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Guidance on Matching Funds: HIV

This guidance explains how eligible countries can use matching funds to maximize the impact of their HIV program. It provides examples of the types of interventions and programs that could be supported under matching funds, and how these funds can be used to complement existing and planned programming supported by the country allocation.

1. Matching Funds for Key Populations

Overview

In every country where data are reliably collected and reported, sex workers, men who have sex with men, transgender people, people who inject drugs and people in prison and other closed settings¹ are shown to be at higher risk of contracting HIV than the general population. They also have higher morbidity and mortality rates, and lower access to HIV-related services. There remains inadequate investment in HIV programming for key populations, and despite high prevalence and incidence of HIV among them, they suffer from low coverage with HIV prevention interventions, including information, support and commodities for risk reduction, and other health and social services.

The vulnerability of key populations to HIV is made worse by structural barriers which may violate their right to the highest attainable standard of physical and mental health. Within the health-care arena, these barriers include not only gender inequalities in the availability of and access to services, but also insensitivity, lack of awareness or rejection from service providers. Such behaviours may be motivated by homophobia, transphobia, or other prejudice towards key populations. In addition, many health-care providers lack knowledge and training about the specific sexual-health needs of key populations. Past experiences of stigma, discrimination or violence can prevent members of key populations from attempting to access the services they need.

Scale up of evidence-informed HIV programs for key populations is a critical aim of the Global Fund Strategy 2017-2022. To accelerate progress towards this aim, the Global Fund is providing a limited number of countries with additional funding for investment in ambitious and innovative prevention, treatment, care and support programs for the communities of sex workers, gay and other men who have sex with men, people who inject drugs, transgender people and people in prison.

These additional funds are aimed at maximizing the impact and effectiveness of key population programs funded via a country's primary HIV allocation. As such, and in order to access them, your submitted funding request must demonstrate a clear intention to scale up and/or strengthen quality and effectiveness of programs for key populations (as appropriate to epidemiological context) through use of a proportion of your allocation.

Interventions and Programs

The types of programming that these funds could support include but are not limited to:

¹ The Global Fund Board approved policy does not allow funding of compulsory treatment programs, including those that aim to change sexual orientation or gender identity, to "rehabilitate" sex workers, or to support drug-user detention centers. For further detail see Decision Point GF/SIIC13/DPO7: Policy on Compulsory Treatment Facilities; http://www.theglobalfund.org/documents/board/32/BM32_27-SIIC_Report_en/

- Scale-up of evidence-informed, rights-based HIV programs for key populations: Community-based outreach, prevention and testing services: Key population led outreach, prevention and testing services designed for and/or accessible to community members (e.g. mobile outreach, drop in centers, etc.) and which take into account gender- and age-specific needs of key populations (e.g. home visits, outreach for women who inject drugs or young men who have sex with men);
- Differentiated antiretroviral treatment delivery: Programs to improve access to and retention in HIV treatment programs for key populations living with HIV;
- Service integration (“one-stop-shops”): Co-location of services (and cross-training providers, where necessary) to improve accessibility and reduce loss to follow-up;
- Harm reduction programs for people who inject drugs (including opioid substitution therapy, needle and syringe programs, and overdose prevention);
- Community and health systems strengthening: Community mobilization, institutional capacity strengthening, training for health and community service providers in provision of appropriately tailored services for key populations, key population engagement in design, development and oversight of HIV programs;
- Community-led monitoring of services: Mechanisms for key populations to provide oversight and give feedback on their experience as service recipients;
- Stigma and discrimination: Programs that reduce stigma (including self-stigma) and discrimination; strengthen access, uptake and retention in services (e.g.: health worker training);
- Community empowerment: Mobilization of key populations to address for themselves the structural constraints to health, human rights and well-being that they face, and to improve their access to services to reduce the risk of acquiring HIV;
- Research, data and strategic information: Ethical rights-based research and data collection aimed at improving the quality, effectiveness and focus of HIV programs for key populations.

The technical guidance and tools indicated below should be used to inform the development, design and implementation of proposed programs.

- [Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations](#) (WHO, 2014, updated 2016)
- [Implementing comprehensive HIV and STI programmes with sex workers: practical guidance from collaborative interventions](#) (WHO, 2013) – informally known as the **SWIT**
- [Implementing comprehensive HIV and STI programmes with men who have sex with men: practical guidance for collaborative interventions](#) (UNFPA, 2015) – known as the **MSMIT**
- [Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions](#) (UNDP, 2016) – the **TRANSIT**
- Implementing comprehensive HIV and Hepatitis C virus programmes with people who inject drugs: practical guidance for collaborative interventions (UNODC, forthcoming in 2017) – the **DUIT**.

Example of Matching Funds for Key Populations

Country A included in their HIV grants in the 2014-2016 allocation period prevention, testing, treatment care and support programs for two key populations for whom HIV prevalence is extremely high when compared to the general population. The programs have seen some

success in uptake of the testing component using community-based testing models. However, adherence and retention in treatment amongst key populations living with HIV remain very low. A range of barriers can be identified, including a lack of capacity to provide active follow up and to support referrals, distance to the facilities where treatment is provided, and high levels of stigma and discrimination within those settings. In its 2017-19 HIV allocation, the country moves towards differentiated models of care. As part of its primary allocation amount, it plans to scale up community-based testing approaches. To complement this, the country includes in its matching funds request a budget for active case management, strengthening clinical collaborations (between outreach and health facilities) and expansion of services to the areas closer to treatment facilities. This includes, for instance, integration of a strengthened peer support program for consistent follow up, piloting of community-based ART provision at testing sites, as well a specialist training and ongoing support for health care workers in key health facilities.

2. Matching Funds for Adolescent Girls and Young Women

Overview

To address the disproportionate HIV incidence amongst adolescent girls and young women, the Global Fund is making funds available to complement and embolden the planned programming addressing HIV incidence for adolescent girls and young women (AGYW). These additional funds are aimed at maximizing the impact and effectiveness of programs funded via a country's primary HIV allocation to reduce the risk to HIV infection of AGYW. The [Technical Brief on Adolescent Girls and Young Women in High HIV Burden Settings](#) provides guidance to Global Fund applicants on investing strategically in AGYW and in the development and implementation of HIV-related programming in the 2017-2019 funding cycle. The brief emphasizes the need to scale up comprehensive, quality programming for AGYW (with appropriate age specific and geographic targeting), and highlights opportunities for a stronger participation and inclusion of AGYW in Global Fund-supported programs.

To access the matching funds, the submitted funding request must demonstrate a clear intention to bring these programs to scale, as appropriate to the epidemic dynamics, through use of a proportion of the allocation funding.

Interventions and Programs

In order to increase the impact of these investments, matching funds can be used to support the following:

- Increasing the scale and coverage of the package of services for AGYW being delivered as part of a national plan, and included in the Global Fund application;
- Piloting approaches that will improve the integration of school or community-based approaches to delivering services to adolescent girls and/or young women at increased risk to HIV;
- Research leading to national policies, guidance or laws on services relevant for adolescent girls and young women;
- Integrating implementation science research into the core components of the package of interventions for adolescent girls and young women in high burden settings;
- Intra-Ministerial processes that will lead to more coordinated and streamlined plans, budgets and services to address the comprehensive needs of adolescent girls and young women;
- Increasing capacity of countries to measure and report on HIV incidence amongst adolescent girls and young women.

Example of Matching Funds for AGYW

Oral pre-exposure prophylaxis (PrEP) has been identified by WHO as an additional prevention choice for people at substantial risk of HIV infection as part of a combination HIV prevention approach. In *Country A*, adolescent girls and young women meet the criteria for being at substantial risk of HIV. The country therefore considers introducing PrEP as part of the interventions for AGYW in the national response. However, the country lacks a national policy and guidelines on rolling out PrEP for AGYW. The country included a comprehensive package of services for AGYW in the funding application, targeting three sub-national areas where data shows that AGYW are at increased risk to HIV. The country also includes a demand for matching funds to support a pilot project and research to develop a national policy and implementation guidelines on rolling out PrEP for adolescent girls.

3. Matching Funds for Programs to Remove Human Rights-related Barriers to Accessing HIV Services

Overview

To address human rights-related barriers to accessing HIV services to maximize the impact of effective HIV prevention, treatment, care and support services, the Global Fund is making funds available to scale-up and strengthen planned programs addressing human rights-related barriers. These additional funds should support the countries to ensure programs to remove human rights-related barriers are incorporated at adequate scale as part of comprehensive national responses to HIV. As such, to access the matching funds, the submitted funding requests must demonstrate a clear commitment to introduce and scale up these programs through use of a proportion of the grant allocation.

The scope of activities eligible for matching funds should align with the package of UNAIDS seven-key programs aimed at reducing stigma and discrimination and increasing access to justice in national HIV responses, and should be focused on those communities most impacted by HIV – including people living with HIV, key and vulnerable populations, including women and girls. A *Technical Brief on Human Rights and HIV* will be made available, and will provide more information on these programs.

Programs and Interventions

- Programs to reduce stigma and discrimination against people living with HIV or people at risk of HIV infection;
- HIV-related legal services and legal support to facilitate access to justice and redress in cases of HIV-related discrimination or other legal matters;
- Monitoring and reforming of laws, regulations and policies relating to HIV so that they support, and do not hinder, access to HIV and health services;
- Legal Literacy programs to raise awareness on human rights and the national and local laws relevant to HIV among those living with or affected by HIV (“know your rights”);
- Programs to inform and sensitize law-makers and law enforcement agents about the important role of the law in the HIV response;
- Programs to sensitize health care providers about their own human rights to health, including non-discrimination in the context of HIV and to help ensure they are equipped to respect and fulfil patients’ rights to informed consent, confidentiality, treatment and non-discrimination;
- Programs that address gender inequality and gender-based violence as both causes and consequences of HIV infection.

Example of Matching Funds for Human Rights Programs

Through an inclusive country dialogue process, *Country A* identified a number of human rights-related barriers to accessing HIV prevention, treatment, care and support programs, which included confiscation of condoms as evidence of sex work, and arbitrary arrests and detention of men who have sex with men and other key populations for the purpose of extortion. Also, it is noted that due to strong stigma and discrimination attached to HIV, people who are diagnosed with TB refuse to be screened for HIV, despite the high level of HIV and TB co-infection in the country. In its 2017-19 HIV allocation, the country plans to address these key barriers. To complement its efforts, the country includes in its matching funds application a request for funding for community-capacity building for human rights, ‘Know-your Rights’ programs; community-led human rights trainings for law enforcement officers; strengthening and expanding legal aid and legal services for key and vulnerable populations; and community-led stigma reduction programs at health care settings and in communities at large. These programs can be included as part of a comprehensive Key Populations module or in a stand-alone Human Rights module to reduce human rights-related barriers to HIV services.