

Regional Concept Note Review and Recommendation Form

SECTION 1: Overview				
1.1 Applicant Information				
Applicant Name	RCM Mesoamerica			
Applicant Type	Regional Coordinating Mechanism (RCM)			
Component	HIV			
Expected Program Start and End Date	01 January 2017 to 31 December 2019	Expected grant implementation period	3 years	
Principal Recipient(s)	HIVOS			
Eligibility Information: Countries included in the regional application				
Country	Income Category*	Disease Burden*	Eligibility*	Focus of application*
Belize	UMI	High	Eligible	100%
Guatemala	Upper-LMI	High	Eligible	50%
Honduras	Lower-LMI	High	Eligible	50%
El Salvador	Upper-LMI	High	Eligible	50%
Nicaragua	Lower-LMI	High	Eligible	50%
Costa Rica	UMI	High	Eligible	100%
Panama	UMI	High	Eligible	100%
Maximum Funding Amount as communicated by the Global Fund after review of Expression of Interest (Eoi)			US\$ 3,982,415	

* According to the [Global Fund Eligibility List 2014](#)

1.2 Applicant Funding Request		
	Funding Request Within Maximum Funding Amount (US\$)	Funding Request Above Maximum Funding Amount (US\$)**
Year 1:	\$ 1,419,578	0
Year 2:	\$ 1,246,931	0
Year 3:	\$ 1,315,906	0
Years 1-3 Totals	\$ 3,982,415	0

** Additional to the funding request within the maximum funding amount.

SECTION 2: Funding Recommendation		
2.1 TRP Funding Recommendation Summary		
Not Quality Demand and Not Recommended for Funding	Recommended Funding Amount (US\$)	Above Maximum Amount Quality Demand (US\$)
		Not applicable

TRP Assessment and Recommendations

Date of TRP Review	20 March 2016
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SECTION 3: Concept Note Overview
3.1 Overall Aim of the Regional Funding Request
<p>The overall objective of the proposal is to sustainably improve access to the delivery of comprehensive HIV prevention and care services among mobile and migrant populations in Central America, with the following specific objectives:</p> <ol style="list-style-type: none"> 1. Improve the policy and regulatory frameworks in the region and ensure their compliance, in order to facilitate access to and delivery of comprehensive HIV services, free from stigma and discrimination, for mobile and migrant populations. 2. Eliminate barriers to access to delivery of comprehensive HIV prevention and care services for mobile and migrant populations, through regional coordination processes, between sectors and countries. 3. Ensure the availability and use of strategic information for political decision-making and for HIV service planning for migrant and mobile populations.

SECTION 4: Rationale for TRP Funding Recommendation
4.1 Overall TRP Assessment of Funding Request
<p><i>The TRP's assessment of the quality of the concept note based on core review criteria: (i) strategic focus and potential for impact; (ii) regional value-added; (iii) whether the request addresses key populations issues for highest impact, and (iv) feasibility.</i></p>
<p>The TRP notes that although the goal of the proposal has merit in addressing the issues of migrants in the regional context as was presented at the Eol stage, the concept note did not demonstrate potential for high impact on the HIV epidemic in this region, as the general population of migrants is not a major driver of the HIV epidemic. While there are sufficient arguments that migrants face barriers in access to health and social services and face human rights violations overall, the concept note did not respond well to the main concerns raised by the TRP and Secretariat at the Eol stage underlining the need for a tailored approach applied to different subgroups of migrants. Moreover, an additional effort would have been needed to articulate how subgroups of migrants (such as men who have sex with men and transgender women) are at a disadvantage in accessing the continuum of HIV services in different countries in the region in a low-level concentrated HIV epidemic setting. The proposed choice of interventions seems to serve better removing barriers to access to overall health services of the general population of migrants, and singling out HIV would shift the focus to an unnecessary narrow scope.</p> <p>Strengths</p> <ul style="list-style-type: none"> • Compared to the situation analysis at the Eol, the concept note has significantly developed a comprehensive situation analysis of the mobility and migration patterns and has provided details on the different types of migrants. In addition, it made a good overview of the key drivers of the HIV epidemic in

the region.

- This concept note provides an opportunity to gather strategic health information, both epidemiological and behavioral of mobile and migrant populations in Central America, and in particular the situation of HIV/AIDS among these populations.
- The concept note has identified the need of high-level advocacy for the protection of migrants living with HIV and dissemination of information on treatment and assistance in HIV/AIDS for migrant populations in the region.
- The concept note has a potential for regional value for advocacy and standardization of legislation and regulatory frameworks.

Weaknesses

- The concept note is not completely aligned with the TRP and Secretariat recommendations at the EoI stage. The concept note did not provide differentiation of approaches to different patterns and types of migrants, an effort needed to articulate how in a low-level concentrated HIV epidemic setting, subgroups of migrants such as men who have sex with men and transgender women are at a disadvantage in accessing the continuum of HIV services in different countries in the region. Although the concept note presents sufficient arguments that migrants face barriers in access to health and social services and face human rights violations overall, the general population of migrants is not likely to be a major driver of the HIV epidemic in this region.
- The concept note provides limited evidence of potential impact of proposed interventions on HIV morbidity, mortality, incidence in the region considering the low prevalence of HIV in the general population of less than 1% in region and the absence of data showing higher prevalence of HIV in migrants.
- The concept note has provided some details on the past experience in implementing a similar grant, but did not provide sufficient arguments that previous grant has had any significant results beyond achieving process-based targets. It did not appropriately use the lessons learned to inform the repeated effort and the chain of results between how the policy and regulation focus would translate into tangible and measurable improvements for migrants.
- Given that access to HIV service is only one out of a long array of health access issues for the identified group, the narrow focus of the concept note on HIV has the potential to further stigmatize the general migrant population in a setting where the link between HIV prevalence and higher risks in migrants has not been well documented.
- Based on detailed information presented in the concept note, regional processes to increase universal health coverage and specifically focus on populations excluded from national health services, such as migrants, are already in place in existing regional plans and there is a risk of duplication of processes.
- The concept note proposes interventions to modify the various countries technical guidelines and institutional regulations and protocols to guarantee access to the migrant population to HIV services. However, instead of revising the protocols, the key intervention needed is removing regulatory and financial barriers that do not allow for equal access to HIV services under the existing national standards and guidelines for HIV prevention, treatment and care available in the countries.

4.2 TRP Prioritization of Regional Activities

N/A

GAC Assessment and Recommendations

Date of GAC Review

22 April 2016

SECTION 5: Grant Approvals Committee (GAC) Funding Recommendation for Grant-Making (Determination of Upper-Ceiling and Registering Unfunded Quality Demand)

5.1 GAC Funding Recommendation

The GAC endorsed the Technical Review Panel's (TRP) recommendation for the RCM Mesoamerica concept note "**not to be recommended for funding**". The GAC recognised that the interventions proposed in the concept note provide limited evidence of potential for impact on the HIV epidemic in the region, considering (i) the low prevalence of HIV in the general population of less than 1% in region, and (ii) the absence of data showing a higher prevalence of HIV in migrants.

Moreover, the proposed choice of interventions seems to serve better removing barriers to access to overall health services of the general population of migrants, and singling out HIV would shift the focus to an unnecessary narrow scope.

ANNEX 1 - Summary of key program areas for which support is being requested and the expected impact/outcome as per the funding request

a. Allocation Funding Request

No.	Modules/ Interventions	Regional Request (US\$)	Percentage	Description / Expected outcome and/or impact
1	HSS: Policy and governance	446,974	11%	Development and endorsement by COMISCA of a regional HIV strategy for migrant and mobile population; Development of protocols and guidance for the continuity of treatment across countries for migrant population; Development of methodologies for the provision of 'migrant-friendly' services, to be integrated in existing service delivery models Adaptation of existing national HIV guidelines and protocols to clearly define services to be provided to migrant populations;
	Development and implementation of health legislation, strategies and policies	274,412	7%	In-depth analysis of legal barriers, existing laws, policies and regulations in each country; development and implementation of advocacy plan, national and regional dialogue roundtables; agreements and dissemination.
	Monitoring and reporting implementation of laws and policies	172,562	4%	Development, political endorsement, dissemination of regional strategy on HIV and migration
2	Removing legal barriers to access	1,430,229	36%	Ensuring implementation of laws, strategies and regulations developed as part of module 1 (note: no resources are being requested for the actual implementation). This is expected to result in increased coverage and improved quality of key HIV services for mobile and migrant populations, including: behavioral change, provision of condoms and lubricants, voluntary testing and counselling, care and treatment, referral to TB and STI services.
	Policy advocacy on legal rights	385,524	10%	Annual operational plans for follow up to the implementation of policies and commitments, dialogue roundtables and workgroups, exchange of experiences and knowledge across countries, establishment of multi-stakeholder national commissions to follow up on agreements, annual progress reports. Communication plan

	Community-based monitoring of legal rights	1,044,705	26%	Design and implementation of social audit mechanism, including hiring NGOs, training, data collection, analysis and use to inform corrective actions.
3	HSS - Health information systems and M&E	1,037,148	26%	Strategic information regarding HIV and migration available and used to inform policies.
	Analysis, review and transparency	90,937	2%	National information systems adapted to include migration variable in data collected routinely and through special studies (e.g. national surveys). Analysis and dissemination.
	Surveys	584,191	15%	Regional survey to collect data on prevalence, behaviors, etc. for migrant population. Regional grant baseline and final evaluation study.
	Routine reporting	362,020	9%	M&E HIVOS staff positions, grant M&E system, monitoring trips, annual progress review regional meeting
4	Program management	1,068,064	27%	Human resources, equipment and office costs, audit, overhead.
	Total	3,982,415	100%	