



ROBERT CARR FUND

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CIVIL SOCIETY AND HIV COMMUNITY NETWORKS

Protecting Those Most
At-Risk in Middle-
Income Countries



The majority of people living with or at greatest risk for HIV now live in middle-income countries (MICs). And, that number will only rise in the future as countries transition – or ‘graduate’ – from low-income status. However, in addition to the steady decline in external funding for HIV services in upper-middle income countries, such funding is now also being withdrawn across the entire middle-income spectrum.

Levels of domestic HIV funding have increased substantially in some MICs, including several with large HIV burdens such as South Africa, Brazil and China. Yet the achievement of middle-income status masks some serious challenges. Already, three out of four poor people in the world live in MICs. Some countries struggle to allocate substantially larger domestic resources for HIV and other development priorities. Others, meanwhile, have chosen not to fund or implement evidence-based HIV responses, even if they have sufficient resources. In either situation, **the most vulnerable are members of inadequately served populations (ISPs)**, such as people who use drugs, men who have sex with men (MSM), sex workers, prisoners, migrants and transgender people.

MIDDLE INCOME COUNTRIES REQUIRE STRONG GLOBAL, REGIONAL AND NATIONAL HIV COMMUNITY NETWORKS BECAUSE:

- An estimated 70% of the world’s poor people live in middle income countries (MICs).
- Most – perhaps two-thirds – of people living with HIV already live in MICs.
- MICs are home to concentrated HIV epidemics of key populations, including people who use drugs, sex workers, and men who have sex with men.
- Civil society is fragile and under threat in many MICs. Under-resourced and diminished HIV community networks find it difficult to advocate and serve their constituents and partner groups.

HIV epidemics continue to grow, often rapidly, in many MICs – especially in countries that are home to concentrated epidemics among ISPs. Successful development of sustainable responses, therefore, can only be achieved when ISPs have consistent, comprehensive and equitable access to HIV prevention, treatment, care and support services. Civil society plays a key role in both ensuring that such services are available and in providing those services.

Targeted funding for civil society advocacy in MICs: the RCNF advantage

The RCNF targets resources to global and regional HIV community networks that, in turn, support national- and local-level community networks and groups.

At all levels – global, regional, national and local – these networks are a main source of community-driven advocacy that prioritizes the needs and rights of ISPs, ensuring high quality and equitable services. These networks also serve to build demand for and provide ISPs with HIV health and social services.

Through their advocacy and service delivery efforts before, during and after their countries' transition to middle-income status, national-level networks and organizations hold governments to account for responsible transitioning. These networks have critical roles to play in **supporting and monitoring resource mobilization** and service delivery approaches that benefit all ISPs.

Developments in three places with concentrated epidemics underscore the need for community networks in MICs to have strong and sustainable capacity. India and Ukraine are both populous countries that are viewed as bellwethers in their respective regions. Latin America, meanwhile, is a large and growing region where all countries are now considered to be on the overall middle-income spectrum.

In **Ukraine**, civil society has had a major impact in curbing the growth of the country's epidemic. Community groups developed, implemented and expanded peer outreach efforts reaching around two-thirds of the estimated 300,000 people who inject drugs in Ukraine. As a result, the HIV epidemic has begun to retreat. RCNF funding has been instrumental in allowing networks to support such activities.

Jamaica: An estimated one in three MSM in Jamaica is living with HIV. However, only around 5% of the country's MSM have access to HIV programmes. Reaching MSM in Jamaica is hindered by persistent discrimination and violence. Prison terms of up to 10 years for male-male sexual activity are commonplace. Historically, the national and local governments have rarely prioritized MSM in their HIV responses or dedicated more than token resources for interventions targeting them.

Ukraine: The national HIV prevention budget was slashed by nearly 75% in 2014. Harm reduction services for people who use drugs as well as targeted services for other ISPs face massive cuts in funding.

Vietnam: The government cut its budget for HIV programmes by more than 50% between 2013 and 2014. The trend threatens to reverse successful efforts to avert new HIV infections through harm reduction services supported over the years by external donors that are now reducing HIV funding.

India is home to more than two million people living with HIV – the third highest number in the world. The national government recently reduced its direct budget contribution to HIV programming and services, claiming (in part) that state governments would fill the gap. Local networks greatly fear the consequences of this decision and are seeking to reverse it as they monitor state government investment levels. Through grants global and regional community networks, the RCNF is already supporting some of this urgently needed advocacy work.

Latin America has often been underserved in the global HIV arena because epidemics in the region are relatively small compared with many other parts of the world. Yet those epidemics are far from insignificant among those they disproportionately affect, such as gay men, MSM, and transgender women. Fewer than half of those eligible for HIV treatment in many Latin America countries (e.g., Colombia and Bolivia) are receiving it. Civil society networks in the region, many of which have been supported by the RCNF, are leading and expanding efforts to increase treatment access.

Support for the RCNF and its grantees is an essential strategy if donors expect a responsible and effective transition of funding support away from MICs. The examples below highlight how RCNF funding is tackling some of the biggest obstacles to ISPs in MICs.

CHALLENGE: DISPROPORTIONATE BARRIERS FOR MEMBERS OF KEY POPULATIONS

MSM in most MICs in Latin America and the Caribbean and in Eastern Europe and Central Asia struggle to overcome institutionalized stigma and discrimination as they try and access health care.

- **Response:** With RCNF funding, the **Global Forum on MSM and HIV (MSMGF)** supports regional partners in each region. The Association for Integral Health and Citizenship in Latin America and the Caribbean (ASICAL) expanded its advocacy capacity by doubling its membership to 24 organisations. And, the Eurasian Coalition on Male Health (ECOM) attained legal registration, appointed a board, mobilized a regional advisory group, and hired management and communications staff.

CHALLENGE: REDUCED EXTERNAL HIV FUNDING FOR MICs COULD SET BACK EFFORTS TO SCALE UP HIV SERVICES TO MEET HIV TARGETS

- **Response:** The **International Treatment Preparedness Coalition (ITPC)** used RCNF resources to increase treatment literacy among community activists and country-level networks of people living with HIV around the world. It provided onward granting to its nine regional networks as well as a small grants programme benefitting 34 community-based organisations, many of them in MICs. These partners implemented a range of policy activities, such as: training activists in treatment literacy (Honduras); researching the status of drug procurement (Russia); monitoring drug stock-outs (West Africa); and implementing a Pills Check project among people living with HIV and health workers (East Africa).

CHALLENGE: DOMESTIC POLICY DECISIONS IN SEVERAL MICs HAVE MADE THE SITUATION WORSE FOR PEOPLE LIVING WITH HIV AND ISPS

In Russia, laws and policies restrict access to vital HIV prevention and treatment services for people who use drugs.

- **Response:** The **Eurasian Harm Reduction Network (EHRN)**, a regional network of harm reduction programmes and groups of people who use drugs, used RCNF funding to launch campaigns for national and regional funding for harm reduction services. Such efforts are crucial since resource mobilization for harm reduction has been increasingly difficult, with an over-reliance on the Global Fund and limited resource provision by state or municipal sources. Overall, the RCNF grant has served as a springboard for more and better advocacy on sustainable funding – a theme that has been adopted as the advocacy focus for EHRN's Regional Global Fund Project.



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