

Improving the quality of Global Fund applications and prioritisation of HIV prevention

The effect of a peer-learning network



SOUTH TO SOUTH LEARNING NETWORK
The HIV Prevention Interchange

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BACKGROUND

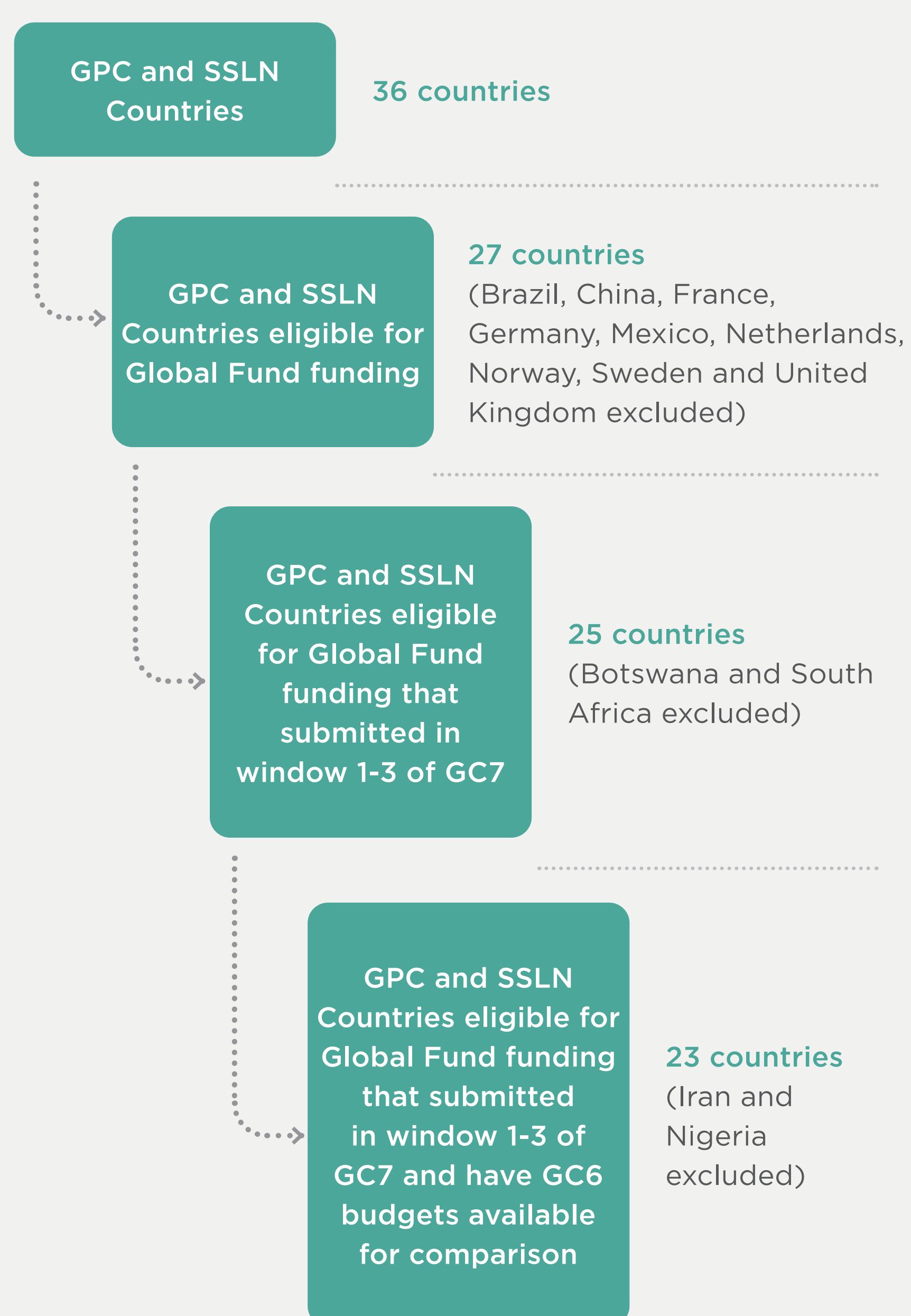
To achieve the global targets, spending on HIV primary prevention must increase from \$5.2 billion in 2019 to \$9.5 billion by 2025 – or 33% of HIV resource needs. In Grant Cycle 7 (2023-2025), the Global Fund will invest \$6.5 billion in HIV programmes worldwide. The prioritisation of HIV prevention in these grants is critical.

The South to South HIV Prevention Learning Network (SSLN), a Global HIV Prevention Coalition (GPC) initiative was founded to support countries to strengthen HIV prevention programmes. Of the 36 GPC countries SSLN currently supports 15 in Africa.

SSLN aims to enhance prevention programmes by fostering shared learning and best practices among countries, including strengthening Global Fund (GF) applications.

We assessed the effect of SSLN on the prioritisation of HIV prevention, comparing budgets and alignment to normative guidance in GF applications.

Figure 1: Step-wise Application of Study Inclusion Criteria



CONCLUSION

Countries prioritised more funding for HIV prevention in GC7 than in GC6, though resources remain inadequate. Alignment to normative guidance also improved. SSLN countries demonstrated stronger HIV prevention requests than non-SSLN countries on a number of markers.

This analysis demonstrates a positive effect of a peer-learning network on funding applications. Participation in peer-learning networks may help strengthen budget allocations and programme quality.

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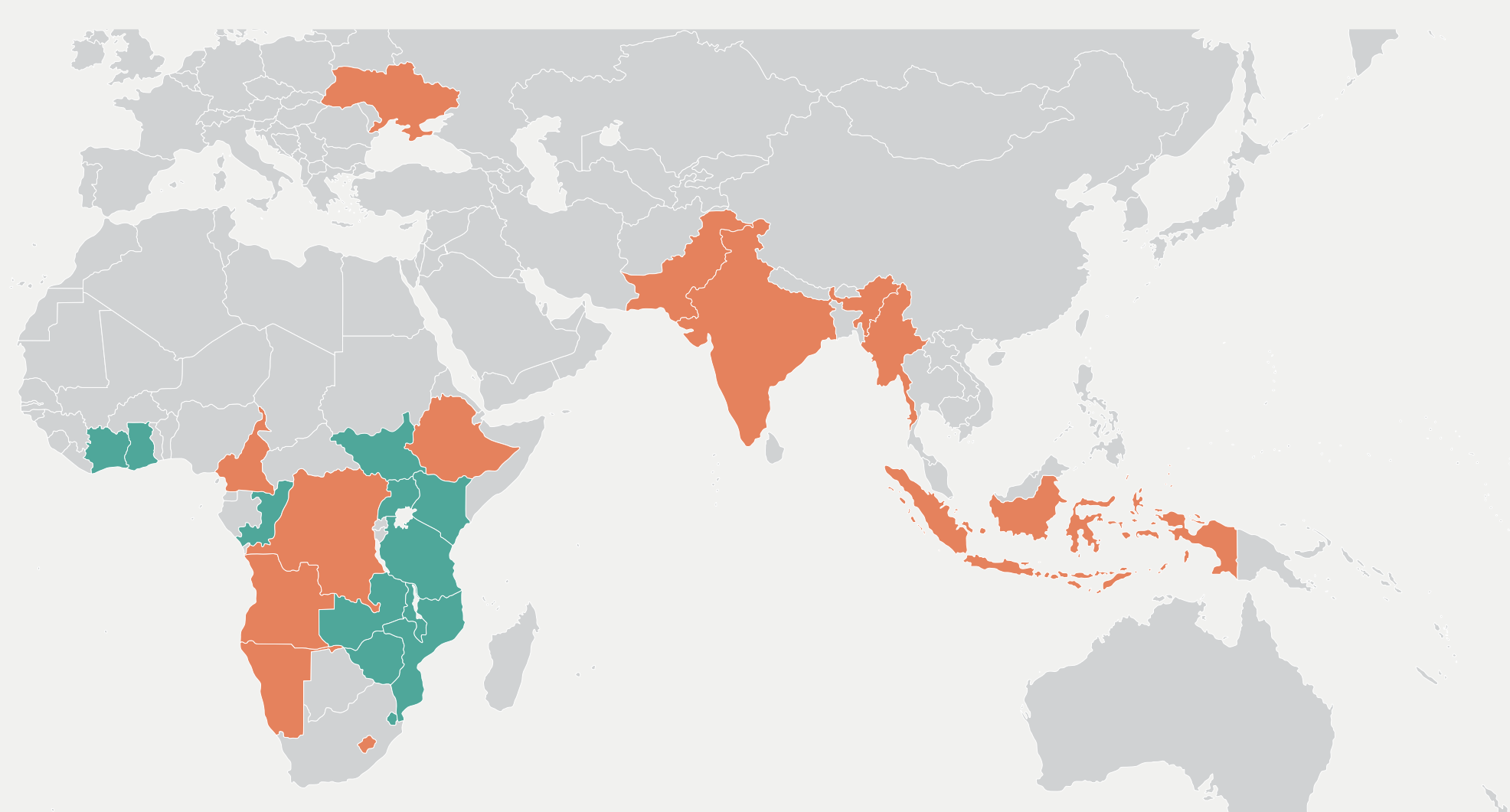


METHODS

Among 36 GPC countries eligible for GF funding, 23 (12 SSLN and 11 non-SSLN countries) submitted in windows 1-3 of GC7 (Figure 2).

To assess the impact of SSLN we undertook a desk based comparative quantitative and qualitative analysis by country and cluster, SSLN vs. non-SSLN. We examined whether HIV prevention budgets increased, whether prevention prioritisation and alignment to global normative guidance (quality) improved in GC7 requests compared to GC6. Seven quality indicators were selected, covering the five prevention pillars as well as prevention coverage targets (Table 1). Data was sourced from the GF data explorer.

Figure 2: Countries included in the Review



Non-SSLN Countries (n=11)	SSLN Countries (n=12)
Angola	Congo
Cameroon	Côte d'Ivoire
Democratic Republic of Congo	Eswatini
Ethiopia	Ghana
India	Kenya
Indonesia	Malawi
Lesotho	Mozambique
Myanmar	South Sudan
Namibia	Tanzania
Pakistan	Uganda
Ukraine	Zambia
	Zimbabwe

Table 1: Criteria Assessed in the Quality Review of Funding Requests

Criteria	Relevant Normative Guidance
* Articulate a differentiated approach to HIV prevention among adolescent girls and young women based on national or sub-national incidence levels and/or behavioural risk factors?	2020 and 2023 UNAIDS AGYW Decision-Making Aide
* Prioritise the identification and linkage to HIV prevention services for male sexual partners of adolescent girls and young women, including voluntary medical male circumcision.	2020 and 2023 Global Fund AGYW Technical Brief
Articulate a gender-differentiated approach to HIV prevention among specific key populations, e.g., women who use drugs, transgender sex workers, female prisoners, etc.	2016 and 2022 WHO Consolidated Key Population Guidelines
Articulate an age-differentiated approach to HIV prevention among key populations.	2016 and 2022 WHO Consolidated Key Population Guidelines
Articulate a significant role for community-based organisations – especially those working with key populations – in PrEP roll-out.	2016 ARV/PrEP guidelines and 2021 consolidated guidelines on HIV prevention
Prioritise funding for male condoms, female condoms and lubricants for all priority populations.	Global Fund HIV Information Notes in 2019 and 2022
Align to globally-agreed targets on HIV prevention programme coverage (e.g. 90% coverage for GC6 requests, 95% coverage for GC7 requests)?	2016 and 2021 UN Political Declarations on HIV and AIDS

* Criteria 1 and 2 were only applied for countries with AGYW epidemics.

RESULTS

Across the 23 countries studied, there was a \$57,234,423 increase in HIV prevention funding requests in GC7 compared to GC6, increasing the proportion of HIV prevention funding from 13.4% of total HIV allocations in GC6 to 14.8% in GC7.

SSLN countries increased the total amount requested for HIV prevention by 11.6% in GC7, compared to 8.3% among non-SSLN countries. SSLN countries also increased the proportion of funding requested for prevention in GC7 by 12.3%, compared to 6.7% among non-SSLN countries.

Quality of HIV prevention requests improved from 44% in GC6 to 64% in GC7. SSLN- compared to non-SSLN countries had higher quality HIV prevention requests in both GC6 (quality scores: 48% vs. 40%) and GC7 (quality scores: 69% vs. 59%), Table 3. Additionally, SSLN countries were more likely to set ambitious prevention targets that align to global goals (50% vs. 27%)

Table 2: Better quality HIV prevention components for Global Fund funding requests for SSLN countries than non-SSLN GPC countries

	Average GC6 Quality Score	Average GC7 Quality Score
SOUTH TO SOUTH LEARNING NETWORK The HIV Prevention Interchange	48%	69%
GPC Global HIV Prevention Coalition	40%	59%

Figure 3: Total amount (USD) requested for HIV Prevention Interventions in a sample of 12 SSLN and 11 non-SSLN countries, by Grant Cycle

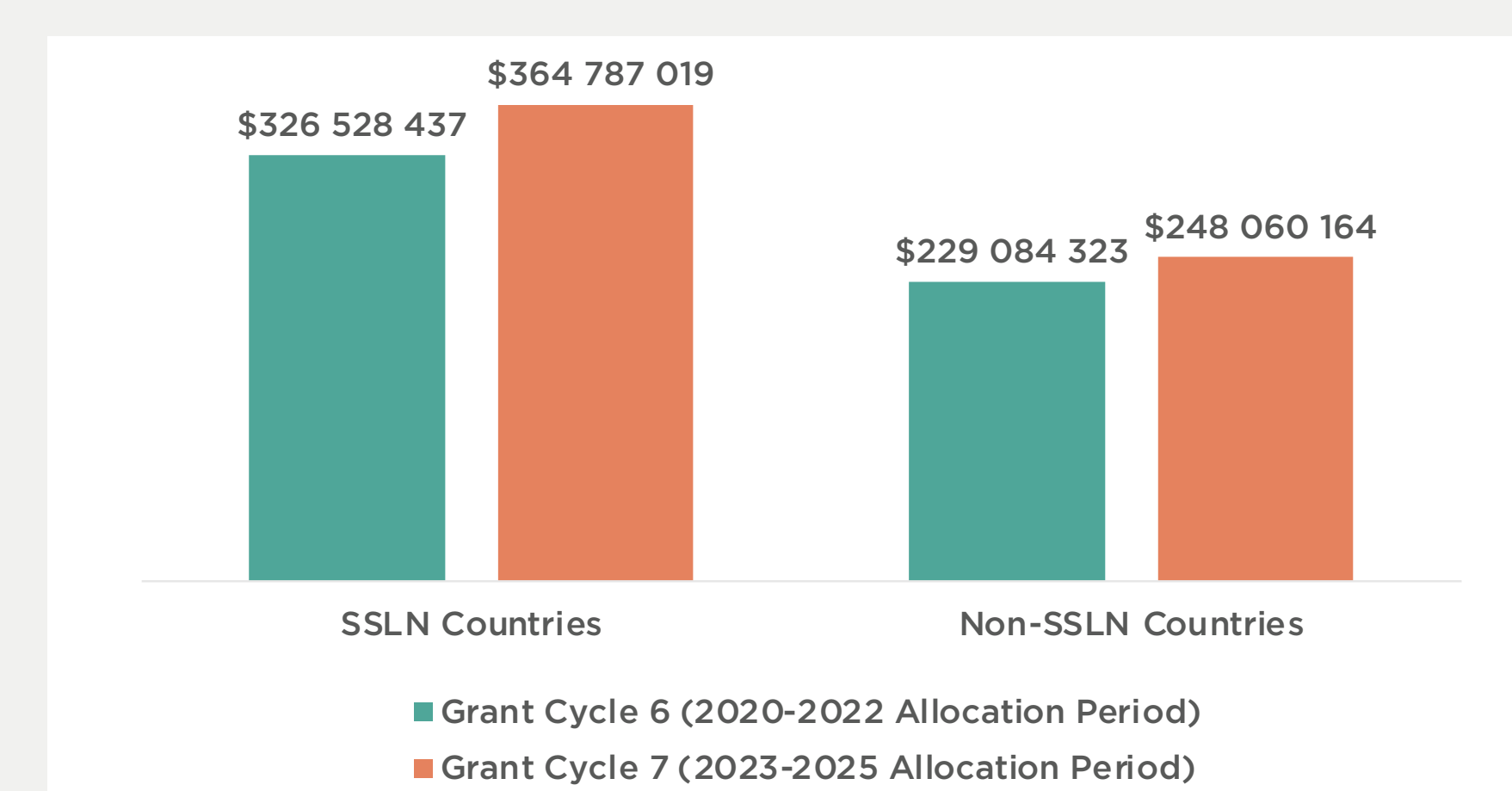
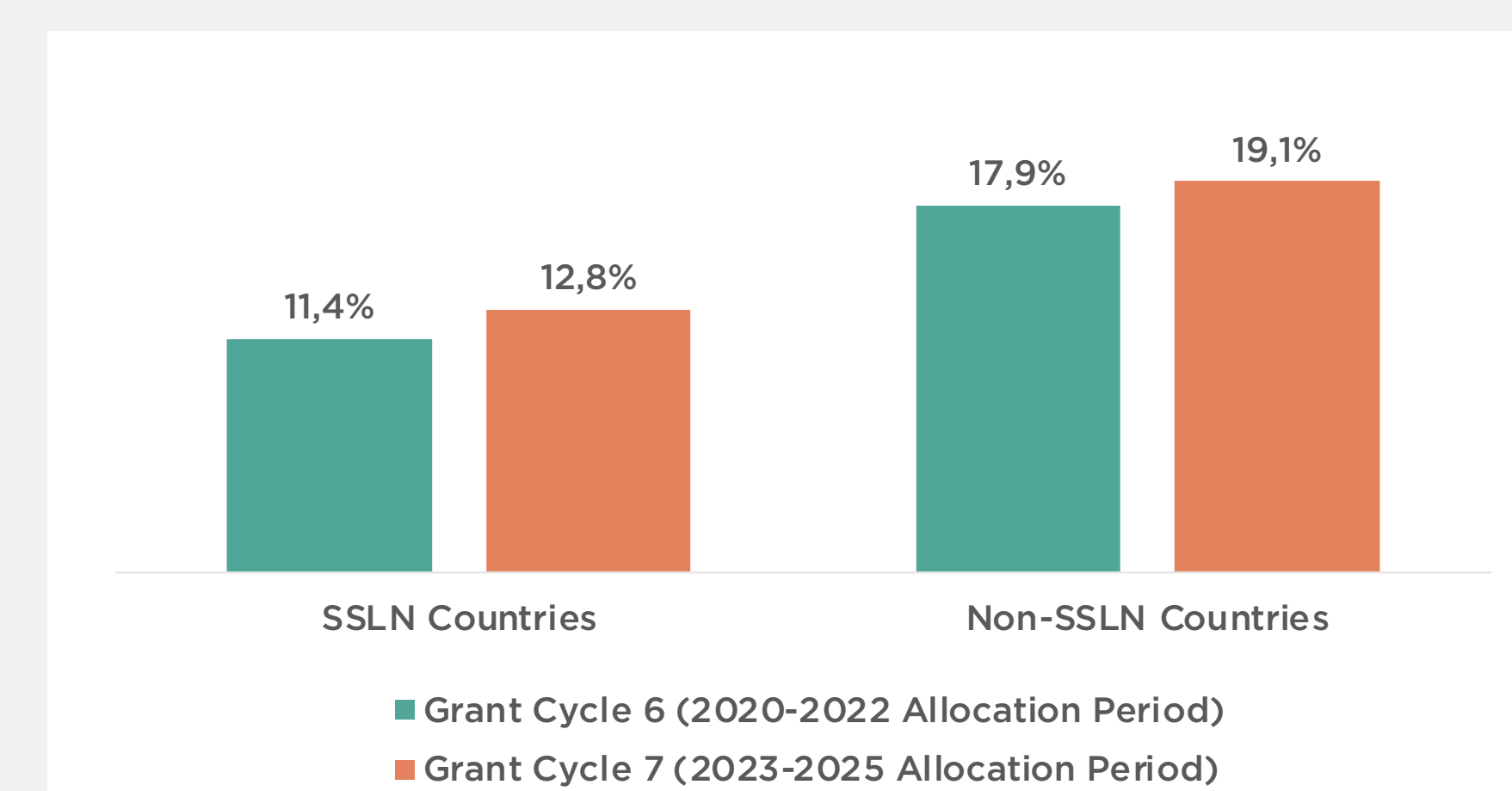


Figure 4: Proportion of funding requested for HIV Prevention Interventions (out of total HIV allocation including matching funds) in a sample of 12 SSLN and 11 non-SSLN countries, by Grant Cycle



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