Multicountry Priority Area Terms of Reference Open for Consultation

HIV: sustainability of services for key populations in the Caribbean

6 February 2018

Priority: Sustainability of services for key populations in the Caribbean
Upper ceiling Allocation: US$ 6,500,000
Max. Number of grants: 1
Grant duration: 3 years (est. 2019-2021)

Multicountry approach[1] :

Based on the Global Fund Board's decision (GF/B36/04) in November 2016 on the Catalytic Investments available during the 2017-2019 Allocation Period, US$ 50 M was made available for sustainability of services for key populations under the multicounty approach. The amounts and priority areas for Catalytic Investments were determined primarily by technical partners in consultation with the Global Fund Secretariat, and reflect critical needs that will assist in the delivery of the global plans for HIV, TB, and malaria and the 2017-2022 Global Fund Strategy. Under the recommendation of the Global Fund Board and technical partners, unless an ideal Applicant can be agreed through comprehensive regional consultations, the funds will be allocated through an open and competitive RFP process.

Of the US$ 50 M made available for this strategic priority area, this RFP refers to the **US$ 6,500,000 made available for the Caribbean region**[2] **under multicountry priority area "sustainability of services for key populations**[3]". This funding is intended to support one multi-country grant to address the challenges indicated below.

All comments on the draft Terms of Reference should be sent to Rosalie Laurent (Rosalie.Laurent@theglobalfund.org) by February 28, 2018 midnight Geneva time.

[1] In the 2017-19 funding cycle, the term "multicountry" replaces the term "regional" which was used during the 2014-2016 allocation for these type of funding requests (i.e. regional grants)
[2] The total amount of resources available for the Latin America and the Caribbean countries is US$ 17 million divided as follows: US$ 10.5 million for investment in Latin American countries and US$ 6.5 million for investment in the Caribbean countries.
[3] For the definition of key population groups, please refer to WHO and UNAIDS guidance/glossary (i.e. UNAIDS Glossary 2015).

Problem Statement

Sub-area I: **Increasing domestic resources to fund effective key population HIV programming**

Total resources for the response to HIV in the Latin America region have increased significantly in the last decade and in 2016 reached US $ 2.6 billion. According to UNAIDS estimates, an additional 22% increase will be needed to achieve the level of funding required to achieve the Fast Track 2020 goals. Improvements in efficiency, price reductions for commodities, along with other cost containments that negatively affect the quality of the provision of the service, will be necessary to guarantee a financially sustainable response that is capable of ending AIDS as a threat to public health by 2030.

Domestic resources have progressively increased to support expansion of treatment and care and countries have reduced their dependency on external funding for ARVs. Nevertheless, a significant part of resourcing HIV treatment and care is still funded by donors. Furthermore, many prevention programs that focus on key populations in the region, depend substantially on donor funding. As donor funding in the region declines, increased domestic financing will be essential to maintain prevention programs in countries as well as to expand access to treatment. Achieving the international 2020 goals will require additional domestic investments focused on community-centered approaches that increase HIV diagnoses, particularly among key populations and their sexual partners, and in service improvements that allow more people living with HIV to start treatment promptly, stay adherent, and achieve viral load suppression. Innovative programs to support Government's financing of HIV responses are especially relevant to the Caribbean Region.

In the Political Declaration on HIV and AIDS: on the fast track to accelerate the fight against HIV and put an end to the AIDS epidemic by 2030, Caribbean countries committed to global goals, including goals 90-90-90, reducing gender inequalities, increasing initial investment to close the resource gap, and ensuring at least one quarter of HIV investments are for prevention and at least six percent for social facilitators: promotion, community and political mobilization, monitoring in / of communities and political communication for 2020.

This Sub-area I is aligned with the Caribbean Regional Strategic Framework on HIV 2014-2018 and it recognizes the need for increased funding and supports "securing reduction of prices of ARVs" along with "development and implementation of innovative financing methods, which can support Universal Health Coverage, including dedicated tax levies, visitor health fees, regional health insurance and new public-private partnerships. It also recommends financing mechanisms to be "matched with policies and strategies which leverage investments for maximum value for money".

Sub-area II: **Resource mobilization for key population organizations**

The ability of community service organizations and networks to continue providing comprehensive support to people living with HIV and key populations, will depend on their ability to manage change, capacity to mobilize resources from a variety of sources and foster partnerships with a broad range of stakeholders.

Key population organizations have expressed their interest in strengthening their knowledge and skills on resource mobilization from public and private donors as well as on setting up of successful social enterprises. Activities in this sub-area should contribute to foster sustainability and to mobilize resources for organizations to continue and expand service delivery to key population; to diversify sources of funding, making them less dependent on one single source and to obtain financial support to implement their advocacy strategies.

Sub-area III: ***R*eduction of structural barriers for access by key populations to services, including stigma and discrimination and gender based violence.**

Human rights and gender-related barriers including stigma and discrimination and gender-based violence and inequalities continue being a major barrier for key and vulnerable populations to accessing HIV prevention, treatment and support. These barriers hinder key populations from accessing HIV prevention and testing services; disclosing their status and following up on the results of testing/survey/medical examinations, even if they have access to services.

According to the recently published report "HIV Prevention in the Spotlight. An analysis from the perspective of the health sector in Latin America and the Caribbean"[4], despite the existence of training and awareness actions in most of the countries of the region, discrimination in the health sector is still identified in serving key population groups. Among the factors that are indicated as possible reasons, include: a) the high turnover recorded in human resources; b) the lack of mechanisms for monitoring and evaluating the quality and outcome of the training; c) lack of investigation and follow-up of reports of abuse or institutional discrimination; d) the lack of mechanisms to encourage good practices and expand friendly and non-discriminatory services; e) the lack of involvement of people from the key population groups in designing policies and training.

The scope of this sub-area should involve innovative approaches as well as best practices to address stigma and discrimination and to promote change and accountability in institutions.

Sub-area IV: **Improvement in knowledge, generation and use of strategic information on key populations for decision-making and advocacy by communities and other key stakeholders.**

The report "HIV Prevention in the Spotlight. An analysis from the perspective of the health sector in Latin America and the Caribbean", highlights the "lack of data and analysis on key indicators related to HIV prevention in key population groups. According to this report, this shows a weakness of the strategic information systems on the results and the impact of the programs aimed mainly at these groups ".

In addition to the need for more and better information, it is necessary to expand the knowledge and use of data, best practices and recommendations available, to advocate for the increase in the allocation of domestic resources to finance interventions for key populations and the implementation / expansion of efficient service models for reaching key populations with the recommended interventions.

The scope of this sub-area should involve innovative approaches as well as best practices to institutionalize and promote analysis and use of strategic information on key populations to influence resource allocation decisions, rational planning, and optimization of programs.

Geographic scope

Caribbean countries, taking into consideration that Global Fund eligibility criteria for multicountry proposals apply.[5]

[4] Pan American Health Organization and Joint United Nations Programme on HIV/AIDS. HIV Prevention in the Spotlight: An Analysis from the Perspective of the Health Sector in Latin America and the Caribbean, 2017. Washington, D.C.: PAHO, UNAIDS; 2017

5 Fifty one percent (51%) of the countries included in the Funding request must be eligible for Global Fund Funding. Refer to Global Fund Eligibility policy

Epidemiological context

Between 2010 and 2016 the estimated number of AIDS-related deaths in the Caribbean region declined by 55% from 21000 to 9400. The number of new HIV infections has remained stable, near 17000 since 2010. Over this period the number of people on antiretroviral therapy more than doubled and an increasing number of countries adopted a "treat all" approach UNAIDS estimates indicate.

As of 2016 there were an estimated 310,000 people living with HIV (PLHIV) in the Caribbean region, acutely concentrated in just four countries: Haiti (150,000), Dominican Republic (67,000), Jamaica (30,000), and Cuba (25,000). As of 2016, over 80% of PLHIV and over 85% of new infections in the Caribbean region were in these four countries. There is also variation in the dynamics of the epidemic at country level: between 2010 and 2016 new infections doubled in Cuba and decreased by a quarter in Haiti.

Large gaps across the HIV testing and treatment cascade persist, along with significant variation between countries in the region in terms of closing these gaps. At the end of 2016, nearly two thirds (64%) of PLHIV were aware of their status, leaving a gap of 81,000 to reach the first 90. Among PLHIV that were aware of their status, 81% were accessing antiretroviral therapy, and of those, only 67% were virally suppressed. Among all PLHIV in 2016, treatment coverage in the region was 52% -- leaving a gap of 92,000 to reach the second 90 – and viral suppression was 34%, leaving a gap of 120,000 to reach the third 90.

Data from different countries in the region highlights the increased vulnerability of key populations, especially men who have sex with men, sex workers and transgender persons[6]. This vulnerability is translated not only by higher prevalence rates but also by pervasive levels of stigma, discrimination[7] and associated issues related to accessing appropriate and high quality HIV prevention, care, treatment and support services.

Strategic focus

- The grant should take advantage of and improve existing mechanisms for collaboration and partnership between civil society organizations, in particular local organizations of key populations and the government, including through CCMs;
- The grant should ensure meaningful participation of communities and organizations of key populations in the planning and provision of sustainable HIV services supported by evidence for key populations.
- The grant should address reducing human rights-related barriers that affect accessibility and effectiveness of said services;
- The grant must take into account the lessons learned from previous initiatives and investments (domestically, regionally and in other parts of the world) in the selected sub-areas.
- The grant should encourage strategic alliances with other actors (i.e. networks working on budget transparency, UHC, etc.) that allow greater scope in the defined objectives
- The grant should improve the multi-sectoral response, including coordination between civil society and the authorities to improve and institutionalize community participation, as well as social control by the populations
- The grant should be a model of transparency and inclusion to allow national and local governments and other partners to support and improve HIV-related services;
- The grant should take advantage of the potential of networking in real time and the exchange of results, including through the innovative use of social networks;

[6] It is important to note that young women (15-24) accounted for 17% of new infections in 2016. While they are not considered a key population in many countries in the region, they are an important, highly affected group in the region.
[7] While all Caribbean countries report have training programs for health-care workers on human rights and non-discrimination, only 63% report having such training programs at national scale as of 2016. 89% of Caribbean countries report having training and/or capacity-building on HIV-related rights for people living with HIV and key populations in 2014-2016, but only 44% reported having such training at national scale. (from UNAIDS, Global AIDS Update 2017)

- All the actions and deliverables supported by the grant must be informed and in accordance with the latest guidelines and relevant international normative and operational tools.

Target populations and diseases under the grant

Target groups under the grant are key populations, as defined in the "Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations" (WHO, 2014).

Scope of work

The programmatic sub-areas that will be addressed through a multicountry grant with the overall objective of accelerating progress in Fast-Track by 2020 and ensuring the sustainability of HIV services for key populations are detailed below. An eventual multicountry subsidy should be limited to at least two sub-areas. At the discretion of the applicant, the financing proposal may but does not need to cover all sub-areas.

Sub-area I: **Increasing domestic resources to fund effective key population HIV programming**

Relevant activities in Sub-area I may include (but should not be limited to):

- Capacity building of civil society on health budget advocacy; including strengthening of advocacy skills to influence the allocation of resources based on needs and risk.
- Civil society organizations (CSO) capacity building on financing mechanisms for the HIV response, in particular for key population programming;
- Development of regional and country level advocacy strategies for more and better financing for key population programing;
- Development and use of tools to monitor and facilitate advocacy on national budgets for the HIV response, including investments for key population programming, and other related critical investments (i.e. TB budget)
- Development and dissemination of studies and investment cases to support advocacy to increase domestic funding for key populations programming;
- Social mobilization/campaigning at regional and national level for increasing domestic resources to address the needs of key populations;
- Building alliances among stakeholders at regional and national levels to advocate for domestic public resources for key population programming;
- Exchanging good practices among countries on funding for key population programming.

Sub-area II: **Resource mobilization for key population organizations**

The multicountry grant will support key populations organizations to explore and access new sources of income, including public and private sector, individuals and other potential donors. The multicountry grant is expected to implement interventions at the regional level that key population organizations to explore and access new sources of income, including public and private sector, individuals and other potential donors.

Relevant activities in Sub-area II may include (but should not be limited to):

- Capacity strengthening for CSO and key populations networks in resource mobilization, partnerships building and communication strategies;
- Targeted technical assistance to CSO and key populations networks on fundraising mechanisms, writing technical proposals, exploring alternative donor funding opportunities, social marketing, etc.;

- Mini-grants to provide seed capital to implement pilots of resources mobilization strategies;
- Incentivize learning and exchange from successful experiences of other CSO and networks;
- Foster partnership with non-HIV CSOs and networks to implement innovative advocacy resource mobilization strategies;
- Documentation of the main contributions of key population organizations to the response.

Sub-area III: **Support reduction of structural barriers for access by key populations to services, including stigma and discrimination and gender violence**

The multicountry grant seeks to support networks and activists to continue to address human rights-related barriers to services through legal empowerment, programs to address stigma and discrimination in the health care settings and communities, and monitor violations of their rights, advances and setbacks in structural barriers in the region, and to be able to intervene where appropriate.

Relevant activities in Sub-area III may include (but should not be limited to)[8]:

- Programs to address stigma and discrimination;
- Training for health care workers on human rights and medical ethics related to HIV;
- Trainings with law enforcement officers and agencies;
- "Know-your rights" and legal literacy for communities;
- Programs to provide HIV-related legal services
- Community-based monitoring and advocacy for policy and law reform related to HIV
- Programs to reduce discrimination against women and girls in the context of HIV
- Documentation and sharing of best practices in the field

Sub-area IV: **Improvement in knowledge, generation and use of strategic information on key populations for decision-making and advocacy by communities and other stakeholders**

The multicountry grant will foster strengthening knowledge and data use for improving and sustaining key population services.

Relevant activities in Sub-area III may include (but should not be limited to):

- Training on analysis and use of key population data in the region, including use of relevant analytical approaches (i.e. prevention and treatment cascades, yield analyses, costing for key populations), root cause analysis, and best practices in use of key population data for resource allocation, rational planning, and optimization of service delivery models for key populations.;
- Identification and documentation of best practices of services for key and vulnerable populations in the region;
- Based on the evidence available, propose a regional framework and operational guidelines and strategies to support the implementation of efficient, comprehensive differentiated models of care for key populations in the region aligned with the WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations
- Advocacy actions at the regional and national levels to promote the development and expansion of differentiated care models and interventions that guarantee the quality and coverage of services for key and vulnerable populations;
- South-South exchange and / or between government officials and civil society to promote the expansion of models of efficient services for the attention of key and vulnerable populations

[8] For more information on these activities, please refer to Global Fund (2017), "HIV, Human Rights and Gender Equality" technical brief.

The above list should not be treated as an exhaustive list of activities to be financed by the Global Fund. The final list of activities shall be determined with the successful Applicant during the grant negotiation stage and subject to Global Fund Board approval.

All activities will be conducted in line with relevant national/international guidelines and standards.

Expected outcomes and anticipated result

Sub-area I: **Increasing domestic resources to fund effective key population HIV programming**

- Increased domestic budget destined to finance combined prevention for key populations
- Increased total amount of funding that governments allocate to civil society organizations each year to provide health services to key populations.
- Increased HIV services that are added to the list of services covered by compulsory health insurance or other basic package of medical services financed domestically in each country of the project;

Sub-area II: **Resource mobilization for key population organizations**

- Increased number of key population organizations that increased their donor portfolio or financial revenue mechanisms.
- Increased volume of resources mobilized from the private sector by organizations of key populations.
- Increased volume of resources mobilized from the public sector by key population organizations

Sub-area III: **Support reduction of structural barriers for access by key populations to services, including stigma and discrimination and gender violence**

- Percentage of people living with HIV who sought to redress where their rights were violated in the past 12 months
- Number of complaints that received adequate legal support
- Percentage of law enforcement officers reached by training and sensitization programs on the human rights of people living with or affected by HIV, sex workers, men who have sex with men, transgender people and people who inject drugs in the context of HIV in the past 12 months
- Number of countries that have undertaken sensitivity and awareness training of law enforcement officials on sexual and gender diversity, sexual and gender based violence and the relevant legislative framework Number of countries that have achieved legislative reforms for modifying and repealing discriminatory laws that infringe human rights
- Number of countries that have updated/revised their gender based violence policies to include international best practice standards

Sub-area IV: **Improvement in knowledge, generation and use of strategic information on key populations for decision making**

- Documentation (reports / presentations) demonstrating analysis and use of key population data in the region, including analytical approaches (i.e. prevention and treatment cascades, yield analyses, costing for key populations), root cause analysis, and best practices in use of key population data for resource allocation, rational planning, and optimization of service delivery models for key populations
- Documentation (reports / presentations) that identify and document the application of best practices of differentiated models of care and interventions for key and vulnerable population services in the region;
- Number of countries with key populations networks using strategic information – including cascade, yield and cost analysis – in advocacy materials and activities (i.e. seminar, lobby

meetings) aimed at regional and national levels to promote the development and expansion of differentiated care models and interventions that guarantee the quality and coverage of services for key and vulnerable populations.

Roles, Responsibilities, and Management Structure

- The selection of the applicant and its implementers should be conducted in line with the "Guidelines on implementers of the Global Fund grants"
- The applicant and its implementer(s) will need to establish an ongoing and strong collaboration with the relevant government agencies and ministries, including NTPs/NAPs of the countries, CCMs and Principal Recipients of other Global Fund grants and other stakeholders.
- The applicant and its implementer(s) should engage with the global and regional technical partners, such as WHO, the Stop TB Partnership, UNAIDS and others, who will be able to provide technical expertise that the applicant and its implementer(s) can use.
- To be conducted in line with the Global Fund policies and procedures.