and harmonize national policy guidelines on PMTCT, reproductive and child health, and community-based interventions for SRH and HIV, so that integration would become an institutionalized national priority that would inform training and implementation at all levels of the health system. This would be operationalized through mainstreaming PMTCT into reproductive and child health services, but also in part by increasing the number of health facilities that provide integrated SRH services linked to community-based health programmes. Such community-based services include family planning, especially for HIV-positive women needing dual protection messages, condom distribution, antenatal and post-natal care, PMTCT follow-up, counselling on infant feeding options, ART adherence, and STI education. Similarly, VCT for HIV would be integrated into family planning and reproductive and child health clinics; family planning and PMTCT services would be provided to HIV-positive women after they have given birth.

Tanzania's proposal includes scaling up services targeted at adolescents, including conducting trainings on providing youth-friendly SRH services, deploying peer educators

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[8] Rwanda's treatment of GBV in its Round 7 proposal follows closely the model established by the 2006 report *Zero Tolerance: Stop the Violence against Women and Children, Stop HIV/AIDS*, available at http://aidsalliance.3cdn.net/cfbfc372c0ec68f29d_sgm6b8q7z.pdf.

and lay counselors to promote behaviour change among adolescents and parents, and building capacity for effective referrals and linkages between youth organizations and the health system. Finally, the proposal includes strategies for addressing the SRH and HIV needs of most-at-risk populations. IEC materials would encourage members of these populations to seek VCT, HIV, PMTCT, STI and SRH services; condom disbursement sites would be established to reach hard-to-reach individuals; peer educators would provide BCC; and mobile clinics and designated health facilities would provide testing and treatment for opportunistic infections and STIs, ART, and SRH services.

Tanzania's proposal intends to raise the profile of SRH as an essential component of HIV/AIDS services and health systems as a whole. While the proposal does not explicitly include substantial interventions related to antenatal or perinatal care or comprehensive family planning, these are elements of the WHO definition of reproductive health, which is cited in the proposal as a guiding framework. Tanzania's Round 7 proposal would lay fundamental groundwork for a strong health system that includes comprehensive SRH integration at all levels.

Conclusions

While it is difficult to draw a set of conclusions from a disperse, and likely incomplete, set of proposals with a range of SRH-HIV/AIDS service integration aspects, the differential set of services which are interpreted as being eligible for inclusion highlights the need for further technical guidance on SRH-HIV/AIDS integration to be outlined in the Guidelines for Proposals issued by the Global Fund, beginning with Round 8. Not only must the Guidelines reflect the importance of SRH-HIV/AIDS integration, but the Monitoring and Evaluation (M&E) Toolkit provided by the Global Fund for potential grantees must do the same. The M&E Toolkit is often used by proposal writers to determine what interventions are prioritized by the Global Fund and to decide what sorts of activities are permissible. Beginning with Round 8, the M&E Toolkit must contain key indicators of successful SRH-HIV/AIDS integration, including one that makes explicit the acceptability of including procurement and provision of contraceptive commodities in a proposal.

Within and in addition to its current efforts to define the Global Fund's role in strengthening health systems, the Board should be explicit in its support for SRH-HIV/AIDS integration by approving Guidelines that include SRH-HIV/AIDS integration and outline the funding opportunities for SRH-HIV/AIDS integration and for reproductive health supplies. There should be clarification that Health System Strengthening aspects of all proposals can include human resources, commodities, supplies and infrastructure for SRH.

Additionally the Technical Review Panel (TRP) must consider SRH integration as an 'essential component' in HIV/AIDS proposals. This will, in part, be accomplished through a concerted effort by WHO and other agencies that provide technical support to the TRP to emphasize the many entry points for SRH-HIV/AIDS integration, the range of relevant interventions, and the positive outcomes these can have on HIV/AIDS and other diseases.

It is important to recognize that programmes funded by the Global Fund must be situated within a wider 'enabling environment' for SRH-HIV/AIDS integration. Bilateral donors, United Nations agencies and other funders in SRH and HIV/AIDS have a crucial

role in advocacy for, development of and support for national programming that aims to scale up integration, including through their involvement in CCM processes and in discussions with national Governments and other stakeholders.

Ongoing advocacy efforts, like those in Pakistan, where there was a series of provincial consultations within the country on SRH-HIV/AIDS integration,[9] must proceed in order to build capacity and harmonize all service providers. Pakistan's consultations were attended by a wide range of stakeholders including civil society, Government, United Nations agencies, academics, the media and bilateral donors. As a result, the Ministry of Health and UN technical agencies included NGOs in the technical group set up to guide SRH integration and guidelines have included recommendations from the provincial consultations. This effort has helped to create an enabling environment for SRH-HIV/AIDS integration and was a progressive sign for the prospects of effective public-private partnerships.

Many model interventions are reflected in the Round 7 proposals reviewed. They demonstrate significant progress in seeking to scale-up and broaden access to PMTCT Plus and family planning with Global Fund support. Malawi's proposal highlights efforts to fill a funding gap in HIV prevention and SRH needs of young people. Rwanda's proposal provides a model for a scaled-up response to GBV integrated with existing health structures. Tanzania's proposal may be viewed as a model for bidirectional integration: HIV/AIDS services into SRH services, and SRH services into HIV/AIDS services. Madagascar's provides an example of how SRH-HIV/AIDS integration can be used in low HIV-prevalence countries to prevent generalized AIDS epidemics, as well as targeting SRH services for vulnerable groups, also an important element of Pakistan's approach in a concentrated epidemic.

Among the broader implications of all six proposals is the important role that demand creation plays in the health interventions that are supported by the Global Fund. The combination of an enabling environment, including a CCM dedicated to comprehensive health services and the participation of a range of civil society, government and multilateral actors, and a commitment to increasing access for women, girls and most-at-risk populations can yield important impact on the level of SRH-HIV/AIDS integration in Global Fund proposals. Greater SRH-HIV/AIDS integration can ultimately significantly decrease morbidity and mortality from ill sexual and reproductive health, including HIV/AIDS. The lessons from these six proposals should be applied to global- and national-level Global Fund policy and technical guidance beginning with the Round 8 Call for Country Coordinated Proposals, and should be integrated into appropriate country-level Global Fund activity moving forward.

[9] Organised by Marie Stopes Society with technical assistance from Yasmeen Qazi of Packard Foundation.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CCM	Country Coordinating Mechanism
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
IEC	Information, Education and Communication
MTCT	Mother-to-child Transmission (of HIV)
OVC	Orphans and other Vulnerable Children
PMTCT	Prevention of Mother-to-child Transmission (of HIV)
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TRP	Technical Review Panel
VCT	Voluntary Counselling and Testing (for HIV)
WHO	World Health Organization