



## POLICY BRIEF

# THE GLOBAL FUND SUPPORTS REPRODUCTIVE HEALTH COMMODITY SECURITY



**The Global Fund offers opportunities to strengthen reproductive health commodity security, including RH commodity financing.**

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*There are strong reasons for strengthening linkages between gender, HIV, and sexual and reproductive health when addressing the needs of sexually active men, women, and young people. The vulnerable groups are the same, and they are affected by the same root causes, including sexual violence and inequitable gender relations. Sexual and reproductive health care represents an opportunity to expand HIV prevention and care for women. Similarly, services provided within HIV programs provide a potential platform for sexual and reproductive health care, such as prevention of sexually transmitted infections and family planning.<sup>1</sup>*

The Global Fund has long been encouraging countries to strengthen linkages between disease programs and reproductive health (RH), especially for HIV/AIDS programs. The Global Fund has good reasons for doing so. By linking with reproductive health programs and integrating services, the organization can accelerate program rollout and find new entry points for HIV prevention, care, and treatment. Health experts recognize the need for closer integration between HIV/AIDS and RH as well as the important link between family planning (FP) and successful HIV/AIDS outcomes.

A number of new developments at the Global Fund have implications for efforts to strengthen reproductive health commodity security (RHCS), which is the ability of clients to choose, obtain, and use RH products and services when and where they need them. ***The Global Fund has clearly indicated that it will support countries financing the procurement of RH commodities using its grants, provided linkages are made to disease outcomes—in this case, HIV prevention.***

This briefing paper reviews some of the evidence for integration between RH and HIV programs, highlights new developments at the Global Fund that have implications for efforts to strengthen reproductive

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<sup>1</sup> Global Fund, "Fact Sheet: Ensuring a Gender Sensitive Approach," accessed on April 8, 2008, at [http://www.theglobalfund.org/documents/rounds/8/R8Gender\\_Factsheet\\_en.pdf](http://www.theglobalfund.org/documents/rounds/8/R8Gender_Factsheet_en.pdf).

health commodity security, and provides guidance to reproductive health stakeholders in exploiting these opportunities.

## WHY ARE REPRODUCTIVE HEALTH AND FAMILY PLANNING IMPORTANT FOR HIV/AIDS PROGRAMS?

A growing number of global and national public health leaders agree that supporting increased integration of reproductive health (including FP) and HIV/AIDS prevention, care, and treatment services will significantly contribute toward the goals of both programs. At the United Nations General Assembly Special Session in June 2006, member states declared *“the need to strengthen policy and program linkages and coordination between HIV/AIDS and sexual and reproductive health.”*

Despite a significant increase in donor support for the fight against HIV/AIDS, the rate of new infections continues to outpace many countries' ability to deliver treatment. Today, prevention is beginning to be reemphasized in overall efforts to combat HIV, reinforcing the need for greater linkages with RH services. So how exactly can RH services influence disease outcomes, particularly for HIV?

- RH services provide an entry point for young sexually active men and women into the health-care system. These services provide opportunities for the provision of a range of HIV prevention, care, and treatment, including voluntary counseling and testing, condom promotion, management of sexually transmitted infections, access to male circumcision, and prevention of mother to child transmission (PMTCT) of HIV.
- Condom distribution for HIV prevention can piggy-back onto current public sector condom distribution efforts that primarily target family planning users.
- Family planning is an important and relatively unrecognized tool for preventing HIV transmission.

In addition, clients receiving HIV services need access to comprehensive and quality reproductive health services, including family planning.

In many countries that receive Global Fund financing, RH services are under-funded and inadequate, which undermines both HIV and RH goals.

The role of family planning in HIV prevention needs to be highlighted. Helping HIV positive women avoid an unwanted pregnancy is one of the most cost-effective HIV interventions available. Estimates suggest that adding FP services to PMTCT programs can prevent two times the number of HIV infections and four times the number of child deaths as Nevirapine treatment.<sup>2</sup> Experts at the World Health Organization and Johns Hopkins University also advocate that decreasing HIV transmissions to infants requires not only continued efforts in reducing HIV infections in women and increasing the reach of PMTCT, but also **reducing unintended pregnancy**.<sup>3</sup> Unmet need for contraception is high in Sub-Saharan Africa, which is the region where HIV infection rates are the highest and where challenges in implementing comprehensive PMTCT programs are the most significant. Some experts argue that given the high levels of unmet need for FP and HIV prevalence, as well as the low levels of knowledge of HIV status by those infected, **simply reducing unmet need for all women would go a long way in reducing HIV transmission**.

Given the relatively high failure rates for condoms in preventing unwanted pregnancy and the ability of women to negotiate condom use, it is easy to make a case for supporting all contraceptives and the dual use of both condoms and other contraceptives.

A recent brief by the Guttmacher Institute notes that

*a revitalized and more robust effort focused on HIV prevention cannot afford not to fully capitalize on the critical role of contraceptive services in fighting AIDS...[and, that it is] an opportune*

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<sup>2</sup> Susan Cohen, “Hiding in Plain Sight: The Role of Contraception in Preventing HIV,” *Guttmacher Policy Review* 11, no. 1 (Winter 2008): 2–5.

<sup>3</sup> Michael Sweat, Kevin O'Reilly, George Schmid, Julie Denison, and Isabelle de Zoysa, “Cost-Effectiveness of Nevirapine to Prevent Mother-to-Child HIV Transmission in Eight African Countries,” *AIDS* 18, no. 12 (August 2004): 1661–71.

moment to legitimize contraceptive services as the core HIV prevention intervention they are.<sup>4</sup>

## WHAT IS NEW AT THE GLOBAL FUND?

Continuing emphasis on system strengthening, a new gender focus, and increased emphasis on non-governmental and community-based service provision all offer opportunities to strengthen RHCS with Global Fund financing.

- **Gender Focus.**

*The Board recognizes the importance of addressing gender issues, with a particular focus on the vulnerabilities of women and girls and sexual minorities, in the fight against the three diseases, and more substantially into the Global Fund's policies and operations.*<sup>5</sup>

To specifically address gender issues, the Global Fund has created the post of *Gender Champion* and a new *Gender Unit*, and it will develop an overall *Gender Strategy*. Countries are being asked to focus on gender in their proposals and programs. Clearly, this focus will provide opportunities for closer links between HIV and RH programs and for furthering of RHCS objectives.

Other new policies, beginning with the current Global Fund Round 8 of financing, include the following:

- **Dual-Track Financing.** The Global Fund is recommending the routine inclusion of both government and nongovernmental principal recipients (PRs) in proposals.
- **Community Systems Strengthening.** The Global Fund is asking that proposals include measures to strengthen community systems for service delivery and the organizations providing those services.

Both of those efforts will potentially help strengthen reproductive health, because many civil society and

community-based organizations are already delivering RH and FP services.

In addition, support for **health system strengthening (HSS)** is again being strongly encouraged. Countries can include HSS as a part of their disease-specific proposals or as a separate but complementary cross-cutting section in a disease-specific proposal. HSS is already contributing to RHCS through support for strengthening in-country supply chains.

The Global Fund is demand driven. The countries (country coordinating mechanisms [CCMs], PRs, ministries of health, and others) determine the priorities and the components that are included in their proposals and programs. However, the Global Fund has given enough guidance to indicate that it wants to see more RH/HIV activities in proposals and programs and that countries can procure contraceptives with their Global Fund money—provided the programs they are supporting can make a link between FP and RH and disease outcomes. For instance, at a summit in December 2006 and at subsequent meetings, the Global Fund confirmed that it would finance reproductive health commodities and consider proposals that include planned and costed

## HOW IS THE GLOBAL FUND CURRENTLY SUPPORTING RHCS?

- Many countries are supporting system strengthening efforts, particularly for their supply chains (for example, in logistics management information systems, transport, warehousing, and human resource development). Those efforts can increase availability of RH commodities.
- Some countries are financing condoms, which are then usually made available for FP programs. According to Global Fund data, since 2004, 47 countries have financed the procurement of male condoms and 11 countries have financed the procurement of female condoms using Global Fund grants. For Sub-Saharan Africa, where the need for donated condoms is greatest, 13 countries have financed male condoms and 7 countries have financed female condoms.
- Supposedly, no country is financing the procurement of contraceptives, other than condoms, using Global Fund grants, but the Global Fund has clearly stated that it would support this type of activity.

<sup>4</sup> Cohen, "Hiding in Plain Sight."

<sup>5</sup> "Scaling Up a Gender-Sensitive Response to HIV/AIDS, Tuberculosis, and Malaria by the Global Fund," Decision Point GF/B16/DP26, 16th Board Meeting of the Global Fund, Kunming, China, November 12–13, 2007.

technical support and capacity building for RH programs.<sup>6</sup>

### WHAT CAN RH ADVOCATES DO?

- ✓ Inform stakeholders (CCMs, USAID missions, United Nations Population Fund country offices, social marketing groups, nongovernmental organizations) of the new opportunities for Global Fund financing for RH.
- ✓ Identify advocates for or champions of RHCS in CCMs and PRs. If those bodies do not have an RH representative, lobby for one.
- ✓ Review existing Global Fund proposals to determine if there is scope to advocate for RH commodity procurement. For instance, is provision of FP a component of PMTCT?
- ✓ Include in-country decision makers for Global Fund (for example, members of CCMs, PRs, and National AIDS Councils) in RHCS committees and annual quantification exercises for RH commodities.
- ✓ Provide, if needed, commodity data to partners—particularly, data on the funding and procurement situation for condoms, contraceptives, and other RH commodities. These data can help partners in writing proposals or can provide basic background information for decision making.
- ✓ Advocate for including the commodities in Round 8 proposals, procurement and supply management (PSM) plans, and Global Fund grants, if there are funding gaps for RH commodities in the country. (Note: The Global Fund wants to see that its funding is *additional* and is not *replacing* existing funding sources.)
- ✓ Ensure that consideration is given to other contraceptives in addition to condoms for Global Fund support.
- ✓ Make sure that if Global Fund financing is possible, then it is well coordinated with RHCS com-

mittees and existing RH commodity financing and procurement plans.

- ✓ Make certain that Global Fund financed commodities are made available to all programs and all clients.
- ✓ Take advantage of opportunities to use Global Fund grants for supply chain system strengthening, to ensure that commodities are delivered to the client.

### WHERE CAN I FIND OUT MORE?

- For details about Round 8 Call for Proposals, including fact sheets on gender and other new policies, visit <http://www.theglobalfund.org/en/apply/call8/>.
- For guidelines on how to integrate RH into HIV/AIDS proposals, visit <http://aidsalliance.3cdn.net/ebe8657456c6f186b37tm6iio1b.pdf>.
- For a comprehensive review of the rationale and opportunities for greater integration between RH and HIV/AIDS and malaria, visit [http://www.interactworldwide.org/objs/1168875845-global\\_fund\\_srh\\_integration\\_final.pdf](http://www.interactworldwide.org/objs/1168875845-global_fund_srh_integration_final.pdf).
- For justification for integrating FP with HIV prevention, visit <http://www.guttmacher.org/pubs/gpr/11/1/gpr110102.html>.

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<sup>6</sup> Chris Allison, "Report of the Advocacy Summit on the Global Fund Round 7: Integration of Sexual and Reproductive Health into the HIV and Malaria Components Proposals," UNAIDS, Geneva, December 4–6, 2006.

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