



# Partnerships and priorities

## STRENGTHENING LINKAGES BETWEEN HIV AND SEXUAL AND REPRODUCTIVE HEALTH WITHIN THE GLOBAL FUND

### LESSONS FROM IPPF EXPERIENCE AND PRIORITIES FOR ACTION

#### THE GLOBAL FUND AND LINKAGES BETWEEN HIV AND SEXUAL AND REPRODUCTIVE HEALTH

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has been a key source of financing for these three global health emergencies. By the end of 2011, the Global Fund had supported 3.3 million people on antiretroviral treatment for HIV, 8.6 million on treatment for tuberculosis and distributed 230 million bed nets to support action on malaria.<sup>1</sup> These results represent excellent progress in the 10 years since the Global Fund was established.

Internationally, there has been an increasing realization that progress on HIV is only possible in tandem with action to support sexual and reproductive health (SRH). This need for a combined response is based on the linkages between HIV and sexual and reproductive health. These linkages reflect the fact that the majority of HIV infections are sexually

transmitted or linked with pregnancy, childbirth and breastfeeding. In addition, sexual and reproductive ill health and HIV share common root causes and there are mutual benefits for linking action.<sup>2</sup>

#### THE OPPORTUNITY TO FURTHER ADDRESS HIV AND SEXUAL AND REPRODUCTIVE HEALTH LINKAGES AND SUPPORT THE GLOBAL FUND

Global Fund programmes offer a key opportunity to make progress on HIV and sexual and reproductive health linkages a reality. There is evidence for some recognition of these linkages across Global Fund programmes<sup>3</sup> but it is also clear that the majority of HIV-focused proposals lack a comprehensive engagement with SRH.<sup>4</sup>

The International Planned Parenthood Federation (IPPF) has been working through its country level Member Associations (MAs) to support action on these linkages in Global Fund proposals and programmes.

This policy and advocacy brief aims to further support the HIV and sexual and reproductive health communities in fostering linkages between HIV and sexual and reproductive health with the Global Fund to Fight AIDS, Tuberculosis and Malaria. The brief reviews recent IPPF experiences of working in partnership with the Global Fund, and recommends a number of priority strategies to strengthen action in this area.

## IPPF AND THE GLOBAL FUND

The Global Fund's operating model includes several key elements. The Secretariat is based in Geneva along with the Board and Technical Review Panel; these bodies set strategic direction and monitor programmes.

The Country Coordinating Mechanism (CCM) is the key national level institution that develops proposals and oversees programme implementation. Principal Recipients (PRs) receive funds and implement programmes, while Sub Recipients (SRs) can implement parts of programmes.<sup>5</sup> For future funding, Country Coordinating Mechanisms will develop concept notes for planned action, which will be discussed with the Global Fund Secretariat and Technical Review Panel, and supported by other donors and experts.

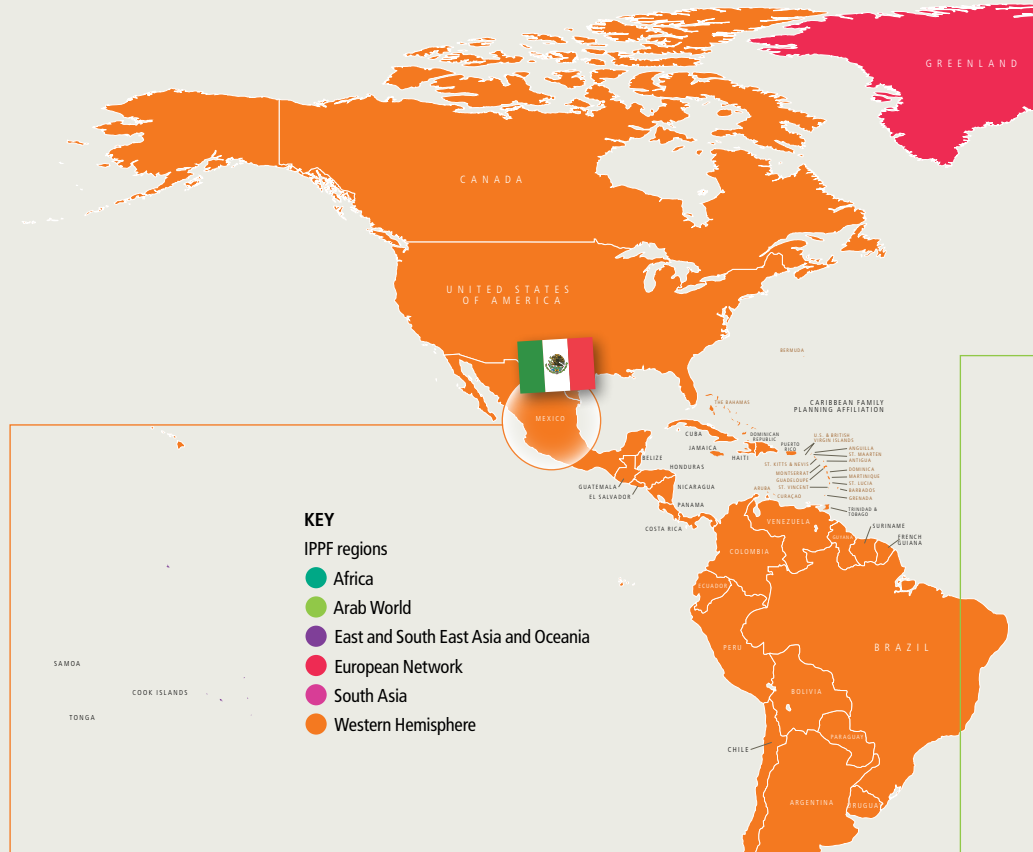
IPPF Member Associations partner with the Global Fund by playing an active role as members of Country Coordinating Mechanisms, and in implementing programmes and services, as both Principal Recipients and Sub Recipients.

A survey of MAs, carried out every three years, shows a long-term trend of increasing involvement in these roles. In the last survey in 2011, 63 of 111 eligible MAs were involved in the Global Fund in some way – 36 were CCM members, 11 were PRs and 33 were SRs. This is a substantial increase from 2005 when only 19 MAs were CCM members, two were PRs and four were SRs.

## IPPF EXPERIENCES

# SUPPORTING ACTION ON HIV AND

Around the world, these insights into IPPF's experiences demonstrate how Member Associations are working with the Global Fund. Opportunities for MAs to increase engagement through linking HIV with SRH within Global Fund programmes take place in two different ways. The first way is being directly involved as a member of one of the Global Fund mechanisms – such as being a Country Coordinating Mechanism member,



### MEXICO

**Global Fund role:** Sub Recipient

During 2011, the Fundación Mexicana para la Planeación Familiar was selected as one of four Sub Recipients to implement a project serving men who have sex with men and injecting drug users. The Member Association has strengthened its capacity in several areas, such as learning innovative new approaches designed to serve these vulnerable groups.



### MOROCCO

**Global Fund role:** Country Coordinating Mechanism Chair

The Country Coordinating Mechanism in Morocco has been chaired by the executive director of the Association Marocaine de Planification Familiale since 2009, the first non-governmental organization to take on this role. This role of chair has enabled the linkages between HIV and SRH to be discussed and promoted. Being chair has also allowed the Member Association to promote linkages with other national and regional bodies: for example, its experiences as chair have been shared through consultations with CCMs in Jordan and Egypt.



### CAMEROON

**Global Fund role:** Principal Recipient

The Cameroon National Association for Family Welfare has been a Principal Recipient since 2011, after being a Country Coordinating Mechanism member for three years. The role of PR developed the Member Association's staff into a more multi-disciplinary team as more staff were recruited with different skills. The role has also brought new strategic partners that can support the Member Association's work on sexual and reproductive health, and raise its profile and credibility. Being a Principal Recipient does not give influence over all the CCM strategy, as PRs are not CCM members, but being a PR means the Member Association is seen as a credible voice that can raise issues for consideration.

# SEXUAL AND REPRODUCTIVE HEALTH LINKAGES

Principal Recipient or Sub Recipient – which allows Member Associations to participate in decision making or to implement programmes. The second way involves engaging in targeted advocacy of other organizations involved in the Global Fund: this could mean focusing advocacy efforts on the CCM, or on the PRs and SRs. The following country experiences also highlight how MAs have benefited from their work with the Global Fund.



## MACEDONIA

**Global Fund role:**  
Country Coordinating Mechanism Secretariat

The Health Education and Research Association in Macedonia has been engaged with the CCM as its Secretariat (although the Member Association is no longer a member). The Member Association initiated a process to build the capacity of the Country Coordinating Mechanism on HIV and SRH linkages, and formed a 'linkages taskforce' to promote the issue within the CCM.



## UGANDA

**Global Fund role:**  
Country Coordinating Mechanism member

Reproductive Health Uganda has worked to raise awareness of HIV and SRH linkages among Sub Recipients. It is important to focus attention on Country Coordinating Mechanism members because of their crucial role in shaping proposals; but ensuring that SRs are aware of linkages, and are willing to act on them, is important to ensure these ideas are fed into proposals and can actually be implemented effectively.



## IPPF SOUTH ASIA REGIONAL OFFICE

**Global Fund role:**  
facilitating technical support

IPPF's South Asia Regional Office has established a Technical Hub to provide consultants with expertise on HIV and sexual and reproductive health linkages. The consultants are trained in Global Fund proposal development and are then available to support a range of organizations in fostering HIV and SRH linkages in Global Fund proposals.



## SRI LANKA

**Global Fund role:**  
Country Coordinating Mechanism member and Sub Recipient

The Family Planning Association of Sri Lanka was a founding member of the Country Coordinating Mechanism of Sri Lanka, representing civil society as a recognized non-governmental organization working on both SRH and HIV issues. The Member Association's involvement increased in 2011 when it took on the role of Sub Recipient because of challenges faced by other organizations that had originally been implementing this work.



## CAMBODIA

**Global Fund role:**  
Sub Recipient

The Reproductive Health Association of Cambodia built on its long experience with HIV and TB programmes to become a Sub Recipient. This role has facilitated strong relationships with the Ministry of Health (the Principal Recipient) and an understanding of other national programmes across Cambodia, putting the Member Association in a strategically strong position to strengthen HIV and SRH linkages within Cambodia.

## STRENGTHENING HIV AND SRH LINKAGES IN GLOBAL FUND PROCESSES AND PROGRAMMES: PRIORITIES FOR ACTION

As these Member Association and Regional Office experiences demonstrate, there are a number of priorities to be addressed. In addition, IPPF and the broader sexual and reproductive health and HIV communities can take action to further support linkages with the Global Fund:

### 1. ON MESSAGE: SEXUAL AND REPRODUCTIVE HEALTH OFFERS A VITAL OPPORTUNITY TO ADDRESS HIV, PARTICULARLY FOR KEY POPULATIONS

As sexual and reproductive health advocates, our core message to Global Fund stakeholders needs to be that *sexual and reproductive health offers a vital opportunity to address HIV and ensure the most effective use of resources in meeting HIV-related goals*. The Global Fund is not focused on SRH as a primary strategic goal; it is instead judged by results on HIV, TB and malaria. Emphasis is therefore needed on the benefits of linkages for HIV. Emphasis should also be placed on how such linkages offer a key opportunity to meet the needs of key populations – sex workers, men who have sex with men and injecting drug users – who are often neglected in the response to HIV.

### 2. TARGETED ADVOCACY: PRs AND SRs SHOULD BE THE FOCUS FOR ADVOCACY, AS WELL AS CCM MEMBERS

The role of Country Coordinating Mechanism members in shaping decisions, and thereby supporting HIV and SRH linkages, has long been a key focus for our advocacy related to the Global Fund. An additional opportunity is to focus on PRs and SRs too. These organizations not only influence the process of proposal development, and so can also promote linkages to the CCM, but they also need to be familiar with linkages if they are to successfully implement proposals that recognize them.

### 3. ACTIVE ROLE: SEXUAL AND REPRODUCTIVE HEALTH ORGANIZATIONS SHOULD SEEK THE ROLES OF CCM MEMBER, PR AND SR

Sexual and reproductive health organizations, such as IPPF Member Associations, can play an effective role as Country Coordinating Mechanism members, PRs and SRs, and should continue to seek this range of roles.

It is important to recognize both the challenges as well as the benefits involved with any engagement; engaging with the Global Fund can be demanding on time and resources, as well as requiring specific expertise. One approach would be to start with a less demanding role – such as Sub Recipient – before attempting to take on a more challenging role such as PR or CCM member.

### 4. BUILDING EVIDENCE: COUNTRY LEVEL ADVOCACY NEEDS COUNTRY SPECIFIC EVIDENCE AND MESSAGING

Ensuring that evidence used to support advocacy is specific and targeted is important to convince stakeholders of the importance of HIV and SRH linkages, and using such linkages to address the needs of key populations. It is important to provide a solid evidence base for the efficacy and success of linkages: one way is through documented case studies of best practice. Resources such as the 'Rapid Assessment Tool' and 'What Works? Advocacy Briefs for Key Populations'<sup>6</sup> are key examples of such evidence.

### 5. MONITORING PROGRESS: SEXUAL AND REPRODUCTIVE HEALTH ORGANIZATIONS SHOULD MONITOR HIV AND SRH LINKAGES TO SUPPORT FOCUSED ADVOCACY

Sexual and reproductive health organizations should work with key global partners to ensure in-depth monitoring of how HIV and SRH linkages are being addressed in Global Fund proposals and programmes. The process of developing concept notes for future funding is an important opportunity to monitor the inclusion of linkages and gender in future plans. Previous analysis of the broader funding portfolio, led by the World Health Organization, has been vital in drawing attention to the neglect of linkages by Global Fund programmes.<sup>7</sup> This analysis should be repeated at regular intervals to provide a robust evidence base for our advocacy.

### GERMAN BACKUP INITIATIVE AND IPPF SUPPORT OF THE GLOBAL FUND

This project was carried out with the support of the German BACKUP Initiative, implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ). GIZ (through BACKUP) and IPPF have worked together since 2004 to foster action on HIV and sexual and reproductive health linkages within Global Fund programmes.

IPPF is a global federation with Member Associations working in 172 countries. These MAs provide SRH information, education and services through 65,000 service points around the world. Those services include family planning; abortion; maternal and child health; and prevention, treatment, care and support for sexually transmitted infections and HIV.

## KEY RESOURCES

The Global Fund to Fight AIDS, Tuberculosis and Malaria:  
[www.theglobalfund.org](http://www.theglobalfund.org)

IPPF: [www.ippf.org](http://www.ippf.org)

German BACKUP Initiative:  
[www.giz.de/Themen/en/4356.htm](http://www.giz.de/Themen/en/4356.htm)

Resources, information and evidence about sexual and reproductive health and HIV linkages: [www.srhivlinkages.org](http://www.srhivlinkages.org)

## REFERENCES

- 1 The Global Fund to Fight AIDS, Tuberculosis and Malaria (2012) *The Global Fund Annual Report 2011*. Geneva: The Global Fund.
- 2 WHO, UNFPA, IPPF and UNAIDS (2005) *Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages*. London: IPPF.
- 3 Komatsu R et al (2011) Sexual and reproductive health activities in HIV programmes: can we monitor progress? *Journal of Epidemiology and Community Health*. 65: pp.199–204.
- 4 Lusti-Narasimhan M, Collin C and Mbizvo M (2009) Sexual and reproductive health in HIV-related proposals supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. *Bulletin of the World Health Organization*. 87(11): pp.816–23.
- 5 See [www.theglobalfund.org/en/about/structures/](http://www.theglobalfund.org/en/about/structures/) for additional information on the separate Global Fund structures.
- 6 Available from [www.srhivlinkages.org](http://www.srhivlinkages.org)
- 7 Lusti-Narasimhan M. Op. cit.



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