

Supporting community action on AIDS in developing countries



Linking sexual and reproductive health and rights with the HIV response – how civil society in Mongolia mobilised Global Fund resources to take action

Mongolia has maintained low HIV prevalence in its population as a whole, but key populations that are particularly vulnerable to or affected by HIV (people living with HIV, men who have sex with men, sex workers and people who use drugs) are disproportionately affected by the epidemic. A key way of tackling this has been to integrate sexual and reproductive health and rights (SRHR) with the HIV response.

Using the example of Mongolia's successful Round 7 proposal, this briefing shows that resources can be successfully mobilised to support integrated approaches that link sexual and reproductive health and rights and HIV, from the Global Fund to Fight AIDS, TB and Malaria. Civil society played a key role in making this happen – in particular, the National AIDS Foundation (NAF), the linking organisation of the International HIV/AIDS Alliance in Mongolia.

Why link HIV and sexual and reproductive health and rights?

Linking sexual and reproductive health and HIV-related services is key to achieving universal access to HIV prevention, treatment, care and support, as well as to reproductive health. Linkages increase the relevance, scale and cost-effectiveness of community-based programmes and their impact on SRHR and HIV outcomes.

Through its policy and programming work, the Alliance supports the vital and diverse roles that civil society plays in scaling up HIV/SRHR integration as a provider of services, community mobiliser, advocate, and national decision-maker. Key lessons from the Alliance's experience have shaped its approach, with a focus on engaging communities, reducing vulnerability, enhancing services and rights for key populations, and maximising the roles of SRHR and HIV communities in addressing stigma and discrimination.

HIV and sexual and reproductive health and rights in Mongolia

HIV prevalence among Mongolia's population of 3 million is less than 0.1%. However, this general low prevalence masks the disproportionate impact of the epidemic on the country's key populations: 88% of male cases of HIV are among men who have sex with men (MSM), and 60% of cases affecting women are among female sex workers (FSWs). This scenario is particularly fuelled by a legal and social framework that criminalises sex work and discriminates against MSM.

Meanwhile, there is an urgent need to address sexual and reproductive health needs, both among the general population and in particular among key populations, with syphilis rates in urban areas at 22% among MSM and 17.4% among female sex workers.

Global Fund Round 7 – the story in Mongolia

The involvement of civil society in the response to HIV is critical. The government just cannot reach certain groups of the population as well as civil society can. Civil society needs to be strengthened to carry out these activities.

Representative, National AIDS Committee, Mongolia



The Global Fund was established to increase dramatically resources to fight three of the world's most devastating diseases: HIV, TB and malaria. It allocates funding each year through a round of calls for country proposals. The Global Fund has always supported approaches that integrate SRHR and HIV within national proposals, provided that the impact on HIV outcomes can be demonstrated, but it has now published its explicit support for SRHR/HIV integration as an important entry point for the HIV response¹.

In 2002 and 2005, Mongolia had presented successful proposals to the Global Fund, gaining a total of US\$10.7 million towards its national response to HIV.

In December 2006, representatives of the Mongolian National AIDS Foundation, along with other members of civil society, attended a three-day international advocacy summit in Geneva. Mongolian participants were given the information and tools they needed to advocate for an integrated proposal to be submitted to the Global Fund. In particular, they learned more about the full scope of interventions that the Global Fund supported, and the requirements for civil society involvement in developing and implementing proposals.

This helped overcome the challenges experienced in previous years, when national stakeholders provided civil society with misinformation, which impinged on their funding application.

In January 2007, NAF and other civil society representatives began discussions with the Country Coordinating Mechanism (CCM) in Mongolia, emphasising the need for a submission to Round 7 later that year. The representatives identified the need to link HIV and SRHR as a key strategy for the country's achievement of universal access to HIV prevention, treatment, care and support. Based on their analysis of stakeholders, they predicted strong support for integration.

The representatives also identified the proposal development process as an opportunity to improve the functioning of the CCM itself. The rationale was that broad-based support for an agenda driven by civil society could also increase support for the sector more generally, opening the door to important discussions around the Mechanism's membership, processes and transparency.

¹ The Global Fund to Fight AIDS, TB and Malaria (2008), 'Annex 3: areas of support' in guidelines for proposals – round 8. Geneva: Global Fund.



What the final Round 7 proposal included

Mongolia's final proposal for Round 7 was for US\$2.9 million. It focused on scaling up universal access to HIV prevention, treatment, care and support for vulnerable populations, and strengthening the health sector. Its components included:

- **Controlling sexually transmitted infections (STIs)**

Emphasising how HIV/SRHR integration would decrease syphilis and limit its amplification of the HIV epidemic. Funds would support syphilis control through antenatal care services from the Ministry of Health, with the aim of decreasing the absolute number of congenital syphilis cases, and syphilis prevalence among pregnant women from 2.2% to 1.2%.

- **Providing targeted interventions for MSM and FSWs**

Increasing access to comprehensive support through linking services, particularly: integrating STI treatment and counselling, voluntary counselling and testing (VCT), distribution of family planning kits and reproductive health supplies (including condoms), and referrals with mobile services, peer education, support groups and 'safe space' meeting centres.

- **Strengthening health systems**

Civil society facilitating referrals for outreach and peer education and MSM and FSWs to formal health services. Involving local health providers would increase their capacity to deliver SRHR services, particularly to key populations.

- **Strengthening community systems**

Focusing on initiatives to meet the needs of MSM and FSWs, with an emphasis on strengthening community systems and groups to scale up integrated services.

- **Addressing the political and legal context**

Strengthening systems to create a more enabling environment through advocacy with local decision-makers and law enforcement agencies, as well as national policy-makers. With the involvement of the national Human Rights Commission, policy and advocacy work would include documenting human rights violations of FSWs and MSM, and a review of existing legislation.

Improving civil society engagement

Within Mongolia's 15 years of post-communist democracy, civil society is a relatively new concept. The country presents a challenging environment for the sector to operate within – particularly in terms of actively promoting its role in governance and service delivery. There have been and continue to be some tensions within the CCM about civil society involvement and conflicts of interest.

In the past, HIV negative people were talking about people living with HIV, but now we are talking about ourselves – and now even the government is showing respect for positive people. We are changing things step by step.

Representative of Positive Life, national organisation of people living with HIV

Positive change:

- **Enhancing involvement of civil society in the CCM**
In January 2007 – due to focused advocacy from civil society, commitment from other stakeholders and the Global Fund's own minimum requirements – the CCM reviewed its membership and, as a result, increased civil society representation to 66.3%. The civil society seats were allocated to the Network of AIDS Service Organisations and Reproductive Health NGO Network, demonstrating a strong future commitment to linkages.
- **Better relations among stakeholders**
The Mechanism now benefits from better relations among stakeholders, due to more transparent selection processes and seat allocation.
- **Resources supporting civil society engagement**
Global Fund resources to strengthen community systems have reinforced the capacity and structures of local civil society organisations to engage.

Continuing challenges:

- **Lack of resources**
Civil society still experiences insufficient resources to systematically and strategically strengthen its members, and to engage in shaping policy. The Round 7 agenda includes strengthening community systems, but the resources are felt to be thinly spread across activities, rather than targeted at supporting longer-term organisational sustainability.
- **Lack of understanding about the impact and potential of civil society engagement**
In theory, most stakeholders are supportive of the sector's role – but in practice, groups report a lack of meaningful involvement on the ground. Stakeholders are aware of the requirements for engagement, but actual levels of commitment and investment are based on preconceptions – for example, often leading to preferential treatment of international non-governmental organisations (NGOs) over local players, as their transparency and credibility are not questioned as rigorously.



Indicators of scale up

The proposals included the following outcome indicators over the five years covered by the resources:

- An increase in sex workers who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, from 30% to 60%
- An increase of MSM who not only correctly identify ways of preventing the sexual transmission of HIV but also reject major misconceptions about HIV transmission, from 23% to 50%
- A decrease in the absolute number of congenital syphilis cases
- A decrease in syphilis prevalence among pregnant women, from 2.2% to 1.2%
- Maintenance of 100% coverage of people living with advanced HIV infection receiving antiretroviral treatment.

What the proposal achieved

- US\$2.9 million for integrated SRHR/HIV programmes that could significantly help to prevent new HIV infections and maintain the country's low prevalence. The funding is now provided through an integrated mechanism rather than separate, parallel channels.
- A comprehensive range of SRHR and HIV interventions particularly benefit key populations, including family planning services for FSWs, action to address stigma by health service providers against MSM, and advocacy to address discriminatory legislation.
- Increased access to services and quality of life for community members. For example, groups receiving support from NAF have identified improved police attitudes towards FSWs, and increased awareness of rights has helped FSWs play an active role in reducing the levels of abuse and discrimination they face.
- Increased engagement of civil society in the national proposal development and policy-making process of the sector's role and contribution, and increased understanding among some key stakeholders.

About Mongolia's National AIDS Foundation



Since its conception in 1997, NAF, a linking organisation of the International HIV/AIDS Alliance, has provided technical and financial support to more than 65 NGOs and community organisations. Within Mongolia's national response to HIV, NAF is considered unique in its emphasis on community mobilisation and key populations.

As a member of Mongolia's CCM, and through its involvement in developing the Global Fund Round 7 proposal, NAF played a key role in securing the new focus on SRHR/HIV integration.

Although NAF had already been integrating SRHR and HIV in its programming and policy work for some time, as a sub-recipient of the Global Fund it is now able to significantly increase its support to community implementation of integrated services. It had to make internal adjustments to increase its own human resource capacity to meet the increased demands of scale up.

Sex workers accessing formal health services often experience harassment and have to fear reporting to the authorities, due to the illegal nature of their work. The community-based services allow sex workers to lead healthy lives, without fearing discrimination, fines or arrest.

Representative of a NAF-supported community group

NAF's work is characterised by:

■ Community engagement to improve the SRHR of FSWs

In particular, NAF responds to the stigma and discrimination faced by FSWs in public health services by enabling groups of sex workers to provide services themselves, and by increasing their awareness of their human rights.

■ Strengthening community system to scale up community-based SRHR and HIV integration

NAF has been a consistent source of technical assistance to local NGOs, offering a wide range of HIV prevention and SRHR services through community-based approaches and outreach.

■ Community responses that strengthen the formal health system

NAF's activities are critical to strengthening the formal health system and increasing its coverage, through community-based responses such as mobile clinic services in rural areas.

■ Advocating for the SRH rights of affected communities

NAF engages in national-level advocacy – in particular, to promote the human rights of those most vulnerable to and affected by HIV. This has included action for the amendment of the Law on HIV/AIDS Prevention (1993), which violated the rights of people living with HIV – for example, by prohibiting women living with HIV from having children.

■ Advocating for the human rights of sex workers

NAF is playing a leading role in bringing together key partners for the development of joint advocacy to address human rights violations, discrimination and violence experienced by sex workers. These have a direct impact on the SRHR of FSWs – for example, by impeding their access to services due to the risk of arrest and violence by law enforcement officials.

Lessons learned



The development of the Round 7 proposal for the Global Fund in Mongolia led to a number of important lessons, as follows:

- 1** The Global Fund can provide an opportunity to secure significant resources for integrated SRHR and HIV approaches, where impact on the HIV epidemic can be demonstrated.
- 2** Civil society has vital and diverse roles in scaling up SRHR/HIV integration, through service provision, community mobilisation, advocacy and national decision-making.
- 3** If civil society is to fully and effectively engage in national policy-making and advocacy processes, it needs financial and technical resources to build the full range of capacities and systems.
- 4** There is a vital need for civil society to access independent sources of information. Resources such as the guidance on minimum requirements for the functioning of CCMs are powerful supportive tools, presenting official frameworks, and challenging long-held perceptions.
- 5** Any approach to increase SRHR/HIV integration needs to be strategic and comprehensive – for example, in ensuring that resources are assigned for building the capacity and sustainability of community groups, including SRHR organisations.

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Photographs

Civil society involvement supported by NAF in Mongolia,
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A global partnership:
International HIV/AIDS Alliance
Supporting community action on AIDS in developing countries

Who is the International HIV/AIDS Alliance?

Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally-based organisations working to support community action on AIDS in developing countries. These national partners help local community groups and other non-governmental organisations (NGOs) to take action on AIDS, and are supported by technical expertise, policy work and fundraising carried out across the Alliance. In addition, the Alliance has extensive regional programmes, representative offices in the USA and Brussels, and works on a range of international activities such as support for South–South cooperation, operations research, training and good practice development, as well as policy analysis and advocacy.

Our mission is to support communities to reduce the spread of HIV and meet the challenges of AIDS. To date we have provided support to organisations from more than 40 developing countries for over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.

For more information on the work of the Alliance please visit our website at www.aidsalliance.org

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