Addressing barriers to accessing services

*Positioning* programs to address barriers for maximum impact

27 - 28 August 2019
Nairobi, Kenya
1. What are the sizes of key populations in your country?
2. What are current coverage levels of KPs for outreach & through treatment cascade?
3. Are there any significant differences in coverage between men & women?
4. How many health workers in your country?
5. How many law enforcement officers in your country?
6. How many officers working in correction institutions (i.e. prisons)?
7. What was the national budget for programs to address barriers to accessing services for 2019?
8. How much did your country get from the Global Fund in 2019? For programs to address barriers to accessing services?
9. Who is your representative on your CCM?
Our objective

• The Global Fund *is investing to end epidemics*: Global Fund Strategy 2017 - 2022

• To achieve *internationally agreed targets*:
  • Find and treat all infections
  • Stop new infections

  **by 2030**

• The Global Fund supports human rights programs:
  • In 20 countries with catalytic funding
  • In some regions through regional grants
  • In all other countries programs can be funded through national allocations
Programs to reduce human rights barriers to HIV services

Technical brief on HIV, gender and human rights

1. Stigma and discrimination reduction
2. Sensitization of health care workers on medical ethics and human rights
3. Training of law-makers and law enforcement officials
4. Reducing discrimination against women in the context of HIV
5. Legal/rights literacy
6. Legal services
7. Monitoring and reforming policies, regulations and laws relating to HIV
**Current results**

- KPs & partners account for 54% of new infections in 2019
- 2 million new HIV infections per year

**Study of police training highlights:**
- Training alone is not enough to change knowledge, attitudes & practice
- Impact on behaviours possibly due to range of interventions incl. empowerment of KP, legal & policy change and strong leadership of law enforcement officers and sustained & joint activities with police

- Lack of evidence of impact of training of police & health workers
Almost 2 million people are acquiring HIV per year
We won’t end the epidemic without addressing main drivers of infection

“[…] 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

*Figure 4: Trends in HIV Infections in Global Fund-Supported Countries*
Looking at the ‘big picture’

Positioning financing of human rights programs within broader program goals

To achieve strategic goals by 2030, i.e. stop new HIV transmissions and find and treat HIV cases:
• Need to scale-up services to reach 90-90-90 targets of key populations;
• Need to secure their long-term sustainable financing

This requires:
• Knowing how many to reach (data)
• Knowing what to reach them with (services)
• Having structures & capacity to reach key populations
• Addressing barriers to accessing services
• Quantifying $ demand for annual budget
Achieving 90-90-90 targets

Where is your country?

- Est. PLHIV: 12,074
- Enroll in care: 7,915 (66%)
- Prescribed ART: 6,851
- on ART: 5,861 (49%)
- Received VL: 3,913
- VL<1000: 3,697 (31%)
Achieving 90-90-90 targets by KP

% know their status
- all PLHIV: 67
- FSW: 31
- MSM: 10
- TG: 10
- PWID (male): 24
- PWID (female): 23

% on ART
- all PLHIV: 32
- FSW: 15
- MSM: 4.5
- TG: 4.5
- PWID (male): 10.5
- PWID (female): 3.8
## Pursuing sustainable financing of activities at-scale – prioritizing “game changers”

<table>
<thead>
<tr>
<th>Strategic information</th>
<th>Delivery of services</th>
<th>Capacity of service delivery</th>
<th>Addressing barriers</th>
<th>Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defining how many KPs need services</td>
<td>Defining what they need</td>
<td>Ensuring capacity to deliver services</td>
<td>Ensuring KPs can access services</td>
<td>Ensuring $ demand to reach 90-90-90 is included in national HIV budget</td>
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<tr>
<td>- Updating size estimates &amp; mapping</td>
<td>Advocacy for policy change &amp; system strengthening:</td>
<td>- Training CSO staff in program management and service delivery</td>
<td>- Training to address stigma &amp; discrimination</td>
<td>- Developing HIV Financing Plan</td>
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<tr>
<td>- Undertaking community-led surveys to inform data</td>
<td>- Reviewing definition of package of services</td>
<td>- Advocacy for legal &amp; policy change</td>
<td>- Advocacy to address gender-specific barriers</td>
<td>- Advocacy for $ to be taken up in national budget: through Government budgeting committee &amp; CCMs</td>
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<tr>
<td>- Advocacy for policy change: reviewing definitions of “key populations”</td>
<td>- Rolling out community-based testing</td>
<td>- Advocacy to address gender-specific barriers</td>
<td>- Training of law enforcement officers</td>
<td>- Link to UHC for vulnerable</td>
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<td></td>
<td>- Follow-up for enrolment on treatment &amp; retention</td>
<td>- Legal literacy training &amp; legal services</td>
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</table>

**Resulting in $ per year in national HIV budget**
Taking the “ask” forward

• Define the programmatic ask as a combination of interventions to maximise impact and corresponding financing to support achieving coverage at-scale (i.e. position the “ask” within the overall HIV budget)

• Advocate for inclusion in national HIV (or other) budget through national budgeting committees

• Advocate for financing from external funders (especially where funding not secured through national budgets) including the Global Fund from national grants, in addition to regional & catalytic funding

• How?
  • Through proposal development process for the Global Fund
  • Through grant making process
  • Through grant lifecycle process
Engaging through continuous Country Dialogue process

- **Timeline of proposal development process:**
  - Allocation letter will be sent in December 2019
  - National strategic plan should be updated – *include human rights programs*
  - Country Dialogue should start to inform proposal – *participate to ensure inclusion of human rights programs*
  - Proposal reviewed by the TRP & Global Fund Secretariat

- **Through grant making**
  - Engage through CCM to include human rights programs where omitted from proposal
  - And to provide support on how programs could be best implemented for workplan & budget

- **Through grant life cycle**
  - Engage with CCM to provide feedback on implementation of human rights programs
  - And for support to resolve challenges
Key tasks for CCMs prior to concept note submission

1. Initiating GF Country Dialogue
   - Understand funding model process
   - Review CCM eligibility requirements
   - Understand allocation process
   - Determine optimal timing of funding requests
   - Understand the national strategy development process
   - Develop an engagement plan for different stakeholders
   - Request technical assistance where gaps in data exist

2. Facilitating Robust Country Dialogue
   - Ensure inclusive participation
   - Guide translation of national strategy plan and programmatic/financial gap analysis into a targeted request
   - Make decisions regarding program split
   - Support country team in negotiating government investments
   - Write or arrange a designated drafting team to write the concept note
   - Define the implementation arrangements, ensure transparent PR selection process

3. Submitting Concept Note
   - Review concept note for completion and accuracy
   - Check that all relevant documentation is provided
   - Sign off on concept note
   - Ensure early start to grant making
## Responsibilities of stakeholders

<table>
<thead>
<tr>
<th><strong>Country government / National Disease Program</strong></th>
<th><strong>In-country technical partners</strong></th>
<th><strong>Private sector</strong></th>
<th><strong>Civil society and key populations</strong></th>
<th><strong>Other donors</strong></th>
<th><strong>Academia</strong></th>
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</table>
| • Supports the CCM to determine the ideal submission timing for concept notes to correspond with national health strategy  
  • Ensures coordination between different donors  
  • Defines and follows up on national commitments | • Discuss disease landscape with in-country stakeholders  
  • Support development of an accessible knowledge base of available data in country  
  • Ensure domestic or regional experts are included in country dialogue  
  • Review program performance | • Share expertise to inform concept note development  
  • Explain any financial contribution to the three diseases  
  • Highlight opportunities to leverage private sector: management and finance support to PRs, channel for service delivery and increasing access, solutions for supply chain | • Provide ongoing and meaningful input into development of strategy and funding request  
  • Ensure the final concept note and grant-making takes into the account needs from key population groups  
  • Help identify and monitor legal or policy barriers to services | • Participate in country dialogue and co-ordination  
  • Assist in the development of a clear funding overview by country | • Provides inputs in the development of concept note in areas expertise  
  • Shares country-specific knowledge of key topics  
  • Identifies opportunities for operational research |
## Level of inclusion depends on country context

### In-country organizations
- CCM members
- Ministry of Health
- Ministry of Finance
- Ministry of Justice, Ministry of Interior, Parliamentary committee on health
- National disease bodies, e.g., national AIDS council
- Ministry of Gender/Women
- National human rights institutions
- Civil society, faith-based organizations, legal and human rights groups

### Global technical partners
- WHO
- UNAIDS
- Stop TB partnership
- Regional and international networks of Key Populations
- Roll Back Malaria partnership
- UNDP, OHCHR, UNFPA, ILO, UNHCR, UNICEF, depending on country context
- Open Society Foundations and other private foundations
- Regional and international human rights groups

### Other funders and implementers
- PEPFAR, PMI, USAID, CDC
- World Bank
- Other key donors for each disease program
- EU members (e.g., DFID, GIZ, French)
- AusAid
- HIVOS
- European Commission, staff at embassy human rights/development programs
- Non-public sector implementers (e.g., FBOs)
- Private foundations, such as Levi Strauss Foundation, Global Fund for Women
- Open Society Foundations and other private foundations
- Regional and international human rights groups

### HIV
- Men, women and young people living with HIV
- Men who have sex with men
- Transgender persons
- People who inject drugs
- Sex workers (male, female, and transgender)
- Women and girls
- Youth
- Other, such as people with disabilities, ethnic minorities, depending on country context

### TB
- People who work in settings that facilitate TB transmission
- Former prisoners
- People living with HIV
- People who use drugs
- Migrants
- Refugees
- Indigenous peoples
- Other, such as labor unions, depending on country context

### Malaria
- Pregnant Women
- Community health workers/ volunteers working on MNCH
- Indigenous peoples, ethnic minorities, rural communities in endemic areas
- Young people
- Refugees
- Migrants
- Others, depending on country context

The number of people of each category depends on country epidemic context and capacity of each representative to input into country dialogue.
Engaging with stakeholders

To maximise success & impact of efforts:

- Do stakeholder mapping & engagement plans
- Take cross-cutting approach to advocacy with Ministries & Depts
- Engage in CCM processes
- Involve GF in advocacy (i.e. Country Teams, FPMs)

- Target message for audience: use business investment approach & language when advocating with financing decision-makers / influencers
- Pursue win-win negotiation strategies to maximise synergies & successful outcomes
- Ensure maximum efficiency of proposed human rights programs through knowledge sharing, common knowledge base, systematised approach to program design and costing
Questions?