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INFORMATION ON REGIONAL PROGRAMS THAT WERE AWARDED FUNDING IN AUGUST

Among the grants approved by the Board in August (see [GFO article](#)) were four regional programs which received \$25 million. The Board was acting on recommendations of the Technical Review Panel (TRP) and the Grants Approvals Committee (GAC). This article provides a summary of the some of the comments made by the GAC concerning the regional programs. (See separate [article](#) in this issue for a summary of the GAC comments on country grants that were awarded funding.)

Intergovernmental Authority on Development (TB-HIV)

The Intergovernmental Authority on Development (IGAD) regional program received \$10 million. This is a new program, approved during the second window of regional funding applications under the new funding model. IGAD is an organization that works to strengthen cooperation as well as promote and maintain peace and security by addressing humanitarian affairs (including health) in Djibouti, Ethiopia, Eritrea, Kenya, Somalia, Sudan, South Sudan, and Uganda.

According to the GAC, as of 2014 the number of people living with HIV within the IGAD region was estimated at 4.1 million, accounting for 16.5% of sub-Saharan African and 11.2% of global estimates of people living with HIV. The TB disease burden is also high.

The goals of the program are to contribute to the reduction of new HIV infections, TB incidence and HIV- and TB-related mortality among cross border and mobile populations, including refugees. Specifically, the grant will support the strengthening of HIV and TB prevention and treatment services across 20 refugee camps located in Djibouti, Ethiopia, Kenya, South Sudan, Sudan, and Uganda.

The services in refugee camps will include HIV counseling and testing; the provision of antiretrovirals (ARVs); the provision of services for the prevention of mother-to-child transmission of HIV; and diagnosis and treatment of TB and multidrug resistant TB.

The program will also provide integrated TB-HIV training for health professionals and community health workers in the refugee camps. One of the goals of the training is to improve data collection and data quality with respect to TB and HIV cases in the camps.

In addition, the program will improve linkages between Ministries of Health and health care providers in refugee camps to strengthen pharmaceutical and supply management systems in camp settings.

Output indicators for the program include the following:

- increase the number of refugees aged 18 and above who received an HIV test and know their results from 115,636 in 2015 to 150,000 in 2019;
- increase the treatment success rate for all forms of TB from 70.2% to 85% in 2018; and
- increase the proportion of health facilities in refugee camps reporting no stock-outs of ARV drugs or anti-TB drugs from 85.2% in 2015 to 98% in 2019.

Island of Southeast Asia Network on Male and Transgender Sexual Health (HIV)

Funding for the Island of Southeast Asia Network on Male and Transgender Sexual Health program, known as ISEAN-HIVOS because it has been managed by HIVOS, was approved during the first window of regional funding applications in 2015. It has now received approval to spend \$2.2 million for a 15-month extension of the program.

This multi-country initiative strengthens the capacities of community-based organizations and networks of key populations in responding to the expanding HIV epidemics among MSM and transgender populations in Indonesia, Malaysia, the Philippines, and Timor-Leste.

According to the GAC, “While the national disease programs in the four countries recognize the vulnerability of men who have sex with men and transgender people to HIV infection and prioritize them as key populations for HIV interventions, they face challenges in developing effective strategies to address the needs of these groups, who are difficult to reach through public HIV services, due to widespread stigma and discrimination.”

The grant has successfully built on existing regional and national efforts to improve service delivery, increase health-seeking behavior, reduce legal and socio-cultural barriers to access and support engagement in policy-making and service-delivery, the GAC said.

Transition

As part of the extension, the PR is expected to work closely with the Secretariat to ensure a sustainable transition from Global Fund resources to other sources of long-term funding during the grant implementation period; to invest in interventions that will lead to more sustainable outcomes; and to define activities that may need to be transitioned to Global Fund-supported national programs. The request for funding identified the following steps to be implemented during the extension:

- three-to-six months of the implementation period be reserved in order to close out PR and SR activities;
- further roll-out of training of health care workers in “friendly” services provided by SRs;
- ongoing consultations with national program implementers to continue implementing activities such

as information, communication, and training-based campaigns to improve the HIV treatment cascade for key populations; and

- activities to prepare for transition and sustainability including development of an ISEAN sustainability and fundraising plan, a country-based fundraising website, and centralized training on sustainability of community-based organizations.

According to the GAC, the request for funding noted that work on the sustainability of the MSM and transgendered people network structure in the region is challenging, but particularly important.

The GAC expressed strong support for the continuation and responsible transition of the regional initiative, “particularly in light of the deteriorating political and religious environment for the rights of men who have sex with men and transgendered people in several of the participating countries during 2015.”

Caribbean Vulnerable Communities Coalition (CVC) and El Centro de Orientación e Investigación Integral (COIN)

The CVC/COIN regional program received \$7.4 million. This is a new program, approved during the second window of regional funding applications.

HIV prevalence in the general population in the Caribbean has declined from 1.3% to 1.0%, and new infections have decreased by 49%. However, progress has been uneven. The GAC said that MSM, transgender women, sex workers, people who use drugs, and marginalized young people have a disproportionately high HIV prevalence. For example, prevalence among MSM in Jamaica is 33%; among transgender people in the Dominican Republic, it is 7%; and among female sex workers in Haiti, it is 5%.

The goal of this program is to reduce the spread and impact of HIV in key populations and reduce stigma and discrimination towards these populations and towards people living with HIV. Planned activities include the following:

- developing country-specific and regional key population advocacy plans;
- building the capacity of health and community workers;
- conducting community-based monitoring of legal rights, including the documentation of cases of discrimination by key population networks and civil society organizations;
- developing legal literacy manuals and information, education, and communication materials to build the capacity of key populations;
- organizing and training a network of pro bono lawyers to provide legal advice and guidance to civil society organizations to help them negotiate redress, construct robust cases, and identify strategic litigation opportunities; and
- training 110 community and religious leaders on sexuality, sexual diversity, and sexual health in six countries and at the regional level.

Pan-Caribbean Partnership Against AIDS

The Pan-Caribbean Partnership Against AIDS (PANCAP) regional program received \$5.1 million. This is also a new program, approved during the second window. It is an initiative of CARICOM, the Caribbean Community, an organization which groups most of the Caribbean countries and dependencies.

According to the GAC, this program combines top-down and bottom-up approaches to creating a more enabling environment for key populations to access the HIV continuum of care in Antigua & Barbuda, the Bahamas, Barbados, Belize, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts & Nevis, Saint Lucia, St. Vincent & the Grenadines, Suriname, and Trinidad & Tobago.

The program will operate in tandem with the CVC/COIN regional program (see above). The goal of PANCAP is to contribute to the removal of barriers that impede access to HIV and sexual and reproductive health services for key populations, thereby promoting the achievement of regional HIV targets. Planned activities include:

- compile a list of legal and policy barriers to services to develop a framework for migrants' rights in national responses and convene a regional forum on migrant and mobile populations' rights;
- hold a regional workshop on comprehensive care and treatment for key populations based on the new 2015 World Health Organization guidelines for the provision of services for key populations to improve access to essential services for key populations in an environment of stigma and discrimination;
- build the capacity of national authorities (national AIDS program managers, chief medical officers, and permanent secretaries) to operationalize effective programs to meet with new global targets and to effectively integrate HIV services into sexual and reproductive health services; and
- strengthen the relationship between PANCAP and the broader CARICOM health frameworks and entities to promote political, structural, and financial sustainability of the regional HIV response.

Information for this article comes from the August 2016 report of the Secretariat's Grant Approvals Committee to the Board (GF-B35-ER11). This document is not available on the Fund's website.

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