

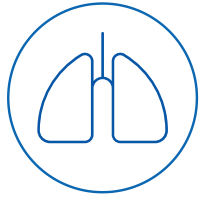
Positioning programs to maximize impact

- *Advancing community responses*
- *Addressing human rights & gender barriers*

LFA Training 2019/2020



Problem statement: Tuberculosis



TB is the world's leading infectious killer and the leading killer of people with HIV

- 3.6 million 'Missing cases' of TB each year: undiagnosed, untreated, and unreported, and capable of infecting others
- Drug-resistant TB is on the rise – a major global health security threat

Who are these missed cases?

Why are we missing them?

What are the information gaps?

Problem statement: Malaria



435,000 deaths from malaria in 2017 – 90% of those in sub-Saharan Africa

- 219 million cases of malaria in 2017
- 61% of all malaria deaths are children under 5
- Risk of resurgence
- **Pregnant women and children under age 5 are most at risk**

Who are these missed cases?

Why are we missing them?

What are the information gaps?

Problem statement : HIV/AIDS

Almost 2 million people are acquiring HIV per year. KPs & partners account for 54% of new infections in 2019. We won't end the epidemic without addressing main drivers of infection

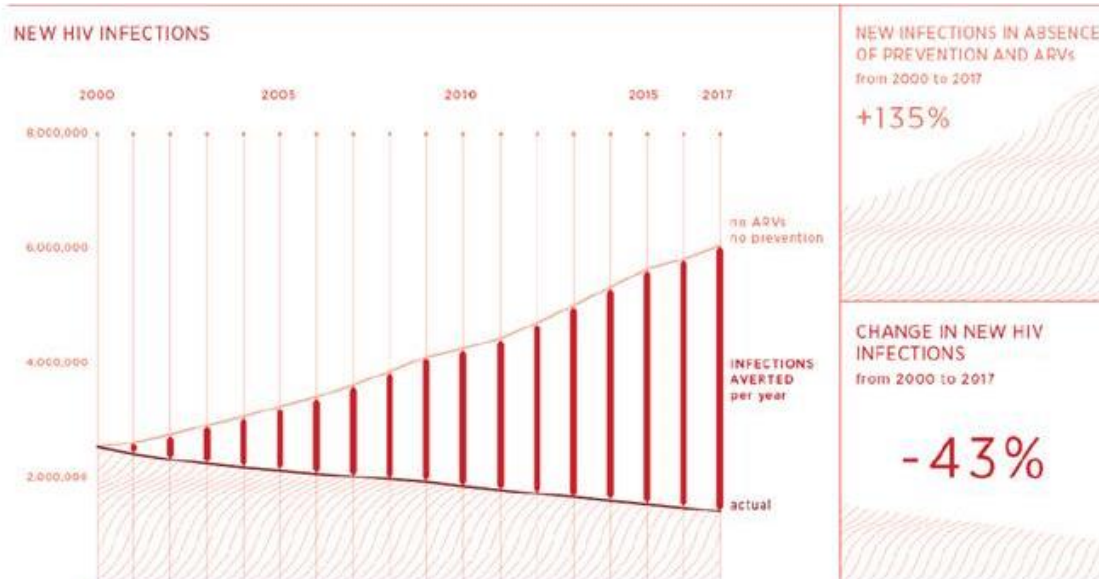


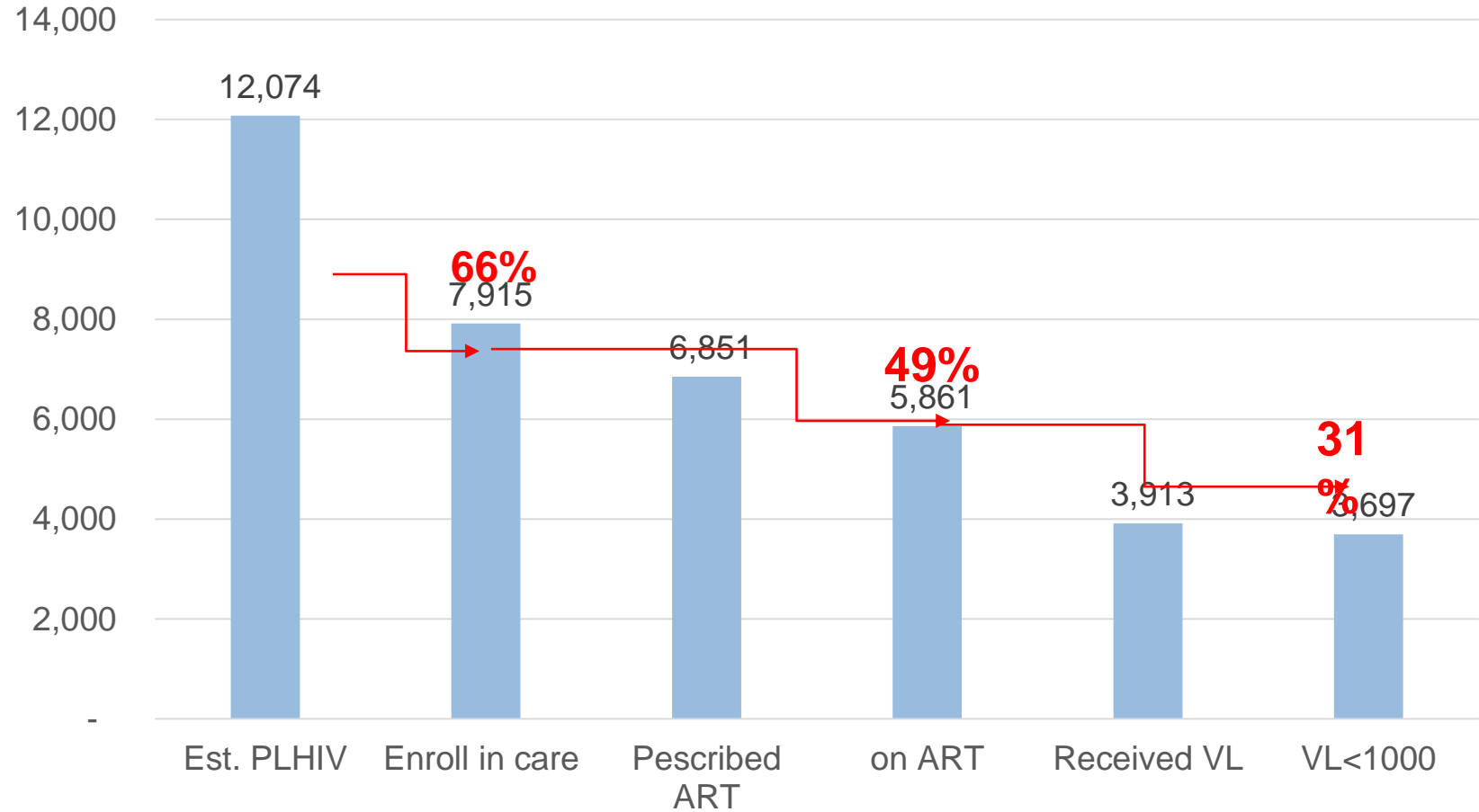
Figure 4: Trends in HIV Infections in Global Fund-Supported Countries

*"[...] the **number of people newly acquiring HIV every year**, at just under **2 million**, is still far too high. Of particular concern are high rates of infection among adolescent girls and young women in East and Southern Africa, and among key populations in all regions. While we have made significant progress in improving the treatment cascade, with several countries on track to reach or exceed UNAIDS' 90-90-90 targets by 2020, this alone is not enough. **Unless we can reinforce primary prevention to protect the most vulnerable, we will not end the epidemic.**"*

Source: State of the Fight investment case

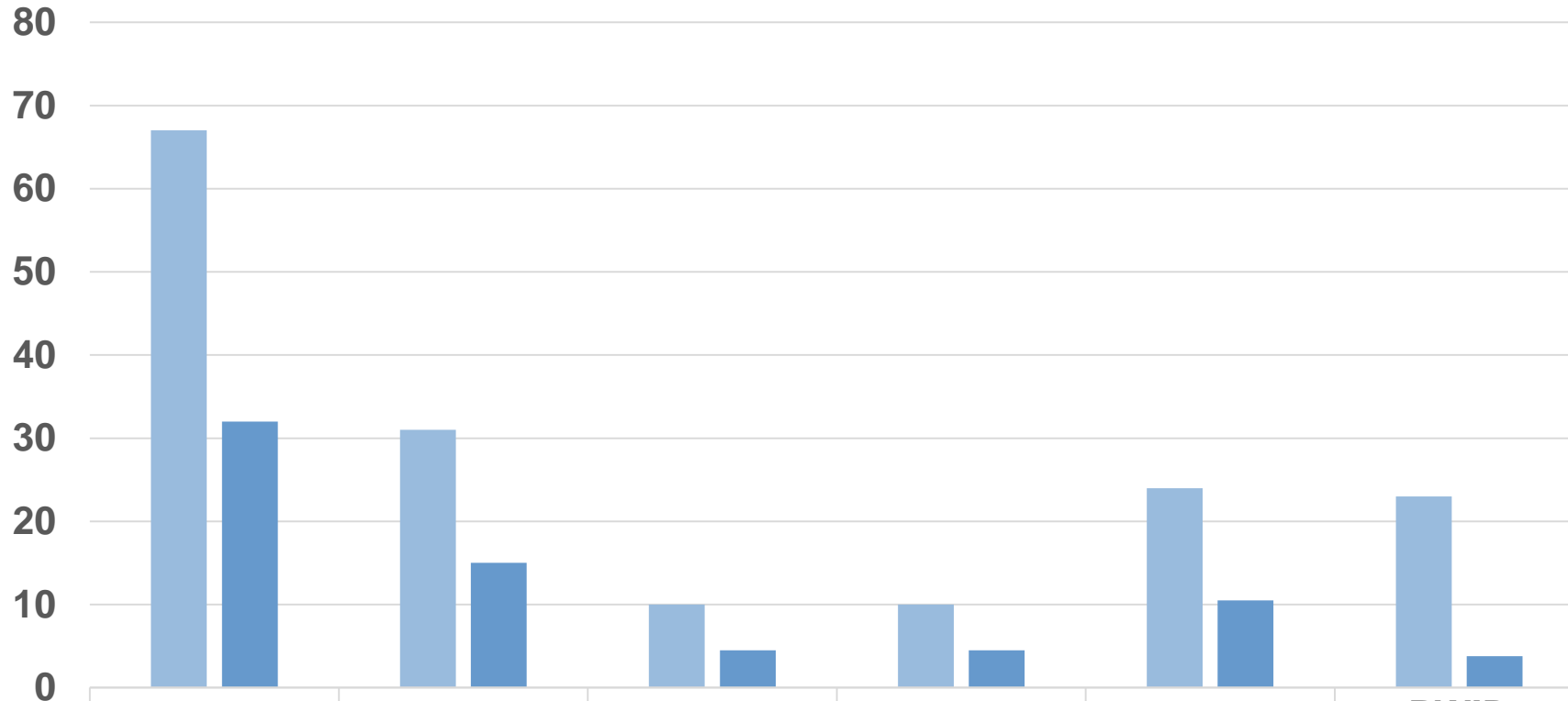
Where is your country?

- *Who are with unknown HIV status?*
- *What are the factors for leakage?*



Where is your country?

Population group on ART



■ % know their status	67	31	10	10	24	23
■ % on ART	32	15	4.5	4.5	10.5	3.8

Certain populations are especially vulnerable to different diseases and have significantly less access to services due to factors such as socio-economic status, harmful gender norms, stigma, discrimination, human rights related barriers and systematic disenfranchisement

- Role of the Country Team: to lead the partners to invest for maximum impact on three diseases
- Role of LFA: to advise the Country Team on investments
 - To provide justification for investments
i.e. rationale for proposed budget & workplan
 - To analyse cost effectiveness of investments
i.e. analysis of unit costs for budget & workplan, but also including effectiveness of implementation arrangements
 - To verify program quality through spot checks
i.e. analysis of accessibility of services for key populations and monitoring of services provided by persons reached

To maximise impact of investments, we need to reach all those affected by HIV, TB & malaria:

i) Involving communities

- Communities should be involved in the design of interventions and facilitate service delivery including addressing human rights and gender related barriers to maximize outreach and impact
- Communities can be involved in community-based monitoring; community-led advocacy and research; social mobilization, building community linkages and coordination
- Community systems strengthening should be budgeted to facilitate this

LFA review:

- Have communities been involved in the design of services, i.e. to reach key populations / affected populations to ensure the service meets demand?
- Are communities integrated into service delivery models to maximize outreach to key and vulnerable populations?
- Are communities involved in community-based monitoring, research and advocacy and governance structures to provide input to oversight mechanisms?
- Are community systems strengthening interventions budgeted to facilitate delivery of the above?

Provide strategic recommendations and comments on review of budget & workplan

ii) Addressing barriers to accessing services

Interventions to be budgeted - human rights program areas:

HIV	TB
<ol style="list-style-type: none">1. Stigma and discrimination reduction2. Sensitization of health care workers on medical ethics and human rights3. Training of law-makers and law enforcement officials4. Reducing discrimination against women in the context of HIV and TB5. Legal/rights literacy6. Legal services7. Monitoring and reforming policies, regulations and laws relating to HIV and TB	<p>As for HIV, with the following in additions:</p> <ol style="list-style-type: none">8. Ensuring confidentiality and privacy within TB services9. Mobilizing and empowering patient and community groups10. Rights and access to services in prisons and other closed settings

ii) Addressing barriers to accessing services cont.

Interventions to be budgeted to reduce human rights & gender-related barriers:

Malaria

- Assessment of inequities, human rights and gender-related barriers
- Community systems strengthening for participation in malaria programs
- Programs to monitor and reform laws, regulations and policies relating to malaria prevention and control
- Meaningful participation of affected populations to inform programs

And specific programs to address inequities and remove rights and gender-related barriers:

- Addressing barriers in ITN use
- Addressing barriers to indoor residual spraying (IRS)
- Addressing barriers to IPTp (Chemoprevention)
- Addressing barriers to appropriate case management

Addressing barriers to accessing services

LFA review:

- What are the main reasons why coverage targets are not being met?
- Is stigma and discrimination hindering affected persons seeking healthcare?
- Has a stigma & discrimination survey of healthcare providers been undertaken?
- Are there legal and/or policy barriers for persons accessing services?
- Has an assessment of legal, policy and other human rights-related barriers been undertaken?
- Have interventions been included in the grant to addressing critical human rights barriers for persons to access services?
- If yes, are they holistic and comprehensive?
- In settings where communities are criminalized, do implementers have policies & procedures in place to protect the safety and confidentiality of its staff, service providers and clients and prevent, mitigate and respond to violence?

Provide strategic recommendations and comments on review of budget & workplan

Addressing barriers to accessing services

LFA review (where there are activities in workplan & budget):

- Are implementation arrangements facilitating effective removal of human rights-related barriers?
- Are there capacity gaps or other bottlenecks to effective implementation? What is working well and what is not working well?
- Are those most in need being reached by programs to reduce human rights-related barriers?
- Are the barriers faced by clients continuously assessed, and the program delivery modalities informed by such evidence?
- Are there adequate referral and linkage mechanisms to ensure that needs of beneficiaries are met?

Provide strategic recommendations and comments on review of budget & workplan

iii) Responding to gender inequities

The Global Fund invests in programs that:

- Address gender-related inequities, risks and vulnerabilities
- Remove gender-related barriers to access health services
- Support and empower people to access health services

- Working with and financing civil society networks to increase the engagement of women in Global Fund processes and design of programs, especially those from key populations
- Fighting gender-based violence
- Increasing equal access to health care services, including services tailored to different people's needs

LFA review:

- What is incidence & prevalence disaggregated by gender (including transgender) and by age?
- Are interventions budgeted to address? Especially for groups with highest no. of new transmissions?
- Are there any differences in coverage between genders, also disaggregated by ages?
- If yes, why is this the case? What barriers are there for the specific group?
- What activities should be implemented differently to increase accessibility for the specific group? How could they be implemented differently?

Provide strategic recommendations and comments on review of budget & workplan

Entry points for LFA

Country Dialogue

- During Country Team visits
- Review of ToRs for Country Dialogue

Grant making:

- Review of budget & workplan
- Review of implementation arrangements

During grant life-cycle

- Progress Updates & Disbursement Requests
- Spot checks (including specific AGYW spot checks, and human rights spot checks in the Breaking Down Barriers countries)
- Review of reprogramming submissions

Case studies

Example 1

A sub-Saharan Africa country with 11% HIV prevalence. Adolescent girls and young women are worse affected: 14.3% of women aged 15 and over were living with HIV, compared to 8.8% of their male counterparts in 2017.

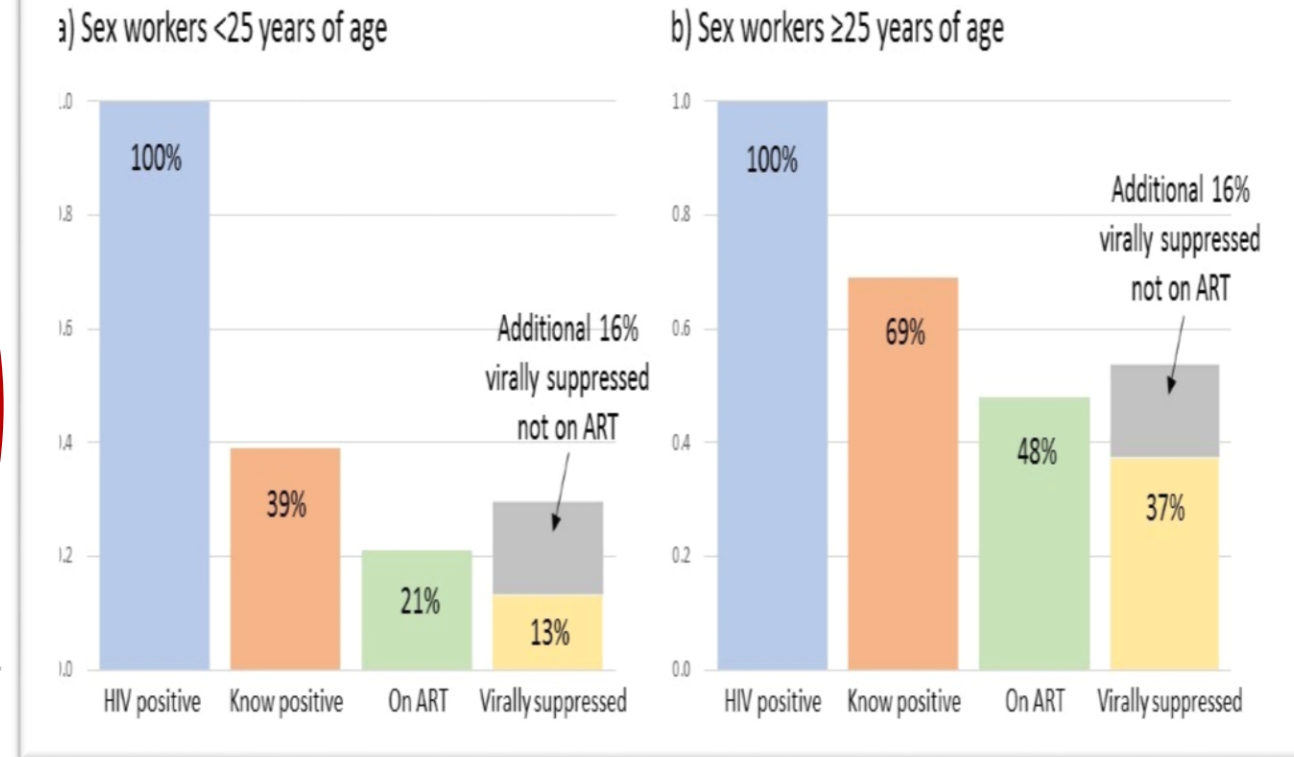
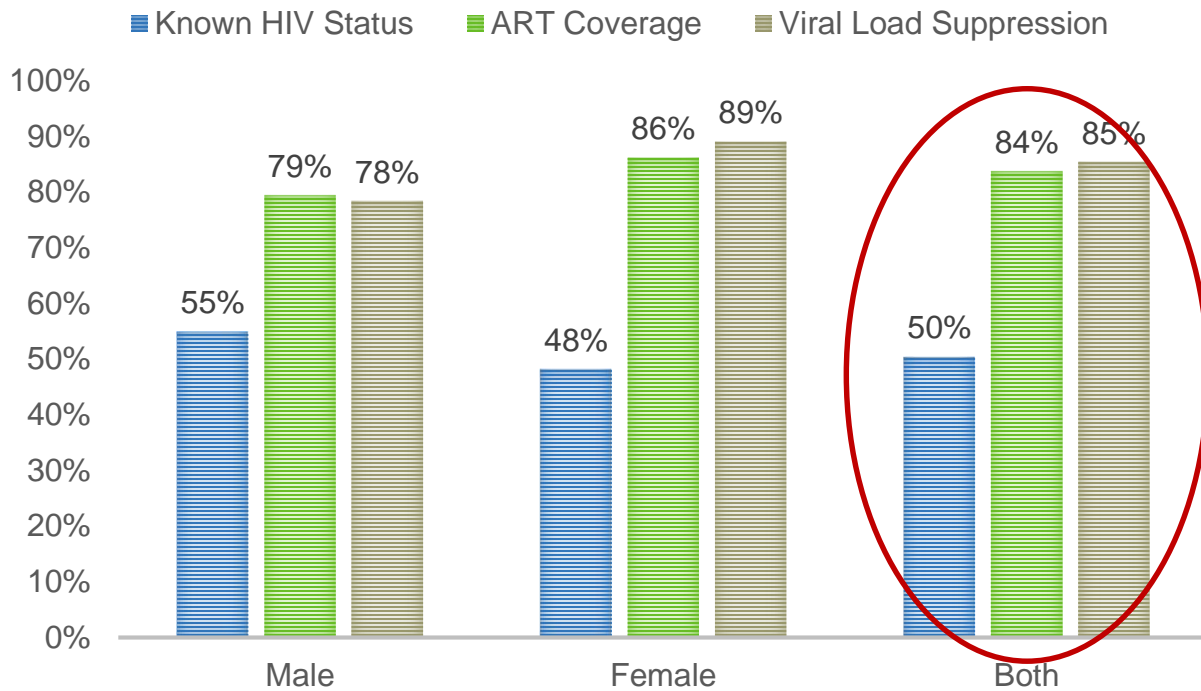
- HIV prevalence among female sex workers is about 60%.
- MSM estimated population size is 5,500 MSM however HIV prevalence is unknown due to its illegal status
-
- HIV prevalence among truck drivers is 40%

HIV is US\$350,000,000 with two PRs (both Govt I.e. MOH and NAC).

- NAC implements interventions for adolescent girls and young women, key populations but no program for truck drivers. NAC has accumulated savings of up to USD20million and are proposing to procure vehicles and more training. Beside GF, PEPFAR supports adolescent girls and young women.
- The latest program data show some gaps in treatment coverage for key population

Example 1

HIV cascade for young people (15-24) years progress towards the 90 - 90 - 90 targets



You are required to undertake a review of the reprogramming request

- What further information would you request from the PR and SRs?
- What issues would you raise to the Country Team?
- What recommendations would you make to the Country Team?

Example 2

- The Global Fund is financing a malaria grant of US\$ 22 million to Country A where malaria is endemic.
- The grant supports the procurement of LLINs which are distributed every three years to high risk wards by the Ministry of Health through district health offices. Malaria tests and medication are provided through public health clinics in towns.
- Malaria cases spike in coastal areas where most of its agricultural output is produced. Large farms use significant numbers of seasonal migrant workers, coming from nearby landlocked countries with low malaria endemicity. Seasonal workers reside together with their families in overcrowded barracks onsite. Due to overcrowding, many people sleep in hammocks outside. Many of these workers are not legally employed, do not have residence permits and are not able to access health services beyond the onsite pharmacy. Out of pocket expenditures for self-medication are very high.

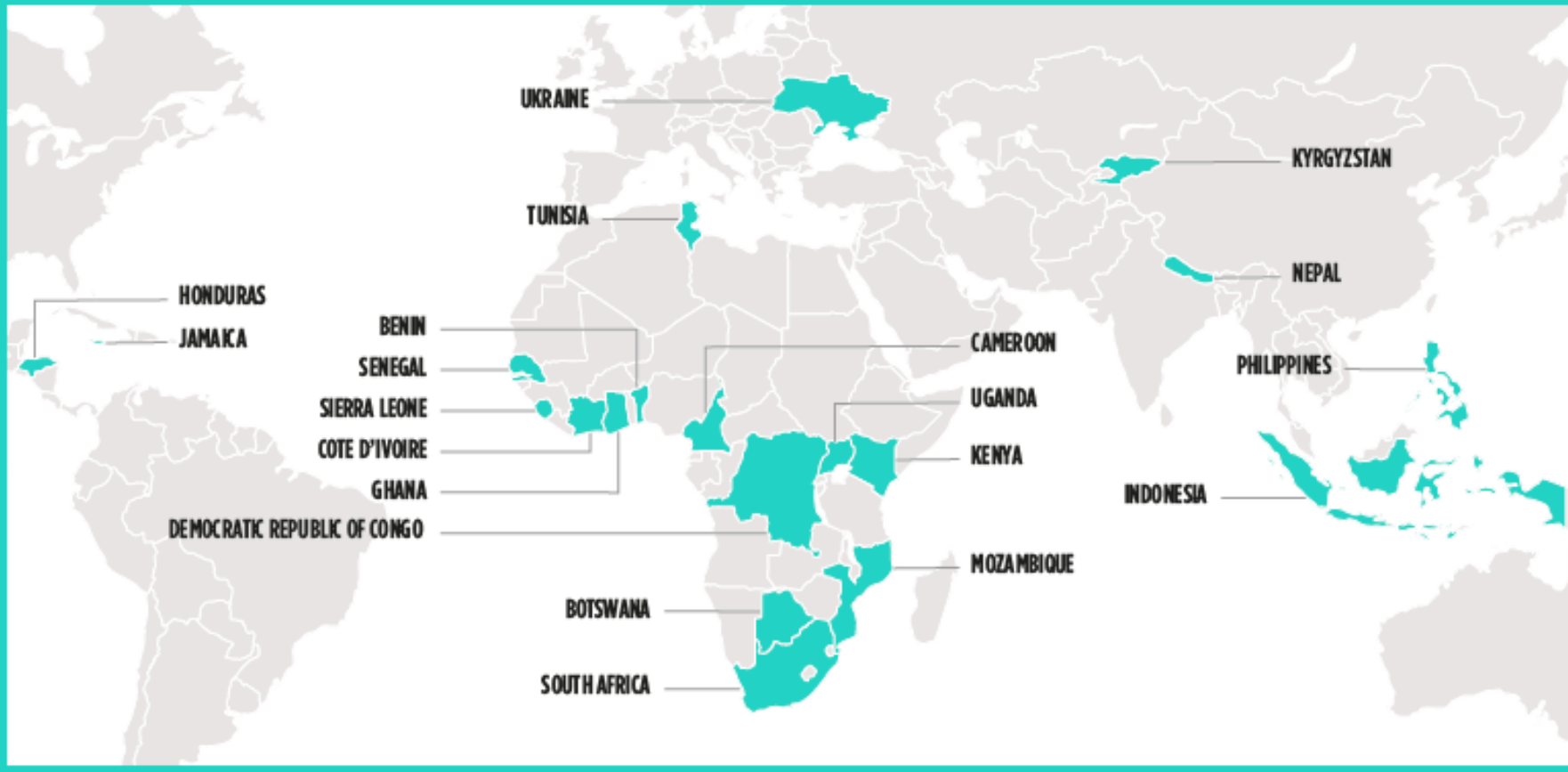
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Questions?

Breaking Down Barriers at a glance

COUNTRIES RECEIVING SUPPORT THROUGH THE BREAKING DOWN BARRIERS INITIATIVE



- Selected through participatory process
- All 20 focus on HIV, 13 also on TB, 3 also on malaria
- Human rights matching funds made available 2017-2019, and proposed for 2020-2022
- Evidence informed plans for a comprehensive response to human rights-related barriers
- Implementation support TA
- Impact of scale-up to be assessed through baseline, mid-term and end-term assessments