

Funding Priorities of Civil Society and Communities Most Affected by HIV and Tuberculosis, Global Fund 2024-2026

CCM Meeting

Vientiane Capital, 17 May 2023

Outline

- + Annex 1
- + CSOs' top priorities (1-6) for HANSA 2 PAD
- + Discussion and feed-backs from CHAS and NTC

A workshop was arranged with CSOs, funded by L'Initiative France, to prioritise the existing recommendations from 3 sources

Annex 1:

Funding Priorities of Civil Society and Communities Most Affected by HIV and Tuberculosis

Initial publication date (S. Singh, 2023): 31 July 2022

Prioritised recommendations¹ publication date: first draft 05.05.2023

This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, even if these are not prioritized in the final funding request submitted to the Global Fund.² This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with **maximum 20 items** may be submitted.

Country	People's Democratic Republic of Lao		
Component(s) ³	HIV and TB		
Civil Society Representative(s)	CHIAs, APL+, ADPWL and PEDAs ⁴		
Description of recommended intervention and expected impact or outcome ⁵	Activity included in the final funding request submitted to the Global Fund	Activity included in the final PAAR submitted to the Global Fund	Additional comments
1. In order to increase access to key population in high burden and hot spot areas for HIV, STIs and TB (in core affected provinces) establish a comprehensive community-based testing and treatment site as a "one-stop shop", a Friendly Community Health Service (FCHS), to address all the program needs of MSM, TG and sex workers. This may include provision of testing, index testing, PrEP for the most at risk and ART for PLHIV and family planning. These centres could also provide	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	Two recommendations were combined from two sources, as they both recommend the same concept. The combined version offers more comprehensive services as requested by the CSOs.

Top priority

- + In high burden areas for HIV, STIs and TB, establish a comprehensive community-based testing and treatment site as a “one-stop shop”, a Friendly Community Health Service (FCHS), to address all the program needs of MSM, TG, sex workers and their partners.**
 - Centres e.g. can provide testing, index testing, PrEP for the most at risk and ART for PLHIV, family planning, and TB screening.
 - Centres can provide outreach for areas that are hard to access.

Priority 2

- + **A joint care model for CSO outreach/field officer and nurse led outreach services, to provide sample collection (HIV, STI, and TB) and confirmatory testing:**
- + CSO field officers, be trained to conduct HIV community- based testing among TB patients / community-based TB sample collection among HIV patients and service linkage.
- + Improve health staff's and outreach staff's skills on providing counselling to gain informed consent prior to testing (and separately for HIV and TB).
- + Health Staff and outreach to have clear pathways for referral to HIV or TB treatment and support services.
- + NTC to provide/arrange sputum collection training for CSO staff.

Priority 3

- + Scale up HIV testing modalities to include greater focus on community self-testing, Index testing, especially for partners of female sex workers, transgender women and gay men to improve reach of at-risk populations.**

Priority 4

- + **Develop a comprehensive integrated package of services for outreach for TB and HIV including prevention and raising awareness, testing and sample collection and case management.**
- + **It is recommended that CSOs to create this package in collaboration with NTC and CHAS.**
- + Diversify TB specimen collection beyond the health centre i.e., via lay provider (CSO staff).
- + Comprehensive Case Management model to include adherence to treatment, community based MMD, mental health and counselling support including harm reduction and referral for auxiliary services; maternal and child health, nutrition, gender-based violence, sexual and reproductive health etc.

Priority 5 and 6

- + **Community-led research** to gain a greater insight into the **economical, physical and time** barriers associated with accessing government primary health centres.
- + **Community-Led Monitoring (CLM)** to improve service quality, efficiency and accountability.

Thank you!

Bibliography

- + The Global Fund (2022). Evaluation of Global Fund Investments through the Health and Nutrition Services Access Project. Evaluation report (Draft for discussion).
- + S. Singh (2023). Health and Nutrition Services Access Project (HANSA). Understanding the Impact of HANSA (Phase 1) in Delivering HIV and TB Services to Key Populations and Exploring Opportunities for Scale Up and Further Investment. Report for circulation.
- + The Global Fund, IQVIA (2023). HIV Service Delivery for Key Populations in Lao PDR: A Situational Assessment based on Fieldwork in Five Laotian Provinces.