ROBERT CARR FUND

Funding what's possible

Better Access to HIV Services for Inadequately Served Populations

The Robert Carr Fund believes in the power of civil society and community-led networks to make sure that those most affected by HIV can access the services they need. Community-led responses to HIV have proved their effectiveness, from preventing HIV to connecting to treatment. The Global Aids Strategy 2021–2026 — developed by UNAIDS and backed by the global community of HIV activists, donors, and practitioners — explicitly prioritizes community-led efforts.

Many people at high risk of HIV also experience systematic barriers in accessing quality health and information services. These include people living with HIV; gay, bisexual, and other men who have sex with men; people who use drugs; people in prisons or other closed settings; sex workers; and transgender people.

Depending on the dynamic of the HIV epidemic, they may also include women and girls, youth, migrants, and people living in rural areas. We call these groups "inadequately served populations" (ISPs). To improve their health, social inclusion, and wellbeing, RCF pools funding from donors[1] and invests it in global and regional networks that specialize in meeting the needs of ISPs.

1 Currently, contributors to the RCF pooled funding mechanism include the Norwegian Agency for Development Cooperation (Norad), the UK Foreign, Commonwealth & Development Office (formerly DFID), the US President's Emergency Plan for AIDS Relief (PEPFAR), the Dutch Ministry of Foreign Affairs, and the Bill & Melinda Gates Foundation.

Improving access to health services is at the core of RCF's mission

Many ISPs face persistent challenges in their access to rights-based, quality HIV services and programs. The barriers ISPs face are often multiple and complex, and include shortcomings in quality of care, lack of training on issues specific to ISPs; breaches of confidentiality and stigmatizing and discriminatory behavior by clinic staff and gatekeepers; and criminalization of same-sex behaviors, expressions of gender nonconformity, use of drugs, and sex work. Language barrier is also common, especially for people with history of migration. In 2019, 92% of 68 RCF-funded networks reported barriers to accessing care by ISPs, and 86% reported issues in the quality of care.

RCF supports civil society and community networks to document the barriers, advocate for improved access and quality, and to increase the demand for these services by the communities, especially where ISPs might not have access to adequate information or mistrust care providers.

Civil society and community-driven advocacy removes barriers to care for ISPs

When the barriers to services for ISPs are systematically challenged, the care environment often improves. **In the first year of the RCF 2019-2021 funding cycle, one third of RCF-funded networks reported that barriers to care fell, and 31% reported that quality of care had improved as a result of their work.**

In West Africa, International Treatment Preparedness Coalition West Africa achieved a shorter turnaround times for viral load test results. Following ATHENA's trainings, adolescent girls and young women in sub-Saharan Africa reported greater confidence in seeking and accessing sexual and reproductive health and rights and HIV services.

Increased number of gay, bisexual and other men having sex with men living with HIV have access to antiretroviral therapy in Eastern Europe and Central Asia (Eurasian Coalition on Male Health), to self-testing in Burundi, and to community dispensed antiretrovirals, multi-month prescribing, and pre-exposure prophylaxis in Tanzania (MPact/SHAG Consortium).

In Guyana, access of sex workers to testing increased significantly through community-based, peer-led testing after the first social contracting award ever was made to a sex worker organization, (Caribbean Sex Work Coalition), while the quality of services for sex workers have also improved in Cote d'Ivoire, Eritrea, Ethiopia, Guinea, Malawi, Senegal and Uganda (African Sex Workers Alliance).

For people who use drugs, civil society and community-driven advocacy has led to notable gains in access to HIV-related health services: buprenorphine was included in Global Fund grant programming in Kyrgyzstan (Consortium of Networks of People Who Use Drugs), more people were able to access opioid substitution therapy in Bulgaria (Harm Reduction Consortium & Eurasian Regional Consortium); homeless people who use drugs gained access to hepatitis C treatment in India (Delhi Network of Positive People). In Kenya, more women who use drugs have begun accessing harm reduction services thanks to new gender-specific approaches, jointly developed by Mainline and the Ministry of Health (ITPC Consortium).

Community-generated evidence for change in West Africa

In West and Central Africa only 64% of people living with HIV are aware of their status, and just 51% receive sustained treatment[2]. To improve access, International Treatment Preparedness Coalition West Africa have created Community Treatment Observatories (CTO) to monitor specific problems in health facilities and to advocate for change.

In Benin, CTOs have signaled a 10-month long stock out of reagents for viral load testing. The hospital was swiftly restocked and no stockouts have been reported since. In Côte d'Ivoire, Community Treatment Observatories showed evidence that people living with HIV were sometimes requested to pay user fees to access HIV treatment, which posed an especially high barrier for young and pregnant women living with HIV. As a result, the Ministry of Health in the country took steps to make sure these services can be accessed for free.

These efforts show an important role that communities play — when mobilized, trained, and equipped — to systematically improve access and quality of HIV treatment for patients. The RCF core funding enabled implementation and scale-up of Community Treatment Observatories.

2 UNAIDS Data 2019 (https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf)

Ensuring communities' needs are reflected in regional and global policies

The power of regional and global civil society networks is their ability to connect community needs with policy decision making at the regional or international level. Many RCF grantees engage in advocacy within a state or multilateral donor's program planning or review process to influence access to services for ISPs. More than half of RCF-funded networks used a UN or national program planning process to influence quality of services. These grantees served as "watchdogs", ensuring that resulting guidelines respect ISP rights and care needs.

For instance, Consortium of Networks of People Who Use Drugs engages with the UNODC Civil Society Group on Drug Use and HIV to influence UN guidance to countries on HIV service provision for people who use drugs, while International Treatment Preparedness Coalition used the data of Community Treatment Observatories to influence the conceptualization of HIV services at the UN High-Level Meeting on Universal Health Coverage.

Developing effective advocacy campaigns

Regional and global civil society networks work to influence country-level changes as well. In 2019, 65% of RCF-funded networks developed and implemented strategies or campaigns to advocate for better access to care for ISP. For instance, RCF grantees advocated for protecting continuity of services for ISPs in countries in transition from external donor support, including Mali (Coalition PLUS) and Albania, Bosnia and Herzegovina, Bulgaria and Romania (EHRA/Harm Reduction Consortium). Youth LEAD/Youth Consortium advocated for creating youth-oriented services, including community-led development of strategies for young key populations in Papua New Guinea and Timor Leste.

RCF-funded networks also conduct advocacy actions to mobilize and organize ISP communities to increase demand for services, ensuring advocacy is community-driven.

Community-led monitoring for advocacy

Community-led monitoring is an important part of change. 34 (or 67%) of RCF-funded network have demonstrated how they are laying the groundwork for meaningfully changing the care context by conducting needs or situational assessments; researching access to antiretroviral therapy; raising awareness

about co-infections and comorbidities for people living with HIV; enabling community-led monitoring and assessment of services; and publishing evidence for advocacy.

For instance, Asia Pacific Transgender Network has documented the needs of trans/gender diverse people in their experiences of stigma and discrimination in Fiji, Papua New Guinea and Samoa, while young people in Indonesia and Papua New Guinea used the UPROOT Scorecard to assess progress by countries on issues that affect young people (Youth LEAD/Youth Consortium).

Improving quality of services in sub-Saharan Africa

In Cote d'Ivoire, Eritrea, Ethiopia, Guinea, Malawi, Senegal, and Uganda, African Sex Workers Alliance noted improved quality of services for sex workers after they undertook advocacy campaigns. MPact/SHAG Consortium supported its partners to grow a movement for scaling up self-testing for gay, bisexual and other MSM in Burundi, and for the introduction of community-dispensed antiretrovirals, multi-month prescribing, and pre-exposure prophylaxis scale-up in Tanzania.

ATHENA Network connected and activated community advocates in Botswana, Kenya, Lesotho, Malawi, Namibia, Uganda, Zambia, and Zimbabwe to expand access to and investment in HIV prevention, contraceptives and integrated sexual and reproductive health and rights for adolescent girls and young women from ISPs.

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