

MOBILIZING FOR RH/HIV INTEGRATION

SHADOW REPORT

Review of Country Coordinating Mechanism Proposals with SRH-HIV/AIDS Integration Submitted to the Global Fund Round 8

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Abbreviations

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
BCC	behavior change communication
CBO	community-based organization
CCM	country coordinating mechanism
CHBC	community home-based care
CSO	civil society organization
GBV	gender-based violence
HCT	HIV counseling and testing
HIV	human immunodeficiency virus
IDU	injecting drug user
IEC	information, education and communication
MCH	maternal and child health
MSM	men who have sex with men
OVC	orphans and vulnerable children
PEPFAR	US President's Emergency Relief Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission (of HIV)
PR	principal recipient (of Global Fund funds)
RH	reproductive health
SR	subrecipient (of Global Fund funds)
SRH	sexual and reproductive health
STI	sexually transmitted infection
TRP	(Global Fund) Technical Review Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	voluntary counseling and testing (for HIV)
WHO	World Health Organization

Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria has issued two calls for proposals since late 2006, when a civil society-initiated advocacy summit attended by Global Fund Secretariat staff confirmed that “proposals that establish linkages with traditional SRH systems are acceptable within the overall frameworks of combating HIV/AIDS, tuberculosis and malaria.”¹ Immediately following the Round 7 proposal submissions in August 2007, the Global AIDS Alliance and Interact Worldwide issued the *Shadow Report: Review of Country Coordinating Mechanism Proposals with SRH-HIV/AIDS Integration Submitted to the Global Fund Round 7*.²

The 2008 *Shadow Report* serves the same purpose of examining efforts to integrate sexual and reproductive health into the HIV/AIDS components of proposals submitted by CCMs to the Global Fund for Round 8 consideration. This edition considers eight proposals that contain some level of SRH-HIV/AIDS service integration: those from Burkina Faso, Burundi, Cameroon, Madagascar, Mozambique, Namibia, Nigeria and Zambia. These countries were among those receiving technical assistance and pursuing country-level advocacy for SRH/HIV integration with support from the Mobilizing for RH/HIV Integration Initiative, herein known as the Initiative.^{3, 4} Additionally Ghana and Tanzania were targets of Initiative interventions, which focused on increasing the quality and quantity of SRH-related activities integrated and linked to HIV services within HIV component proposals submitted to the Global Fund.

These eight proposals were submitted on 1 July 2008, and will be reviewed by the Global Fund Technical Review Panel (TRP) in August 2008 with funding decisions announced by the Global Fund Board in November 2008. This report is intended to provide an overview of examples of SRH-HIV/AIDS content from the proposals, not to evaluate their overall quality in terms of technical merit or their suitability for funding. There has been no assessment of whether the proposal development process in the countries met CCM requirements, nor of whether activities outlined in proposal narratives have been adequately provided for in the corresponding budgets.

¹ *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, Geneva, Switzerland 4-6 December, 2006. http://aidsalliance.bluestatedigital.com/page/-/documents/SRH_Advocacy_Summit_Report.doc.

² *Shadow Report: Review of Country Coordinating Mechanism Proposals with SRH-HIV/AIDS Integration Submitted to the Global Fund Round 7*, Global AIDS Alliance and Interact Worldwide, 24 August 2007. http://www.globalaidsalliance.org/page/-/PDFs/SRH_HIV_Shadow_Report_FINAL.pdf.

³ Initiative partners include: Friends of the Global Fund Africa; Global AIDS Alliance; Interact Worldwide; the International HIV/AIDS Alliance; International Planned Parenthood Federation and its Africa Regional Office; and Population Action International.

⁴ In both Mozambique and Zambia, coalitions of women’s rights organizations also received technical assistance and strategic support for the development of Round 8 proposals from Open Society Institute and Open Society Initiative for Southern Africa.

The following reviews are informed by three WHO technical briefings, *Strengthening Linkages between Sexual and Reproductive Health and HIV*, *Strengthening Linkages between Family Planning and HIV* and *Prevention of Mother-to-Child Transmission of HIV*, as well as by guidelines published by Initiative partners.^{5, 6, 7, 8} It was not possible to consider the proposals in relation to Global Fund standards on SRH-HIV/AIDS service integration because technical guidance from the Global Fund on the kinds of activities that it might fund has thus far been minimal.⁹ Nevertheless, a growing body of evidence of the benefits of SRH-HIV/AIDS integration and linkage has been endorsed by technical partners of the Global Fund, including civil society organisations.

Criteria for considering the SRH-HIV integration features of the proposals were based on one or more of the following elements:¹⁰

- Sexual health counseling, treatment and supplies, provided for the purposes of changing risk-taking behavior and reducing 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 unintended pregnancy and STIs, including HIV;
- Antenatal and perinatal care for all pregnant women, including delivery and postpartum care, as well as 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; HIV treatment for women, infants and their families as appropriate; SRH services, including family planning and dual protection advice for women and their partners; and counseling and support with regard to infant feeding options;

⁵ *Strengthening Linkages between Sexual and Reproductive Health and HIV*, WHO, 3 April 2007.

http://www.who.int/reproductive-health/hiv/hiv_tecbrief_srhiv.pdf.

⁶ *Strengthening Linkages between Family Planning and HIV*, WHO, 13 June 2007.

http://www.who.int/reproductive-health/hiv/hiv_tecbrief_fp.pdf.

⁷ *Prevention of Mother-to-Child Transmission of HIV*, WHO, 12 March 2007.

http://www.who.int/reproductive-health/hiv/hiv_tecbrief_pmtct.pdf.

⁸ *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 8 and Beyond*, published by Initiative partners, 18 February 2008.

http://aidsalliance.3cdn.net/d1187f1a0b2152118d_cbm6ibk4t.pdf.

⁹ The only guidance on SRH-HIV/AIDS service integration available from the launch of Round 8 is in the following paragraph from a “Gender Fact Sheet” the Global Fund provided to accompany the Round 8 guidelines. It states: “There are strong reasons for strengthening linkages between gender, HIV and sexual and reproductive health when addressing the needs of sexually active men, women and young people. The vulnerable groups are the same, and they are affected by the same root causes including sexual violence and inequitable gender relations. Sexual and reproductive health care represents an opportunity to expand HIV prevention and care for women. Similarly, services provided within HIV programs provide a potential platform for sexual and reproductive health care, such as prevention of sexually transmitted infections and family planning.” *Fact Sheet: Ensuring a Gender-sensitive Approach*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 1 March 2008.

http://www.theglobalfund.org/documents/rounds/8/R8Gender_Factsheet_en.pdf.

¹⁰ The elements highlighted do not necessarily describe all conceivable interventions, but to the best of our ability we have outlined those included in the reviewed proposals.

- Provision of testing and pre- and post-test counseling for HIV, including couples counseling, as a component of SRH services, along with access to adequate laboratory facilities;
- Provision of and access to antiretroviral therapy (ART) and treatment for opportunistic infections and STIs, along with referrals between these services and services such as family planning and VCT;
- Provision of comprehensive family planning services for all people of reproductive age, with noncoercive contraceptive advice tailored to HIV status and counseling and/or provision of safe abortion in circumstances in which it is legal;
- Provision of or referral to contraceptive services for dual protection as a component of STI services and other services for vulnerable groups such as sex workers, IDUs and MSM;
- Youth-friendly information, education and services accommodating the special sexual and reproductive health needs of young people; and
- Services to prevent and respond to gender-based violence, including gender-sensitive referrals to SRH and HIV services; legal services; and psychosocial care.

Additionally the Initiative has been advocating for inclusion of financing for access to other forms of contraceptives, especially for young women and married women who want to complement condom use for HIV prevention with a reliable method for prevention of pregnancy. While respecting the sexual and reproductive rights of women living with HIV, it is important to recognise that noncoercive family planning should be available for them to prevent unintended pregnancies.

The proposals reviewed here are those that Initiative partners had access to as a result of their involvement in the provision of technical assistance to proposal drafters. Thus this report is not intended to reflect all Round 8 proposals with SRH-HIV/AIDS service integration components. It is essential to note that the activities proposed differ from country to country depending on the type of epidemic, transmission dynamics and the populations that need to be served. The indicators named in the reviews should not be interpreted as a comprehensive formula for SRH-HIV/AIDS integration. It is also important to note that while many of the activities proposed in these countries reflect single-direction integration as a fundamental component of RH-HIV integration, bi-directional integration (SRH into HIV services and HIV into SRH services) would reach substantially more people.

Following the reviews, the authors present conclusions and recommendations for how the Global Fund can contribute further to promoting SRH as an essential component of HIV prevention and treatment services.

Reviews

Burkina Faso

Burkina Faso's Round 8 proposal puts forth some important SRH-related objectives, including the objective of preparing HIV service providers to more effectively address their clients' overall SRH needs. The proposal would build the SRH-related human resources capacity and skills of government and civil society providers of VCT, PMTCT, peer education and more general prevention, care and support services. The proposal includes plans for a sensitization campaign regarding the health risks posed by human papilloma virus and cervical cancer, and also seeks funding for the procurement of contraceptive supplies, including oral contraceptives; implants; injectables; male and female condoms; and demonstration kits.

The proposal would support the scale-up of PMTCT Plus in the 15 districts of Burkina Faso that currently have the greatest need for services. Community mobilization is a major component of the scale-up strategy, with civil society organizations being called upon to promote PMTCT Plus and provide support to women on PMTCT regimens. Furthermore, the proposal would build the capacity of PMTCT personnel to address broader SRH concerns.

The proposal's descriptions of IEC and BCC prevention interventions targeting young people and vulnerable groups all make reference to presenting integrated messages about HIV, STIs and broader SRH issues. School curricula would be developed to reflect these integrated messages, and teachers would be trained to use the curricula. The proposal calls for the establishment of STI and HIV prevention services specifically for sex workers and MSM, with capacity-building to prepare service providers to meet their unique needs. STI treatment kits, male and female condoms, lubricant and demonstration models would be procured for such interventions. Since very little is known about HIV/AIDS among MSM in Burkina Faso, the proposal would also support an initial situation analysis in this vulnerable population.

- SRH capacity-building in VCT, PMTCT, peer education and other services
- Sensitization campaign on human papilloma virus and cervical cancer
- Procurement of male and female condoms and other contraceptive supplies
- Scale-up of PMTCT Plus and support for women on PMTCT regimens
- Prevention interventions targeting young people and vulnerable populations with integrated messages about HIV, STIs and broader SRH issues
- STI and HIV prevention services for sex workers and MSM, with supplies including STI treatment kits, condoms, lubricant and demonstration models

Burundi

After being turned down for funding in Round 7, Burundi has submitted a Round 8 proposal that envisions what would be a broad-based response to the country's generalized HIV/AIDS epidemic. The proposal seeks to increase the number of VCT sites from 182 in 2008 to 400 in 2013, which would make VCT available at two out of every three health facilities, including antenatal clinics. Two health care staff at each site would be trained in provider-initiated VCT. The proposal would contribute to the integration of PMTCT into SRH services, with funding being used to improve service quality and to establish 204 new PMTCT sites by 2013. Also, 600 health care staff at facilities serving HIV-positive people would undergo training to improve their ability to provide family planning services. HIV-positive people involved in peer education activities would be trained so that they could better address the SRH concerns of other HIV-positive people.

The proposal includes a small youth-related component. It refers to creating youth-oriented awareness-raising campaigns and to training 60 health care providers on youth-related SRH issues. It also identifies young people as one of the vulnerable populations that are to be targeted with BCC interventions, although no further details are provided. Those interventions also would target sex workers, MSM, IDUs, members of the police and military, people with disabilities, detainees and the Batwa (an ethnic minority group).

The proposal includes the goal of purchasing and distributing 67 million male condoms and 9.4 million female condoms over a five-year period, with the priority being to reach the populations most at risk for HIV, other STIs and unwanted pregnancy. The proposal also seeks to make it easier for high-risk populations to access services such as VCT; antenatal care; PMTCT; and HIV treatment and psychosocial care. If funded, the proposal would provide 15,000 STI treatment kits to health centers, with the treatment needs of high-risk populations being a high priority.

The proposal addresses gender-based violence primarily by seeking to establish services for girls and women who experience sexual violence. This plan is not described in detail, although the proposal stipulates that health care workers would receive 1,000 kits containing emergency contraception pills and other basic urgent care supplies. The kits are intended for women who have been subjected to sexual violence and consequently are

- Scale-up of VCT, including VCT at antenatal clinics, with training in provider-initiated VCT for health care staff
- Integration of PMTCT into SRH services
- Family planning training for health care staff serving HIV-positive people
- SRH training for HIV-positive peer educators
- Health care provider training on youth-related SRH issues
- Improved access of high-risk groups to VCT, antenatal, PMTCT and HIV services
- Purchase and distribution of male and female condoms
- Provision of STI treatment kits to health centers
- Services for girls and women who experience sexual violence
- Training on sexual violence for health care providers and provision of urgent care kits with emergency contraception

at risk of HIV or unwanted pregnancy. Funding would also be used to train 60 health care providers on how to serve individuals who had suffered from sexual violence.

Cameroon

Cameroon's overall HIV prevalence rate is 5.5%, with higher rates found in women aged 19-24; soldiers; truck drivers; babies born to HIV-positive mothers; and sex workers. After having its Round 7 proposal rejected, Cameroon has submitted a Round 8 proposal that emphasizes community-based mobilization as a strategy to generate demand for services. Components of this strategy are intended to encourage safer behaviors among most-at-risk populations and to promote VCT and PMTCT. The proposal would train 300 community advisors in pre- and post-test counseling and would prepare them to provide appropriate referrals. It would also make 3 million HIV tests and 450,000 confirmation HIV tests available for health facilities to purchase.

Integrating PMTCT into reproductive health services is a central part of the proposal. Health service providers would receive specialized training on topics relating to the care of HIV-positive pregnant women and their children, such as PMTCT, delivery, breastfeeding and vaccination. They would also be charged with making home visits to women with high-risk pregnancies, and, when appropriate, would refer women to PMTCT facilities and to CSOs that provide related support services. Another reproductive health objective would be the prevention of unwanted pregnancy and unsafe abortion.

The proposal gives high priority to STI prevention and treatment, and seeks to strengthen STI services at the community level. Training on the health links between STIs and HIV and on other SRH topics would be provided to three health care staff per facility at 300 facilities. A referral system would be implemented, with 10% of referred patients receiving free care and support. Reproductive health counseling would be included in a global HIV treatment, care and support package offered to 32,480 impoverished HIV-positive people.

Cameroon's Round 4 Global Fund grant supported HIV prevention activities for young people, but two subgroups were not adequately served: young people living in rural areas, and those working in the informal sector. Thus the Round 8 proposal includes plans for BCC activities targeting both populations. Pilot programs, intended to be scaled up, would also adapt RH-HIV services to the needs of vulnerable populations, in particular sex workers and HIV-positive people. Regarding gender-based violence, the proposal

- PMTCT integrated into reproductive health services, with provider training on HIV-related care topics
- Home visits to women with high-risk pregnancies
- STI prevention and treatment services
- Training for health care staff on health links between STIs, HIV and SRH
- Reproductive health counseling integrated into HIV treatment, care and support package for impoverished HIV-positive people
- RH-HIV services adapted to the needs of vulnerable populations, particularly sex workers and HIV-positive people
- Advocacy and community mobilization to oppose GBV

would establish community mobilization programs. There would also be advocacy programs targeting political and administrative authorities.

Madagascar

While Madagascar has an overall HIV prevalence rate of only 0.13%, higher rates have been found in the most-at-risk populations, which also have high STI levels. Madagascar's Round 8 proposal, a resubmission of the Round 7 proposal, seeks to reduce STI prevalence as a strategy for containing HIV, with an emphasis on integrating comprehensive SRH and HIV services. One important goal is to expand STI treatment coverage to 85% of patients in the most-at-risk populations: MSM, IDUs, prisoners, sex workers and clients of sex workers. The proposal would directly support the procurement of STI treatment kits but not condoms and contraceptives, which are being procured with other funding. Resources would also be used to improve the procurement and management of STI- and HIV-related supplies, as well as improving surveillance, monitoring and evaluation systems for HIV and other STIs.

Plans to scale up VCT emphasize the needs of most-at-risk populations, with a five-year goal of 90% VCT coverage among MSM, IDUs, prisoners, sex workers and clients of sex workers. Public primary health care centers would offer provider-initiated testing, while mobile VCT centers and teams would help expand VCT coverage. The proposal would support advocacy efforts to have VCT guidelines revised so that adolescents under age 18 would not need their parents' consent to access VCT. PMTCT activities would include community mobilization efforts and training for health service providers. PMTCT would be made available through privately and publicly managed reproductive health services, and would include ARVs, treatment for opportunistic infections and nutritional support. Regarding the needs of young people, sensitization and outreach activities would aim to increase adolescent awareness of sexual and reproductive health and to improve parent-child communication on HIV and other SRH issues. Services for young people would include diagnosis and treatment of STIs, family planning, VCT, condom distribution and PMTCT.

- Procurement of STI treatment kits and expansion of STI treatment to MSM, IDUs, prisoners, sex workers and clients of sex workers
- PMTCT including treatment, nutritional support, community mobilization and health service provider training
- Activities to increase adolescent awareness of SRH
- Services for young people, including STI services, family planning, VCT, condom distribution and PMTCT
- IEC and BCC on HIV, other STIs, condom use and VCT for vulnerable populations
- Peer education and support for MSM, IDUs, HIV-positive people, young people, sex workers and clients of sex workers
- Campaigns opposing HIV-related stigma and discrimination; MSM discrimination; and sexual violence and exploitation

IEC and BCC interventions for vulnerable populations would focus on improving knowledge and promoting safe behavior in relation to HIV, other STIs, condom use and VCT. Home- and community-based peer education and outreach would target MSM,

IDUs, HIV-positive people, young people, sex workers and clients of sex workers. Funding would also be used to support an existing telephone hotline and website that provide information to MSM and sex workers. Support on issues related to sexual identity and sexuality would be at the core of all services for MSM. A pilot harm reduction program for people who use drugs would advocate for them to have access to services, as well as providing clean needles; VCT; and legal and social support.

The proposal seeks to fund advocacy, policy and awareness-raising activities that would foster a supportive environment for populations at high risk of HIV infection. This agenda would include developing a harm reduction policy, providing legal advice to marginalized groups and raising awareness among health service providers, local decision-makers, law enforcement personnel, prison officials and prison guards. Law enforcement personnel would be encouraged to address violence against MSM and sex workers. Another objective is to improve the socioeconomic environment for sex workers by promoting alternative income-generating opportunities. A broadly focused campaign opposing HIV-related stigma and discrimination would also address discrimination against MSM on the basis of their sexuality. The proposal would additionally support a campaign aiming to educate young people, parents and decision-makers about sexual violence, sexual abuse, sexual exploitation and pedophilia.

Mozambique

HIV prevalence is three times higher in women than in men in Mozambique, and 58% of HIV-positive people are adolescent females aged 15-19. A component of Mozambique's Round 8 proposal was submitted on behalf of a civil society coalition comprising HIV service providers, reproductive health service providers and women's rights organizations. Their proposed interventions respond to these gender imbalances by emphasizing HIV prevention and SRH for girls and women; comprehensive MCH/PMTCT services; and initiatives to build community awareness regarding a range of HIV-related issues, including GBV.

One of the SRs would be Fórum Mulher, a network of 80 organizations promoting women's rights and gender equality. Fórum Mulher would in turn give funding to AMODEFA, the International Planned Parenthood Federation's member association in Mozambique, to provide clinical RH services. Although the proposal gives less attention to STI treatment, it includes plans for improving the quality and accessibility of STI treatment and for training health workers on new STI treatment guidelines.

- Improvements in STI treatment quality and accessibility
- Integration of provider-initiated HIV testing and counseling into primary health care
- Awareness-raising about traditional practices that increase girls' and women's vulnerability to HIV infection
- Technical assistance for national PMTCT program
- MCH staff training on comprehensive MCH/PMTCT services
- Peer support/education for HIV-positive pregnant women and interventions to increase HIV testing among their partners
- Youth-friendly VCT and SRH services
- Adolescent health education on HIV/AIDS, STIs and condom use, and increased youth access to male and female condoms
- Campaigns against rape and other forms of GBV

There is also a VCT component, with funding sought for the procurement and distribution of HIV rapid test kits; the integration of provider-initiated HIV testing and counseling into primary health care services; and communication initiatives to increase demand for VCT. Educational activities addressing “positive living” and serodiscordance would encourage men who tested HIV-positive to disclose their status to their partners. Community awareness-raising activities would seek to reduce girls’ and women’s vulnerability to HIV by calling attention to traditional practices that may put them at risk for HIV infection.

PMTCT is currently integrated into MCH services in Mozambique, but insufficient human resources and other problems have resulted in low coverage and suboptimal service quality. The proposal would deliver technical assistance to the Ministry of Health to improve the PMTCT program, as well as funding improvements in MCH/PMTCT monitoring and evaluation. It would provide MCH staff with training on a comprehensive package of MCH/PMTCT services, including PMTCT prophylaxis and referrals to ART treatment. It would fund peer support/education groups for HIV-positive pregnant women, and there would also be efforts to increase the involvement of pregnant women’s partners in HIV counseling and testing. The proposal calls for youth-friendly VCT and SRH services, although specifics are not provided. It would fund adolescent health education on HIV/AIDS, STIs and condom use, along with educational campaigns intended to discourage marriages between adolescent girls and older men. The proposal also seeks to increase youth access to and use of condoms, including female condoms.

The proposal includes a goal of reducing HIV incidence among vulnerable groups and most-at-risk populations, and states that HIV BCC prevention activities would target young people; girls; women; sex workers; truck drivers; and people in uniformed services. Gender-based violence and related issues would be addressed by a range of initiatives, including campaigns against rape and other forms of GBV, legal advocacy aimed at criminalizing GBV, programs to educate women about how to advocate for the enforcement of existing gender-sensitive laws and initiatives to engage men in ways that would bring about attitude changes toward women.

It is important to note that the budget to be provided to Fórum Mulher and its SR partners for their proposed plan of activities was decreased by approximately 80% by the CCM compiling the overall budget for the national HIV proposal. Obviously this will have significant bearing on the scale of interventions that Fórum Mulher and partners can provide if the proposal is funded.

Namibia

The Round 8 proposal submitted by Namibia identifies sexual and reproductive health as a critical component of HIV prevention, treatment and care services. The proposal seeks to respond to Namibia's 15.4% HIV prevalence rate by directing HIV and STI prevention efforts at key affected populations. Mass media interventions targeting youth would incorporate SRH messages, and life skills curricula for in-school and out-of-school youth would address issues such as abstinence; delayed sexual debut; faithfulness; partner reduction; use of condoms and other contraceptives; gender-based violence; and sexual and reproductive health in general. Community HIV prevention interventions targeting MSM and sex workers (male and female) would be developed and strengthened, with support provided for HIV counseling and testing, STI screening and the distribution of sexual health information. There would also be prevention interventions for mobile populations.

One of the proposal's eight central objectives is to improve the sexual and reproductive health of men and women of reproductive age by increasing access to relevant services. National SRH program management capacity would be increased, with key activities including the development and updating of SRH guidelines; the training of health workers; and the integration of SRH information into CHBC training. Workplace HIV/AIDS training materials would be adapted to incorporate SRH issues, including intergenerational sex. The proposal seeks to improve STI diagnosis, treatment and control through trainings for program managers and health care workers, as well as to build laboratory STI testing capacity at the local level. Health facilities would receive wall charts on STI syndromic management, and a consensus-building workshop on SRH guidelines would be held. The proposal would also fund condom procurement and distribution, along with training on logistics and use, with linkages to SRH services. Another component of the proposal seeks to increase the number of people who know their HIV status. The use of VCT services would be encouraged through community mobilization, multimedia campaigns and BCC materials, and VCT would include referrals to PMTCT and other services.

- SRH messages incorporated into mass media HIV prevention interventions targeting youth
- SRH and HIV prevention incorporated into life skills curricula for youth
- HIV prevention for MSM and sex workers, with attention to HIV counseling and testing, STI screening and sexual health
- Increased national SRH program management capacity
- Health care worker and program manager training to improve STI diagnosis, treatment and control
- Greater local-level laboratory STI testing capacity
- Community mobilization, multimedia campaigns and BCC materials to encourage use of VCT, with VCT referrals to PMTCT and other services
- Technical support for PMTCT management and coordination
- Integration of community mobilization and BCC for PMTCT into existing structures
- SRH module included in refresher training on PMTCT guidelines
- PMTCT and SRH content incorporated into training for HIV-positive counselors
- Integration of PMTCT and ART programs
- GBV information campaigns

The proposal addresses multiple aspects of PMTCT. It would provide technical support for PMTCT management and coordination, as well as integrating community mobilization and BCC for PMTCT into existing structures. A communication strategy would be developed, with attention specifically given to male involvement. Refresher trainings on revised PMTCT guidelines would include an SRH module that addressed topics such as contraception and male involvement. Trainings for HIV-positive counselors would incorporate PMTCT and SRH content. The HIV treatment component of the proposal indicates that attention would be given to the integration of PMTCT and ART programs, although no further details are provided. Regarding GBV, the proposal states that information campaigns would target both men and women with messages about positive relationships and the empowerment of women within those relationships.

Nigeria

Nigeria's Round 8 proposal, which was revised and resubmitted after an unsuccessful bid for Round 7 funding, gives a great deal of attention to the challenge of better integrating RH and HIV services throughout the country. The proposal makes reference to Nigeria's national framework for integrating RH and HIV services, and describes a range of initiatives to advance this process. A key component of the proposal identifies 925 primary health care facilities at which an integrated service delivery approach will be used to provide HCT (aka VCT), SRH and PMTCT, with services at those facilities including family planning, post-abortion care, STI services, adolescent reproductive health services and integrated maternal, newborn and child services. National guidelines for STIs, HCT, PMTCT, ART, nutrition, infection control and family planning would be simplified and integrated into existing standard operating procedures, and an integrated training curriculum would be developed for use with the staff of primary health care facilities. The proposal would also assume responsibility for 185 PMTCT sites currently supported with Round 5 funding. The proposal includes an advocacy component to obtain high-level political support for expanding PMTCT services nationwide.

- Integration of HCT, SRH and PMTCT at primary health care sites, with guidelines and staff training on PMTCT, FP and related issues
- Management of existing PMTCT sites and advocacy to expand PMTCT services
- Management of existing HCT sites and establishment of new HCT sites
- Integration of FP services into HCT
- Family planning commodities provided at HCT service points
- Mobile and community outreach HCT targeting FSWs, MSM, IDUs, long-distance transport workers and young people
- Scale-up of "life health" education and youth peer education in schools
- Capacity-building of CBOs to advocate against GBV

Noting the insufficient number of HCT sites in Nigeria, the proposal seeks to take over 555 HCT sites established under the Round 5 grant in addition to supporting HCT at the 925 primary health care facilities which integrate a range of basic health services, including some HIV services. The proposal explicitly recognizes the importance of integrating FP services into HCT as a means of encouraging positive prevention, helping HIV-positive women avoid unintended pregnancies that could lead to mother-to-child

transmission of HIV and promoting dual protection among HCT clients who test HIV-negative. Family planning commodities, including pills and injectable contraceptives, would be made readily available at HCT service points. Mobile and community outreach HCT programs would target several most-at-risk populations: FSWs, MSM, IDUs, long-distance transport workers and young people, including out-of-school youth.

HIV prevention initiatives for young people, most-at-risk populations, OVC and HIV-positive people would utilize BCC – community outreach models. Nigeria’s Family Life Health Education program, which teachers are trained to mainstream into core subjects in schools, would be greatly scaled up, as would a national youth peer education program that would establish anti-AIDS clubs at 925 secondary schools. CBOs would implement community-level HIV prevention programming aimed at out-of-school youth and other most-at-risk populations. As part of a comprehensive approach to HIV treatment and care, the proposal calls for health service providers to be equipped with the skills and knowledge to meet HIV-positive patients’ reproductive health needs.

The proposal’s monitoring and evaluation plan calls for data to be disaggregated by gender so that gender inequalities can be identified and measures taken to redirect programmatic efforts accordingly. The proposal establishes a “50% gender equity rule” that is to be applied to outreach targets as well as to the operations of the implementing CBOs. Guidelines on the gender equity rule are to be issued to PRs, SRs and sub-grantees, and the proposal also names the objective of strengthening CBO capacity to advocate about issues such as gender-based violence.

Planned Parenthood Federation of Nigeria, a member of the International Planned Parenthood Federation, is one of the proposal’s three PRs, and two SRs are organizations with SRH expertise.

Zambia

Zambia has submitted a Round 8 proposal that contains some SRH elements, although the proposal does not emphasize programmatic integration of SRH and HIV services. Regarding HIV prevention, there is a focus on BCC via mass media, school programs and community outreach targeting in-school and out-of-school youth, parents, elders and teachers. These messages are intended to consistently include a gender-sensitive component. The production of accompanying gender-sensitive IEC materials would be coordinated at the national level. Another HIV prevention component involves strengthening a community-based service delivery model for women in fishing communities (a vulnerable population), and a third deals with substance abuse issues. There are also plans to provide shelters for women and children who have experienced gender-based violence, along with support for medical care and legal redress, and to increase the coverage of community tribunals on sexual and gender-based violence. HIV prevention activities would be implemented for specific high-risk groups, including commercial sex workers, IDUs, security personnel and prisoners.

RH commodity security is an important part of the proposal, which requests support for 30% of Zambia's total financial gap for family planning commodities, including a variety of contraceptives and supplies for safe delivery. Two million male condoms and 600,000 female condoms would be procured and distributed for free each year. The PMTCT component of the proposal includes the aims of integrating PMTCT services into antenatal care, reproductive health and family planning services; carrying out research on best practices and strategies for integration; and conducting training workshops for planners and health workers. The budget indicates that mobile PMTCT, reproductive health, ART and other services would be integrated.

- Procurement and distribution of male and female condoms
- Acquisition of family planning commodities, including multiple types of contraceptives and safe delivery supplies
- Integration of PMTCT into antenatal care, RH and FP services
- Integration of mobile PMTCT, reproductive health, ART and other services
- STI services
- Gender-sensitive HIV prevention BCC targeting youth, parents, elders and teachers via mass media, school programs and community outreach
- HIV prevention targeting high-risk groups including commercial sex workers, IDUs, security personnel and prisoners

HIV testing and counseling would be scaled up, with new sites added and training provided for health workers, including community volunteers. While there is a proposal component addressing STIs, the activities do not support the integration of STI prevention, diagnosis or treatment with RH-HIV services. The focus instead is on increasing the capacity of health facilities to offer STI diagnosis, treatment and counseling in line with national guidelines. The STI section of the proposal refers to expanding a focus on youth.

Conclusions and Recommendations

The eight proposals reviewed in this report collectively describe a heterogeneous group of integrated SRH-HIV/AIDS interventions. The submitting CCMs' efforts to foster innovative programming in this realm have been welcomed by the Global Fund.¹¹ However, there are no clearly identified standards by which the TRP can assess whether specific interventions fall within the Global Fund's funding parameters, other than the statement that linkages with traditional SRH systems are acceptable within the overall frameworks of combating HIV/AIDS, tuberculosis and malaria. Nor are there Global Fund criteria for evaluating the technical aspects of SRH components of proposals.

A growing body of resources recognizes that integrating and linking SRH and HIV/AIDS prevention and treatment interventions is increasingly considered best practice, as researchers and programmers amass greater evidence of beneficial outcomes in both

¹¹ Both the Manager of Proposal Advisory Services of the Global Fund Secretariat and the Board Member from the developed country NGO delegation to the Global Fund Board attended the launch meeting for the Mobilizing for RH-HIV Integration Initiative in February 2008 to provide technical input on the use of Global Fund policies and guidelines, and were supportive of efforts to link RH services in HIV proposal development.

realms. Institutional support for these approaches is in part demonstrated by the promising findings of the forthcoming Cochrane Review Group report conducted on behalf of and endorsed by the International Planned Parenthood Federation, University of California–San Francisco, UNAIDS, UNFPA and WHO.

Since the September 2007 Replenishment Conference, the Global Fund has been working to develop policies and procedures, including a Gender Equality Strategy, to ensure that it is a more gender-sensitive funding mechanism. It remains to be seen whether or to what extent these efforts will lead the Global Fund to operationalize its commitment to SRH-HIV/AIDS integration. Nevertheless, the Gender Equality Strategy, which will be reviewed by the Global Fund Board in November 2008, presents the best opportunity to advance this issue further.

In June 2008 the Global Fund made the decision to launch an additional funding round during the same calendar year. Global Fund Secretariat staff have indicated that they will not update the Guidelines for Proposals for the Round 9 launch in October 2008, but will amend fact sheets to be considered alongside the Guidelines, and will perhaps issue additional fact sheets.

It is imperative for the Global Fund and key stakeholders to take into account the following recommendations during the review of Round 8 proposals and before initiating another call for proposals:

- The TRP must recognise that SRH integration activities are essential components of HIV/AIDS proposals. This will, in part, be accomplished through the continued efforts of WHO and other agencies which provide technical support to the TRP that emphasize the many entry points for SRH-HIV/AIDS integration and the range of relevant interventions for the positive outcomes these can have on HIV/AIDS and other diseases.
- In the immediate term the TRP should avail itself of the resources that demonstrate benefits of integration and linkage, including the forthcoming Cochrane publication.
- Fact sheets accompanying the Global Fund’s “Guidelines for Proposals” must both reflect the importance of SRH-HIV/AIDS initiatives and provide more specific technical guidance to applicants.
- A fact sheet on SRH-HIV/AIDS interventions is needed. It should clearly outline opportunities for SRH-HIV/AIDS integration and for reproductive health supplies.
- There needs to be clarification that the Health System Strengthening components of proposals can include human resources, commodities, supplies and infrastructure for SRH.
- The “Monitoring and Evaluation Toolkit” for potential grantees must include service delivery areas (SDAs) specific to SRH-HIV/AIDS integration, including one that makes explicit the acceptability of seeking funds for the procurement and provision of contraceptives and other RH commodities. This would provide CCMs with a clear justification for inclusion of these activities as SDAs rather

than as components of other SDAs for HIV, STIs or BCC. Donors who have endorsed the Toolkit, including UNAIDS and USAID, should actively advocate for this.

Services funded by the Global Fund must be situated within a wider “enabling environment” for SRH-HIV/AIDS integration. United Nations agencies, bilateral donors and other funders are crucial partners in advocacy for, development of and support for national policy and programming to scale up SRH-HIV/AIDS linkage and integration. These parties must demonstrate their commitment in the course of their involvement in CCM processes. They must also encourage SRH-HIV/AIDS linkage and integration in discussions with national Governments and other stakeholders who seek to strengthen systems to deliver basic health care and enhance women’s rights as part of the effort to meet the Millennium Development Goals.

In turn, channels including and additional to the Global Fund must be established for financing these approaches. Funding for comprehensive HIV services, both from the Global Fund and other sources, is considerable, but sufficient funding to provide universal access to services is not available to most countries. Country commitments to provide universal access to reproductive health as stated in Millennium Development Goal 5 target 5b have been severely underfunded for decades, as has a comprehensive set of sexual and reproductive rights interventions.

The challenges taken up by the Mobilizing for RH-HIV Integration Initiative and by CCMs that have sought Global Fund support for SRH-HIV integration are part of a wider movement to maximize poor countries’ limited health resources in order to combat HIV/AIDS as well as to meet other health and development goals. They must be synergized with efforts to integrate HIV services as an essential component of primary health care, which must be sustainably financed by public/private partnerships in health system delivery.

Expectations for positive synergies must be managed carefully, though, as the technical expertise of well-functioning HIV interventions must be maintained if countries are to effectively combat the epidemic. The promise of health systems strengthening and enhanced donor coordination to improve health system management, including service integration, can begin by granting countries sustainable financing for programs that have been designed to deliver results.