



Key Populations and the Global Fund: Delivering Key Results
– Case Studies, Interviews and Quotes (Supplementary Report)

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Interviews



Anton Basenko, Alliance, Ukraine

“The Global Fund is nothing short of a miracle for injecting drug users (IDU) in Ukraine. Before the Fund began supporting work in 2004, there was a lack of services and prevalence among IDU stood at 41% (30% among recent IDU). With a rapid increase of needle exchange and opioid substitution therapy throughout the country, prevalence has dropped to 21% and even lower (3.7%) among recent IDU. The Global Fund even supports our organization to continue providing support of life-saving services and vital treatment to the annexed areas in our country (Crimea) and territories where the war conflict is ongoing (Donbas region).

It is not just the financial support that is important to us. Community systems strengthening activities were enhanced through Global Fund grants and contributed to building community leadership and capacity to support a sustainable response to HIV. According to the new strategy 2017-2022, the Global Fund committed to support our activism to protect the rights of people who use drugs, which will allow it to argue on our behalf at the highest levels. Anything less than a fully funded Global Fund will put our progress at jeopardy and all our gains may be lost.”

Anton Basenko is Senior Program Officer for the Alliance for Public Health (Ukraine). Alliance is a principle recipient for Global Fund programs focusing on support to provision of prevention and treatment services among people who use drugs and other key and vulnerable populations.



Kene Esom South Africa, AMSHeR, South Africa

“Over the past few years, especially since the implementation of the Global Fund’s NFM, AMSHeR has been working with its members to ensure effective civil society engagement within country processes and to demand accountability and transparency in the process. So much has been achieved, but a lot more needs to be done. It is, however, important to note that for 90-90-90 to be achieved, there needs to be commitment by all stakeholders. The Global Fund represents a fraction of the total health investment in most countries; until the same level of civil society engagement, transparency, and accountability is practiced across the board, these global goals will remain elusive.

In April 2016, member states excluded a number of organizations from participating in the United Nations High Level Meeting on HIV/AIDS (HLM), mostly those representing key populations, including AMSHeR. Excluding organizations representing key

populations from a space discussing political commitments to end AIDS not only sends the wrong signal, but questions the commitment of stakeholders to end AIDS and is worthy of reprehension.”

Kene Esom is the Executive Director of African Men for Sexual Health and Rights (AMSHer), a coalition of 18 LGBT/MSM-led organizations across sub-Saharan Africa.



Peninah Mwangi, BHESP, Kenya

“The Global Fund has gone beyond a simple HIV response to a comprehensive program that seeks to protect life in all its complexity. As a sex worker, HIV prevention and care is always an issue, but it’s not the only one: I listen and respond better when a program recognizes and empowers me to respond to other fears including violence, police arrests, and stigma. The NFM has been sensitive to sex workers’ needs beyond a biomedical response.

The Global Fund has empowered communities. The implication of trusting and directly supporting communities to run a program as sub-recipients is huge. “Owning the epidemic” has been taken literally, with positive response. We plan, strategize, and invent at a community level to ensure that we achieve our targets and impact our communities.

The Global Fund has a unique approach that is yielding results. For communities, this program has been our bridge to government. We have used this fund to pilot unique approaches that our governments are now taking over – a case in point is the needle and syringe program. Our government in Kenya has chipped in to provide guidelines and other resources towards this program.”

Peninah Mwangi is the Director of the Bar Hostess Empowerment and Support Programme (BHESP), which represents sex workers in Kenya, and is a CCM member.



John Kimani, KeNPUD, Kenya

“KeNPUD is a network that was founded 2012 to advocate for the human rights of PWID. With funding as a sub-recipient of the Global Fund, we have been able to initiate programming to mobilize drug users to participate in research, data collection, policy developing, and monitoring of quality and appropriateness of services. These interventions, along with OST and harm reduction programs in Mombasa, Nairobi, and Western Kenya, have helped to avert an escalation of HIV incidence among PWID. Community systems strengthening provided through the grants has helped us to build sustainable networks, which are able to represent the voices of PWID at local, regional,

and global forums. Prior to receiving support from the Global Fund, our communities were ignored, but now we are at the table with evidence on the importance of including PWID in the HIV response in Kenya.

We also participate in an eight country regional grant funded by the Global Fund to support the advancement of HIV and harm reduction policies and strategic information generation in Eastern Africa. The Global Fund is unique in having the vision to support all-important regional advocacy and collaboration.”

John Kimani is the Executive Director of the Kenyan Network of People who Use Drugs (KeNPUD). His organization was founded in 2012 to advocate for the human rights of people who use drugs.



EriKa Castellanos, CNET+, Belize

“Ending the epidemics today is not only a biomedical and financial challenge, but it is also a social, political, and human rights issue. Having the Global Fund in Belize has meant that the voices of key populations are being taken into account through the Belize CCM. This platform allows debate for the first time of some of the drivers of the epidemic including Belize’s “sodomy law” (Section 53, Criminal Code) and discrimination against transgender people, men who have sex with men, and sex workers.

We value the Global Fund support, but fear that when the Global Fund funding comes to an end civil society – and particularly key populations – will be left behind with the inevitable consequence that the epidemics will rebound. We count on the Global Fund to make sure transitions are done in a way that leaves no one behind so we can maintain the gains and save lives.”

EriKa Castellanos is the Executive Director of the Collaborative Network for Persons Living with HIV (CNET+) – Belize, which provides psychosocial support, peer education, and activities to fight stigma and discrimination.



Phelister Abdalla, KESWA, Kenya

“In our experience, governments have not always listened to issues and concerns of key populations in Kenya. However, recently there has been some progress thanks to the Global Fund. KESWA and other representatives of key populations were invited to participate in the country dialogue process to develop the new grant for Kenya. We elected a key populations representative to the Kenya CCM who brings our issues to the table and reports back to our groups regularly. Probably the most important recent support was the

training on how communities can influence Global Fund priorities and funding decisions. The training, supported by funding from the Robert Carr civil society Networks Fund led us to write to the Kenya's Global Fund Portfolio Manager and establish a constructive dialogue on our concerns. For the first time, we were asked to provide our views on priority human rights programming that is most valuable to our communities.

While progress has been made, the Global Fund needs to move closer to our communities. Funding projects run by key population-led organizations directly will be more effective and sustainable in the long run.”

Phelister Abdalla is the Country Coordinator for the Kenya Sex Workers Alliance (KESWA), a strategic representative for Global Network of Sex Work Projects (NSWP) and is on the board of the Global Network of People Living with HIV (GNP+). She is an active sex worker who has been living with HIV for 11 years.



Edo Agustian and Suhendro Sugiharto, PKNI, Indonesian

“Global Fund funding has allowed PKNI to support programming focusing on PWID in Indonesia. In addition to harm reduction programming in 75 centers, PKNI is also able to offer a suite of human rights interventions such as paralegal support for PWID, research on stigma, and programming to address legal barriers to accessing services. The Global Fund is unique in calling for and supporting innovative human rights initiatives.

Many of the former donor countries in Indonesia have stopped funding projects, which has reduced the funding available for key and vulnerable populations. Given these reductions, the Global Fund's support is even more critical. PWID would be left behind and gains made so far will be undermined if the Global Fund leaves and this programming is not transitioned adequately.

As much as the funding from the Global Fund is appreciated, too much of the money goes to cover management fees by principle recipients. Funding groups closer to the ground would be more sustainable and allow for greater coverage across the country. The better the replenishment, the more money will be available to continue this essential work.”

Edo Agustian and Suhendro Sugiharto (Ebbe) work for the Indonesian Drug Users' Network (PKNI), which is a sub-recipient of a Global Fund grant to Spiritia Foundation.



Vama Jele, Swaziland Migrant Mineworkers Association, Swaziland

“Without Global Fund support, we will be doomed by the diseases. My constituency has been affected by TB, HIV/TB and HIV as a migrant population. Between country of origin and the host country, the Global Fund is uniquely able to fund cross-border solutions.

The Global Fund is supporting regional responses on TB in the mining sector that use systems with innovations on controlling TB in the Southern African Development Community member states. Further, it has supported human resources development in Africa.

Most of governments' health budget cannot meet the current demands for well-being and health services. We TB constituencies are keen to see continuing support from the Global Fund while, on the other side, Africa must be innovative to find means of raising resources from within.”

Vama Jele is the Executive Secretary for the Swaziland Migrant Mineworkers Association, which is made up of member organizations of community based organizations of migrant mine workers, ex-migrant mine workers, and their families and communities.



Abdulai Abubakarr Sesay, CISMAT-SL, Sierra Leone

“In Sierra Leone we have succeeded in bringing together 15 organizations working in malaria, TB and HIV to advocate jointly for the rights of key affected populations. Our voices are stronger together through the Consortium to Advance the Rights of Key Affected Populations (CARKAP). This cross-sectorial collaboration began with a countrywide consultation supported by the Stop TB Partnership.

One example of the success due to our lobbying has been the agreement by the national TB program to stamp out stigma and discrimination and guarantee the rights of everyone to access treatment and care. MSM have been particularly vulnerable to discrimination and poor quality care in health centers, which is one reason they are reluctant to come forward and suffer and die needlessly.

We also continue to advocate for expanding the reach of programming. It's estimated that only one quarter of our population can access basic TB diagnosis and care, which leaves 5 million people with nothing. More support from the Global Fund is needed to fill the gap and expand services.

We participated actively in the country dialogue for the Global Fund grants to Sierra Leone but we have been disappointed that many of the activities we recommended that target communities and key populations did not make it into the budget and the grant agreement. While some community outreach is supported we feel strongly that it needs to expand significantly and more comprehensively to include children and prisoners.”

Abdulai Abubakarr Sesay is a TB survivor, Executive Director of Civil Society Movement Against Tuberculosis-Sierra Leone (CISMAT-SL) and the TB representative on the Sierra Leone CCM. The organization promotes the involvement of civil society groups in TB campaigns to increase advocacy the prevention, early diagnosis, and treatment of TB in Sierra Leone.



Moises Uamusse, AMIMO, Mozambique

“Global Fund grants support critical capacity building for stakeholders to deliver services to the communities as well as empowering key population constituencies for social mobilization to ensure access to those services.

The Global Fund has played an important role in influencing policies at national and regional levels through advocacy promoted by vulnerable groups who are fully represented by different constituencies. This way, the Global Fund has impact beyond epidemic control, also empowering vulnerable voices, building capacity and ultimately improving services.”

Moises Uamusse is the President and one of the founders of the Association of Mozambican Miners (AMIMO). AMIMO supports the re-integration of mineworkers into their communities and aims to influence policy changes regarding miners’ and families’ health and access to social assistance.



Mac-Darling Cobbinah, CEPEHRG, Ghana

“Most governments in West Africa are unwilling to acknowledge and provide services to MSM due to punitive laws and societal stigma. Governments do not directly support programs targeting MSM; this means that the only source of support for them and other key populations is through the Global Fund and this support is saving a lot of lives. The country dialogue process has put human rights on the agenda. The process has forced our health authorities to look at the evidence and acknowledge that supporting programming geared to MSM and other key populations is essential in ending the HIV epidemic.

Challenges remain including strengthening the capacity of key populations-led groups and organizations to advocate for their rights. It will take a lot to change the attitudes and laws that entrench homophobia and stigma, but the Global Fund is a crucial partner in the struggle in Ghana and elsewhere when it comes to delivering friendly health services for MSM and other key population groups.”

Mac-Darling Cobbinah is the Executive/National Director for the Centre for Popular Education and Human Rights, Ghana (CEPEHRG), an LGBT/MSM organization that addresses the sexual and reproductive health and rights needs of gay, lesbian, bisexual and transgender people.



Ibrahim Umoru, Hygeia, Nigeria

“Many PLHIV in Nigeria owe their lives to Global Fund. It is only at Global Fund-supported facilities, for example, that PLHIV are not made to pay for services.

We have also benefited from the emphasis on transparency and accountability achieved through the Global Fund’s Office of the Inspector General. This oversight mechanism means that money granted to Nigeria will be spent where it’s needed. And, in the long run, the willingness-to-pay policy encourages the government of Nigeria to devote more and more of its own resources to the fighting the three diseases so we will have a sustainable response.

Nigeria ranks 10th among the 22 high-burden TB countries in the world and 4th in Africa. I work for Hygeia Foundation, which is a sub recipient to Global Fund. Our goal is to ensure that the strong community engagement in the HIV response is replicated in TB programming. As a member of the CCM, I have been pushing for greater TB and HIV integration and have had some success. We also participated actively in the country dialogue process and were very happy that the process forced a dialogue with the government about key populations and finally MSM are featuring in the programming priorities.”

Ibrahim Umoru has been living with living positively with HIV for over 15 years. He is the National Secretary of African Civil Society for the Treatment, Care and Support of TB Patients in Nigeria (ACT! Nigeria) and works for Hygeia Foundation as the Community Services Manager. As a sub recipient to the Global Fund, Hygeia supports TB and HIV integrated care in 15 secondary health facilities and 75 Primary Health Centers in three states.



Maziabi Salum, TaNPUD, Malawi

International Treatment Preparedness Coalition (ITPC) and AIDS & Rights Alliance for Southern Africa (ARASA) offer a key populations financing project in Malawi, Tanzania, and Botswana. Partners in each of the three countries implement activities to equip key population leaders with the tools, skills, and capacity to apply for and manage funding through the Global Fund and President’s Emergency Plan for AIDS Relief (PEPFAR). The project is supported through a grant from the Global Fund managed by the Robert Carr civil society Networks Fund.

Maziabi Salum, who is a former PWID and beneficiary of the training reports that the program helped to boost the confidence of key population groups to request funds for support and services they need. Maziabi notes that, “When you reflect on my past from using drugs in the streets and you compare it to my current position as a key populations representative at the Global Fund platforms I feel like I have gone from zero to hero because when I was on the streets I was hopeless but now I am member of the CCM voicing the issues of people who use drugs.” (See video at https://www.youtube.com/watch?v=EUkBKoxw_nM)

Maziabi Salum is former drug user and a founding member of the Tanzanian Network of People who Use Drugs (TaNPUD), launched in 2013.

Quotes



“The Global Fund cannot end the epidemics in isolation; we will only be successful if we embrace partnerships with community leaders among gender, human rights, and key population organizations and networks. A fully funded replenishment will allow us to continue and strengthen our engagement with the true heroes in the fight.”

Mark Dybul is the executive Director of the Global Fund to fight AIDS, TB and Malaria



“Tuberculosis has a disproportionate impact on poor and vulnerable communities. The Global Fund puts these communities at the center of the TB response. We will never end the TB epidemic without engaging key and vulnerable populations and the best way to get there is through a successful Global Fund replenishment of at least \$13 billion.”

Lucica Ditiu is the Executive Director of the Stop TB Partnership



“The world is facing an immediate need for increased financing to tackle the HIV epidemic. Front-loading of investments over the next 2-3 years is essential if we are to get on the Fast-Track to ending the AIDS epidemic as a public health threat by 2030”, said Michel Sidibé, Executive Director, UNAIDS. “Our primary goal is fully funding the AIDS response in the Fast-Track period and beyond. We must not abandon any person or group, wherever they live. Reaching those most affected must be the hallmark of our approach, and this means adequate global resources to ensure key populations benefit from significantly scaled up services, in all countries. A fully funded Global Fund will be critical to achieving this goal”.

Michel Sidibe is the Executive Director of UNAIDS, the Joint United Nations Programme on HIV/AIDS



“The return on investment in the AIDS response is high, however the consequence of inaction will be severe. Without scaled up engagement with key and vulnerable populations, we will face the threat of a resurgent epidemic and drug resistant strains that we cannot treat. A fully funded Global Fund will be essential to staying on track.”

“Support for interventions aimed at high-risk populations in many middle-income countries comes mostly from the Global Fund because stigma and discrimination has stood in the way of national authorities being willing to fund these programs. Without the Global Fund as a fall back, these communities will be left behind.”

Peter Piot was Executive Director of UNAIDS 1995-2008. He is a Professor of Global Health at the London School of Hygiene and Tropical Medicine and Health and chair of the UNAIDS–Lancet Commission on Defeating AIDS – Advancing Global Health.

Case Studies



Raks Thai Foundation and APCASO Malaria initiatives

In the Greater Mekong Subregion (GMS), the groups most vulnerable to malaria are mobile and migrant workers who travel to work in plantations and forests in the region. Due to the fact that these workers are often undocumented, they are reluctant to seek medical attention for fear of drawing attention to themselves with the local authorities and risking deportation. As a local NGO sensitive to the needs of vulnerable groups, Raks Thai provides trusted support to men and women at risk of malaria due to their working conditions. The foundation is a sub-recipient of the Global Fund grant in Thailand and a partner in the multi-country Regional Artemisinin-resistance Initiative (RAI). They work with local volunteers to link migrants to health services in the border areas. In the areas where they work, they report a decrease in malaria cases and a higher level of cure due to following patients through their full drug regime.

Shree Acharya, Raks Thai program officer, reports that without the Global Fund support these migrants would just die and all the gains in controlling artemisinin-resistant malaria would be lost. Reaching out to key populations to improve their access to malaria care is a sound investment. Without this targeted

support, artemisinin resistance strains will migrate to other parts of the world and control efforts will be much more costly.

The response to malaria in the region involves policy and advocacy work as well. The Asia Pacific Coalition of AIDS Service Organisations (APCASO) a regional communications and collaboration hub in the Asia-Pacific, supported the development of the first civil society platform on malaria. The GMS Malaria CSO Platform was established to facilitate experience sharing and collaborations amongst civil society and community implementing partners of RAI. RAI is a \$100-million regional Global Fund-funded program to support activities aimed to avert the spread of artemisinin resistance and accelerate elimination of *P. falciparum* malaria in the GMS.

APCASO also facilitates access for four civil society representatives as observers to the annual Asia Pacific Leaders Malaria Alliance (APLMA) Senior Officials' Meeting held in Bangkok. This is the first step on a path to ensuring civil society is integrated into country and regional plans and can be supported by governments to continue to fulfill the important and unique role that they play.

Raks Thai Foundation is a CARE International affiliate based in Bangkok that actively serves migrants from Lao PDR, Cambodia, Myanmar, and Vietnam.

APCASO brings together country and regional key population networks in the Asia-Pacific region to support joint advocacy and policy development. They host the Global Fund-supported Regional Communication and Coordination Platform for the Asia-Pacific region and GFAN Asia Pacific.



Engaging a Hard-To-Reach Population Affected by Malaria, Suriname¹

The development of Suriname's concept note offers a good example of how to engage a hard-to-reach population affected by malaria.

Migrant gold miners, the vast majority from Brazil, work in the border region of the Dutch-speaking Latin American country. A knowledge, practices, and attitudes study was conducted, focusing on these hard-to-reach workers as well as treatment providers. A technical agency disease adviser, who could communicate in Portuguese with the mineworkers, facilitated their engagement. With workshops, surveys, and interviews, the study ultimately identified key challenges facing the region. A final report then helped guide the development of the concept note.

In addition, the CCM proactively engaged a range of groups in the mining areas to gain insight into the activities of the miners, as well as to form partnerships for grant implementation. Active groups, such as Brazilian churches and shopkeepers working

in the region, provided a forum to discuss malaria control and will participate in the implementation of the grant.

Additional efforts to increase cooperation with the countries bordering the mining region were also described in the concept note. Discussions related to engaging with neighboring countries are ongoing, demonstrating a commitment to continue inclusive country dialogue throughout the grant.

In addition, Suriname has committed additional resources from its domestic budget to provide HIV, TB, and malaria services at a health clinic in Lawa Tabiki, an important mining area. The clinic will lead malaria control in the area using an approach of integrated primary care for mobile and vulnerable populations. Funding for this work is part of Suriname's willingness-to-pay commitment and a good example of how the Global Fund has been able to leverage for key and vulnerable populations from domestic budgets.



Increasing Local Government Support for Malaria Programming, Zambiaⁱⁱ

Until 2012, earmarked government contributions to the malaria program were limited to the allocation of operating expenses of the National Malaria Control Centre. The introduction of a budget line for procurement of malaria drugs and commodities resulted in a dramatic increase in government contributions to the malaria program from around \$0.4 million in 2012 to \$26 million in 2014, with the

government's share of total malaria spending increasing from under 1% to the current level of about 40%.

As was observed in Zambia, once these specific budgets are established, commitments are generally expected to increase incrementally over time, improving the sustainability of the programs.



Strategic Litigation, Botswanaⁱⁱⁱ

In a recent court victory, the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) and the Southern Africa Litigation Centre (SALC) successfully challenged the government of Botswana's policy of refusing HIV treatment to non-citizen prisoners. BONELA is a Global Fund sub-recipient, leading Botswana's work on removing legal and human rights barriers to access. SALC is a sub-recipient of a regional Global Fund grant (which includes Botswana) and focuses entirely on removing barriers to accessing treatment and prevention services for HIV in Africa.

With the previous policy, citizen prisoners in Botswana were entitled to free HIV treatment but non-citizens were not. While 87% of people in Botswana who know their HIV status are currently taking ART – very close to the 90-90-90 target – foreign prisoners make up more than 14% of Botswana's prison population and cannot be left behind.

As a result of BONELA's strategic litigation alongside two foreign prisoners and with the support of SALC, on 22 August 2014, the High Court in Gaborone ruled that denying

treatment to foreign prisoners living with HIV violated their constitutional rights. On 26 August 2015, the Botswana Court of Appeal dismissed an appeal against that decision. Removing legal barriers to treatment access is

vitaly important if we are to reach the 90-90-90 targets. Global Fund investment to remove legal barriers to access has been essential for advocacy and human rights groups in Africa to begin tearing down these barriers.



Reducing Malaria Risk for Pregnant Women, Ethiopia

The impact of malaria is disproportionately felt by women (particularly pregnant women) and children, who are already at the greatest risk of contracting malaria in both high and low endemic areas for both biological and social reasons. For example, pregnant women in malaria-endemic areas have an up to 50% higher risk of infection during pregnancy compared with non-pregnant women. Malaria in pregnancy is also a significant contributor to maternal and neonatal mortality. It is a major cause of anemia in pregnant women, which contributes to maternal death at delivery due to hemorrhage, and causes stillbirths, preterm birth, and low birth weight increasing the risk of neonatal death.

Despite increasing numbers of women in malaria-affected regions attending antenatal clinic (ANC) services at least once during their pregnancy, delivery of malaria prevention and treatment modalities via ANC services remains low and, in some countries, has been falling. Global Fund-supported programs are helping to address these challenges. In Ethiopia, for example, a program on integrated training for 32,000 health extension workers has resulted in significant improvements in maternal and child services. There has been an increase of 57% of pregnant women with at least one antenatal visit and a 70% reduction in malaria incidence. Reduced funding will negatively affect the delivery of malaria in pregnancy interventions, reversing the gains made in improvements in maternal, newborn, and infant health.



An Inclusive and Participatory Country Dialogue, Costa Rica

The HIV concept note from Costa Rica offers a good example of how interventions under the removing legal barriers module can be designed and included as a comprehensive package to ensure historically marginalized key populations access Global Fund-supported programs. An inclusive and participatory country dialogue process – in which representatives of key populations actively participated – led to a clear human rights situational analysis. The analysis identified human rights and other structural barriers that hamper the access to services by MSM, transgender women and undocumented migrants who are most affected by HIV in the country.

The concept note addressed these challenges through interventions that aim to comprehensively assess the legal and policy context that affect access to services by key populations, to raise awareness on human rights, legal instruments, and available human rights support in country, and to support communities to monitor and document human rights violations and engage in human rights advocacy. In addition, the country dialogue process opened up the discussion on the right to access health care by undocumented migrants who are MSM or transgender women. This process has been catalytic in moving towards the free provision of HIV services to these highly affected communities in the country.



Affirmative Action, Cameroon

In Cameroon, the HIV prevalence is 4.3% among the general population and 16% for sex workers, and 37.2% for MSM. Despite these alarming figures, no specific action at

the national level had been taken towards key populations. The Global Fund has improved the fight against HIV in Cameroon by putting considerable emphasis on key populations.

Indeed, the Global Fund Round 10 HIV program (2011-2015) and the New Funding Model (2016-2017) allowed a review of the National HIV/AIDS Strategic Plan (2011-2014 and 2014-2017) and to identify MSM, sex workers and their customers, and PWID as key populations. Also, the country dialogue on the development of a TB/HIV concept note included transgender people among key populations and allocated a substantial budget for the implementation of prevention activities with key populations. Ten percent of the total grant budget has been allocated to key populations, an amount equal to €10,330,568 for 2016 and 2017.

Global Fund support is not confined only to the implementation of activities related to HIV, but also contributes to the enhancement of civil society and community expertise. As part of the Round 10 HIV grant in 2011, for the first time, a civil society organization - Cameroon National Planning Association for Family Welfare (CAMNAFAW) - was selected as the principal recipient of the HIV prevention grant. More than 40 community-based organizations (CSO) were strengthened and mentored through the grant. This is the case of my organization, Affirmative Action, which was chosen as a sub sub-recipient in 2010 and sub-recipient in 2016.

With the new grant CSOs in Cameroon will be able to distribute ARVs in their community. For this, community systems will be strengthened in its complementary position and as an alternative to the health system for a better impact in the HIV/AIDS response. This is also done through decentralization and tasks delegation in the supply of screening at the community level in order to bring services closer to the beneficiaries and gradually de-medicalize the HIV screening test.

In addition, the issue of human rights is part of Global Fund interventions through capacity building of justice and security service providers in order to create a favorable environment for MSM, sex workers and transgender people.

The Global Fund has encouraged the country to develop an accelerated plan for ART in Cameroon with the aim is to double by 2018 the number of people on ARVs (145,038 to 334,332).

Finally, the Global Fund has enabled the emergence and visibility of LGBT and sex worker organizations in a context marked by homophobia. Between 2016 and 2017, 12 MSM and 23 sex worker CSOs will work as sub sub-recipients for the Global Fund grants in Cameroon. This will contribute to the structural development of these organizations which have never received institutional support from government. Affirmative Action has been chosen as the sub-recipient under CAMNAFAW (principal recipient) to implement MSM interventions. The LGBT community is honored because this is the first time in Cameroon that a LGBT organization will manage a national project, especially in a restrictive social context. This would not have been possible without the clear interest of the Global Fund to see beneficiaries and key populations at the heart of the response.

In a context of sustainability of interventions, promotion of civil society and community expertise through Global Fund grants appears to be genuine alternatives to complement the public sector interventions.

Serge Douomong Yotta is the Executive Director of Affirmative Action Cameroon, established by a group of youths to promote the sexual and reproductive health and rights of marginalized social groups.

Notes

ⁱ Funding model case studies: Windows 1-8. Produced by Access to Funding in conjunction with CRG, TAP, SI and country teams.

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.

^{iv} Ibid.



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