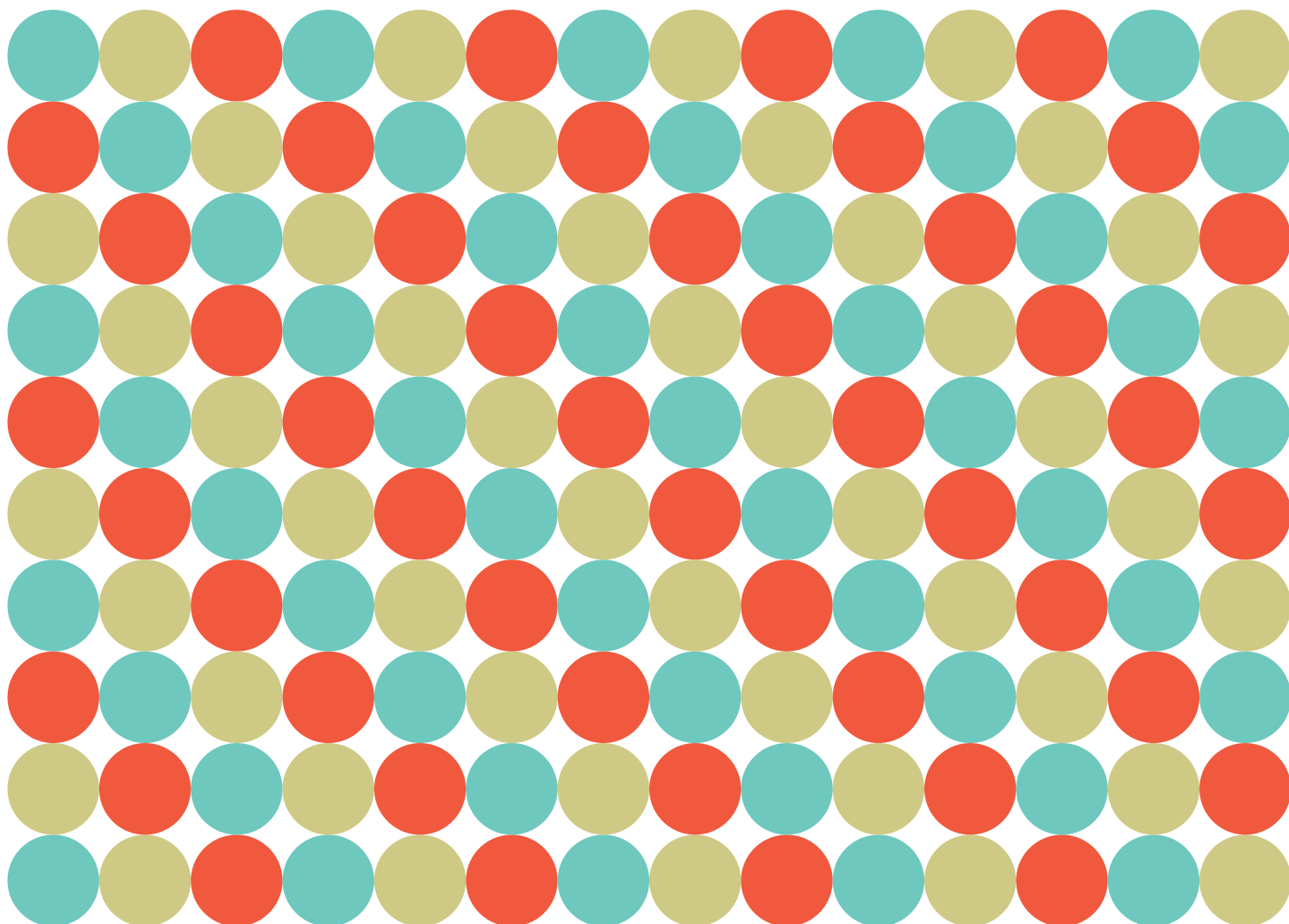


# UNAIDS and the Global Fund

Investing in the future through partnership





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# Introduction

The global commitment to ending the AIDS epidemic represents an unparalleled opportunity to end one of the most devastating modern-day health challenges. Over the past three decades, historic progress has transformed the AIDS response. More than 18 million people globally are receiving life-saving HIV treatment, and the world is on track to eliminate mother-to-child transmission of HIV. However, more than 2 million people are newly infected with HIV annually and, in 2015, more than a million people died from HIV-related causes. Strategic partnerships such as that of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) are vital if we are to Fast-Track the AIDS response to end AIDS as a public health threat by 2030.

## **UNAIDS and the Global Fund: complementing one another**

UNAIDS unites the world towards ending the AIDS epidemic by bringing together, and guiding the efforts of, the United Nations (UN) system, governments, civil society and the private sector. UNAIDS has a unique mandate in convening diverse partners and stakeholders, collecting and reporting the best strategic public health information, and ensuring that the UN system's response to AIDS is coherent and unified. In addition, UNAIDS has a particular calling to advocate for, and engage with, civil society, communities, key populations and groups that, historically, have had less power or have otherwise been left behind.

UNAIDS opens political doors by promoting inclusive, participatory responses that synergize the contributions of diverse sectors. To Fast-Track the HIV response, UNAIDS leverages its relationships to help countries secure Global

Fund resources, implement grant programmes and overcome bottlenecks.

UNAIDS was a pivotal advocate for the creation of the Global Fund, working closely with the United Nations Secretary-General in calling for a fund to respond to HIV.

The Global Fund provides resources for programmes and policies that are aligned with the latest global technical and strategic guidelines. UNAIDS provides leadership for strategic direction setting, as demonstrated by the globally adopted Fast-Track strategy to end the AIDS epidemic by 2030 and the 90–90–90 targets (90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment, and 90% of people on treatment have suppressed viral loads). At country level, UNAIDS is a key partner for the development, implementation and optimization of Global Fund grants.

Together, UNAIDS and the Global Fund support the rights of all people, including children, women, men, young people, gay men and other men who have sex with men, people who use drugs, sex workers and their clients, transgender people, and migrants, to access HIV-related services. While UNAIDS supports inclusive national planning and implementation processes, the Global Fund is instrumental in securing dedicated funding to respect, protect and fulfil the rights of marginalized people in the AIDS response. Through the realization of their rights, people being left behind will move ahead, to the very forefront of the journey to end AIDS—informed and empowered, mobilized and engaged.

### **UNAIDS support to Global Fund grant development and implementation**

Globally, UNAIDS has assisted more than 100 countries in mobilizing and effectively using the US\$ 16 billion disbursed for HIV by the Global Fund since 2002. Capitalizing on its voice and expertise, UNAIDS serves as a bridge between countries and the Global Fund. It supports country and regional partners in accessing Global Fund

grants and ensuring that these resources are aligned with national AIDS responses, for concrete results and impact.

UNAIDS provides technical and strategic support to country partners for the development of inclusive, rights-based and technically sound national HIV strategies and investment cases that underpin Global Fund grants and funding decisions. This support includes, among others, state-of-the-art epidemic modelling, guidance with the design of HIV prevention and treatment programmes, gender and human rights assessments and negotiation of lower prices for diagnostics and medicines. In several countries, tailored strategic plans are developed at a decentralized level to ensure that grants are optimally implemented and aligned with the local contexts and priorities. Furthermore, investment cases, a strategic intervention of UNAIDS, aim to guide countries in maximizing the impact of the AIDS response through more rational resource allocation, as appropriate for the epidemiology and context of each country.

To develop rights-based Global Fund grants, UNAIDS convenes and coordinates development and civil society partners, and provides technical assistance for development of funding requests. It serves as a neutral partner in facilitating the engagement of key populations and marginalized groups and helps to build consensus among national stakeholders. Through technical support, UNAIDS also works to enhance the capacities of national stakeholders for grant implementation, monitoring and evaluation.

When countries foresee or encounter difficulties in securing Global Fund resources or implementing grants, UNAIDS can leverage its established political and technical relationships to overcome hurdles and enhance programme performance. UNAIDS also supports improved governance and accountability around the Country Coordinating Mechanisms (CCMs), helping to ensure their processes are sound and meet the requirements of the Global Fund. When needed, the leaders of UNAIDS and the Global Fund engage in joint high-level advocacy for political commitment for the best possible utilization of grant funds.

In short, UNAIDS' work helps ensure that the billions of dollars channelled through the Global Fund achieve their ultimate aims: averting new infections, saving lives, improving health and life outcomes for the next generation, strengthening human rights and buttressing national economies.

### **UNAIDS strategic information: the global normative reference for planning**

UNAIDS is the recognized global reference for data on the HIV epidemic and response, thereby ensuring that national responses are based on the very best strategic information. UNAIDS designed the global metrics by which the world—and individual countries—measure the state of the epidemic and assess progress in the response. Modelling by UNAIDS has set the agenda for ending the epidemic by 2030. Protocols, methodologies and technical assistance by UNAIDS enable countries to develop,

monitor and adapt national responses based on disease trends, HIV incidence and prevalence, AIDS-related morbidity and mortality, disaggregated service coverage and cost-effectiveness analyses. With support, training and tools from UNAIDS, countries report behavioural and biological data annually, and key programme data every six months. These data are used within grant cycles to identify gaps in HIV responses and opportunities for reprogramming of Global Fund resources. The result is real-time optimization of programme performance and a greater return on investment. The Global Fund relies on strategic information reported by UNAIDS to estimate the impact of its programmes, develop strategies to optimize cost efficiencies, and inform future funding priorities.

Through these complementary roles, UNAIDS and the Global Fund are striving together to end the AIDS epidemic.



# Kenya: using subnational data for targeted programmes

In 2015, Kenya had an estimated 1.52 million people living with HIV, making this one of the largest epidemics globally. Although the most recent national HIV prevalence stands at 5.9%, there are longstanding variations across the country; in 2015, prevalence ranged from 26% in Homabay County to 0.4% in Wajir County. Kenya has therefore strived to better understand its HIV epidemic and its impact on different locations and populations.

As part of the Know Your Epidemic, Know Your Response approach, the National AIDS Control Council and the UNAIDS Kenya Country Office convened partners for a strategic consultation on the status of the epidemic. The consultation reached an agreement on the need to generate subnational HIV data, resulting in HIV epidemic profiles for all 47 counties, which allowed a clustering of counties according to epidemiological burden. This information provided the basis for the Kenya HIV Prevention Revolution Roadmap. More specifically, the 2013 data showed that 9 of the 47 counties accounted for close to 65% of new adult HIV infections and that about one third of all new infections were among key populations. HIV prevention programmes were thus shifted towards these areas, with clustered service packages.

UNAIDS' work in producing accurate subnational data has also been crucial for the development of the Kenya AIDS Strategic Framework 2014/2015–2018/2019. The framework has enabled improved priority setting and resource allocation, towards achieving the 2020 Fast-Track Target of ending AIDS as a public health threat by 2030. The data assisted in identifying key strategic directions, such as reducing new infections (including eliminating mother-to-child transmission of HIV); improving health outcomes and wellness for all people living with HIV;



integrating HIV and TB programming; and advancing human rights and gender equality for equitable access, particularly for people living with HIV and key populations, to maximize impact for people.

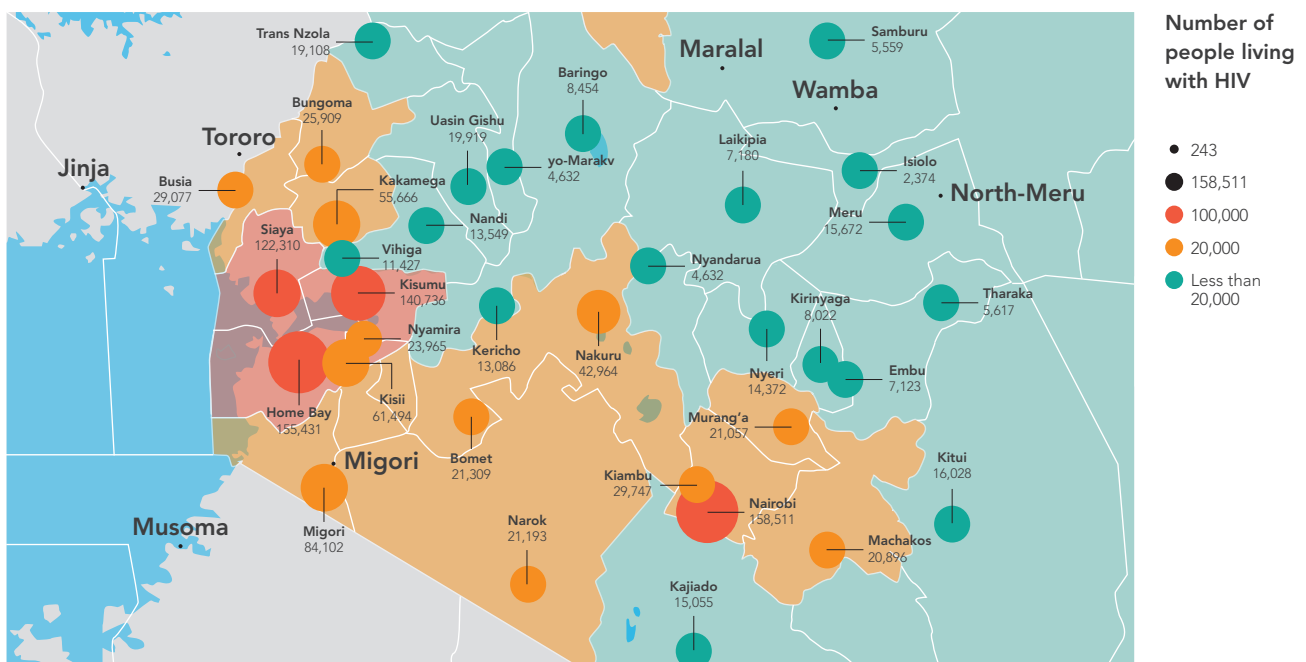
Subnational data were used in programmatic gap analyses; mapping of risks, vulnerability and barriers; and analysis of returns on investment. As such, the data aided the development of a more targeted Global Fund concept note, enabling the setting of county-level baselines and targets. More recently, subnational strategic information has also guided county-level AIDS operational plans, as well as the setting of programmatic targets, such as sub-county targets on provision of antiretroviral therapy to accelerate early access. The data have also supported the development of national monitoring and evaluation plans, and their alignment with the Global Fund monitoring and evaluation frameworks.

The Kenya HIV Situation Room, an innovative real-time digital data platform developed by UNAIDS, draws subnational data from various sources, including programmes supported by the Global Fund, and presents the data in an analytical visual format for programme decision-making, political advocacy and accountability. The platform was jointly launched by Uhuru Kenyatta, President of Kenya, and Michel Sidibé, UNAIDS Executive Director, securing monitoring of the AIDS response at the highest level. Expansion of the Situation Room is proposed to include additional indicators on reproductive, maternal, newborn, child and adolescent health; TB; and syphilis.

In conclusion, the strong partnership between UNAIDS, the Global Fund and its implementing partners has dramatically contributed to the development of better targeted programmes as well as decentralized monitoring and reporting of Kenya's HIV response.

**Figure 1**

Screenshot from the Kenya HIV Situation Room: people living with HIV by county, 2015



# Lesotho: focus on gender in a challenging HIV and tuberculosis context

Lesotho has the world's second highest HIV prevalence among adults (25%) and an even higher prevalence among women (30%). The prevalence among women has risen consistently in the recent years, while remaining somewhat stable among men. Maternal mortality remains high, despite favourable conditions in Lesotho, such as low fertility, high literacy and high contraceptive use rates. Lesotho also has one of the highest TB incidence rates in the world and a high rate of HIV/TB coinfection at 74%.<sup>1</sup>

Vulnerability to HIV is driven by a number of factors in Lesotho, including early age of sexual debut among females; low and inconsistent condom use; multiple and concurrent partnerships; intergenerational and transactional sex; male-dominated gender norms; sexual and gender-based violence; gender inequality; and poverty.

To build a better understanding of the HIV and TB epidemics and responses from a gender perspective, and to recommend a way forward in support of strategic planning processes and programmatic interventions, UNAIDS and the Stop TB Partnership supported Lesotho to become the first country to pilot the joint HIV and TB gender assessment tool. This pilot was undertaken in collaboration with the Ministry of Gender, Youth, Sports and Recreation, and the Ministry of Health. The assessment process researched gender-specific best practices and recommended programming for the national HIV and TB responses.

To drive the process, UNAIDS established a Gender Assessment Core Team, a multisectoral team of representing government, civil society and the UN. At the end of the assessment process, UNAIDS and other partners convened a stakeholder workshop to review and validate the findings. Lesotho used this to drive the development of a national policy brief, a matrix of

<sup>1</sup> Lesotho Demographic and Health Survey 2014

activities, an advocacy and communications plan, and a resource mobilization strategy.

The findings of the assessment fed into the development of the Global Fund concept note and areas of strategic programming drawn from the assessment are now being rolled out as part of the Global Fund grant programme. These include:

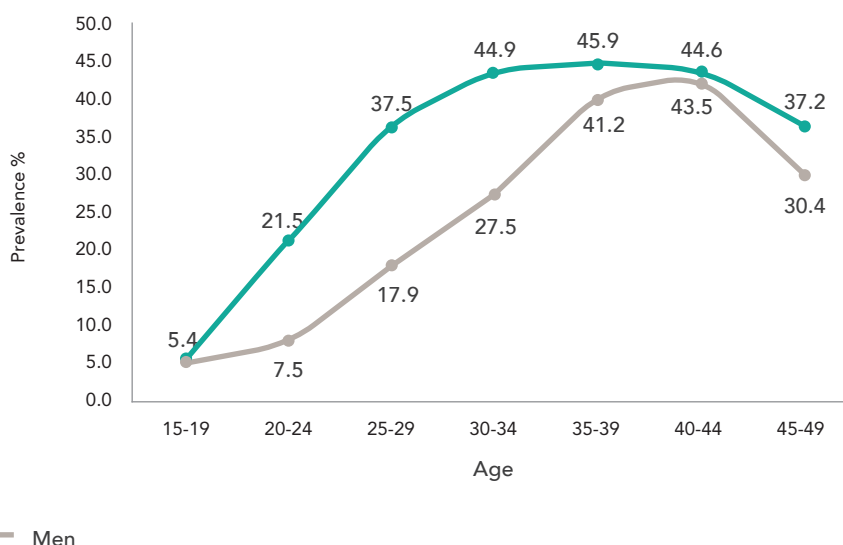
- School-based comprehensive sexuality education, including development of tools for out-of-school youth.
- Stronger HIV and TB programme collaboration to increase the involvement of men through gatherings, men-oriented dialogues, and existing TB initiatives targeting ex-miners.
- Updated Public Sector HIV Mainstreaming Guidelines, and Public Sector HIV Policy and Strategic Framework, with gender and TB issues now included.

- A cross-cutting social and behaviour change communication programme for civil society organizations to use in communities, to address negative social and cultural norms and practices that promote stigma and discrimination, human rights violations in service delivery, gender-based violence, and gender inequalities associated with the spread of HIV.

The commitment of UNAIDS, Stop TB and the Global Fund to implementing the gender assessment and utilizing its findings meant that the focus on gender was maintained throughout grant-making and into the final programmes. As the first of its kind, the experience of the Lesotho joint HIV and TB gender assessment also paved the way for such assessments in several other countries.

**Figure 2**

HIV prevalence of women and men (15-49 years) in Lesotho 2014



Source: Lesotho Demographic and Health Survey 2014

# Malawi: securing high-level political commitment for a Fast- Track agenda to end AIDS

Malawi is a low-income country with a fragile health system, and a high burden of HIV and TB. Despite these challenges, Malawi's progress in its response to HIV has been significant and remarkable. Malawi has significantly expanded its HIV prevention and treatment efforts, and has been hailed as a pioneer in the delivery of prevention of mother-to-child transmission by after rolling out lifelong antiretroviral therapy for all HIV-positive pregnant and breastfeeding women.

The Global Fund's New Funding Model was rolled out in Malawi against the backdrop of an unfavourable assessment by the Global Fund's Office of the Inspector General (OIG). The OIG identified a need to strengthen external audits and sustainability of HIV treatment programmes, which had been fully dependent on external funding. Today Malawi, through the direct support of UNAIDS and other development partners, is implementing a series of reforms to improve the management and implementation of Global Fund grants. Domestic HIV funding has dramatically increased, from 1.7% of total funding in 2010 to the current 14.3%. In large part, this is thanks to UNAIDS' and other partners' advocacy, and technical and policy advice, which have leveraged renewed government commitment.

Starting in 2014, in line with its capacity as Chair of the HIV and AIDS Donor Group, and Vice Chair of the Malawi Country Coordinating Mechanism, UNAIDS has facilitated a series of engagements with development partners to guide the Government of Malawi in resolving financial concerns raised by the OIG audit. The most recent OIG audit in 2016 found no financial mismanagement.

UNAIDS also provided support for advocacy with the Global Fund. This included a high-level mission by the Government of Malawi that helped to improve the working relationship with the Global Fund.

UNAIDS led discussions with the ministers of health and finance, and supported the new government's development of multiple confidence-building measures to address outstanding performance issues. With other partners, UNAIDS helped convince the Government of Malawi to contribute directly, for the first time, to the HIV treatment budget. The government committed US\$ 21.5 million for the period 2015–2018 as part of its willingness to contribute, and topped this up with an additional US\$ \$8.5 million specifically earmarked for antiretroviral medicines. Through UNAIDS' leadership, Malawi adopted the 90–90–90 targets in its national strategic plan for 2015–2020. In line with the principle of country ownership, these bold targets informed the ensuing ambition in the Global Fund concept note, thereby Fast-Tracking the response to end the AIDS epidemic.

UNAIDS provided technical assistance to Malawi in developing a sound Global Fund concept note, which, in addition to the country allocation, helped secure incentive funding. On request from the Minister of Health and the Country Coordinating Mechanism, UNAIDS recruited and supported an interim Programme Manager to establish the Programme Implementation Unit. With a functional Programme Implementation Unit, the government has improved its absorption rate and grant

performance. UNAIDS also ensured the participation of civil society in the country dialogue, resulting in a concept note that was highly responsive to civil society priorities. UNAIDS facilitated discussions on defining a well-adapted package and targets for adolescent girls and young women as a module of the Global Fund grant, including its operationalization. UNAIDS also developed a monitoring and evaluation system for use by Action Aid Malawi as a principal recipient in its programming to empower Malawi's civil society.

The strong partnership between the Government of Malawi and UNAIDS, built on the President's commitment to address accountability, helped set the stage for a constructive engagement with the Global Fund. As a result, Malawi's 2014–2016 allocation from the Global Fund was US\$ 616 million, US\$ 37 million more than originally allocated. The Country Coordinating Mechanism is once again fully operational, and the country's performance ratings are also set to improve.

*“UNAIDS is working at all levels of government and society to support my government to inspire Malawians about the fact that it is possible to end AIDS.”*

**Arthur Peter Mutharika, President of Malawi**

# Thailand: through partnership to self-reliance

Thailand is an upper-middle-income country with well-developed national systems and domestic resources to maintain them. Thailand's HIV epidemic is mature, and is concentrated primarily in key populations of gay men and other men who have sex with men, transgender people, male and female sex workers, and people who use drugs. The country's HIV response—implemented through a partnership of the public sector, civil society and communities—has been robust and effective. As a result, for more than a decade new HIV infections have been on a decline. However, in recent years the pace of the decline has slowed and the rate of HIV-related deaths has been decreasing only marginally.

Thailand is preparing to transition to self-reliance in financing its HIV response in the coming years. Currently, about 90% of the response is funded from the national budget, with universal health coverage fully financing HIV treatment (irrespective of CD4 levels) and other relevant medical services. Budget allocations towards HIV prevention for key populations have been slowly increasing. However, HIV prevention and engagement in the response of civil society and communities are still largely funded from external sources, with the Global Fund being one of the key investors. Thus, the country's transition plan that is being developed through an inclusive effort focuses on securing domestic resources for HIV prevention, and the engagement of civil society and community-based organizations.

UNAIDS has remained Thailand's trusted partner in sustaining an effective, inclusive and innovative HIV programme. UNAIDS helped Thailand develop a convincing HIV investment case geared towards ending the AIDS epidemic, with strategic use of antiretroviral medicines as part of a combination of prevention,

community-based service delivery, and normalization of HIV as a treatable chronic condition.

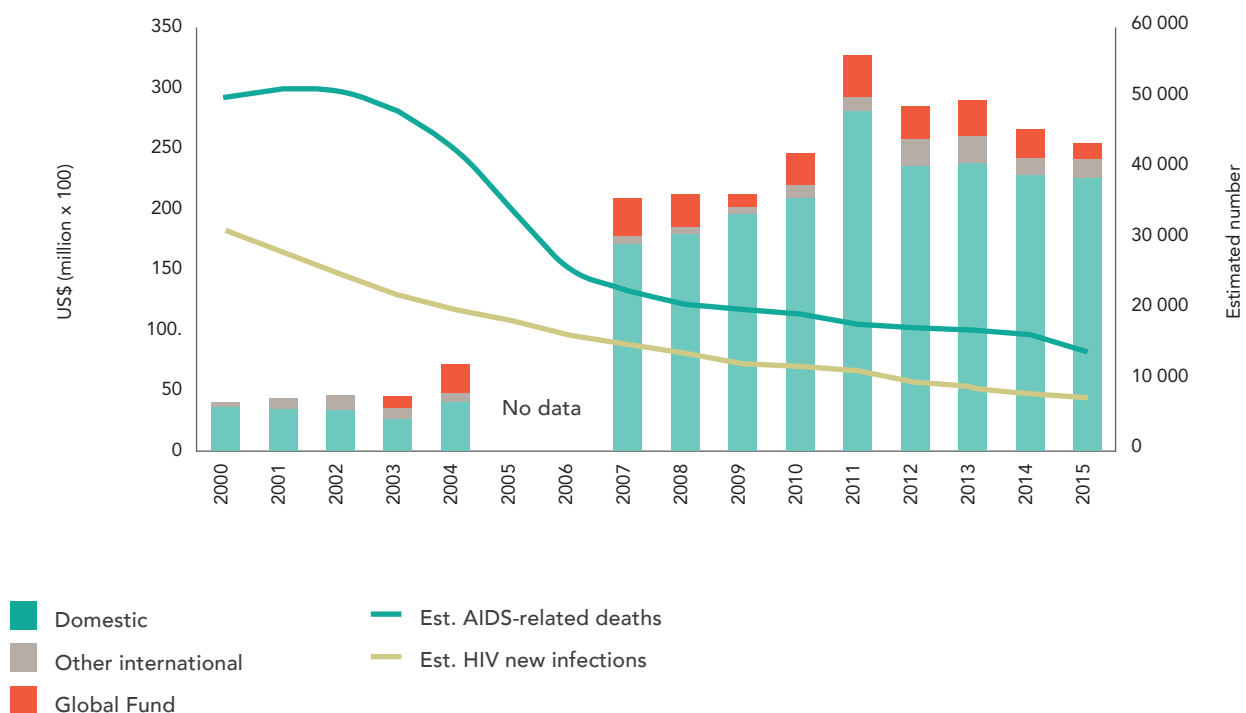
The investment case was translated into a national Ending AIDS by 2030 strategy and a highly prioritized, strategically focused operational plan. This shaped the Global Fund grant, approved in 2014 under the New Funding Model, as strategic investment supporting achievement of the national Ending AIDS by 2030 targets and preparing the country's transition to self-reliance. UNAIDS has remained fully involved, and is committed to assisting Thailand to strengthen a domestically funded,

integrated HIV response, with improved civil society capacity for prevention and care services, and a focus on ensuring that key populations and fragile communities are effectively engaged and supported.

The HIV investment case has had a system-wide impact because it was developed and operationalized at an opportune time, with participation of key stakeholders at both the decision-making and implementation levels. The ambitious goals and targets set by Thailand are being achieved. The country is firmly on the path to ending the AIDS epidemic by 2030.

**Figure 3**

Investment on HIV in Thailand and its impact on new HIV infections and AIDS-related deaths, 2000–2015



Source: National AIDS spending assessment, National AIDS Management Center/Ministry of Public Health and 2016 HIV estimation, Geneva: UNAIDS; 2016

# Ukraine: optimizing resources

Ukraine has the second highest HIV prevalence in eastern Europe and central Asia, and its HIV epidemic is among the most severe in the European region. Ukraine has seen a continued increase in HIV prevalence in recent years, particularly among key populations. Complicating matters, Ukraine has faced a severe political and economic crisis, aggravated by an armed conflict in the east of the country, since 2013.

Global Fund resources allocated to Ukraine for HIV and tuberculosis (TB) for 2014–2016 represented a sharp decrease from previous funding. A central challenge for Ukraine was to design approaches to make the most of decreasing resources by prioritizing and optimizing services, thus allowing continuing scale-up and preparing the country for the eventual transition out of Global Fund support.

UNAIDS played a central role in laying a foundation for these efforts during the country dialogue to develop a single HIV and TB concept note. Two breakthrough economic studies were conducted in Ukraine: the HIV Programme Efficiency Study (UNAIDS, World Bank, Futures Institute) and the HIV Allocative Efficiency Study (UNAIDS, World Bank, University of New South Wales).

Periodic review of the budget against the priorities of the country was a core element of the country dialogue process and consensus building. The Global Fund Secretariat played an important role in clarifying requirements for optimization, laying the foundation for UNAIDS' technical and political work. For a country like Ukraine—in transition and facing a complex environment—prioritizing and optimizing service packages and service delivery models is an important step towards sustainability and transition. Also important is further tailoring and decentralizing the response to different epidemic realities of regions in the country.



UNAIDS facilitated technical negotiations on approaches to optimizing service packages and service delivery, achieving up to 30% efficiency gains. Optimized and standardized service packages were developed for prevention services for key populations. With the financial expertise brokered by UNAIDS, strong leadership by UNAIDS and commitment to the value-for-money principle, administrative costs of service delivery and costs of harmonization of human resources were optimized across all programmes of the concept note. Four standardized service delivery models were agreed to: (i) nongovernmental organization-based model, (ii) outreach model, (iii) mobile clinic model and (iv) pharmacy model. This innovation for service delivery is important for the next step towards sustainability, for both costing and budgeting within the domestic budget.

An approach was also developed to facilitate adaptation of regional responses to different epidemic realities

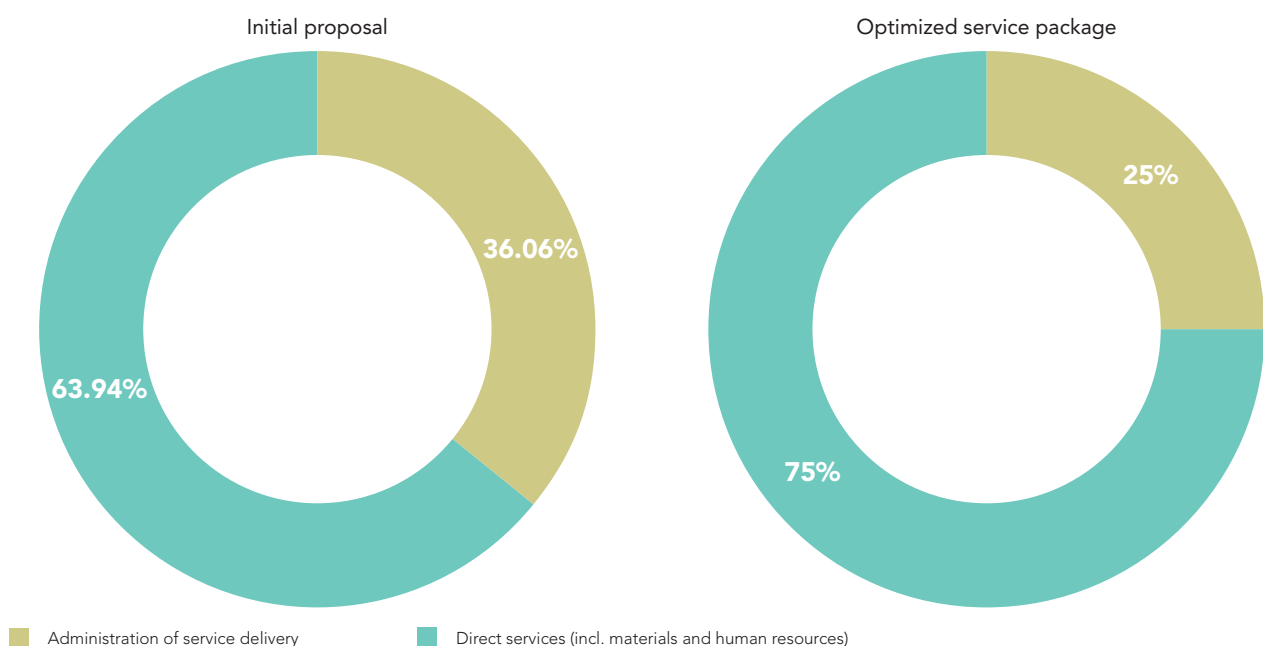
in Ukraine. The 25 regions of Ukraine are divided into three epidemiological areas. Of people living with HIV, an estimated 78% live in five high-burden and six medium-burden regions. Tailored packages applying the standardized service delivery models promise to improve the effectiveness of programmes and the impact of the investments made.

UNAIDS facilitated alignment of priorities of the Global Fund concept note with the national HIV and TB priorities, and funding gaps in the national response. UNAIDS also provided technical support for development of the concept note by the national working groups, and coordinated partner dialogue on an optimization process.

The final grant approved for Ukraine was for US\$ 134 million for 2015–2017.

### Figure 4

Optimized service package for commercial sex workers: impact on ratio of service delivery to administration costs



# International Community of Women living with HIV/AIDS Latina: empowering women through a regional approach

The HIV epidemic in the Latin American region is characterized by concentrated but growing HIV epidemics. Data from the region show high levels of violence against women and discrimination against women living with HIV, numerous barriers for women to access HIV services, and high vulnerabilities due to gender inequality.

The International Community of Women Living with HIV/AIDS (ICW) Latina is a regional network of women living with HIV in Latin America. It works to promote and defend the human rights of women living with HIV, particularly their sexual and reproductive health and rights. The ICW Latina regional grant from the Global Fund focuses on advocacy for enhancing integrated health services for women living with HIV, addressing barriers to HIV care for women, reducing stigma and discrimination, and decreasing gender-based violence. Recognizing the importance of addressing these issues and ensuring that women's HIV-related needs are met, UNAIDS helped ICW Latina successfully develop a strategic and responsive application to the Global Fund. UNAIDS helped ICW Latina by:

- Putting a focus on the right strategic programme areas and countries for maximum impact. UNAIDS supported ICW Latina in developing its expression of interest and concept note with strategic information, financial support and technical assistance. UNAIDS presented key epidemic data and evidence in the region during ICW Latina's regional dialogue, which identified gaps and guidance on central strategies for the application.
- Convening partners to finalize strategic objectives and strengthen the application. These included addressing violence against women, discrimination against women living with HIV, barriers for women to access HIV services, and gender inequality. Later, UNAIDS

convened a peer review group of partners to review and strengthen the Global Fund concept note. The peer review group included experts in prevention, key populations, human rights and gender, programmatic coherence, health systems strengthening, and financing. This review strengthened the justification of the concept note, the strategic role of ICW Latina in addressing gaps, the prioritization of programming, and the articulation of the target groups.

- Conducting a technical support needs assessment and mobilizing resources accordingly. Through training ICW Latina on the Global Fund's New Funding Model and supporting development of the concept note, UNAIDS helped ensure a successful regional application that would be most responsive to where the HIV epidemics are in Latin America.

In May 2015, the Global Fund approved ICW Latina's regional grant for a maximum amount of US\$ 4 335 000, focusing on violence against women and human rights violations in 11 prioritized countries: Bolivia (Plurinational State of), Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama and Peru. UNAIDS is providing continuous technical support and guidance to ICW Latina as it implements its first year of activities under the Global Fund grant. This support has included providing advice on terms of reference, assisting selection of consultants, participating in a baseline study, and mapping of laws and policies.

The grant is vital to the response in the Latin American region, which has a unique focus on the difficult issues faced by women that can stand in their way of accessing HIV services, and on promoting integrated responses to HIV and violence against women.

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## Figure 5

Map of countries covered by the ICW Latina regional grant



# The Middle East Response initiative: partnership and innovation for resilient HIV responses

Although the overall HIV prevalence is low in the Middle East and North Africa (MENA) region, the number of new infections is increasing. Only 16% of adults and 20% of children living with HIV have access to antiretroviral therapy, lower than any other region in the world.

In response to the current humanitarian context of the region, the Global Fund, together with UNAIDS and other partners, launched the Middle East Response (MER) initiative to provide essential HIV, TB and malaria services to key and vulnerable populations. These populations include refugees, internally displaced persons, women, children, and other conflict-affected populations in Iraq, Jordan, Lebanon, Palestine, the Syrian Arab Republic and Yemen.

The MER initiative will use one regional grant management platform, with the aim of improving responsiveness to the three diseases in the context of emergencies in these countries. As part of the flexibilities allowed under the Challenging Operating Environments Policy of the Global Fund, the Syrian allocation can be leveraged to address the needs of Syrian refugees in Jordan and Lebanon. In this way, the funds follow the people. The Global Fund has approved a number of policy exceptions to support this initiative, including a waiver of Country Coordinating Mechanism eligibility and counterpart financing requirements.

Building on its strategic relationships in the region, UNAIDS worked with the Global Fund in the conceptualization of the MER initiative, to develop a modified strategic scope for the initiative. UNAIDS provided technical support for prioritization exercises, and convened highly inclusive country dialogues that contributed to development of the MER grant.

The UNAIDS MENA Regional Support Team in Cairo led these engagements by hosting the first regional consultation on Strengthening National Capacities for a Resilient HIV Response in MENA Countries. This consultation took place in collaboration with the League of Arab States, the Regional Network against AIDS, the Global Fund, UNHCR and technical partners. The meeting provided a historic opportunity to advocate, discuss and develop a roadmap for addressing HIV in humanitarian settings.

UNAIDS also helped develop the rationale, scope and modalities of the MER initiative, and provided technical inputs and data on countries, target populations and the essential services needed. Later, UNAIDS facilitated a special meeting with the Syrian Arab Republic national TB and HIV programmes, organized by the Global Fund, to discuss the emerging challenges.

UNAIDS facilitated and participated in two Global Fund regional meetings on the developing initiative.

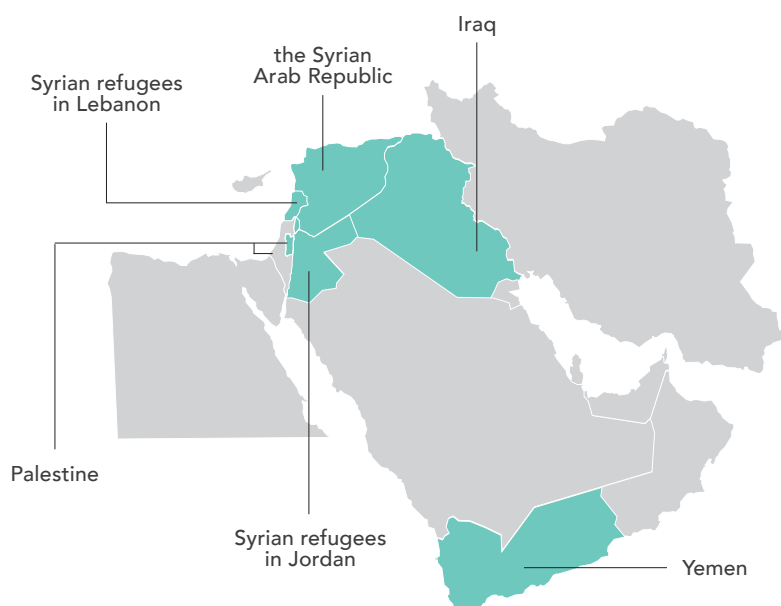
It expedited an agreement and drove consensus building among partners and countries.

UNAIDS provided strategic technical support to countries in the MER initiative by doing reviews of national strategic plans in Yemen, Palestine, the Syrian Arab Republic and Lebanon. Before the launch of the MER initiative, the UNAIDS Regional Support Team supported the development of Global Fund concept notes in Palestine, Yemen and the Syrian Arab Republic. UNAIDS facilitated inclusive national dialogues leading to the development of these concept notes in Yemen and the Syrian Arab Republic, and ensured that key priorities of the concept notes were reflected in the MER initiative.

The MER initiative is a timely, strategic, innovative and appropriate initiative to Fast-Track the HIV response in countries affected by humanitarian emergencies and provide essential services to those most in need.

**Figure 6**

Countries and populations covered by the Middle East Response initiative



# **Southern African Development Community HIV cross- border initiative: building on regional platforms for progress**

High cross-border movements in the southern region of Africa increase the risk of HIV infection—not just among higher-risk groups such as sex workers and long-distance truck drivers, but also among migrant populations, communities close to borders, and communities with high levels of inwards and outwards migration. To respond to this growing challenge, in 2011 the Southern African Development Community (SADC) Secretariat defined a cross-border project to bring HIV prevention, and TB screening and treatment services to communities along road transport corridors, with funding from the Global Fund.

SADC is a 15-country intergovernmental organization established in 1980 to enhance the development and economic growth of southern Africa, alleviate poverty, and improve the standard and quality of life of the region's people through regional integration.

When the first phase of the SADC regional grant came up for renewal in 2014, the Global Fund and partners believed that a more strategic alignment of the initiative with the mandate of SADC would be advantageous. This would involve moving towards a greater focus on facilitating access to health services for the identified target populations through harmonizing policies, strengthening the monitoring of sites, and transitioning service delivery in a sustainable manner to Member States.

Recognizing the strong relationship and respect that UNAIDS enjoyed with the SADC Secretariat, the Global Fund turned to the UNAIDS Regional Support Team for support in facilitating the dialogue around renewal of the original grant.

With the support of UNAIDS, the SADC Secretariat convened key partners involved in the project to critically review the achievements of the first phase of the grant, and determine how best to position SADC for a renewal of the grant. Subsequently, UNAIDS brokered a dialogue between SADC and the Global Fund to define strategic priorities for the second phase. This resulted in SADC refocusing the project to:

- Address long-distance truck drivers, sex workers and other affected communities, and to improve coordination of the cross-border response, in line with the SADC mandate.
- Use SADC's position and influence to advocate for the destigmatization of sex work, improving the access of sex workers to services and ensuring coherence in policies across the region.
- Address the sustainability of the cross-border sites. SADC committed to negotiating the handover of management of the sites to countries, to ensure service continuity beyond the Global Fund grant.

UNAIDS supported the SADC Secretariat to convene Member States and partners to endorse the proposed changes. The second phase of the Global Fund-supported cross-border initiative was approved by the Grant Approval Committee in June 2015.

UNAIDS has continued to support implementation of the grant through the Independent Monitoring Group, whose mandate is to ensure the grant's effective implementation. The group has put in place tools and systems to guide implementation and ensure compliance with the grant agreement. It also monitors implementation at the cross-border sites and brokers the transition processes.

The experience of the SADC cross-border initiative has shown the value of bringing governments together to focus on a common health issue faced by their populations. UNAIDS demonstrated its critical role as a strategic broker between the intergovernmental organization and the Global Fund, helping to ensure that investments focus on the most strategic priorities and will take the region towards ending AIDS by 2030.









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