2010: A PIVOTAL YEAR FOR SCALING UP RH/HIV INTEGRATION AND ACCELERATING PROGRESS TOWARDS MDGS 5 AND 6
Why is 2010 a ‘make or break’ year for RH/HIV integration?

In the year 2010:

- Based on recent trends, some 2.7 million people will become newly infected with HIV, 5.5 million people already living with HIV will lack access to lifesaving antiretroviral treatment, and 500,000 women will die in pregnancy or childbirth.
- The world’s governments will reach their deadline for universal access to HIV prevention, treatment, care, and support, as mandated by the United Nations Political Declaration on HIV/AIDS (2006).
- The international community must galvanise action and funds for the five-year countdown to the Millennium Development Goals (MDGs), including Goal 5 (improve maternal health) and Goal 6 (combat HIV/AIDS, malaria and other diseases).
- The groundswell of support for the integration of reproductive health (RH) and HIV — as a proven and cost-effective strategy — must be transformed into dramatically scaled-up action in countries and communities, making an essential dual contribution to MDGs 5 and 6.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) must continue to provide a ‘lifeline’ to RH/HIV integration, building on the many millions of dollars already allocated to HIV programmes that include at least one component of RH.
- The Global Fund will undergo a critical replenishment process to secure $20 billion for its work in 2011-13, including for RH/HIV integration, an area under-funded and under-prioritised by other donors.
- Key international stakeholders must put into practice agreed-upon RH/HIV political commitments, institutional policies, and linkages that promote a comprehensive definition of RH that includes commodities, rights, and social determinants; RH/HIV integration as a key pillar of effective responses to HIV; and concerted action on gender inequality. Priority examples include the Global Fund’s Gender Equality Strategy and, within the UNAIDS Action Framework, the Operational Plan for Addressing Women, Girls, Gender Equality and HIV.


“There are some common strategies that can achieve results on universal access targets and Millennium Development Goals. These may include empowering leadership of women and girls, especially women and girls living with HIV, access to integrated HIV and sexual and reproductive health services, addressing violence against women and girls, and addressing the needs of marginalized women and girls.”

Operational Plan for the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV
RH/HIV integration — what is it and why does it matter?

Proven good practice in public health

RH/HIV integration refers to different types of reproductive health and HIV services or programs that are joined together to increase and improve their results and impact. It involves a wide range of practical services and support being located in one place and/or through a system of referrals.

RH/HIV integration is a proven strategy that makes programmatic and economic sense for individuals, organisations, and health systems alike. It is a pillar of effective action on HIV and RH in any country and epidemic context. As such, it is vital for accelerating progress on both MDGs 5 and 6.

Key strategy for women, young people, and marginalised groups

RH/HIV integration is particularly important for women (who account for some 60% of HIV infections in sub-Saharan Africa) and young people (who account for 40% of new HIV infections worldwide). For millions of women and youth, RH services are the primary entry point into the health system. Integrating HIV into RH settings increases their access to a range of HIV information and services, reducing the stigma often associated with stand-alone HIV services.

Meanwhile, integrating RH into HIV services is particularly vital for people living with HIV and marginalised groups, such as sex workers, injection drug users, and men who have sex with men. HIV programmes for these communities are often well-established and user-friendly — protecting them from revealing their HIV or social status in mainstream RH services, while giving them ‘tailor made’ RH support.

International mandates, but lack of will and resources

Over the years, the rationale for RH/HIV integration has been articulated and endorsed through a series of key international commitments, including the International Conference on Population and Development (1994), Glion Call to Action (2004), and Political Declaration on HIV/AIDS (2006). However, these important global mandates have not translated into the political will needed to accelerate action and scale up RH/HIV integration in the countries and communities that need it most. At the same time, linkages between RH and HIV at the policy level, which address human rights and other structural issues, lag far behind the need. In particular, while acknowledging the benefits of RH/HIV integration, few donors or funding mechanisms have adapted their remits or application processes to proactively attract and resource programme integration and linkages.
The Global Fund — why is it a ‘lifeline’ to RH/HIV integration?

Unprecedented funding opportunities, supportive principles

An important exception to the lack of action by donors is provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, an international financing institution that invests the world’s money to save lives. By February 2010, the Global Fund had committed $19.3 billion in 144 countries, supporting large-scale prevention, treatment, and care programs against the three diseases.3

The Global Fund provides unprecedented and innovative opportunities to ‘make it happen’ for RH/HIV integration. This is due not only to what the Global Fund funds, but how the Global Fund works:

The Global Fund welcomes country proposals for RH/HIV integration:

- The Global Fund’s definition of RH/HIV enables programmes to combine services (such as STI treatment and family planning information) with commodities (such as condoms and contraceptive pills). It also enables attention to linkages between socio-political issues (such as human rights and gender-based violence) that have often been neglected.4
- Since Round 8, the Global Fund has explicitly welcomed RH/HIV integration within country proposals, providing that its impact on HIV outcomes can be clearly demonstrated.5
- This has already resulted in the approval of a significant number of HIV proposals that include at least one component of reproductive health. (Grants totalling hundreds of millions of dollars have been approved.)
- The Global Fund’s Strategy for Ensuring Gender Equality in the Response to HIV/AIDS, Tuberculosis and Malaria (“Gender Equality Strategy”) provides a comprehensive definition and clear road map towards increased and improved action to address the needs of women and girls, with a commitment to “champion activities that strengthen SRH–HIV service integration.”6 The Strategy in Relation to Sexual Orientation and Gender Identities also commits to integration as an important strategy for sexual minorities and sex workers.7

The Global Fund funds civil society, including for RH/HIV integration:

- Through Dual-Track Financing8 and Community Systems Strengthening,9 the Global Fund provides civil society with concrete opportunities to become Principal Recipients (PRs) and sub-recipients (SRs) of grants. These ground-breaking policies enable the sector to not only resource its programmes, but build its capacity and strengthen its advocacy.
- This is particularly important for RH/HIV integration — where pioneering efforts, particularly among marginalised groups, have been led by civil society.

The Global Fund’s principles support effective RH/HIV integration. These include:

- **Country demand and ownership.** The Global Fund does not implement programmes. Instead, it puts the power of demand, decision-making and implementation in the hands of countries — both governments and civil society — enabling them to assess their own policy and programme gaps for HIV. In many cases, these include RH/HIV integration.

- **Multisectoral involvement in governance and decision-making.** The Global Fund offers a place at the table to all stakeholders with a role in responding to the three diseases. In particular, it actively promotes the involvement of a broad range of civil-society actors, including from the RH sector. Country Coordinating Mechanisms (CCMs) must have at least 40% representation of civil society, specifically people living with or affected by the three diseases.10

The Global Fund invests heavily in sub-Saharan Africa:

- To date, the Global Fund has allocated over half of its resources to sub-Saharan Africa11 — the region where 67% of all people living with HIV reside (the majority of them women)12 and where RH/HIV integration is a critical strategy.
Past challenges and current opportunities to scale up RH/HIV integration

To date, despite its willingness to fund RH/HIV integration, there have been barriers to scaling up the strategy’s translation into proposals to the Global Fund. Such barriers include a lack of understanding of the benefits of RH/HIV integration, and the related opportunities provided by the Global Fund, among CCM members. They also include the very varied levels of knowledge, skills, and capacity among local civil society to engage in both RH/HIV integration issues and Global Fund processes.

In 2010, however, there are major opportunities for the Global Fund and the technical partners on which it depends to make significant progress in this area.

Critical recent developments include the Global Fund’s own Gender Equality Strategy and the Operational Plan for the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV. The latter calls upon funders — particularly the Global Fund, PEPFAR, and foundations — to prioritise work on the vulnerabilities to HIV/AIDS of women and girls. The projected results include that women and girls will have access to "integrated multisectoral services for HIV, tuberculosis and sexual and reproductive health services," and violence against women and girls, an element of comprehensive RH, is also explicitly identified as a priority. Such developments signify not only a groundswell of support for RH/HIV integration as a strategy and a much-needed step forward on gender issues. They also represent a commitment to the Global Fund’s unique role in making both happen.

Similarly, the current Administration of the United States has renewed its commitment to RH and RH/HIV integration, including through policy reforms and new programme designs. The forthcoming Global Health Initiative places women and girls at the centre of a strategy to integrate a range of health services, with an emphasis on MDG 5, and on moving away from the silos of a traditional donor approach to health. As a partner and technical supporter of both the Global Fund and UNAIDS, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) has an essential role to play in modelling good RH/HIV integration, including in its role in the new Global Health Initiative, and helping to increase the quality and number of integrated proposals to the Global Fund through coordinated technical assistance to government and civil society.

Mobilizing for RH/HIV Integration Initiative — a strategic response

Addressing a critical gap, responding to opportunity

The Mobilizing for RH/HIV Integration Initiative was launched in 2008 in response to the opportunities and challenges presented by the Global Fund and the political environment.

The Initiative promotes demand from countries and support from the Global Fund for proposals that have reproductive health as a critical component of HIV prevention, treatment, care, or support programs and services, including RH supplies. It also works with other international donors and governments to mobilise supportive policies and appropriate resource allocation for RH/HIV integration, and serves as a watchdog at national, regional and global levels.

It is the only international project to specifically focus on the integration of RH within Global Fund-supported programmes.

Building a movement for RH/HIV integration

The Initiative is governed by a Steering Committee, with representatives of the six member organisations:

- Friends of the Global Fund Africa
- Global AIDS Alliance
- Interact Worldwide
- International HIV/AIDS Alliance
- International Planned Parenthood Federation Africa Regional Office
- Population Action International

The Initiative intentionally involves organisations with different political priorities and areas of technical expertise. Its members are both advocates and implementers from across the RH and HIV fields. This enables a comprehensive assessment of the actions needed at the country and global levels in order to scale up RH/HIV integration. For example, in addition to promoting specific funding and implementation opportunities (such as RH organisations joining CCMs or becoming PRs), the Initiative mobilizes the RH sector to advocate for the Global Fund and the HIV sector to align with the wider MDG and health movements.
Focus on sub-Saharan Africa

To date, the Mobilizing for RH/HIV Integration Initiative has focused on 10 countries in sub-Saharan Africa: Burkina Faso, Burundi, Cameroon, Ghana, Madagascar, Mozambique, Namibia, Nigeria, Tanzania, and Zambia.

The countries were selected based on a set of criteria that included their intention to submit an application to the Global Fund and past performance of Global Fund grants; the capacity of the local civil-society sector; the history of HIV and RH funding; and potential political will for integration.
Mobilizing for RH/HIV Integration Initiative — a demand-creation model

The model used by the Mobilizing for RH/HIV Integration Initiative has four components. These aim to create and meet demand for integration in countries that are eligible for support from the Global Fund. The components are applied in different ways, depending on the needs of each focus country and the global political and policy environment.

**Component 1: Country teams**

What happens? In each country, the Initiative supports a multisectoral team to raise awareness of and advocate for RH/HIV integration at the national level, especially within Global Fund processes. The Initiative strengthens each team through input on advocacy approaches, links to technical assistance providers, and advice on strategic interventions for RH/HIV integration in Global Fund proposals.

Who is involved? Each team involves a range of stakeholders, such as CCM members, Ministry of Health officials, activists, and HIV and RH organisations. It is supported by a Country Liaison from the Initiative’s Steering Committee, who supports troubleshooting, relationship building, and other issues as needed.

**Component 2: Small grants to local civil society**

What happens? The Initiative provides small grants to indigenous local civil-society groups to support action in two areas: advocacy with stakeholders to include RH/HIV integration in Global Fund proposals and/or positioning and capacity building of civil-society organisations as PRs and SRs of RH/HIV grants, including the preparation of sub-proposals to the CCM. In Rounds 8 and 9 of the Global Fund, 39 grants were allocated in the 10 focus countries and one grant to a regional project. These grants totalled over $620,000.

Who is involved? The grant recipients include AIDS NGOs, local networks of people living with HIV, women’s coalitions, and family planning associations.

**Component 3: Technical assistance**

What happens? The Initiative gives free technical assistance (TA) to country stakeholders to learn about RH/HIV integration, build technical skills, and develop strong Global Fund proposals. It has two Technical Assistance Hubs in sub-Saharan Africa. In each country, it starts with a sensitisation meeting to promote the hubs to the CCM, advocate for integration, and explain Global Fund opportunities. This is followed by a package of technical assistance to respond to each CCM’s specific needs. The TA is provided by consultants with expertise in RH/HIV integration, gender, proposal writing, budgeting, and financial management — skills often lacking at the national level. In Round 8 of the Global Fund, over 160 days of consultant support were provided to focus countries. In addition, the hub consultants were supported by external partners to provide TA to countries outside the Initiative seeking support on RH/HIV integration.

Who is involved? The Technical Assistance Hubs are based at Friends of the Global Fund Africa (Nigeria) and the International Planned Parenthood Africa Regional Office (Kenya). The pool of over 230 consultants is largely Africa-based and is thus well-equipped to understand local contexts and build sustainable relationships with CCMs.

**Component 4: National and global advocacy**

What happens? The Initiative combines national and global advocacy to build commitment to RH/HIV integration among Global Fund stakeholders and ensure enabling policy and funding environments at all levels. In each country, the Initiative supports national advocates to promote the added value of RH/HIV integration, address policy barriers, and ensure the involvement of civil society in Global Fund processes. This is complemented at the global level, where the Initiative builds on the focus countries’ experiences to identify key structural and policy barriers to RH/HIV integration. These form the basis of advocacy targeting decision-makers within the Global Fund (including its Secretariat, Board, and Committees) and its technical partners (including UNAIDS, UNFPA, UNDP, and WHO).

Who is involved? National advocacy is led by in-country advocacy partners, with small grants, technical assistance, and strategic support provided by the Initiative. Global advocacy is led by the Global Advocacy Working Group, including representatives of the Initiative’s Steering Committee.
**In action: The Initiative’s model in Ghana**

**Component 1: Ghana country team**

In Ghana, as in the other focus countries, the country team consisted of a country liaison from the Initiative’s Steering Committee organisations; a representative from the Technical Hub at Friends of the Global Fund Africa; and a sub-grants manager from Population Action International, which administered Ghana’s sub-grants. The country team was responsible for maintaining communication with civil-society and technical experts in-country, providing technical support, and troubleshooting barriers to the Initiative’s objectives at the country level.

**Component 2: Small grants to Ghanaian civil society**

During Round 8, the Initiative gave small grants totalling $42,000 to three civil-society groups: Ghana HIV/AIDS Network/Planned Parenthood Federation of Ghana, Alliance for Reproductive Health and Rights, and Society for Women and AIDS in Africa (Ghana). These enabled the groups to develop concept papers on RH/HIV integration, mobilise civil society to track Global Fund proposal development, and advocate with the CCM to include RH in its HIV proposal and be receptive to civil society as Principal Recipients. In Round 9, two further grants, totalling $22,000, strengthened civil society to implement RH/HIV integrated programmes and monitor the overall implementation of the country’s Global Fund grant.

**Component 3: Technical assistance to Ghana CCM and local civil society**

The Initiative started with a sensitisation meeting to inform Ghana’s CCM of its technical assistance support and mobilise interest in RH/HIV integration. This was followed by a package of assistance to the CCM, including 20 days of consultant support provided by Friends of the Global Fund Africa (Nigeria), the Initiative’s West Africa Technical Assistance Hub. The consultant worked particularly closely with the Initiative’s civil-society partners to influence elements of the proposal development process.

**Component 4: Ghana and global advocacy**

The Initiative built on an already supportive environment in Ghana, with growing interest in RH/HIV and strong relations among partners. It provided an ‘extra push,’ particularly to RH organisations, to consolidate advocacy, engage more actively with the Global Fund, and ensure the inclusion of integration in the final Round 8 proposal. It also connected Ghana to global advocacy, including by involving representatives (such as the chair of the CCM) in a meeting of the Initiative’s 10 focus countries and Global Advocacy Working Group in Ethiopia, where advocacy priorities were collectively identified and advanced through the remainder of the Initiative.

“The [Mobilizing RH/HIV Integration Initiative] jump-started the whole idea of going down the road of integration.”

Global Fund Country Coordinating Mechanism member, Ghana

**The results in Ghana**

The Initiative’s four components contributed to Ghana’s successful HIV proposal to Round 8 of the Global Fund. RH/HIV integration was one of the proposal’s key strategies, with some 49% of the budget allocated to relevant services and supplies. The Planned Parenthood Association of Ghana was named as a Principal Recipient, the first time civil society has taken on this role in the country. The projected results of the $49 million Round 8 grant to Ghana include:

- Training 4,200 midwives and other service providers in HIV counselling and testing and STIs, resulting in 1,150,000 pregnant women being routinely offered relevant services, with 13,500 HIV-positive mothers provided with ARVs for prevention of mother-to-child transmission (PMTCT+).
- Procurement of 480 million condoms, with at least 20% distributed to most-at-risk populations (such as sex workers and men who have sex with men) for dual protection.
- Provision of HIV prevention, counselling, and testing at family planning service points.
- Provision of SRH education and services for women living with HIV and their partners, through peer educators.

(Reference: Reinforcing the Scale-up of HIV Services: Strengthening HIV Prevention and Effective Targeting, Proposal to Round 8, Country Coordinating Mechanism, Ghana)
Mobilizing for RH/HIV Integration Initiative — key results

**Key result 1: Leveraging new Global Fund investment in RH interventions**

The Mobilizing for RH/HIV Integration Initiative has increased demand for RH/HIV integration. It has supported its 10 focus countries to produce seven successful proposals to Rounds 8 and 9 of the Global Fund, leveraging hundreds of millions of dollars in new funding for HIV programmes with RH components, including RH commodities.

The results of the Initiative include:

- Dramatically increased visibility of, and demand for, RH/HIV integration. Internationally, the Initiative has helped to mobilise the Global Fund to clearly articulate its acceptance of integrated proposals and has become a recognised voice for RH/HIV integration via the Global Fund. Nationally, it has sensitised CCMs to the benefits of integration and supported them to incorporate the strategy into country proposals.

- In Round 8 of the Global Fund:
  - Nine of the Initiative’s 10 focus countries submitted HIV proposals with RH components.
  - Four countries (Burundi, Ghana, Madagascar, and Zambia) were successful, leveraging HIV grants totalling $225,308,324.
  - The Global Fund-supported programmes included significant attention to RH. For example, in Ghana, RH integration was one of four main objectives of the HIV proposal, while in Madagascar, some 56% of the budget was allocated to RH-related services and supplies.

- In Round 9 of the Global Fund:
  - Five countries that received category 3 ratings (i.e., not recommended for funding but encouraged to reapply) in Round 8 strengthened and re-submitted their integrated proposals. One additional country submitted a new proposal.
  - Three more countries (Namibia, Nigeria, and Mozambique) were successful, leveraging HIV grants totalling $343,161,536.
  - The four countries successful in Round 8 were supported through the process of grant negotiation to ensure that the RH components remained and were accurately budgeted for in the final work plans.

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**In action: Resources leveraged for RH/HIV integration from the Global Fund**

<table>
<thead>
<tr>
<th>Mobilizing for RH/HIV Integration Initiative’s focus countries</th>
<th>Total maximum approved for successful HIV/AIDS Global Fund proposal (including RH components)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROUND 8</strong></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td>$36,789,591</td>
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<tr>
<td>Ghana</td>
<td>$49,350,970</td>
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<tr>
<td>Madagascar</td>
<td>$9,799,118</td>
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<tr>
<td>Zambia</td>
<td>$129,368,645</td>
</tr>
<tr>
<td><strong>Total for Round</strong></td>
<td>$225,308,324</td>
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<tr>
<td><strong>ROUND 9</strong></td>
<td></td>
</tr>
<tr>
<td>Namibia*</td>
<td>$211,803,061</td>
</tr>
<tr>
<td>Nigeria</td>
<td>$61,980,496</td>
</tr>
<tr>
<td>Mozambique</td>
<td>$69,377,979</td>
</tr>
<tr>
<td><strong>Total for Round</strong></td>
<td>$343,161,536</td>
</tr>
</tbody>
</table>

*Note: Namibia’s approval during the Round 9 time period was not for a Rounds-based proposal but for a Rolling Continuation Channel (RCC) proposal from Namibia’s high-performing Round 4 proposal. The Initiative supported Namibia in its Round 8 proposal and then provided support and technical assistance to include the RH/HIV integration components from Round 8 in the RCC proposal. This figure represents six years of programming rather than five years as in a Rounds-based proposal.*
**Key result 2: Return on investment and acceleration towards both MDGs 5 and 6**

The Mobilizing for RH/HIV Integration Initiative has maximised the Global Fund’s unique potential as a funding mechanism that, by resourcing large-scale, ambitious, and performance-based RH/HIV integration, can accelerate progress on both MDGs 5 and 6.

The results of the Initiative include:

- In Rounds 8 and 9 of the Global Fund, the Initiative supported its 10 focus countries to submit HIV proposals that demonstrate the strategic integration of RH. Examples included integrating:
  - Family planning with HIV counselling and testing (Ghana).
  - Action on domestic violence with HIV prevention (Zambia).
  - RH clinical services with protection of the rights of people living with HIV (Madagascar).

- In Round 8, countries increased requests for RH supplies (beyond condoms) as an integral part of HIV prevention, treatment, and care proposals to the Global Fund. In Zambia, the successful grant enabled the procurement of multiple types of contraceptives and safe delivery supplies, covering 30% of the country’s total funding gap for such commodities.

“Include programs that empower women and girls so they can protect themselves, by having access to sexual and reproductive health care (SRH), access to female controlled prevention measures (female condom, negotiating condom use, etc.), and access to education. In this context the Global Fund will champion activities that strengthen SRH-HIV/AIDS service integration.”

*Gender Equality Strategy, Global Fund to Fight AIDS, Tuberculosis and Malaria*

**In action: Returns on RH/HIV integrated Global Fund grant, Burundi**

In Burundi, HIV prevalence is 2% among the general population and higher among marginalised groups. Maternal mortality is 1,000 per 100,000 births. Few antenatal facilities (5.8% in 2006) provide HIV counselling and testing, and a minority of pregnant women living with HIV receive antiretroviral drugs.

Here, a $36.7 million grant from Round 8 of the Global Fund has government (National AIDS Committee) and civil society (Burundi Network of People Living with HIV) Principal Recipients according to the Dual-Track Financing model, coordinating activities in all 17 of the country’s provinces. One of the grant’s four aims is to “Strengthen the STI/HIV program by integrating RH and improving direct prevention, care and support interventions among the general population and the key at-risk populations.” According to the CCM’s proposal, the results will include:

- 67,000,000 male and 940,000 female condoms purchased for dual protection from STIs/HIV and unwanted pregnancies and distributed to key populations through 7,234 peer outreach workers (including 400 sex workers) and 6,650 community facilitators.
- 3,870 traditional birth attendants trained in HIV prevention.
- 600 health care providers for people living with HIV trained in RH and family planning.
- 425 community actors from 85 civil-society groups trained in family planning options and location of services for women of reproductive age and people living with HIV.
- Extension of PMTCT+, including procurement of ARVs for 26,361 HIV-positive pregnant and breastfeeding women, with follow-up psychosocial support for adherence to treatment.

"Initiatives such as ... the Mobilizing for RH/HIV Integration Initiative have provided countries with important support in preparing HIV-related proposals for the Global Fund that integrate sexual and reproductive health, as well as in advocacy efforts to get stakeholders at the national and global levels to prioritize sexual and reproductive health and HIV integration as a critical component of scaling up access to HIV/AIDS prevention, treatment and care."

Sexual and Reproductive Health in HIV-Related Proposals Supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, World Health Organisation Bulletin 87

**Key result 3:** Engaging a wider range of civil-society actors with the Global Fund

The Mobilizing for RH/HIV Integration Initiative has mobilised a wider set of local civil-society actors, including those from marginalised groups and the reproductive health sector, to engage with Global Fund processes in their country and maximise opportunities for RH/HIV integration.

The results of the Initiative include:

- Through grants and technical support to its 10 focus countries, the Initiative has helped to mobilise a civil-society movement on RH/HIV — by enabling RH, HIV, women’s, and other organisations to learn about integration and collaborate on Global Fund processes. In many cases, the sector has formed coalitions and platforms, involving a range of advocacy and service provision groups. These have provided a united voice, with established organisations often mentoring newcomers.

- In particular, the Initiative has enabled marginalised and under-represented groups, such as sexual minorities and people living with HIV, to become engaged in advocacy and proposal development on RH/HIV integration and get more actively involved in CCMs.

- In its focus countries, the Initiative has supported civil-society organisations, including RH organisations, to build their credibility on RH/HIV integration, improve the quality of their proposals, and position themselves within CCMs. In turn, they have been accepted as potential recipients of funding.

- Within the 10 focus countries, in Rounds 8 and 9 of the Global Fund, at least eight of the 26 civil-society organisations that received sub-grants through the Initiative were named as Principal Recipients or sub-recipients of successful RH/HIV integrated grants.

**In action: Civil-society coalitions, involvement in CCMs, and positioning as Global Fund recipients**

In Namibia, the Initiative supported the Namibian Planned Parenthood Association to form a coalition with the Media Institute of Southern Africa (Namibia) and Namibia Network of AIDS Service Organisations, which holds the civil-society seat on the CCM. Advocacy and media work by the coalition raised awareness about RH/HIV integration and the Global Fund. This led to the hiring by the CCM of a lead technical consultant with a strong background in RH and the submission of integrated proposals in Round 8 and inclusion of RH in a Round 4 Rolling Continuation Channel application that took place during Round 9. The latter was successful.

In Cameroon, the National Association for Family Welfare, a reproductive health organisation, was supported to be elected as a full member of that country’s CCM.

In Zambia, the Initiative supported the Network of Zambian People Living with HIV, which has some 72 chapters in all districts of the country, to position itself to become a sub-recipient of the country’s successful Round 8 proposal. The support included a grant that enabled the network to mobilise other community groups to make the case for RH/HIV integration; collect data to fill gaps in information relating to integration; and consult with potential PRs to develop an integrated proposal.
Key result 4: Linking national and global advocacy to create an enabling environment for RH/HIV integration

The Mobilizing for RH/HIV Integration Initiative combines national, regional, and global advocacy to articulate the benefits of and barriers to integration, build an enabling environment, and mobilise resources.

The results of the Initiative include:

- By combining advocacy with mobilisation, technical assistance, strategic input, and small grants, the Initiative has created a comprehensive model for demand creation — one that is now being adapted by other advocates seeking similar results.13

- At both the national and global levels, the Initiative has built an advocacy network, bringing together as many stakeholders as possible with different roles to play on the issue of RH/HIV integration.

Nationally, advocates in the focus countries have moved from a general recognition of RH/HIV integration to more organised and proactive advocacy for the strategy. They have persuaded key decision-makers, such as National AIDS Committees, of the importance of integration. In particular, they have opened the eyes of CCM members to the strategy’s benefits and opportunities — presenting a credible case and providing the push to ensure its inclusion in country proposals. They have also helped countries to step outside of the box in relation to RH commodities — by not only including condoms in proposals but looking at gaps in mixed-method family planning and other RH commodities, as well. Overall, civil society-led advocacy platforms have been active throughout the proposal processes, from influencing RH/HIV concept development to drafting proposals and negotiating grants.

In action: Global advocacy for a strong Gender Equality Strategy for the Global Fund

As a coalition with expertise in advocacy in Europe and the United States, as well as with global policymakers, the Initiative’s Global Advocacy Working Group influenced a series of political decisions that ultimately led to improving the enabling environment for RH/HIV integration in Global Fund proposals. Working in partnership and bringing together various skills in Global Fund-focused advocacy, RH and HIV technical expertise, civil-society engagement, and capacity building, the Working Group’s approach and messages were directly informed by the Initiative’s country-level work and its partners’ experiences.

In 2007, the Global Advocacy Working Group coalesced as European partners supported the G8 call for a strong gender focus at the Global Fund. This, in turn, led to an emphasis on gender at that year’s Global Fund Replenishment meeting, where Initiative partners again advocated for meaningful civil-society discussion around the attention paid to gender issues by the Global Fund. These public conversations laid the groundwork for reform of Global Fund policy in order to be responsive to calls from donor governments as well as civil society. Initiative partners with strong engagement on the Global Fund’s Board of Directors and Secretariat immediately began advocating for a Board decision point, which was taken in November 2007, calling on the Secretariat to adapt Global Fund processes and mechanisms to ensure a greater focus on gender. The Secretariat subsequently embarked on the development of a gender strategy, including the appointment of relevant staff. The Initiative’s Global Advocacy Working Group worked to ensure that a strong candidate was quickly identified and that the decision point was quickly and optimally implemented. During and immediately following the appointment of the Global Fund’s Gender Advisor, the Working Group utilized its relationships with a broad range of stakeholders to directly influence the Fund’s Gender Equality Strategy, which outlines priority areas for reform. An Implementation Plan for the Gender Equality Strategy was subsequently prepared, identifying in greater detail the activities the Global Fund would undertake to improve its responsiveness to women and girls. While many advocates and technical partners were involved in the development of these documents, the Initiative’s efforts focused on the inclusion of RH/HIV integration as a key component of the strategy, as well as ensuring adequate support for civil-society engagement at the country level and adjustments to CCM requirements as needed to ensure that relevant technical expertise is represented.

In addition to providing direct feedback on these important policy documents, the Global Advocacy Working Group was simultaneously monitoring and documenting country experiences, creating a feedback loop between country-level partners and decision-makers in Geneva, to ensure that the policies being crafted were informed by realities at the country level and immediately operationalized in ongoing proposal development and implementation.
Regionally, the Initiative supported a grant to the African Council of AIDS Service Organisations (AfriCASO), the umbrella organisation of many national-level Initiative partners, to undertake a survey of its members to identify their knowledge of and interest in advocacy for and provision of RH/HIV services. The results highlighted both important gaps and demand for technical capacity, which will help guide future advocacy and capacity building work of the Initiative and its partners.

Globally, the Initiative has increased the visibility of RH/HIV integration and influenced critical processes to strengthen policy guidance by the Global Fund. The results include statements of the acceptability of RH as an entry point for HIV programming in the Round 8 guidelines and greater awareness of the importance of RH/HIV integration among the Technical Review Panel.

The Initiative has influenced the Global Fund’s development of a forward-looking Gender Equality Strategy (and Implementation Plan) — one that champions RH/HIV integration and addresses underlying socio-political issues (such as gender-based violence) that are critical to the strategy.

The Initiative also advocated to the Global Fund’s technical partners (including WHO, UNFPA, and UNAIDS) and donor governments to prioritise comprehensive RH/HIV integration and address relevant legal and policy barriers through RH/HIV linkages. This was carried out through a variety of approaches, from producing shadow reports and evidence-based position papers to briefing decision-makers and presenting at conferences. This has led to ongoing collaboration with technical partners who are also seeking to increase RH/HIV integration, as well as direct advocacy for improved action.

4. World Health Organisation research of 214 approved proposals to Rounds 1-7 identified that all but two included at least one element of SRH service. But the vast majority focused on ‘traditional’ areas (e.g., 25% on PMTCT, 25% on STI prevention, diagnosis, and treatment, and 25% on sexual health promotion). Few focused on ‘less traditional’ areas, such as gender-based violence.
9. Initiatives that contribute to the development and/or strengthening of community-based organisations, with the aim of maximising the community’s response to the three diseases and its access to and utilization of health services. Fact Sheet: Community Systems Strengthening, The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 2009.
13. For example, efforts to increase demand for health systems strengthening have adapted the Initiative’s model; a range of stakeholders have used the elements of the Initiative’s approach in considering how to proceed with various strategies.
2010: Time for urgent actions by the international community

2010 is a pivotal year for HIV and reproductive health, the Millennium Development Goals, and the Global Fund to Fight AIDS, TB and Malaria. The Mobilizing for RH/HIV Integration Initiative calls upon:

1. **Donor governments** to recognise the unique role of the Global Fund in resourcing performance-based RH/HIV integration in eligible countries and contributing to both MDG 5 and 6; and to substantiate this through bold pledging as part of the Global Fund replenishment process, allowing this essential financing mechanism to continue its trajectory of demand and growth and keep its promise to countries to fund all technically sound proposals.

2. **The Global Fund** to continue to be a learning and ground-breaking organisation for RH/HIV integration and other MDG 5 interventions. This includes de-mystifying and rolling out its package of policies — including policies on Dual-Track Financing, Community Systems Strengthening, CCM membership, and gender — that promote both integration and civil-society involvement. Global Fund policies must be translated into user-friendly tools to help CCM members and local civil society (including RH groups) understand and leverage opportunities for RH/HIV integration, as well as fully engage in Global Fund decision-making.

3. **National decision-makers in implementing countries**, such as members of CCMs and National AIDS Control Authorities, to commit to learning more about the benefits of and opportunities for RH/HIV integration and to create increased demand for the strategy in their countries, including by bringing representatives from all relevant government ministries to the table to ensure that linkages and integration are thorough and relevant. They should also welcome and support the full and meaningful involvement of civil society in all decision-making on programmes and resource allocation related to RH/HIV integration.

4. **All key RH and HIV stakeholders** to build on the model and results of the Mobilizing for RH/HIV Integration Initiative and champion integrated proposals and programmes within other African countries and in other regions. These proposals and programmes should recognise the particular benefits of RH/HIV integration in meeting the needs of women, young people, and marginalised groups and the important expertise of local civil society.

5. **All key RH and HIV stakeholders** to ‘gear up’ to respond to the increased need for resources and technical support that will result from the growing momentum around, and demand for, RH/HIV integration at the country level. This includes technical partners of the Global Fund (such as UNAIDS and UNFPA) increasing and improving their provision of high-quality and appropriate technical assistance for integration and Global Fund processes, with particular attention to the needs of local civil society. Also, bilateral partners, particularly PEPFAR and the United Kingdom’s Department for International Development (DFID), must align their policies to provide the best support possible to the Global Fund and use their in-country presence to advance the meaningful involvement of RH organisations.

6. **All key Global Fund stakeholders**, especially its multilateral technical partners, to support the mechanism to reach its goals for gender (and, in turn, RH/HIV integration) by ‘making it happen’ at the country level. This involves collaboration to raise resources and fully implement the Global Fund’s Gender Equality Strategy and Strategy in Relation to Sexual Orientation and Gender Identities, as well as the Operational Plan for the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.
For more information about the Mobilizing for RH/HIV Integration Initiative, please contact Elisha Dunn-Georgiou, Senior International Advocacy Associate, Population Action International, at edunn-georgiou@popact.org.

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