



Regional Platform
for Communication and Coordination
on HIV/AIDS, Tuberculosis and Malaria
For Anglophone Africa

RAPID REVIEW

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Achievements of The Global Fund's Matching Funds and their Effect on
Community, Rights and Gender Components in the Response to
HIV and Tuberculosis in Anglophone Africa.

Abbreviations

CCM	Country Coordinating Mechanism
CRG	Community, Rights and Gender
CSS	Community Systems Strengthening
EANNASO	Eastern Africa National Networks of AIDS Service Organizations
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
IDU	Injecting Drug Users
MDR TB	Multi-Drug Resistant Tuberculosis
MSM	Men Who Have Sex With Men
PEPFAR	President's Emergency Fund for AIDS Relief
PMTCT	Prevention of Mother-To-Child Transmission
PR	Principal Recipient
SR	Sub Recipient
SSR	Sub Sub Recipient
TB	Tuberculosis

Key Definitions

Gender	<p>The array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, changes over time, and varies widely within and across culture. Gender is relational and refers not simply to women or men but to the relationship between them.</p>
Gender Equality	<p>Entails the concept that all human beings are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles or prejudices. Gender equality means that the different behaviours, aspirations and needs of boys and girls, women and men, and gender non-conforming individuals, are considered, valued and favoured equally. With gender equality, people's rights, responsibilities and opportunities will not depend on their gender identity.</p>
Key Populations	<p>Those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized.</p> <p>A group is deemed to be a key population if it meets all of the following three criteria:</p> <ol style="list-style-type: none">1. Epidemiologically, the group faces increased risk, vulnerability and/or burden with respect to at least one of the three diseases – due to a combination of biological, socioeconomic and structural factors.2. Access to relevant services is significantly lower for the group than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility for such a group.3. The group faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization – which increases vulnerability and risk and reduces access to essential services.
Sexual Orientation	<p>Each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender (e.g. heterosexual) or the same gender (e.g. homosexual) or more than one gender (e.g. bisexual.)</p>

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Executive Summary

The Global Fund plays a leading role in global health by turning its strategic commitments to key and vulnerable populations, human rights and gender equality into quality and comprehensive programming at country level. It also works to develop innovative approaches to monitoring the impact of these investments and continues to closely engage communities in its processes and to mobilize and work with partners to strengthen community systems and responses as an integral component of resilient and sustainable systems for health and the universal health coverage agenda.

In 2017–2019 funding cycle, The Global Fund invested \$800 million in Catalytic Investments which are a portion of funding for Global Fund-supported programs, activities and strategic investments essential to achieving the goal of ending the epidemics, but which may not be adequately accommodated through country allocations. Catalytic Investments were grouped in 3 categories namely;

- Matching funds to incentivize the programming of country allocations for priority areas,
- Multi-country approaches for critical, pre-defined areas, and
- Strategic initiatives that are needed to support the success of country allocations but cannot be funded through country grants.¹

TABLE 1: Anglophone African Countries Catalytic Investment Table.

Country	HIV: Adolescent girls and young women	TB: Finding missing People with TB.	HIV: programs to remove human rights related barriers to health services.	HIV: Key Populations impact.
Botswana	\$1,000,000		\$1,000,000	
Ghana			\$2,300,000	\$3,600,000
Kenya	\$5,000,000	\$6,000,000	\$3,800,000	\$10,000,000
Lesotho	\$1,500,000			
Malawi	\$7,000,000			
Mozambique	\$6,000,000	\$6,000,000	\$4,700,000	
Namibia	\$1,000,000			
Nigeria		\$14,000,000		
Sierra Leone			\$1,800,000	
South Africa	\$5,000,000	\$6,000,000	\$5,000,000	
Swaziland	\$1,500,000			
Tanzania	\$8,000,000	\$6,000,000		

Countries took advantage of the additional resources made available through the matching funds to scale up programs and interventions for key and vulnerable populations, strengthen community systems and responses, reduce human rights barriers to accessing services, promote gender equality and gender-responsive programming and finding missing people with TB and MDR TBV

¹<https://www.theglobalfund.org/en/funding-model/before-applying/catalytic-investments/>

Local and international partners played a vital role in supporting target-setting, program design, proposal development, implementation and monitoring of these new resources. At the same time, the Community, Rights and Gender (CRG) Strategic Initiative enabled communities, civil society organizations and key population networks to share information and access vital technical assistance to meaningfully engage with the Global Fund as countries access matching fund and regular resources in the current allocation period, as well as in sustainability and transition planning processes and critical debates on financing for the three diseases.

As the host of the Anglophone African Regional Communication and Coordination Platform (part of the Global Fund's Community, Rights and Gender Strategic Initiative), the Eastern African National Networks of AIDS Service Organizations (EANNASO) commissioned a review of the matching funds modality. The purpose of the review is to evaluate to what extent matching funds by the Global Fund have had an effect on community, rights and gender principles and approaches in the response to HIV and TB in Anglophone African countries.

This review report generates evidence on how the catalytic funding through matching grant has impacted on Community, Rights and Gender aspects of HIV, tuberculosis and malaria in Anglophone Africa with in the period of 2017- 2019 grant cycle. The report also indicates how the investments contributed to the achievement of the Global Fund strategy 2017 -2022. The review focused on 10 Anglophone African countries namely Botswana, Kenya, Malawi, Nigeria, Sierra Leone, South Africa, Swaziland, Tanzania, Uganda and Zimbabwe.

The views reflected here are from affected communities themselves, especially those who benefit directly from matching funds investments in adolescent girls and young women, key affected populations, human rights and TB responses. It is a reflection on how the matching funds have added value to programming that directly impacts their lives.

Increased focus on community, rights and gender:

Through the matching funds countries were able to align their allocations towards the strategic priorities that are critical to driving impact and achieving the Global Fund strategy 2017-2023 specifically strategic objectives on

- Strategic Objective 1: Maximizing impact against HIV, TB and Malaria
- Strategic Objective 3: Promoting and protecting human rights and gender equality.

Countries were able to identify importance of responding to community, rights and gender components of the response to the epidemics of HIV and tuberculosis and hence there was increased investments and innovation in the priority areas of evidence-informed HIV programs for key populations; addressing human rights related barriers to health; reducing rates of HIV infection among adolescent girls and young women and finding missing people with TB and MDR TB.

Meaningful engagement of communities and key population:

Affected communities and key affected populations were involved in the design and implementation of the matching fund priority areas. In some countries, matching funds were a tool that communities leveraged to elevate the discussion on key priorities. The rest of the CCM members and other partners took these areas more seriously as a result. They accepted that these priorities needed to be scaled up - in the main allocation, in the matching funds and in the overall national response (with co-financing commitments).

Innovation:

The funds enabled countries to increase investment in innovation for better outcomes against HIV, tuberculosis and malaria. Innovative tools and programs were introduced with an aim to strengthen the impact of the ongoing country programs. In some countries, innovative tools to support adherence and retention to care for people living with HIV and TB services were introduced.



Areas of improvement:

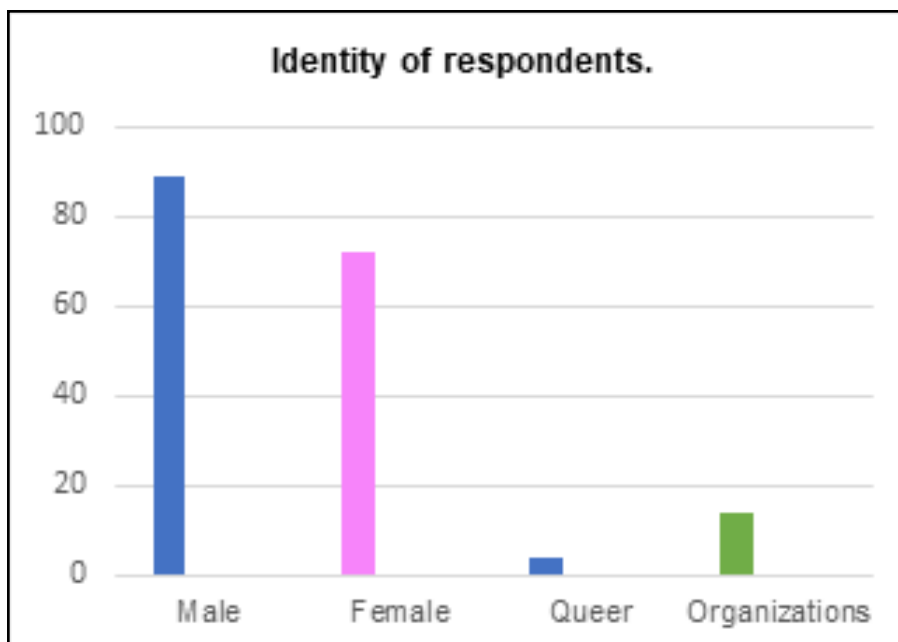
In future The Global Fund Secretariat should strengthen the focus and accountability of matching grants. This particularly includes better coordination and strengthened partnerships with other stakeholders at country level and better understanding of the needs of the affected communities.

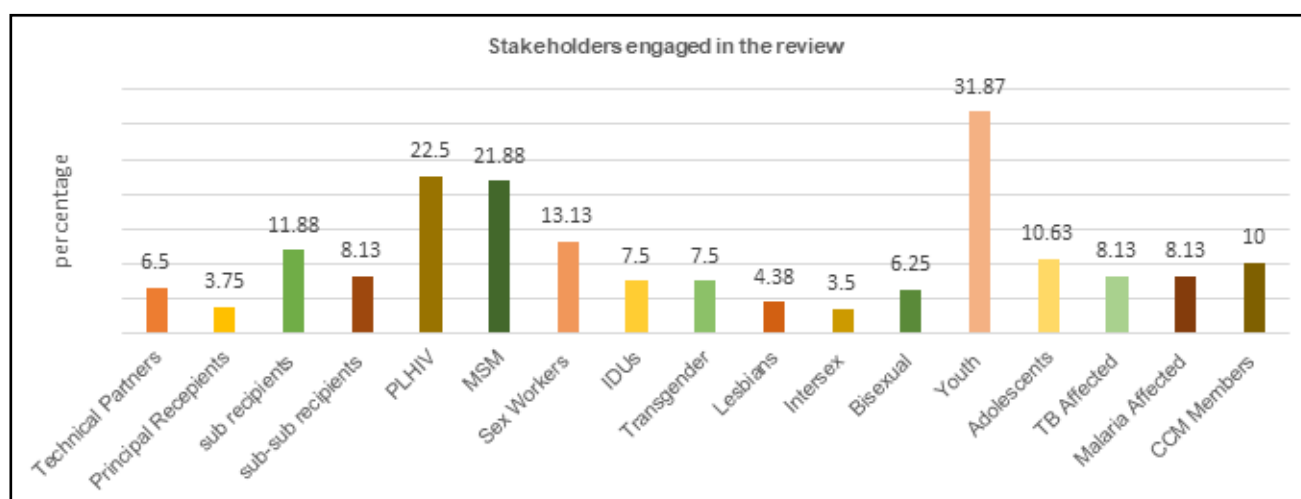
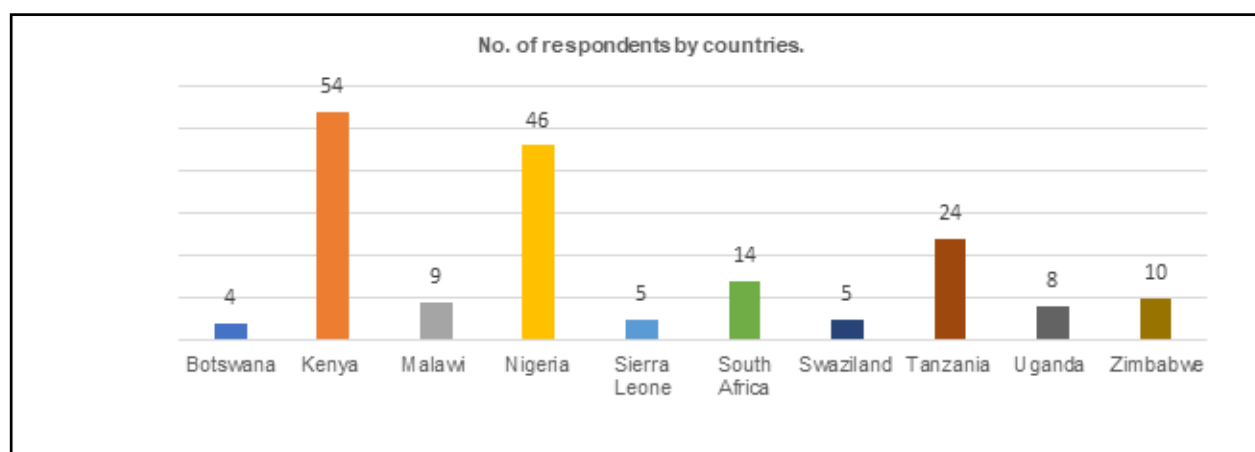
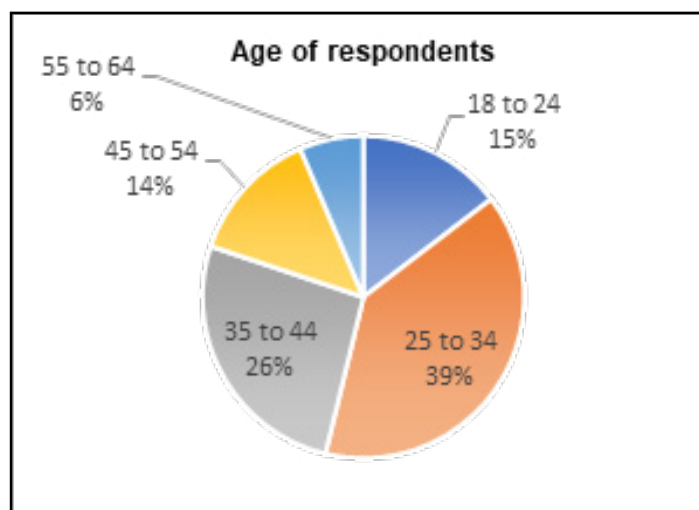
Technical partners - in order to: more clearly define shared objectives; ensure a transparent accountability framework; maximize the use of existing guidelines and tools; ensure shared conceptual clarity, address areas of weakness and compliment similar existing interventions.

Community networks - in order to create a learning and sharing platform to ensure maximizing the use of existing good practices and tools. Funding for core functions of community-based organizations should be supported.

Review Methodology and Sample Size

The review had a total of 179 respondents and was conducted through a survey monkey questionnaire which had a mixture of Likert scales and open-ended questions that were used to gather feedback from the communities and stakeholders at the country level regarding their experiences with the matching fund and its overall effectiveness. We also selected one key informant from each of the review countries and who is specifically engaged in implementation of the matching fund for In-depth interviews. Desk Reviews mostly from Global Fund reports were done to get some of the country data reported in this review.







Priority Area 1:

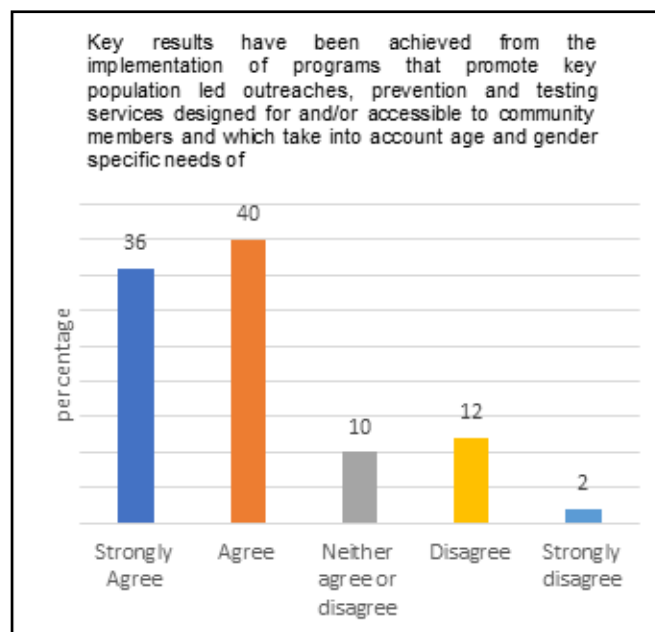
Scale-up of Evidence-Informed HIV Programs for Key Populations

Key populations face persistent and complex challenges in realizing the right of access to appropriate and effective HIV services. Stigma and discrimination, criminalization, violence and marginalization act as obstacles to prevention, treatment, care and support services. Global Fund remains the largest multilateral financier of key population programs focusing its investments in improvements in program quality and community-led program design and delivery.

Matching grants targeted at key populations programs were meant to scale up programs that build individual and institutional capacity of key affected populations to be able to design, implement and monitor programs that directly impact on their lives. Data from our review show that while we had increased investment in key affected population programs as well as improved engagement of key populations in country processes, we still have to improve coverage, and investments in some of the populations such as people who inject drugs. Ghana and Kenya received grants to scale up evidence-informed HIV programs for Key Populations.

(i) Key Populations Led Programing

Evidence of the disproportionate epidemiological burden that members of key populations shoulder has been met with important policy developments and funding commitments by the Global Fund. Through matching fund some countries invested in programs that promote key population led outreaches, prevention and testing services designed for and/or accessible to community members (e.g. mobile outreach, drop-in centres) and which take into account gender and age-specific needs of key populations (e.g. home visits or outreach for women who inject drugs)

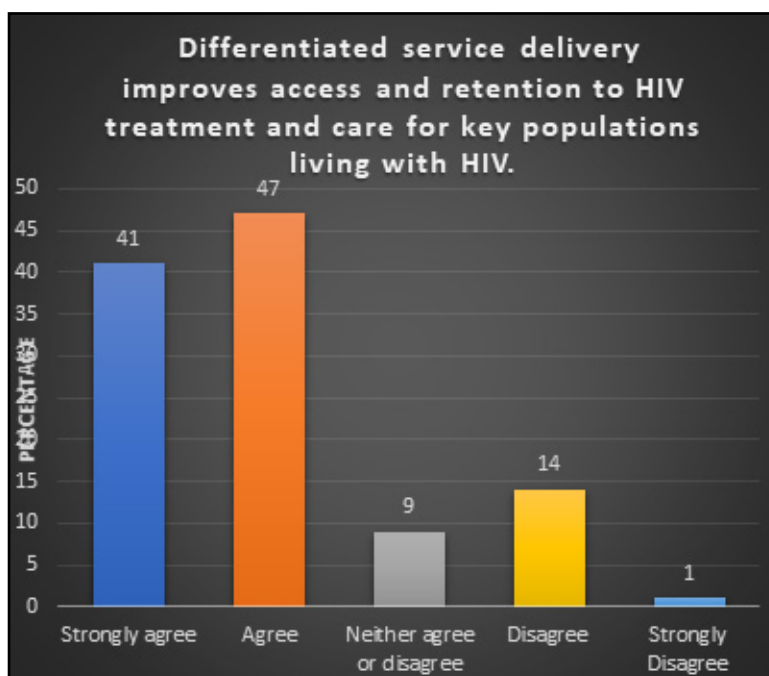


“To a great extent the use of evidence-based HIV programming contributed to maximizing impact - it enabled programmers to know who the key affected populations are and where they are. Programs were able to understand our needs and what channels to use to reach us. This was made possible through increased engagement and investment in our networks.”

(ii) Differentiated Service Deliver

Through additional the additional grants countries have been able to roll out differentiated service delivery for key affected populations living with HIV hence improving access, adherence and retention to services.

We however need to improve on coverage in some countries as most of the working models are within the cities. We also need to continue investing in key population led community-based organizations to support effective task shifting from health facilities.

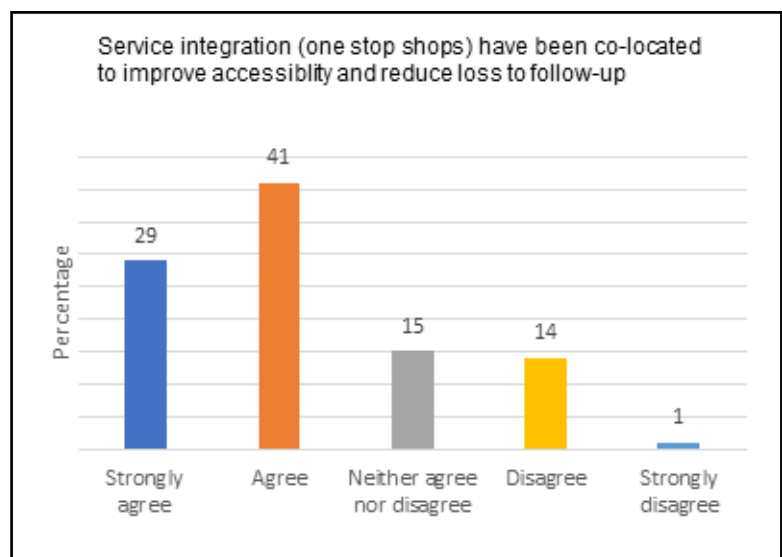


“It was previously observed that men who have sex with men (MSM) were not accessing treatment due to stigma and discrimination from health workers, and health facilities. Where this discrimination was not found it was difficult for them to also open up and be comfortable. There were huge numbers lost to follow up. There were also rising cases of morbidity and mortality among MSM living with HIV due to inability to access treatment. With the introduction of the one-stop shop there has been an increase in MSM willingly adhering to treatment, without the fear of being branded. We have also managed to target members who walk in for other services and offer HIV testing immediately linking those who test positive to HIV to treatment.”

(iii) Integration of Essential Services

Service Integration reduces the time and resources one has to spend seeking services. It also reduces the fear of stigma from specialist sites. Respondents agree to improvement of integrated services through matching grants.

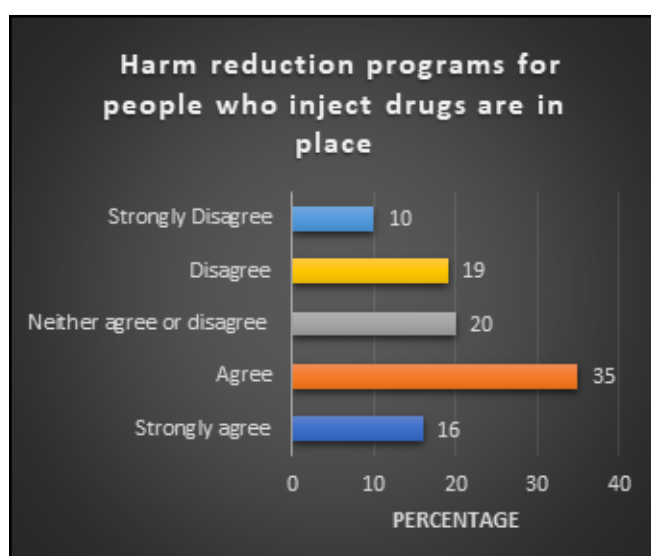
Services however need to also focus on quality. There is much demand from funders to focus on meeting quantitative targets often leaving less time and resources for qualitative services that improve access and adherence to services.



(iv) Harm Reduction

Matching grants have increased investments in programs targeting injecting drug users, however, these need to be rolled out to scale. Programs need to be integrated too.

In some countries, services are fragmented with different partners providing different components of the needs of IDU. There is need for better integration and to have opioid substitution therapy, needle and syringe programs and overdose prevention including other HIV prevention commodities such as condoms and all under one roof and provided to scale.



“There has been an increase in investment in programs targeting people who inject drugs, a result we are receiving comprehensive treatment, care and support programs. The country has scaled to cover all 18000+ known people who inject drugs with Needle and Syringe Program, opium substitution therapy and other interventions.”

“I am concerned about levels of drug resistance that are being discovered among sex workers. This is because we have been unable to get resources to integrate HIV treatment support programs within our prevention programs. I also feel very strongly that without effective mental health, violence prevention and male client programs integrated into the sex workers programs we will not see the impact we desire to see.”

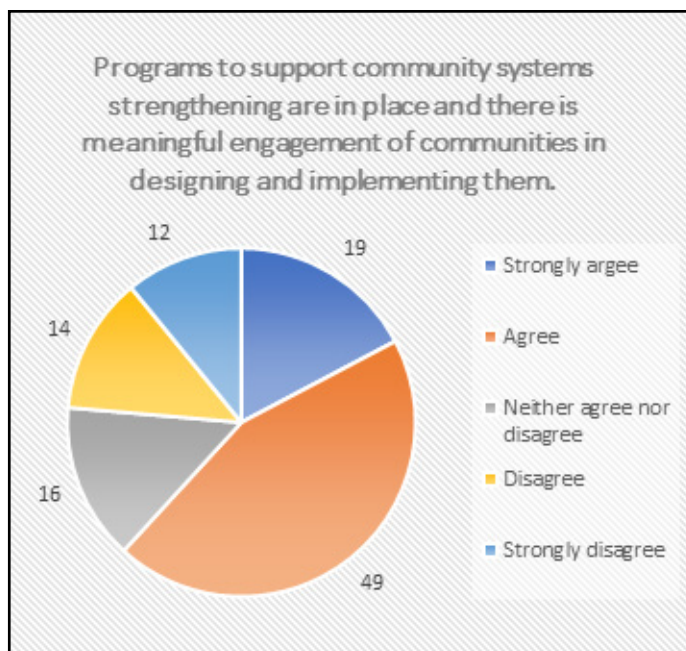
“For the first time country programs have targeted the most vulnerable people like street families. The government’s agenda has also been prioritized towards harm reduction and controlling of new infections. What is now left is integrating the services and having all of them under one roof other than having to move from one facility to another for different services.”

(v) Community Systems Strengthening

Community systems strengthening is key to success of any HIV program. Through matching grants, the countries were able to invest in one or more of programs that strengthen community mobilization, institutional capacity strengthening and training for health and community service providers in the provision of appropriately tailored services for key populations. In some countries key populations were engaged in design, development and oversight of HIV programs.

We however need to improve engagement of key population in other countries, especially where the laws of the land criminalize them. There is need to make it easy for key population led organization to access capacity building grants.

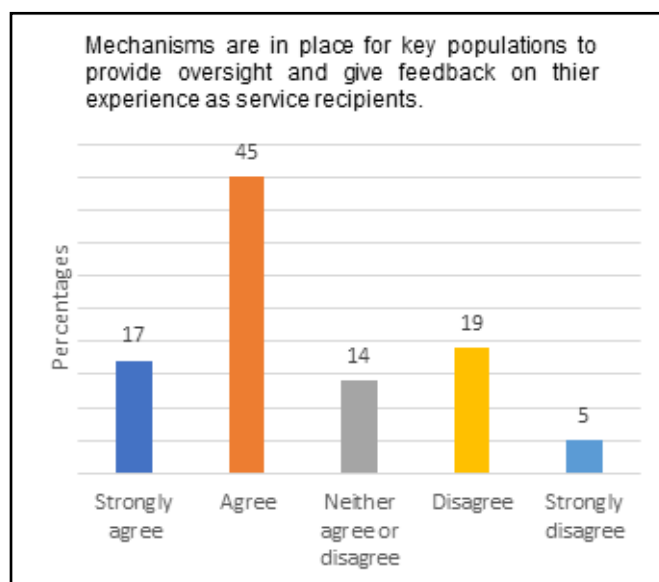
Some country coordinating mechanisms allowed key populations to engage meaningfully and acknowledge their input while others engaged in a tokenistic way or through other representatives who were not key populations.



(vi) Community Based Monitoring

In order to ensure that the services reach those for whom they are meant, including the vulnerable, the criminalized and those in the most remote regions, an intensive accountability framework that includes community-based monitoring is required.

Although some respondents acknowledged that their countries allocated matching grants investments to community-based monitoring, this is one of the areas that the fund needs to scale up. Mostly due to the sensitive nature of the work and the power imbalances between governments and civil society in some countries when decisions on resource allocations are made.



(vii) Stigma Reduction

Stigma and discrimination are among the foremost barriers to HIV prevention, treatment, care and support. Specifically, research has shown that stigma and discrimination undermine HIV prevention efforts by making people afraid to seek HIV information, services and modalities to reduce their risk of infection and to adopt safer behaviour lest these actions raise suspicion about their HIV status.

Research has also shown that fear of stigma and discrimination, which can also be linked to fear of violence, discourages people living with HIV from disclosing their status even to family members and sexual partners and undermines their ability and willingness to access and adhere to treatment. Thus, stigma and discrimination weaken the ability of individuals and communities to protect themselves from HIV and to stay healthy if they are living with HIV². The situation is further compounded for members of key populations living with HIV most of them who are stigmatized and criminalized because of their sexual orientation.

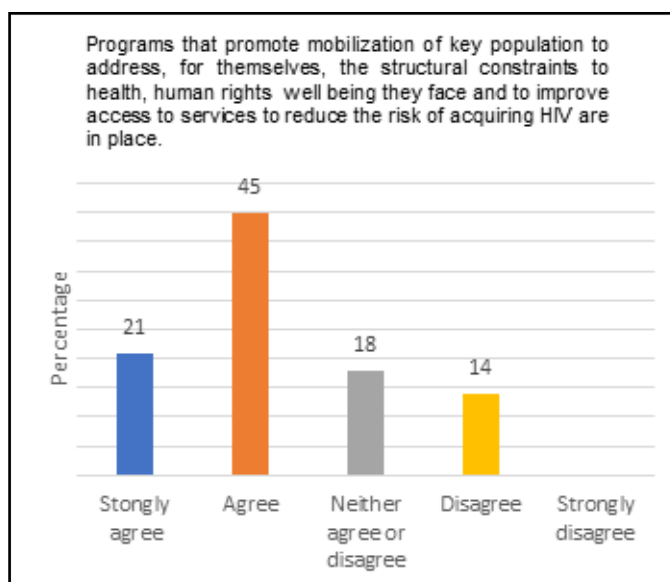
Some countries, through matching funds, invested in programs that reduce stigma and discrimination, strengthen access, uptake and retention services for key affected population.

²<http://www.unaids.org/en/resources/documents/2014/ReductionofHIV-relatedstigmaanddiscrimination>

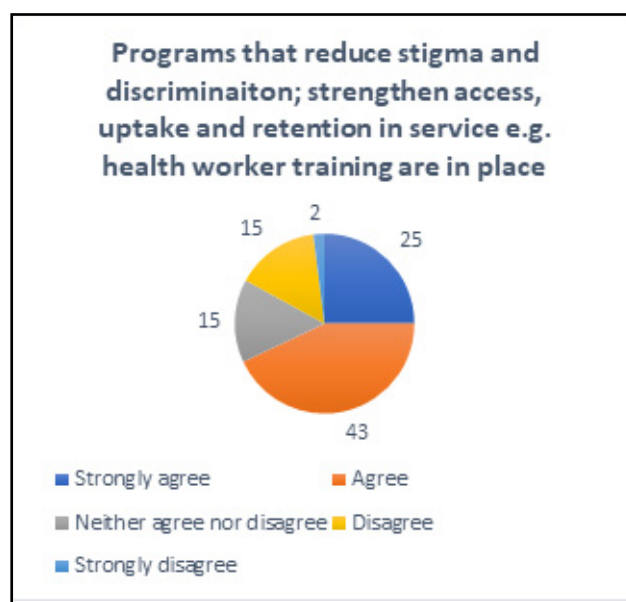
(viii) Advocacy

Affected communities and key populations need to be empowered to develop advocacy priorities, influence policies and decision-making processes, the development of a package of HIV prevention services that respond to their needs and responding to discrimination.

From the responses, we see that although some communities acknowledged having received part of matching fund for community empowerment and promoting mobilization and sensitization to address barriers to access to services, more still need to be done. Funding for advocacy continues to decrease as the response becomes more medicalized.



“Despite a heavily commoditized grant, we managed to secure funding to do a stigma index. It will be the second after the first that was done in 2011. We have been trying to have the government fund another stigma index since but it was not possible until we were awarded matching funds. We are looking forward to using the data from the stigma index to shape our programs.”





Priority Area 2:

Tackling Human Rights Related Barriers to Health

It is now widely recognized that HIV and human rights are inextricably linked. A lack of respect for human rights drives the HIV epidemic and increases its impact, while at the same time, HIV undermines progress in the realization of human rights. The people facing these barriers are often the most marginalized, stigmatized and vulnerable to HIV. This makes protecting, promoting, respecting and fulfilling people's human rights essential to ensure that they are able to access these services and enable an effective response to HIV and AIDS.

During 2018 the Global Fund finalized 19 human rights baseline assessments, giving detailed information about human rights-related barriers in specific countries, and how they can be overcome. The countries that received matching grants to tackle human rights related barriers to health are Botswana, Ghana, Kenya, Mozambique, Sierra Leone and South Africa.³

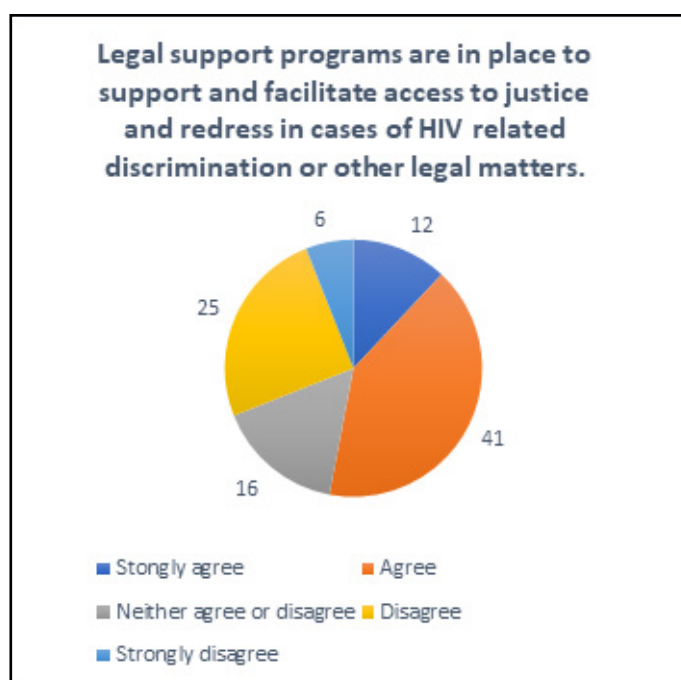
³<https://www.avert.org/human-rights-and-hiv>

“The scale up of programs that address human rights barriers in access to services contribute to maximizing impact on HIV, TB and malaria in my country. The situation has greatly improved and am glad we will scale this up through availability of matching grants. We need however to consider that human rights programming should go beyond key populations. We need to focus on human rights more as critical social aspect to everyone regardless of their sexual orientation.”

(i) Legal Support

HIV-related legal services are essential to protect and promote the rights of people living with HIV and are essential to ensure good public health outcomes. HIV-related legal services help build and sustain an environment for effective HIV testing, treatment, and prevention. With legal assistance, people with HIV can secure and protect their legal rights. Legal services can help provide concrete solutions to HIV-related legal and social problems. From the responses, it is evident that we need to invest more around increasing coverage of these programs.⁴

⁴<https://www.hivlawandpolicy.org/issues/legal-assistance>

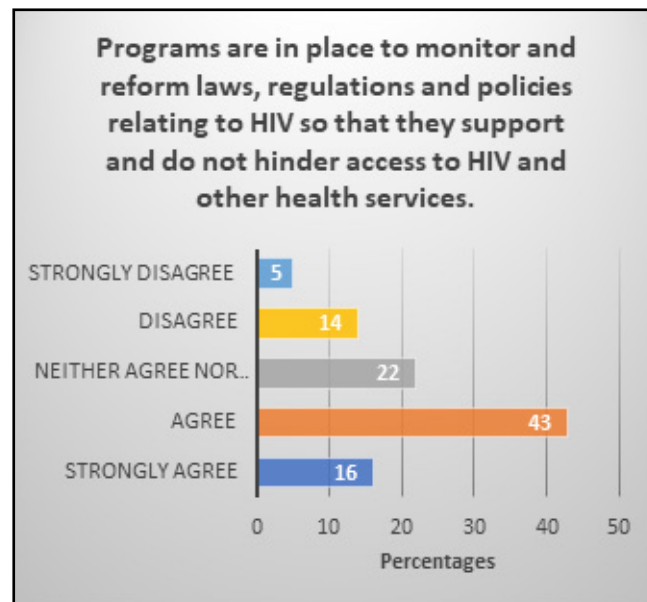


“Unlike in the previous granting cycles, this 2018-2020 grants had a specific touch for the key population including sensitive areas relating to legal service provision, increased access to services demand and uptake, friendly services for key populations.”

(ii) Law Reforms

The law is a frequently overlooked tool for addressing the complex practical and ethical issues that arise from the HIV/AIDS pandemic. The law intersects with reproductive and sexual health issues and HIV/AIDS in many ways.

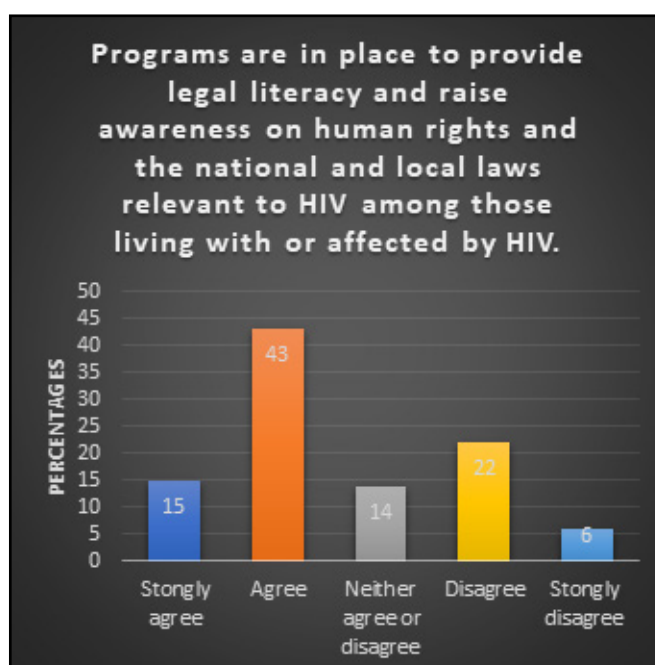
Despite evidence of rising new infections among adolescents and the need to support access to sexual and reproductive health education and services, most countries are barred by age of consent as enshrined by their laws.



“Despite the rise of new infections among adolescents, have refused to allow adolescents to access sexual and reproductive health education and services. Adolescents are having sex without adequate information to guide their choices. Sexuality education, though not very popular, should be accepted in learning institutions.”

(iii) Legal Literacy

Upholding the values of inclusion and social justice championed by civil society is fundamental to creating empowered communities that advance dignity and are able to demand for the promotion and protection of their rights.

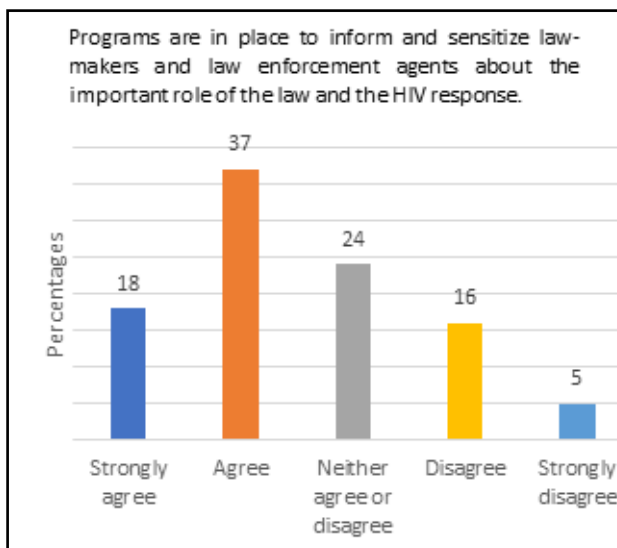


“The focus of reaching the law makers, law enforcers, health care workers and PLHIV with appropriate information including structured discussions has helped create awareness on rights and law among the different targeted service providers and service users. This will go a long way in supporting access to justice and giving confidence to affected communities to seek services”

(iv) Sensitizing Law Makers and Law Enforcers

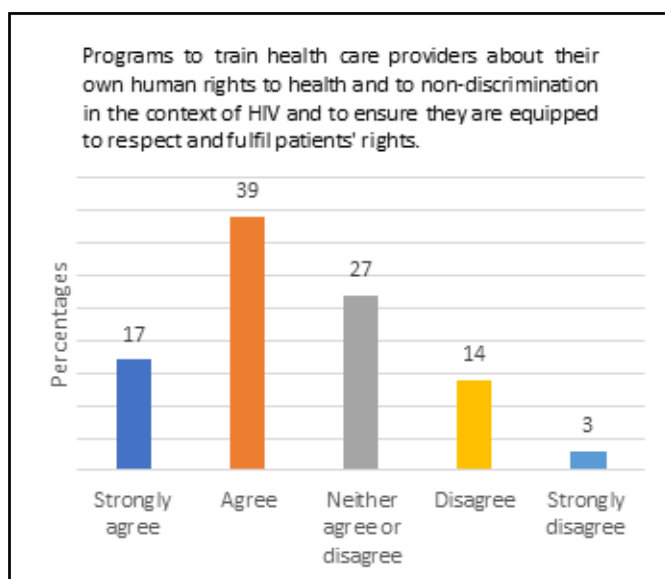
Sensitizing law makers and law enforcers is one of the effective ways of protecting human rights and removing criminal laws that block effective responses to HIV. Some countries put Programs in place to inform and sensitize law-makers and law enforcement agents about the important role of the law in the HIV response.

“My country’s human rights matching funds are a great example of how the matching funds enabled the country to go from ad-hoc trainings (small investments, let by civil society and delivered inconsistently and in a fragmented manner) to now move to institutionalizing these trainings as part of the regional training centers for health care workers. The matching funds are also enabling the roll out of the Police Service’s Dignity, Diversity and Policing project with is another success story for institutionalizing human rights trainings. The matching fund enabled this scale up.”



(v) Enabling Environment for Service Delivery

There were countries that allocated matching grants towards creating an enabling environment for affected communities to seek services by training health care providers about their own human rights to health and to non-discrimination in the context of HIV to ensure they are equipped to respect and fulfil patients' rights to informed consent, confidentiality, treatment and non-discrimination.



“Having informed service providers has really increased the turn out for treatments as people are no more hiding but can boldly come out for treatment”.



(vi) Gender Equality

Gender inequalities, including gender-based and intimate partner violence, exacerbate women and girls' physiological vulnerability to HIV and block their access to HIV services. HIV is not only driven by gender inequality, but it also entrenches gender inequality, leaving women more vulnerable to its impact.

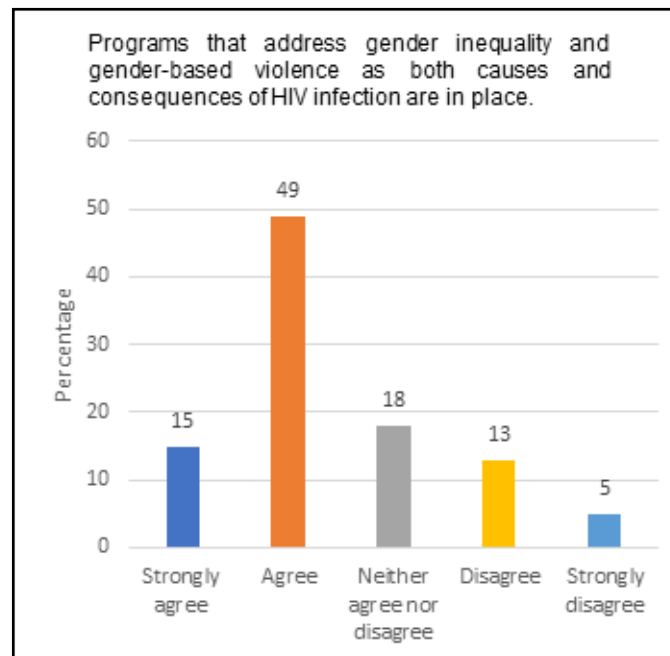
The gender inequalities in some regions result in an even starker difference between the way HIV affects men and women. For example, in East and Southern, young women (15-24 years) will acquire HIV five to seven years earlier than their male peers. This equates to 4,500 new HIV infections among young women every week in 2015, double the number in young men.

The power imbalance between genders also means that many young women are not able to make decisions about their own lives. These inequalities are more severe for marginalized women, including female sex workers, transgender women, women who inject drugs, migrant women and women with disabilities who are also at a heightened risk of discrimination and violence.⁵

Some countries have allocated matching grants to support programs that address gender inequality. We also have areas where there is been delay in implementation and in countries where it is not available to scale.

⁵<https://www.avert.org/professionals/social-issues/gender-inequality>

“The programs are there but limited in scale. To realize impact, they have to be scaled up. As a country implementation of this component of the matching grant is yet to start. The process of consultation to shape the program was very inclusive and well thought through. I am confident the program will have a great impact.”



“While there are sensitization programs in place, I feel that they could be improved upon and the rollout of them needs to be cognizant of staff turnover within public facilities. As such, I suggest a twofold approach which is not only to approach clinics and offer it, but for Health Learning Institutions to make training mandatory, and to leverage existing networks within Ministry of Health and Ministry of Education. I do not feel that the nurses rights/policeman’s rights are effectively addressed. The discourse engaged in is the one that makes one of them consistently the perpetrator. Working within a system that is as corrupt and broken as ours has massive challenges. And so, we need to change mind-sets from people entering the profession as well. This could be done through integrating and infusing this knowledge into college curriculums. We also need to have more work done within the general community to address stigma which often leads to violence. Finally, there is need to include client centred-programmes for violence prevention”.



Priority Area 3:

Reducing Rates of HIV Infection Among Adolescent Girls and Young Women

The Global Fund Strategy 2017–2022, “Investing to End Epidemics”, commits to scaling-up programs to support women and girls, including programs to advance sexual and reproductive health and rights, and has adopted a key performance indicator on reducing HIV incidence for adolescent girls and young women (AGYW) in focus countries. The UN Political Declaration on Ending AIDS adopted in June 2016 sets the target to reduce new HIV infections among AGYW aged 15-24 years to fewer than 100,000 by 2020. Globally, almost 60% of new HIV infections among 15-24-year olds were contracted by AGYW.

In 2015, 380,000 new HIV infections occurred among AGYW. Among adults newly infected in east and southern Africa, 25% were young women (aged 15-24), and the average prevalence in young women was double compared to young men. This is rooted in gender inequality-related, social, cultural, economic, and human rights barriers, which disproportionately affect AGYW, and biological differences that result in elevated risk of HIV acquisition. It is thus critical that country responses continue to improve to address remaining challenges and barriers, which are still significant in many countries.

Anglophone African countries that received matching funds to implement programs that reduce rates of HIV infection among adolescent girls and young women are Botswana, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland and Tanzania.

Attaining global targets to end HIV and AIDS, TB and malaria will require delivery of health services in ways that reach the women and girls who suffer most from the effects of gender-based inequalities. Self-testing and community-based testing services can be very effective in high HIV burden settings, as well as pre-exposure prophylaxis, which can prevent HIV infection, particularly among adolescents as well as integrating services or scaling up community-based approaches.

Some of the services that are supported through matching grants for adolescents and youth are:

- HIV Prevention
- Contraception
- Quality Antenatal and Post-natal Care
- HPV Screening
- Gender Based Violence Prevention and Care
- HIV Self-Testing
- PreP
- Community Based Patient Reporting and Adherence Model
- HIV Treatment and Care Services
- PMTCT
- Economic Support
- Cash Transfers
- Dignity Kits
- Condoms

When asked about their reflections on matching funds, most adolescent girls and young women and girls acknowledged that the funds have increased focus on programming for adolescent girls and young women by the countries. The program in some countries compliment what the PEPFAR DREAMS initiative does. There were numerous acknowledgements on the importance of scale up and while the programs and also on targeting the sexual partners of the adolescents and their parents or guardians. The respondents said the programming for adolescent girls and young women is should be embedded on strengthened partnerships.

Some countries have also invested in programs that support access, adherence and retention to HIV treatment for adolescents and youth living with HIV. The matching funds were also seen as a space for innovation. In one of the countries there was a heated debate about the presumed efficacy of interventions like “safe spaces” as well as economic empowerment programs. The matching funds became a useful tool to convince partners that the community should benefit from pilot interventions with rigorous evaluations to inform scale up. Without this clear set-aside for demonstration projects/innovations it is unlikely that these new ideas (which are community priorities) would be funded.

Respondents also mentioned areas that need improvement such as addressing barriers to services for young key populations. There were also concerns around the programs being rolled out in urban and peri-urban areas of some countries and the need to expand coverage and reach girls in the rural whose circumstances make them very vulnerable to HIV.

Other areas of need are institutional strengthening of adolescent girls and young women so that they can access resources to do the work they are intended to do.

“The country has emphasized on adolescents and youth programming through interventions that focus on HIV prevention, treatment and care. This has been scaled up in the country through matching grants to reach areas that are not part of the DREAMS project. The country has also focused on reviewing and updating policies to ensure all programs implemented in the country focus on adolescents and young people and reporting includes adolescent and young people indicators.”

“Health seeking behaviours have been improved amongst youths. The introduction of youth corners and clubs will contribute to treatment adherence and will provide safe space for psychosocial counselling including sexual and reproductive health education and services.”

“We were included and involved in design of the programs for matching funds, we spend many hours working on it, however, when it came to implementation the principal recipient told us our network did not have enough capacity to receive funding”.



Priority Area 4: Finding Missing People with Tuberculosis/Multi-Drug Resistant Tuberculosis

Each year, 10 million people develop active tuberculosis (TB) disease, but 3.6 million of these individuals are “missed” each year by health systems and do not get the TB care they need and deserve. More than 75 percent of missed cases are concentrated in just 13 countries. Among these cases, an estimated 405,323 children and 248,300 people with drug-resistant forms of the disease are missed. Without proper treatment, up to two-thirds of people sick with TB will die. In addition, in a single year, people who are living with TB disease can infect up to 10 to 15 people/others with whom they are in close contact. This means that each missed case can add to the current TB burden, compounding the challenge to end TB.

Many of the missed people are among vulnerable or underserved populations that are hard to reach or have difficulty accessing public health services, such as children, people living with HIV (PLHIV), migrants, refugees, and mine workers, among others. Diagnosis of TB is more challenging for certain groups, such as

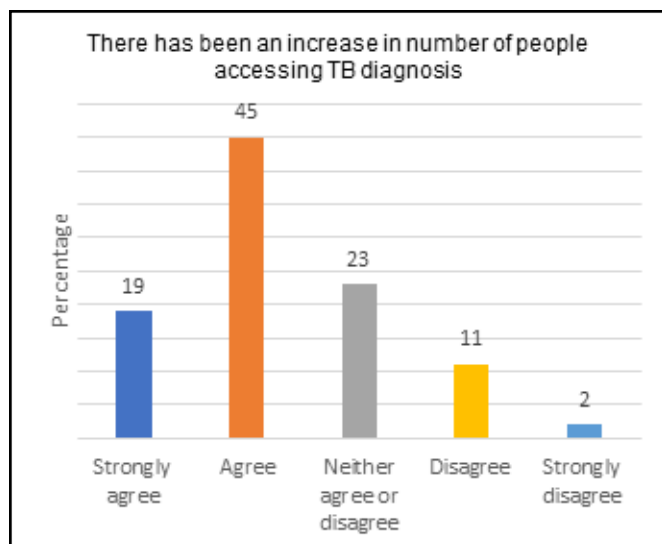
children and PLHIV because traditional diagnostics – like sputum smear microscopy – do not perform as well and can fail to diagnose TB even when it is present.

Another challenge is the growing private and informal health sectors in many countries. These sectors often do not have access to or utilize quality-assured diagnostics or the anti-TB drugs needed to appropriately diagnose and cure patients, which can lead to under-diagnosis or inappropriate treatment, contributing to drug resistance. Finding these missing people and breaking the cycle of transmission is a major priority for the Global Fund and the global community working to end TB. Finding these people, however, requires a strong health care system, a public health workforce that can reach those who need care, the laboratory capacity to quickly and effectively diagnose the disease, innovative approaches to meet people where they receive care, and expand access to TB diagnostic and treatment services⁶.

⁶<https://www.cdc.gov/globalhivtb/who-we-are/resources/keyareafactsheets/finding-the-missing-4-million.pdf>

In Anglophone Africa, Global fund allocated matching grants to support the efforts of finding missing people with TB in Kenya, Mozambique, Nigeria, South Africa and Tanzania

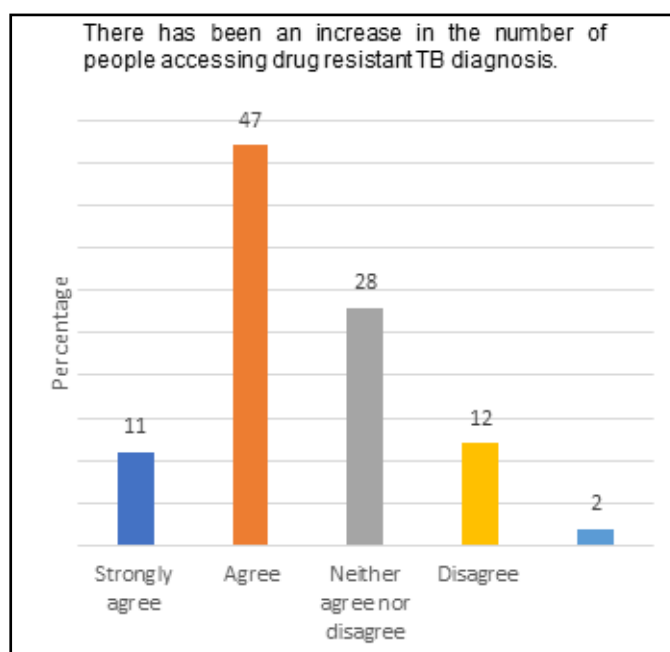
Countries that received matching grants developed innovative tools, technologies and programs that accelerated an increase in the number of people accessing TB diagnosis.

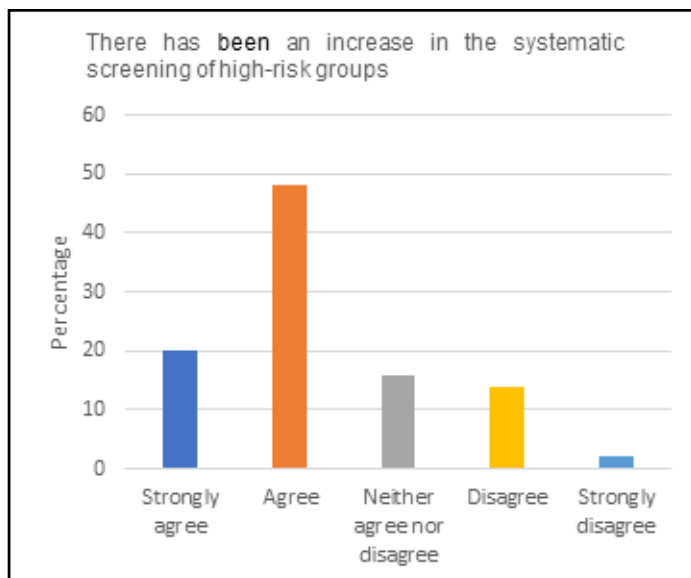


“Matching funds have enabled increase in contact tracing for people with TB and MDR TB using technology from a telephone application. This has also increased the number of people accessing and receiving treatment and follow-up. However socio-economic aspects have continued to contribute to cases of loss to follow-up. And these too should be addressed if we want to eradicate the epidemic.”

Countries managed to scale up case findings of people who have MDR TB. Drug resistance continue to present a major threat to global TB control. The situation is made more complex by weak health systems or inability of the health systems to diagnose and put to treatment persons with MDR TB

“When we got resources to scale up case findings of MDR TB we were happy, however our joy was short-lived. Most of those we screened at the community and referred for diagnosis did not get treatment because Genexpert machines were not working.”

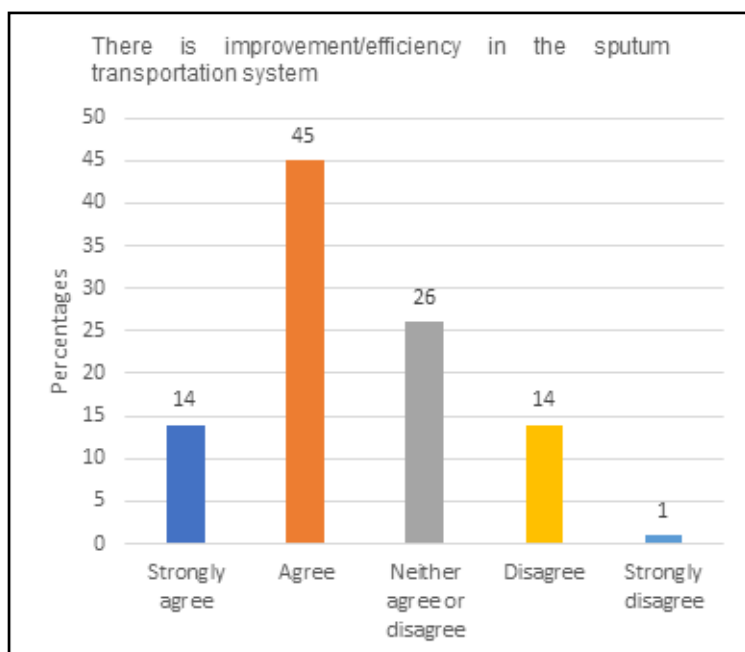




Matching funds have increased the number of people accessing TB and drug resistant TB diagnosis through innovative programs funded to reach missing populations more still needs to be done to address the underlying causes of missed populations.

Besides screening, education and sensitization of high-risk and the wider populations is important. Emphasis should be placed on visual presentation as well as on material that can be taken home. Educational materials should be written in simple language that is culturally sensitive and linguistically appropriate to promote prevention and escalate early diagnosis and treatment.

People living with HIV are these days screened for TB and a follow-up is done to make sure that their CD4 count is fine. Not all of them are enrolled in prevention therapy.

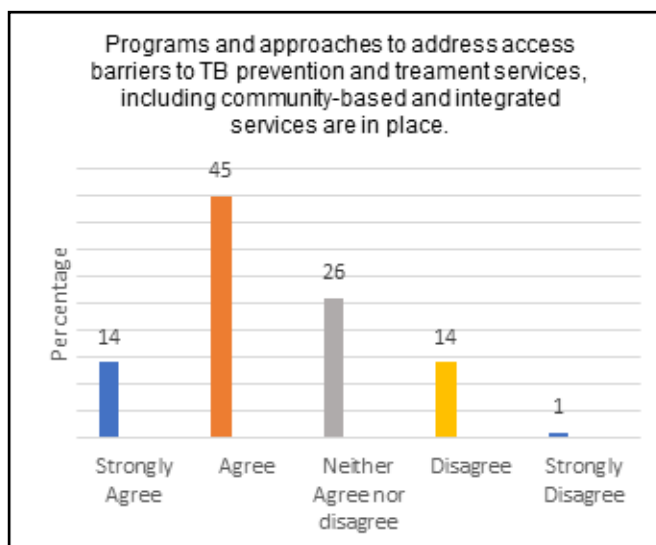


In order to have more people diagnosed and started on treatment, some countries are planning to use motor bikes to help with the timely transportation of sputum and to use phone apps to have timely receive the results so as to shorten the time it takes between one being diagnosed and to be enrolled on treatment.

Point of care diagnostics will greatly reduce loss to follow-up and there is need for funding for civil society to do advocacy around scaling up point of care diagnostics within the countries.

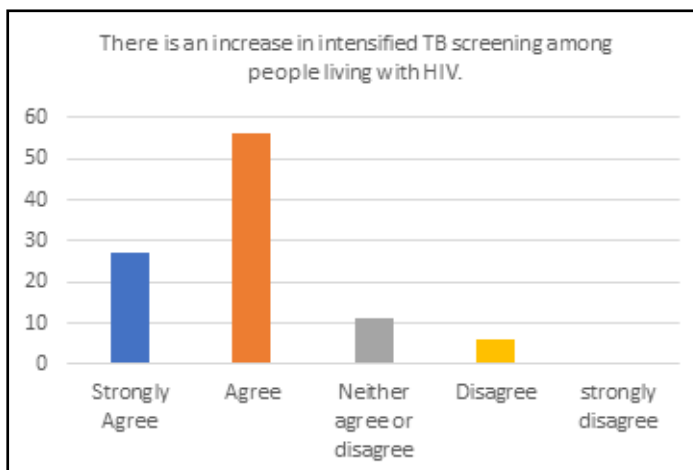
Matching funds are a space where countries were able to pilot new innovation. While the main grants of some countries focused on quality improvement in facilities, the matching funds piloted mobile omni screening vans in informal settlements, as well as piloting air quality sensors that will alert clinics when they need to make adjustments to infection control measures.

If the Global Fund resources can demonstrate that these innovations work, governments may commit to fund their rollout. This is a model that has worked in the past, where Global Fund supported innovation leads to absorption of high-impact programs by government.



“As an organization that has a focus on TB, we are acutely aware of the epidemic and the need to systematically screen people. While we have an opportunity to scale this up through the matching funds and expect to get numerous cases like have managed through to successful referrals, my concern is that there is insufficient training and insufficient knowledge on the TB epidemic amongst sex workers. For example, since implementing a more stringent approach to TB screening of staff, we have picked up 3 cases of MDR-TB just amongst our peer educators over an 18-month period. This makes me wonder why we are not doing research to understand vulnerability to TB amongst Sex Workers in high transmission areas given the coughing, heavy breathing etc. which take place when selling/buying sex.”

Matching funds have provided countries with an opportunity to increase intensified TB screening among people living with HIV. Some respondents appreciate integration of HIV and TB services at country level hope to see more collaboration between the HIV and TB programs so that people can access services from the same place rather than have referrals.



TB prevention drugs now available in some clinics in Malawi. Though not every person living with HIV is eligible as a beneficiary to this initiative.

Conclusion

The Global Fund has continued, alongside all Global Fund stakeholders, to passionately embrace and implement its promised commitment to gender equality and key populations, as outlined in the Strategy 2017-22 through catalytic investments. The institution should remain an unequivocal champion of the rights and needs of affected communities and key populations, playing a leading and catalysing role within the global health and development architecture.

The matching funds accelerated increase in investments in the priority areas at country level and resources were availed for services that are not traditionally funded by the countries. There has been an increase in resources for community led service delivery and institutional strengthening of community-based organizations.

Increase in investments has enabled services to be taken to the marginalized communities through community health workers, peers, mobile clinics and other innovative ways. Where matching grants were used for service integration, recipients of services were able to access rights-based services, be retained on them and achieve viral suppression through what we call “one stop shop”.

The national HIV program acknowledged the importance of Key Affected Population in service delivery and invested in their networks and acknowledged the importance of addressing human rights and gender equality related barriers to services.

The matching grants spurred conversations around key affected population and other vulnerable populations that are not traditionally discussed across the table. In some countries, matching funds were a tool that communities used to leverage and elevate the discussion on key priorities. The rest of the CCM and other partners took these areas more seriously as a result. They accepted that these priorities needed to be scaled up - in the main allocation, in the matching funds and in the overall national response (with co-financing commitments).

Some countries increased investments in priority areas by more than 100%. “Eswatini increased funding for HIV prevention among AGYW by 172% (From \$2,800,000 to \$4,824,823). Zambia increased funding requested for HIV prevention among AGYW by 25% (from 3,428,516.60 to \$4,298,059. South Africa increased funding requests for HIV prevention among AGYW by 52% (From \$55,689,088 to \$84, 609,774) and funding for removing human rights-related barriers to access by 188% (from 1,962,000 to (5,655,649). Zimbabwe increased funding for key populations and AGYW by 650% (from \$858,262 to % \$5,619,260)”

The collaborative element of the funding program and willingness of the different organizations and stakeholders to work alongside each other, helped highlight the importance of the identified priority areas. For example, a heightened awareness of the needs of key populations was realized in many countries.

The funds enabled countries to increase investment in innovation for better outcomes against HIV, tuberculosis and malaria. Innovative tools and programs were introduced with an aim to strengthen the impact of the ongoing country programs. In some countries, innovative tools to support adherence and retention to care for people living with HIV and TB services were introduced.



Recommendations

There are areas that still need improvement such as better coordination and strengthened partnerships with other stakeholders at country level to better understand and integrate similar services being provided at country level.

There are areas that still need improvement such as better coordination and strengthened partnerships with other stakeholders at country level to better understand and integrate similar services being provided at country level.

There is an increase in investment in areas of community, rights and gender but this can still be scaled up to ensure that no one is left behind, especially those that live in the rural areas and hard to reach populations.

Despite acknowledging the importance in investing in programs and interventions that would catalyse country programs for a stronger impact against the 3 diseases, limited resources pushed countries to make hard decisions between investing in catalytic programs vis a vis procurement of life saving commodities. This affected investment in some of the matching fund priorities as some countries could not match the required amounts. All stakeholders need to step up resources to ensure that we are not put in a situation where we have to choose between treatment and prevention as all of them are essential in the fight.

We still need to work on political commitment to address issues of community, rights and gender and especially in enabling access of services by key affected populations. This can

be done through south to south learning where champions can be got from political leaders who are supportive of addressing gender and human rights barriers to access to health services. The grants have started to see progress and the impact will be felt over time. It is therefore important that the Global Fund continue to strengthen and sustain the gains we are starting to make. We see the future of catalytic investments creating stronger partnership between communities and governments and there is need to sustain those relationships in the era of sustainability and transition.

In future The Global Fund Secretariat should strengthen the focus and accountability of matching grants. This particularly includes better coordination and strengthened partnerships with other stakeholders.

- Technical partners - in order to: more clearly define shared objectives; ensure a transparent accountability framework; maximize the use of existing guidelines and tools; ensure shared conceptual clarity, address areas of weakness and compliment similar existing interventions.
- Community networks – In order to: better understand of the needs of the affected communities; create a learning and sharing platform to ensure maximizing the use of existing good practices and tools and fund for core functions of community-based organizations.



E A N N A S O

Regional Platform for Communication and Coordination for Anglophone Africa.

 **+255 737 210598**

 **eannaso@eannaso.org**

 **www.eannaso.org**

 **@eannaso**

 **www.facebook.org/eannaso.org**