

Project Fact Sheet



Global Fund to fight HIV and AIDS, Tuberculosis and Malaria (GFATM)

Future Hope: Scaling up universal access to prevention, treatment and care in the West Bank and Gaza Strip

THEMATIC AREA

HIV and AIDS

SECTOR / SUB SECTOR

Multi- sectoral, Health

PROJECT AIM (OVERALL GOAL)

To halt the spread of HIV and AIDS and sexually transmitted infections (STIs) amongst the most at risk populations and the general Community; and improve the quality of life for people living with and affected by HIV and AIDS.

RATIONALE

According to the Ministry of Health, the first HIV case in the occupied Palestinian territory (oPt) was diagnosed in 1988. To date, there are 14 people living with HIV and 13 people are under antiretroviral therapy (ART). The majority of these cases are infections that have been contracted more than five years ago and are attributed to heterosexual transmission. Increasing rates of HIV are reported among injecting drug users and migrant workers in Israel. The statistics do not include the HIV and AIDS cases reported in East Jerusalem, estimated to amount to 18 cumulative cases, which are notified to and followed up by the hospitals in Israel. While data and dynamics of HIV infection in time suggest low prevalence, in the absence of bio-behavior surveys among those most at risk and vulnerable, it is likely, especially in the context of the prolonged conflict in the West Bank and Gaza Strip that many cases go undetected and potential epidemics be silently spread among specific populations.

PROJECT DESCRIPTION

In 2008, The Global Fund to fight HIV and AIDS, Tuberculosis and Malaria (GFATM) approved a comprehensive proposal, submitted by the UN Theme Group on HIV and AIDS, to scale up prevention, treatment and care services in the oPt for 5 years for US\$ 10,832,405. The Global Fund sponsored grants are based on the principal of a pyramid-like classification: starting with the Principal Recipient (UNDP/PAPP), legally bound to the Global Fund and responsible for the supervision and coordination of the overall implementation of the programme, to Sub-Recipients (WHO, UNODC, UNFPA, and UNICEF), responsible for the direct implementation on the ground either through their own capacities and expertise or through the Sub Sub-Recipients (The Ministry of Health, the National AIDS Committee, other line ministries, UNRWA, UN Women and relevant NGOs).

The programme focuses on prevention of HIV and AIDS in the oPt and vulnerability reduction with most at risk population groups as well as strengthening the capacities and systems of the national counterparts in order to provide a stronger response. Access to treatment will be increased through this programme.

PROJECT DETAILS

Duration	2008 - 2013
Donor	GFATM
Partners	UN Agencies, Lines Ministries including the Ministry of Health and the multisectoral the National AIDS Committee

BUDGET

Total Budget	US\$ 5,014,330
Total Money Received	US\$ 4,634,852
Disbursements up to date (Dec 2010)	US\$ 4,105,702

Geographic Location

West Bank and Gaza

Main Beneficiaries

- Populations most at risk (injecting drug users, sex workers);
- Vulnerable groups (labor migrants, youth, women, prisoners);
- People living with HIV/AIDS and their families; and
- STI patients and blood recipients



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OBJECTIVES

1. To strengthen community action to maintain low HIV prevalence
2. To reduce morbidity and mortality through improved access to treatment, care and psycho-social support
3. To reinforce capacities, partnerships, coordination, monitoring and evaluation of the national response in line with the “Three Ones” Principles

IMPACT STATEMENT

The programme will strengthen existing national capacities, including civil society, in scaling up HIV-related services to maintain low HIV prevalence (<1%) and lower morbidity rates through intensified prevention activities, provision of treatment and care services for people already infected or affected by HIV while enabling an environment free of HIV associated stigma.

CONSTRAINTS (if any)

- Political context
- On-going advocacy for a coordinated and multi-sectoral response
- Absence of key players such as UNAIDS
- Sensitive issues in the oPt.
- Absence of a Country Coordinating Mechanism (CCM)

OUTPUTS

- A total of 278 HIV and AIDS information, education and communication programs broadcasted.
- Training of 3,695 peer educators from most at risk populations (including youth, IDUs, and women).
- 200,670 condoms were distributed to the general population for free.
- 452 health and community workers trained for counseling and testing
- 809 people of the general population received HIV testing and counseling (through programme funds).
- 1,813 health service providers were trained in STI syndromic case management.
- 64,889 STI cases received diagnosis, treatment and counseling at health care facilities in 2009 and 2010.
- Training of 962 health workers in blood safety, universal precautions & basic HIV care and treatment.
- 22 teams were trained in advanced HIV care and treatment at ART sites
- 10 people with advanced HIV are receiving anti-retroviral (ARV) treatment and 10 persons living with HIV are provided psychosocial support.
- 1,247 political, community, religious leaders and police/armed services shall attend sensitization workshops on HIV/AIDS and stigma reduction.
- Training of 79 program partners in monitoring and evaluation.
- 20 NGOs/ CSOs provide HIV/AIDS prevention and support services.