
Annual Update on Community, Rights and Gender & Strategic Objective 3

45TH BOARD MEETING

GF/B45/06

11-12 MAY 2021, *Virtual*

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Community Systems & Responses

Executive Summary

The purpose of this report is to

Provide the Board its annual update on the Secretariat's efforts to advance community, rights and gender-responsive programming through its investments, with a deep dive focus on the five operational objectives under Strategic Objective 3 of the 2017 – 2022 Strategy

Questions addressed in this report

1. What have been the Secretariat's primary streams of work for advancing SO3 under the current strategy?
2. What progress has been made against each of SO3's five operational objectives?
3. What challenges have been faced in advancing SO3 to date?
4. What actions are being taken in NFM3 and beyond to improve the Global Fund's performance against the five operational objectives of SO3?

Input sought

1. Based on progress to date where, in what specific areas does the Board feel greater focus is required under each of the five operational objectives?
2. The global health landscape has shifted significantly in a number of ways since the current strategy was adopted, including but not limited to the COVID-19 pandemic. How should the Secretariat be adjusting its approach to advancing SO3 to account for new challenges (and opportunities) that have arisen over the past four years to ensure maximize progress is made by end of 2022?
3. What approach should the Global Fund be taking to further encourage human rights and gender-responsive investments while continuing to uphold the principle of country ownership?

Executive Summary

Conclusions

1. Scope and scale of the Global Fund's investments in AGYW have expanded considerably under current Strategy with marked progress in the adoption of national AGYW strategies and HIV incidence reduction targets in the 13 priority countries, coinciding with steady aggregate reduction in HIV incidence (KPI 8)
 - Advancing high-impact SRH investments - including optimizing integration SRH and HIV prevention services – remains both a challenge and clear opportunity in need of heightened focus in NFM3 and beyond
2. The collection of quantitative and qualitative data to identify, monitor and understand the drivers of health inequities has improved and been area of strong collaboration with technical partners
 - Collection and reporting of disaggregated data at Secretariat and country levels must continue to be strengthened; increased focus needed on using such data to design programs and target investments to reduce inequities
3. Significant increases seen in the scale and scope of human rights investments, particularly in Breaking Down Barriers countries. Matching funds have been vital for driving human rights investments; an increased proportion is coming from within allocations, however, signaling growing country ownership. BDB mid-term assessments point to marked progress in all countries evaluated to date
 - Secretariat is working to mainstream the numerous lessons learned from BDB across portfolio; challenges include how to incentivize investments in countries ineligible for matching funds
4. Secretariat investments in supporting community and civil society engagement have achieved remarkable growth by expanding engagement support across the grant cycle and solidly into malaria and TB and expanding geographic reach
 - In NFM3, the Secretariat is focusing on creating stronger linkages and synergies between the CRG SI and its other SIs to increase impact and efficiency
5. Community systems and responses are a critical enabler for advancing human rights-based and gender-responsive programming that meet the needs of key & vulnerable populations. Historically, the scale of CSS investments has been relatively modest; signed NFM3 grants to date are showing a marked increase, however, particularly in community-led monitoring.

Summary of Strategy Committee Discussion

Discussion

Members expressed broad agreement that despite encouraging increases the overall level of investment in activities related to, investment nonetheless remains too low and more must be done to accelerate progress.

The success of catalytic investments and evidence of their role in driving increased commitments from governments was welcomed. The Breaking Down Barriers Initiative in particular was praised and members expressed interest in discussing how lessons learned can be scaled-up in the future. With respect to the CRG SI, the committee expressed a desire to hear more about experiences with the provision of long-term vs. short-term TA.

The committee emphasized the need for the Global Fund to take a more comprehensive approach to equity, inclusive of dimensions beyond age and gender. Concern was raised over the Fund's current conceptualization of equity and the notion that advancing equity requires a trade-off between efficiency and effectiveness. The committee challenged this, emphasizing that the focusing on reducing inequities drives impact and should be regarded as core business.

A desire to see more information on TB and malaria related-work was expressed, especially in light of the significant impact of COVID-19 on the human rights-related aspects of the global TB response.

The committee voiced concern about the Secretariat's internal processes potentially incentivizing expediency, absorption, and lower risk, and disincentivizing more complex, longer-term investments, such as those in human rights

How the Global Fund should approach political discussions with countries on matters of human rights and gender was cited as a topic requiring more thorough discussion. Likewise, the need for the Global Fund to advance an approach to human rights and gender that fosters collaboration between national governments and communities and civil society, while building greater country ownership of investments in these areas was underscored.

A key challenge cited by the committee was how to best incentivize increased investments in the areas under SO3, raising questions about levels of prescriptiveness; internal processes and incentive structures; and the role of catalytic investments.

Background

2017 – 2022 Strategy established the “*promot(ion) and protect(ion) of human rights and gender equality*” as a corporate priority (SO3) with five operational objectives; human rights & gender also integrated throughout the Strategy’s other three strategic objectives

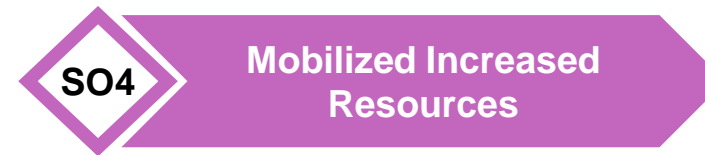
- SO3 a** Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- SO3 b** Invest to reduce health inequities including gender- and age-related disparities
- SO3 c** Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
- SO3 d** Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- SO3 e** Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes



Removing human rights & gender-related barriers critical to reaching key & vulnerable populations and addressing social determinants of health



Strong community systems & responses needed to reduce human rights & gender-related barriers to services
Strong data systems needed to support collection/use of sex and age disaggregated data



Meaningful community engagement needed in domestic resource mobilization, particularly to advocate for investments in programs to reduce human rights & gender-related barriers, and for key populations

SO3 a

Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

AGYW investments are focused in the *13 priority countries** where HIV burden among AGYW is highest

Strong progress has been made in reducing HIV incidence among AGYW in these countries, as measured by *KPI 8*; 31% decrease since 2015

>80% of the gap in reaching incidence reduction targets attributed to outcomes in 3 countries: Mozambique, Tanzania and Zambia

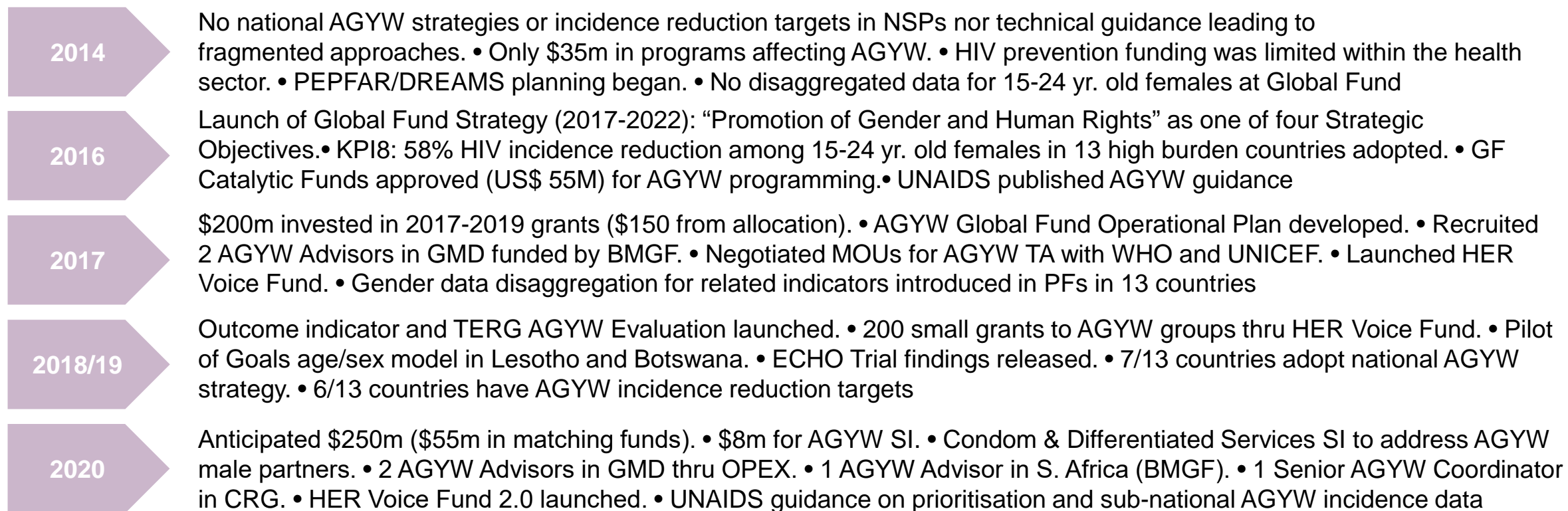
All three countries to receive significant additional support in NFM3 through the *AGYW Strategic Initiative*



SO3 a

Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

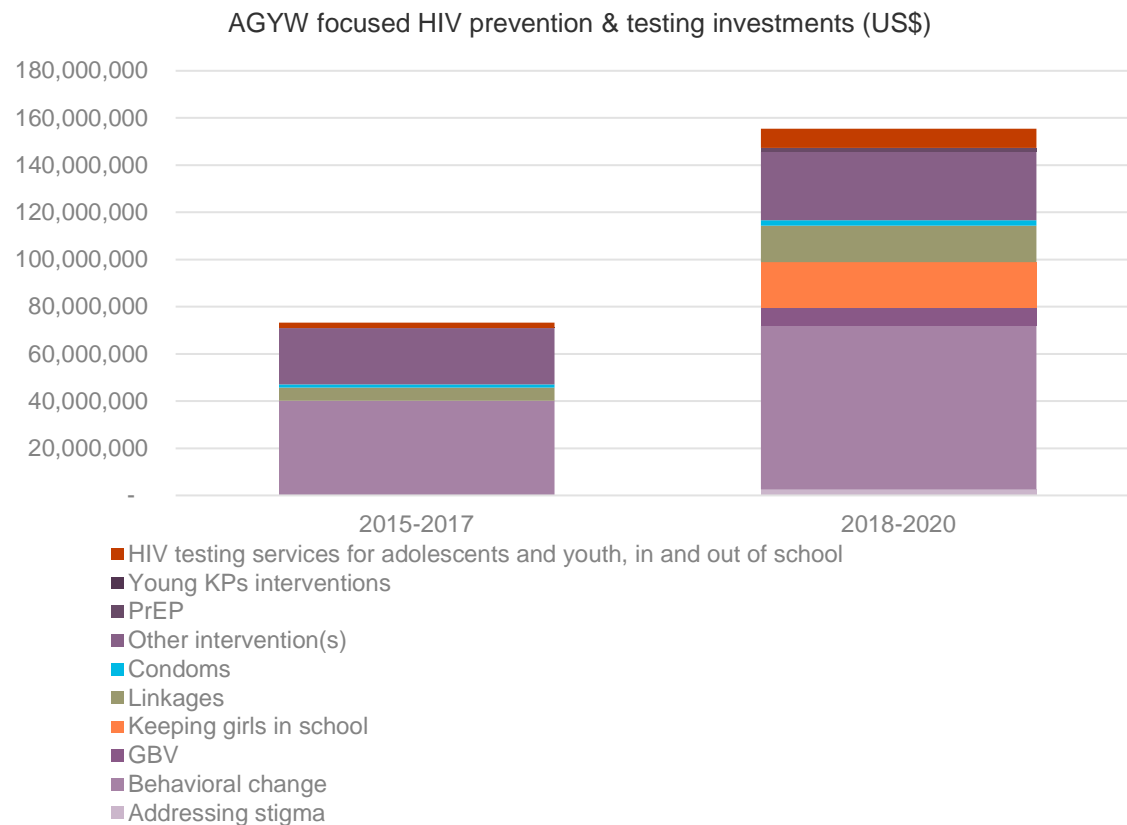
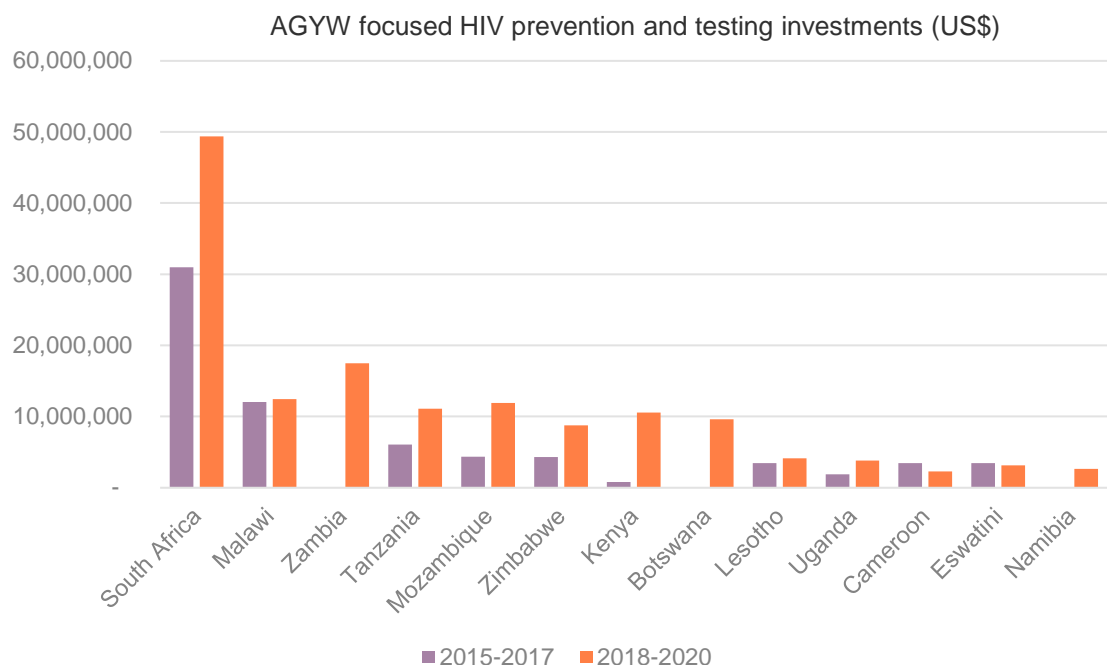
Over the first half of the 2017 – 2022 strategy’s implementation, the scope of the GF’s work on AGYW has expanded considerably and in line with partners



SO3 a

Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

In the 2018 – 2020 implementation period, AGYW focused investments in HIV prevention and testing increased by **>107%** in the 13 priority countries*



SO3 a

Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

Despite strong progress, there are key areas where the GF's approach and role as a catalytic funder will need to be further defined to drive greater impact for AGYW in NFM3 and under the next Strategy

SRHR

ECHO trial (2019) noted the high rates of new HIV infections (3.8% year) amongst AGYW participants already accessing sexual health services – significant missed opportunity; while there has been some success in incorporating SRHR and family planning services into HIV testing programs, there has been less success the other way – i.e. incorporation of HIV prevention and testing in SRH/Family Planning Programs

The gaps in service delivery for HIV prevention revealed by ECHO have implications for the impact of GF and other investments in HIV prevention and testing programs for AGYW, and the potential to drive improved HIV prevention-related outcomes. The focus of Component 2 of the AGYW SI (see Slide 8) is a step toward greater prioritization of HIV prevention and testing services in SRH/Family Planning service delivery platforms

Male Partners

Reaching male partners of AGYW with high impact HIV prevention/testing/treatment interventions is key to improving HIV prevention-related outcomes in the 13 AGYW countries. In many cases men and boys in high incidence locations are not being optimally engaged or targeted with services. In NFM3, the Condom Programming SI will include a focus on reaching male partners of AGYW with condom programs, especially tailored demand creation.

SO3 a

Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

For NFM3, a US\$8 million *strategic initiative* has been introduced to ensure national strategies and GF investments reflect *epidemiology* and *evidence-based recommendations* on AGYW programming to improve coverage and impact

1 Supporting countries to invest in cost-effective intervention packages that are geographically, and sub-population focused and likely to effect optimal HIV prevention outcomes

2 Facilitating efficient country adoption of effective and innovative HIV prevention technologies and approaches for AGYW

3 Improving grant performance and partnership mobilization and building the capacity of implementers

Component 1
Programmatic and cost-effectiveness review of national AGYW frameworks



Cameroon, Eswatini,
Kenya, Lesotho,
Mozambique

Component 2
HIV/SRH system readiness assessments and action plans



Mozambique, South
Africa, Tanzania,
Zimbabwe

Component 3
Demand driven long-term and rapid response technical assistance for Principal Recipients and Subrecipients



13 AGYW priority
countries
(1+2+Uganda,
Botswana, Malawi,
Namibia, Zambia)

SO3 a

Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

The CRG Strategic Initiative supports the *HER Voice Fund*, which offers small grants to community-led groups that amplify the voices and priorities of AGYW *in all their diversity* in national and Global Fund processes

HER Voice has catalyzed new *partnerships* to support the engagement and leadership of AGYW in the HIV response

- Now funded by *ViiV Positive Action* and implemented by *Y+ Global* with continued targeted support for the leadership component from the Global Fund
- *HER Voice* Ambassadors now represented on Global Fund Youth Council, CRG Advisory Group and on seven CCMs
- Coordinated country-level consultations that led to the engagement of approximately 3,500 AGYW in five countries in post-2022 Strategy development
- *HER Voice* has catalyzed launch of *Voix EssentiELLES*, a three-year US\$1.5 million partnership with *CHANEL* to support the meaningful engagement of women and girls, in all their diversity, in Global Fund-related processes in West and Central Africa

75

CBOs awarded grants worth over
€400,000

7,000+

AGYW reached by small grants

In 2021, *HER Voice* plans to set aside a percentage of funding for *key population* grantees

SO3 b

Invest to reduce health inequities including gender- and age-related disparities

Key to reducing health inequities is documenting and understanding the disparities that exist; the routine collection and use of *disaggregated data* is therefore vital to ‘knowing’ epidemics and appropriately responding

KPI 6a – which measures the number and % of countries reporting on disaggregated results – has met and exceeded its target: % of countries in the KPI’s cohort that reported and provided disaggregation by age and gender on all relevant indicators increased from *26% - 65%* (2017 - mid-2020)

Countries are improving on the collection of disaggregated data – on gender and age, in particular – but quality and use of data in designing programs and targets all remain areas in need of improvement

- To support this, a revision to KPI 6e has been proposed to shift focus to monitoring availability, analysis and use of required disaggregated data at country level*

SO3 b

Invest to reduce health inequities including gender- and age-related disparities

In 2020, the GF supported WHO to conduct a comprehensive analysis on the *state of inequality* in HIV, TB and malaria in GF-supported countries*

The analysis found that, on average, equity - especially *income equity* - is *not improving* over time, suggesting that specific programmatic approaches/interventions are needed



While two thirds of people living with HIV (26.0 million) were accessing ART in 2019 - among **children aged 14 years or younger, only half had access to ART**



% of households facing catastrophic costs for drug-resistant TB was high across countries (range of 67%-100%, with 11 of the 13 countries with available data showed large inequalities), and **catastrophic costs were over 20% higher among the poorest households and people with drug-resistant TB in most countries**

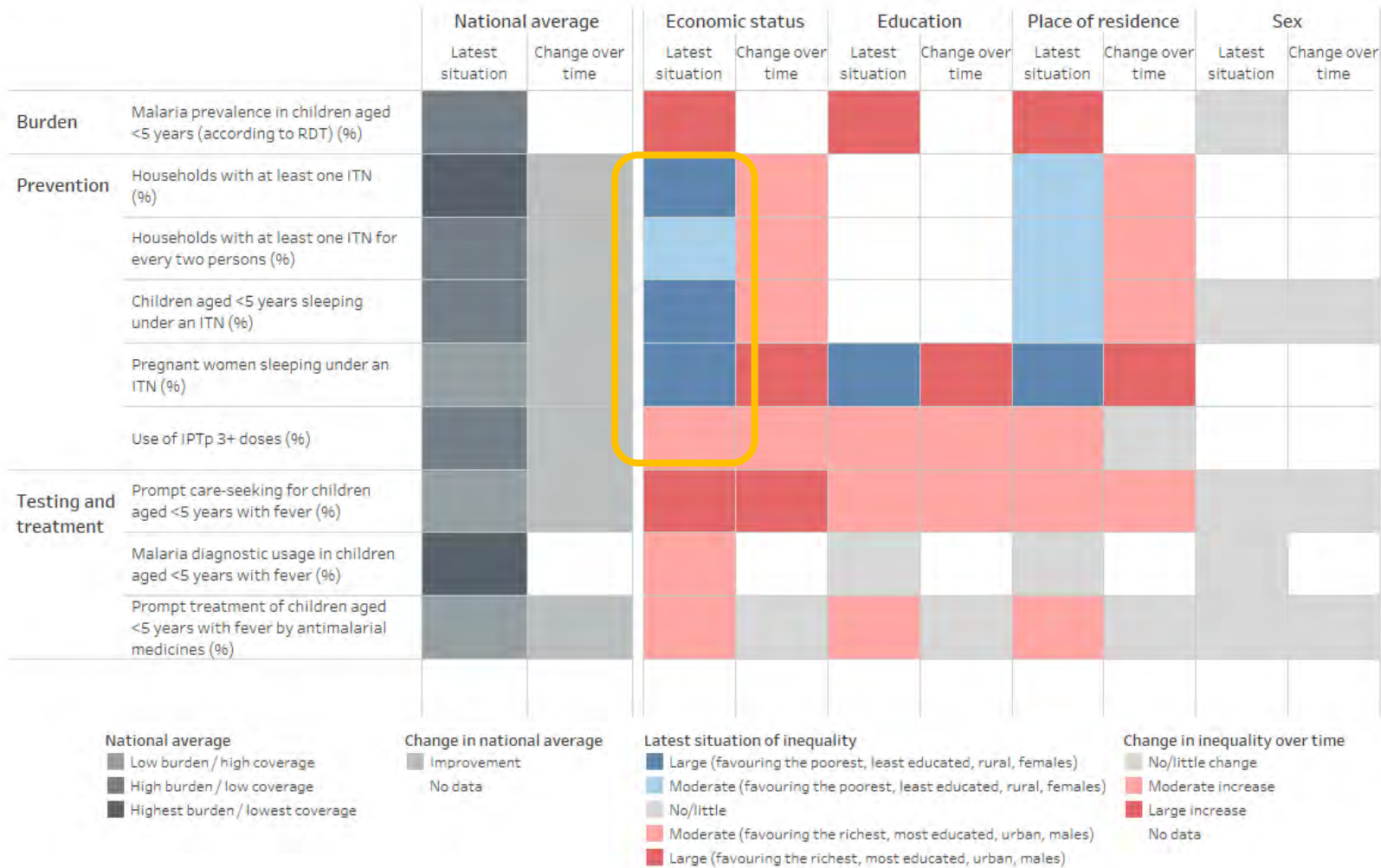


After malaria burden, the **greatest inequalities are seen in access to care**. Of the 27 countries with data, 56% had high wealth related inequalities for prompt care-seeking for children aged <5 years with fever

When tailored to context and service, such analyses can strengthen understanding of where greatest, most persistent inequities lie, providing granularity needed to inform more impactful and equitable investments

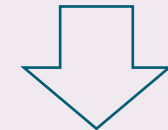
SO3 b

Invest to reduce health inequities including gender- and age-related disparities



Case Study

In this country, malaria prevention programs have successfully reached the poorest, rural, and least educated women; while inequalities in *access to care* for poor, rural families have grown



Interventions delivered at community level –such as ITN– are reducing inequity; for those delivered in facilities, inequity persists and the most vulnerable aren't being reached

SO3 b

Invest to reduce health inequities including gender- and age-related disparities

In NFM3, the GF began making and tracking HIV investments for transgender people separately from men who have sex with men (MSM)

In the 2018 – 2020 implementation period, investments in HIV prevention for transgender people totaled **US\$9.3 million** in 37 countries and three regions*

Transgender women experience disproportionately high risk of HIV acquisition, driven by substantial human rights and gender-related barriers and significant unmet HIV prevention needs; more aggressively addressing these factors is essential for improving HIV prevention-related outcomes for trans women

Investments in HIV prevention for transgender persons (2018 - 2020)



SO3 b

Invest to reduce health inequities including gender- and age-related disparities

Qualitative evaluations are essential for illuminating quantitative data on inequities and understanding barriers; GF has worked with partners to develop and implement tools to assist countries in assessing and understand the drivers of inequity, as well adopt equity-based approaches to improve disease program effectiveness

Malaria Matchbox

Developed with the RBM Partnership, Malaria Matchbox (MMB) tool for countries to assess barriers to equity in malaria response.

Piloted in India, Niger and Guinea-Bissau and employed in Bangladesh and four states in Nigeria with support from the CRG SI in NFM2; at least six additional countries have set aside grant funds for MMB roll-out in NFM3.

TA available to support national strategic planning informed by Malaria Matchbox findings in eligible countries (27) through Human Rights SI.

Stop TB Assessments

GF is supporting the rollout of the Stop TB CRG Assessment and the development of action plans for more inclusive TB programs. 20 have been completed, with the support of the GF and USAID, with 12 more underway.

The One Impact community-led monitoring tool was implemented in 9 countries with GF support.

Stigma Assessment developed and indicators incorporated into TGF Performance Framework. 7 CRG Investment packages for utilization in country funding requests TB CRG Reviews of all TB SI country funding requests.

CRG SI, TB SI and the Stop TB Challenge Facility will link the evidence generation to engagement and advocacy work to have a more coherent approach to supporting TB networks.

SO3 b

Invest to reduce health inequities including gender- and age-related disparities

To support the reduction of age-related disparities, the GF has made efforts to be more responsive to the diverse needs of *youth* affected by the three diseases

For NFM3, “Interventions for young key populations” has been added to the HIV Prevention module of the Modular Framework to underscore the need to prioritize investments for young MSM, sex workers, PWID and transgender people

The Global Fund Youth Council (YC) was launched in Q1 2020

- The YC’s members represent young people living with or affected by HIV, TB, malaria around the world, including key and vulnerable populations and reports to the GF ED
- In 2020, the YC met with Executive Director to discuss the impact of COVID-19 on young people living with and affected by the three diseases and the next Strategy
- In 2021, the YC and CRG Advisory Group will pursue opportunities for joint collaboration & advocacy

GF provided support to Youth Lead, Youth Rise, and Y+ Global through the CRG SI to organize eight regional and a global youth consultations to provide input on the next Global Fund Strategy

SO3 c

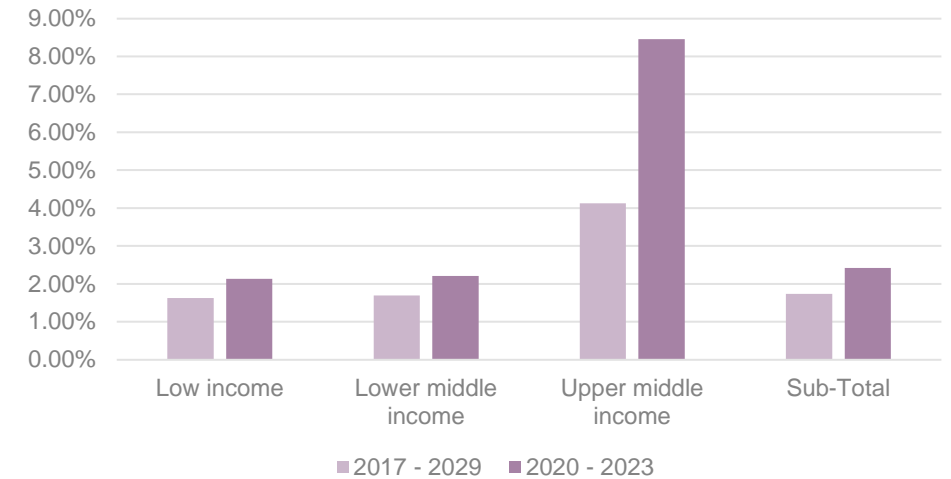
Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

Promoting and protecting human rights has been at the core of the Global Fund's mission since its founding, and was included as strategic objective in both the 2012 – 2016 and 2017 – 2022 strategies

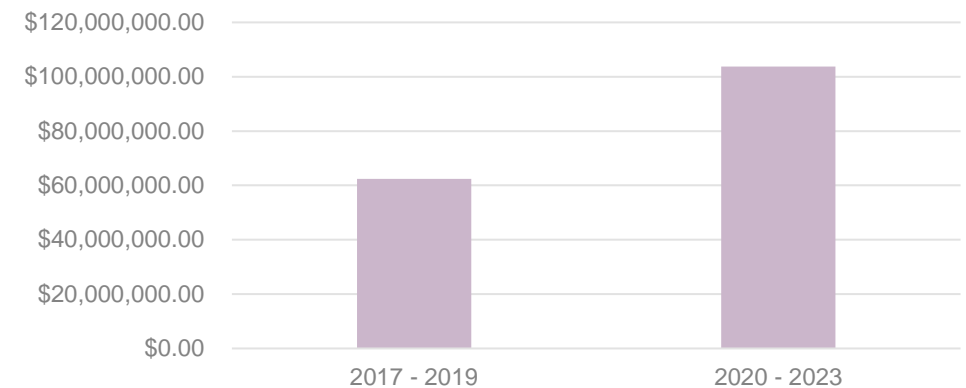
Under the current Strategy, a significant increase in the proportion of grant funding going to human rights interventions has been observed; for countries with signed NFM3 HIV grants, the proportion of budgeted HIV funding going to human rights has increased by **40%** over NFM2 levels (from 1.73% - 2.42%)*

The absolute increase in human rights investments in HIV grant budgets between NFM2 and NFM3 is **>US\$41 million**

% of HIV grant budgets dedicated to human rights



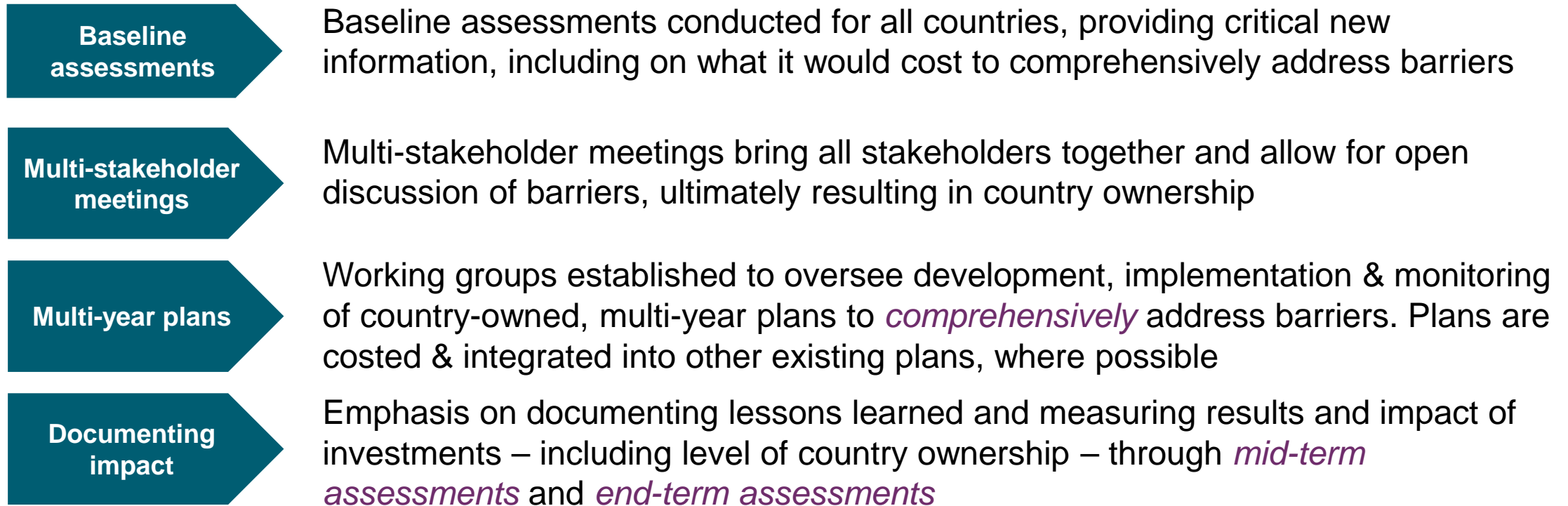
Human rights investments in HIV grant budgets



SO3 c

Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

Human rights investments are made throughout the portfolio. Intensive support with an eye to building country ownership is provided to 20 countries through the *Breaking Down Barriers* initiative (BDB)



SO3 c

Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

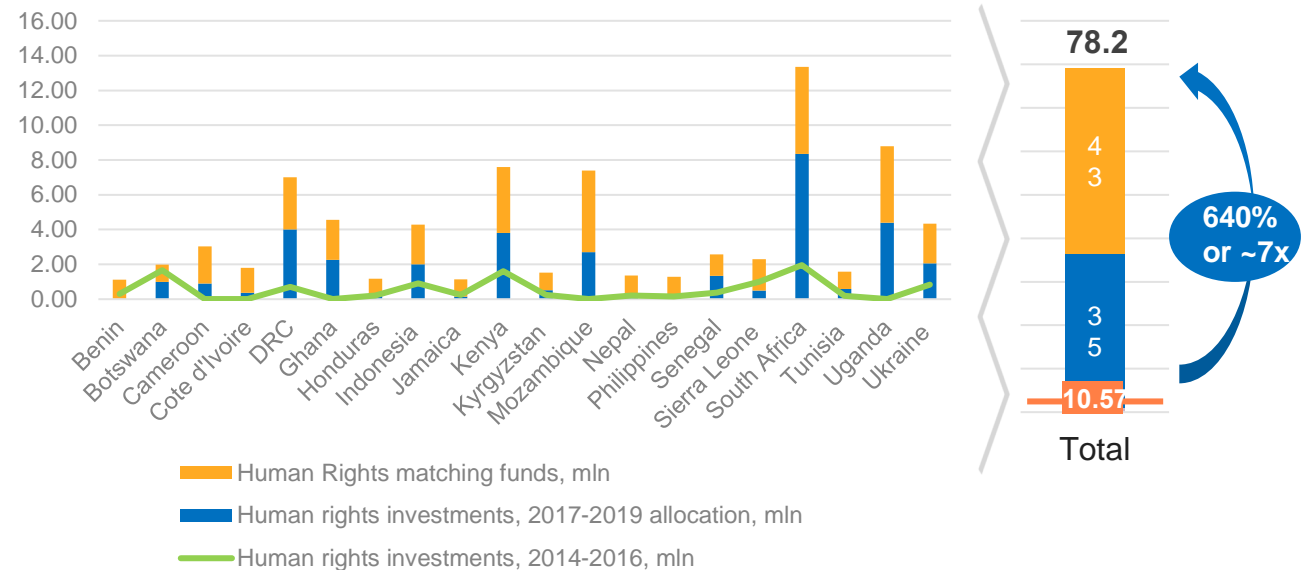
Efforts in the 20 BDB countries led to a *7x increase* in human rights investments in NFM2

Coupled with the intensive support of the BDB model, the availability of *matching funds* has proven transformative for both increasing GF investments in human rights and fostering *greater country engagement*

This progress appears to be continuing in NFM3; in a preliminary analysis of the 13 BDB countries that had TRP approved grants at the end of 2020, human rights investments has increased by *40%*

Early analysis of NFM3 budgets indicates that the decision to make matching funds cross-cutting has helped catalyze a *67% increase* in TB-related human rights investments

Global Fund investments in programs to reduce stigma & discrimination & increase access to justice, \$ Million of USD, 2017-2019 allocation



SO3 c

Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

Actions have been taken to increase support for programs to reduce human rights-related barriers to *TB services* and inequities in access to *malaria services*

TB

13 BDB countries also have a TB focus, including multi-year comprehensive plans to address human rights-related barriers to HIV and TB

The TB cohort for KPI 9b has been expanded from 13 to 20 countries and is now aligned with the *TB Finding Missing Cases Strategic Initiative*

Human rights matching funds are now cross-cutting and inclusive of TB investments

A new TB-focused human rights module has been added to the Modular Framework

➤ **37%** of the TB human rights investments made in the KPI 9b TB cohort under assessment as of Jan 2021* were in this module

Malaria

The malaria component of the Human Rights SI will establish partnerships, strengthen capacities and catalyse evidence and action on barriers to equitable malaria services and underserved populations in twenty seven eligible countries (27)

The national plans for a comprehensive response to human rights barriers of two BDB countries (Uganda and Kenya) also include malaria

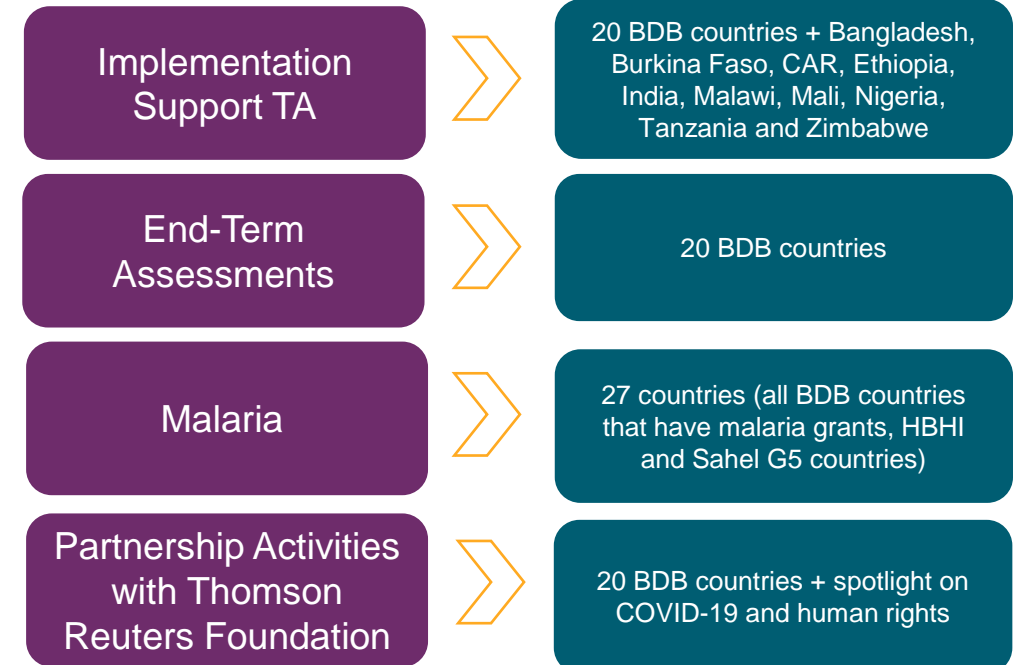
SO3 c

Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

The US\$5 million* *Human Rights SI* supports activities critical to the success of BDB & of the effort to mainstream some of its key lessons

Objectives

- 1 Support implementers in priority countries (BDB plus 10), through long term implementation support TA, to deliver quality, comprehensive programs to reduce human rights-related barriers
- 2 Generate evidence on (a) comprehensiveness of efforts to address human rights-related barriers to HIV & TB services; (b) impact on access, uptake & retention in services since baseline
- 3 Establish partnerships, strengthen capacities & catalyze evidence & action on barriers to equitable malaria services in eligible countries
- 4 Capacitate NGOs & mass-media to communicate about results of quality (including gender-responsive) responses



SO3 c

Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

NFM3 is a crucial period for demonstrating the outcomes and impact of the GF's human rights investments

In NFM2, grant performance on human rights was monitored quantitatively with a series of indicators and workplan tracking measures (WPTM)

- 14 of the 20 BDB countries had at least one of these indicators/WPTMs in their Performance Frameworks (PF)

In NFM3, increasing the number of countries with human rights indicators/WPTMs in their PFs is a priority

- Matching funds guidance now includes reference to the need for indicators/WPTMs in PFs
- Uptake of human rights indicators is still hampered by cap on number indicators/WPTM allowed in focused portfolio PFs, as well as data availability issues

Broad recognition that the full impact of investments to reduce human rights related barriers cannot be fully captured with quantitative metrics alone; clear need to carry out evaluations and use qualitative approaches

SO3 c

Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

Mid-term assessments are currently in process in BDB countries

- Eight have been completed (3 published and 5 are undergoing final validation); 12 additional assessments to be completed by end of Q3

Assessments point to **clear gains** in the scale and coverage of human rights programs **in all eight countries**

Progress is being made both on HIV & TB, but the scale & scope of TB-focused programs remains behind that of HIV; programs where HIV & TB services were integrated scored higher than stand along TB programs

- Greatest progress being seen in programs focused on *stigma & discrimination reduction for HIV* and *legal literacy & services for TB*

Botswana

District coverage of stigma, discrimination activities increased; mix of approaches, and more focused, peer-led activities for transgender people.

Legal literacy and services programs expanded and were offered by a growing number of KP-led organizations; many programs integrated into KP and health service delivery programs.

Criminal laws against same-gender intimacy, a policy denying free HIV treatment to non-citizens, and a policy denying married women the right to own land all removed during period assessed.

Kyrgyzstan

Progress in HIV stigma reduction towards KVPs among police officers and medical practitioners. Resilience of human rights programs despite rise in fundamentalism

Improved legal literacy among key populations, including on TB-related legal barriers; increased CLM and efforts to reform laws.

New state contracting policies developed to provide CSO/CBOs access to gov't funding; Criminal Code further decriminalizing drug use, possession for personal use adopted during period assessed.

SO3 d

Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes

Significant efforts have been made to embed human rights and gender considerations throughout the full breadth of the Secretariat's work

Area of Secretariat	Actions taken
GMD	<ul style="list-style-type: none">• CRG-GMD 2-day workshops held in early 2020 with 80 participants with the aim to improve how CRG-GMD works together and address CRG related issues.• After COVID-19 related delays, CRG-GMD Learning Agenda will resume in 2021
Risk	<ul style="list-style-type: none">• Risk-CRG engagement on roles and responsibilities for optimized 2nd line functioning (policy, advise, monitoring and oversight) that will strengthen risk management and assurance of grants• Management and reporting of human rights risks at corporate and grant levels improved
Human Resources	<ul style="list-style-type: none">• Updating Job Descriptions of staff across the Secretariat to include competencies on human rights, gender and equity (focus on SIID and Grant Management Division)• Working Group on Diversity, Equity & Inclusion to develop & embed Diversity, Equity & Inclusion Framework
Strategy and Policy Hub	<ul style="list-style-type: none">• Engagement with communities and civil society to ensure the 2023 and beyond Strategy has a stronger human rights, gender and community lens and is implemented

SO3 d

Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes

Area of Secretariat	Actions taken
TAP	<ul style="list-style-type: none">• Regular meetings between disease teams, MECA and CRG to align priorities and pursue joint work, particularly around KVP programming, HIV prevention and SRH• Collaboration between MECA, the HIV and RSSH teams, and CRG to support strengthened approaches to monitoring key populations, human rights and CSS investments• Ongoing collaboration between the RSSH team, SI and CRG to advance data-driven approaches to health equity
Health Financing	<ul style="list-style-type: none">• Health Financing, GMD and CRG collaborating to advance KPI 9c in support of increased uptake of human rights and KP-investments in domestic health budgets
CCM Hub	<ul style="list-style-type: none">• Through the CCM Evolution, additional support for oversight mechanisms and community-led monitoring of human rights violations and access to services
Executive Director's Office	<ul style="list-style-type: none">• Regular engagement with the Global Fund Youth Council to hear concerns about human rights issues and take them into consideration

SO3 d

Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes

Strategy Development

CRG, SPH and PCSA have worked over the last year to ensure deliberations over the direction of the post-2022 Strategy have included human rights, gender and equity throughout. In Board, SC and Partnership Forum discussions, “equity, human rights, gender and reaching the most vulnerable,” along with “community leadership and engagement” have been framed as vital standalone focus areas, as well as priorities that must cut across all topics.

To support robust community and civil society engagement in the 6th Partnership Forum, the GF convened *Loud and Clear: Shaping the Next Global Fund Strategy*, a series of three consultations which were attended by >100 participants. Support was also provided to the CRG Regional Platforms, Youth Lead, Youth Rise, and Y+ Global to conduct extensive regional and global consultations focused on the next Strategy. Consultations supported by the HER Voice Fund engaged approximately 3,500 AGYW across five countries in the Strategy development process.

CRG Steering Committee

Building on internal consultations and recommendations in a draft discussion paper, proposals about how to ensure human rights, gender and equity considerations are more formally integrated into all Global Fund policies and policy-making processes will be discussed by the CRG Steering Committee.

CRG Learning Agenda

CRG, with input from GMD, is developing a learning agenda for the Secretariat and external stakeholders. It includes e-learning courses, virtual workshops, and master classes on topics such as safety and security for key populations including implementers, malaria and gender, gender-based violence, harm reduction for women, community systems strengthening and other topics. A recent example of this work is the production of video tutorial on [community-led monitoring](#).

SO3 e

Support meaningful engagement of KVPs and networks in Global Fund-related processes

A cornerstone of efforts to advance SO3e is the *CRG Strategic Initiative*, a three-year catalytic investment aimed at strengthening the meaningful engagement of *civil society and communities* in Global Fund-related processes.

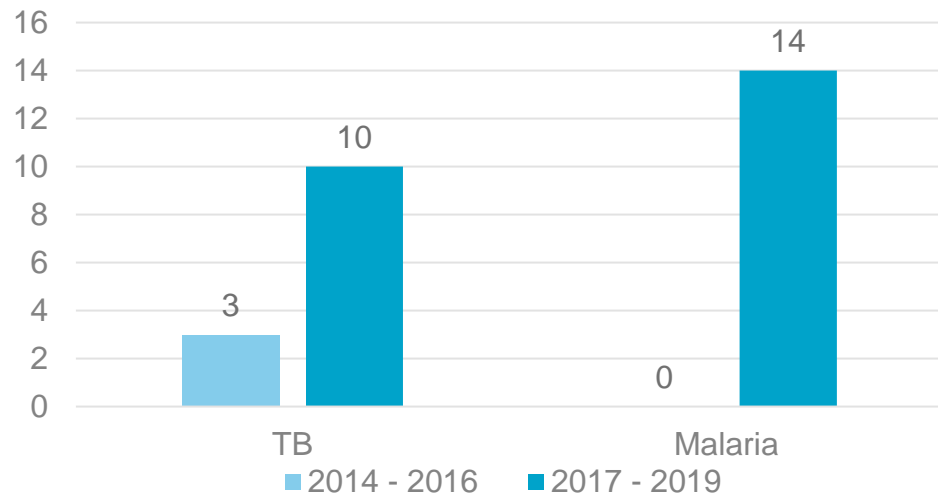


SO3 e

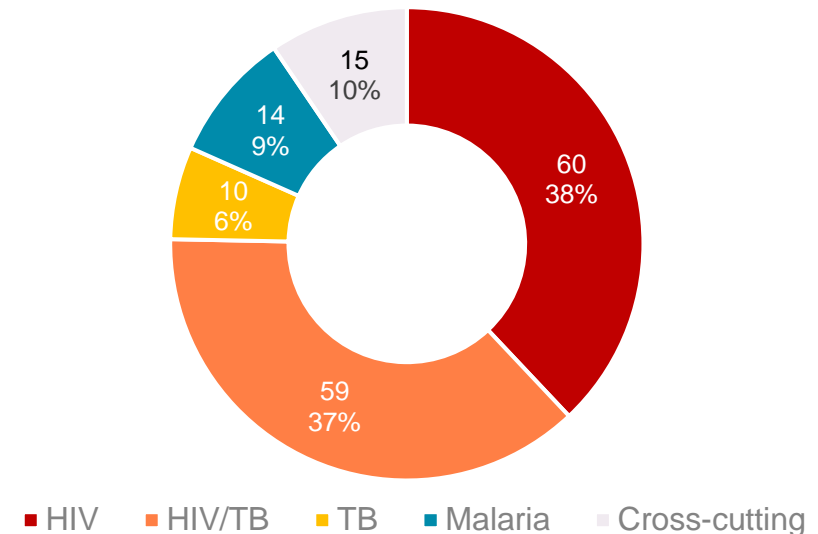
Support meaningful engagement of KVPs and networks in Global Fund-related processes

Through Component 1, the GF provides civil society and community organizations with demand-driven, peer-to-peer, *short-term TA*; in NFM2, TA was delivered in *69 countries*, compared to 24 in the previous period

Eligible TA Requests Received*
(2014 –2016 vs. 2017 – 2019)



Distribution of Eligible TA Requests Received*
by Disease Component (2017 – 2019)

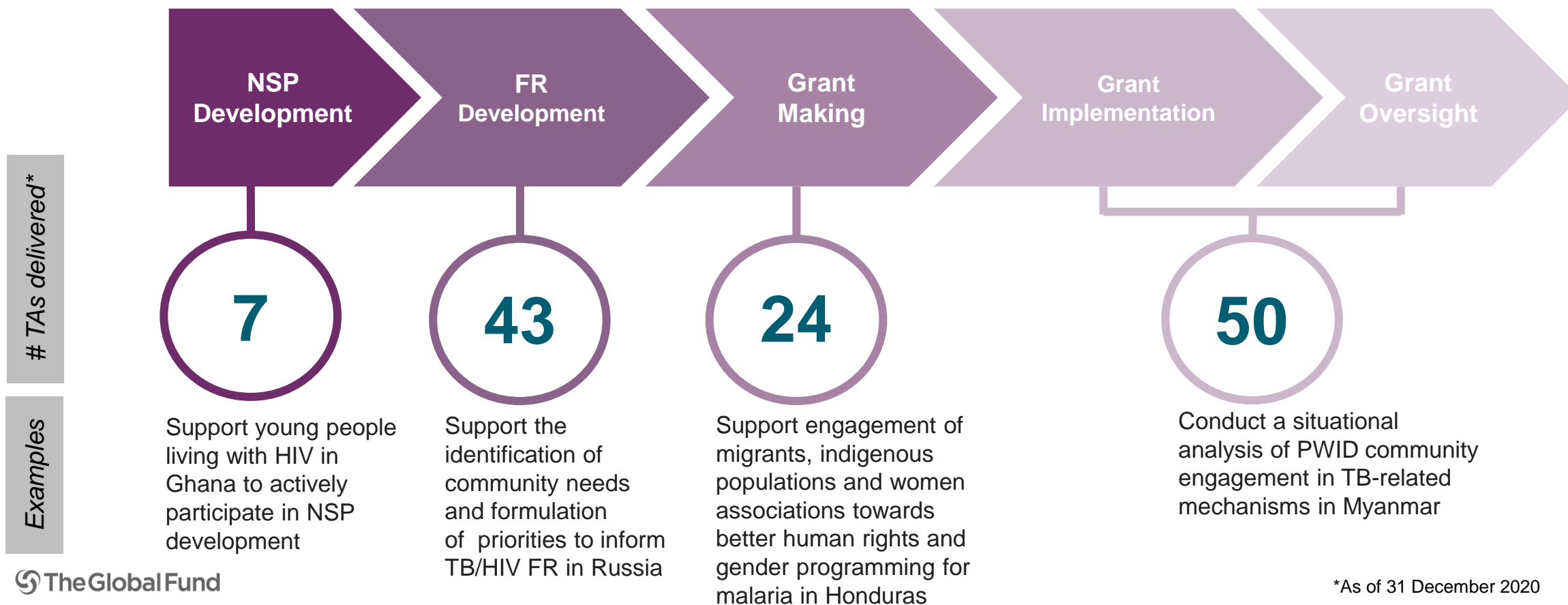


Significant increase in deployment of TA for **TB** and **malaria** from 2014 – 2016 to 2017 – 2019

SO3 e

Support meaningful engagement of KVPs and networks in Global Fund-related processes

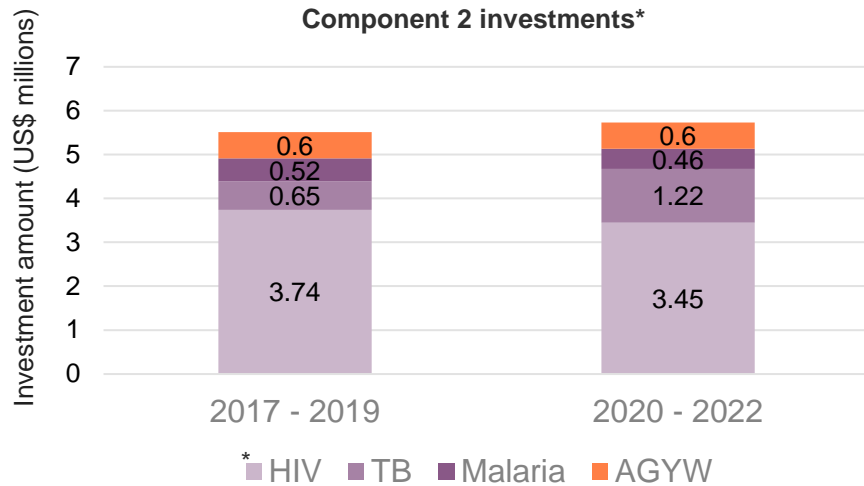
In NFM2, TA eligibility expanded to include all phases of grant life cycle. Requests for grant-making and implementation support made up *>50% of all requests*, affirming that there was a significant unmet need for TA in these stages



SO3 e

Support meaningful engagement of KVPs and networks in Global Fund-related processes

Through **Component 2**, the CRG SI supports *longer-term capacity building*



Snapshot: Component 2 activities

In **Tanzania**, ACT TB worked with Regional Platform host EANNASO to conduct a TB Community Forum, leading to the creation of a community TB Care Technical Working Group to guide TB interventions within the NTP

In **Cameroon and Nigeria**, Malaria No More pre-tested and validated a Community Guide to CSOs for the Inclusion of Gender, Vulnerable Persons, Human Rights and Social Rights in the Fight Against Malaria

HIV KP Networks capacity strengthening support to partners in **66 networks/countries**, including using the Key Population Implementation Tools (SWIT, MSMIT, IDUIT, and TransIT) to promote good practices on safe and effective engagement and increasing engagement between national networks and PRs and CCMs

SO3 e

Support meaningful engagement of KVPs and networks in Global Fund-related processes

Through **Component 3**, the SI supports civil society and community organizations to host *Regional Platforms* to strengthen systems and information for meaningful community engagement in GF-related processes

Anglophone Africa	Mapped nearly 12,000 contacts in the region and shared timely and relevant Global Fund information and opportunities
Francophone Africa	Convened a human rights and gender training for 36 technical assistance providers in 18 Francophone countries
MENA	Conducted a needs assessment among key populations during the COVID-19 pandemic and provided follow-up support
Asia Pacific	Compiled a CRG Starter Kit, available in 7 languages, including topics such as CCMs and funding model processes
EECA	Supported civil society and communities to engage in transition processes in Albania, Azerbaijan, Romania & Tajikistan
LAC	Developed six new tools with a focus on community-led monitoring of sustainability and transition-related processes

SO3 e

Support meaningful engagement of KVPs and networks in Global Fund-related processes

The CRG SI is *linked* to and reinforces the objectives of a number of other strategic initiatives; in NFM3 a number of actions will be taken to strengthen these synergies



- Rationalize and systematize coordination with other SIs to better align TA on relevant topics
- Proactively align with other SIs to ensure *KVPs* are equitably included in the full range of Global Fund SIs
- *The CRG SI Coordination Mechanism* facilitates coordinated, country-owned approaches to the implementation of the CRG SI between partners.
- *CCM Evolution SI* works with Regional Platforms and KVP networks to support:
 - KVP constituency mobilization and representation on CCMs through transparent election processes
 - Generation and utilization of community-led monitoring data in CCM decision-making and oversight
 - In-depth results and performance CCM assessments

SO3 e

Support meaningful engagement of KVPs and networks in Global Fund-related processes

In NFM3, the CRG SI is pursuing a stronger focus on a number of key areas

Component 1

Emphasis on expected TA outcomes to allow for better understanding of medium- and long-term value of TA

Support for *TB*- and *malaria*-related TA generation

Improving *linkages* with Component 2 grantees and TA supported by *technical* and *bilateral partners*

Reinforcing the principle of *peer-to-peer* TA provision by requiring the involvement of local *community experts*

Component 2

Development and implementation of workplans that focus on *country-level impact*

Carefully *differentiated* roles and results expected of TB and malaria grantees

Limiting the number of sub-grantees eligible under each grantee, in order to *better focus funds* to obtain measurable outcomes

Component 3

TA demand generation which meet eligibility criteria

Strengthening TB and malaria community engagement

Improving *TA coordination* and lesson sharing

Support civil society and communities to more effectively engage in the Global Fund's *multi-country grants*

Critical Enablers

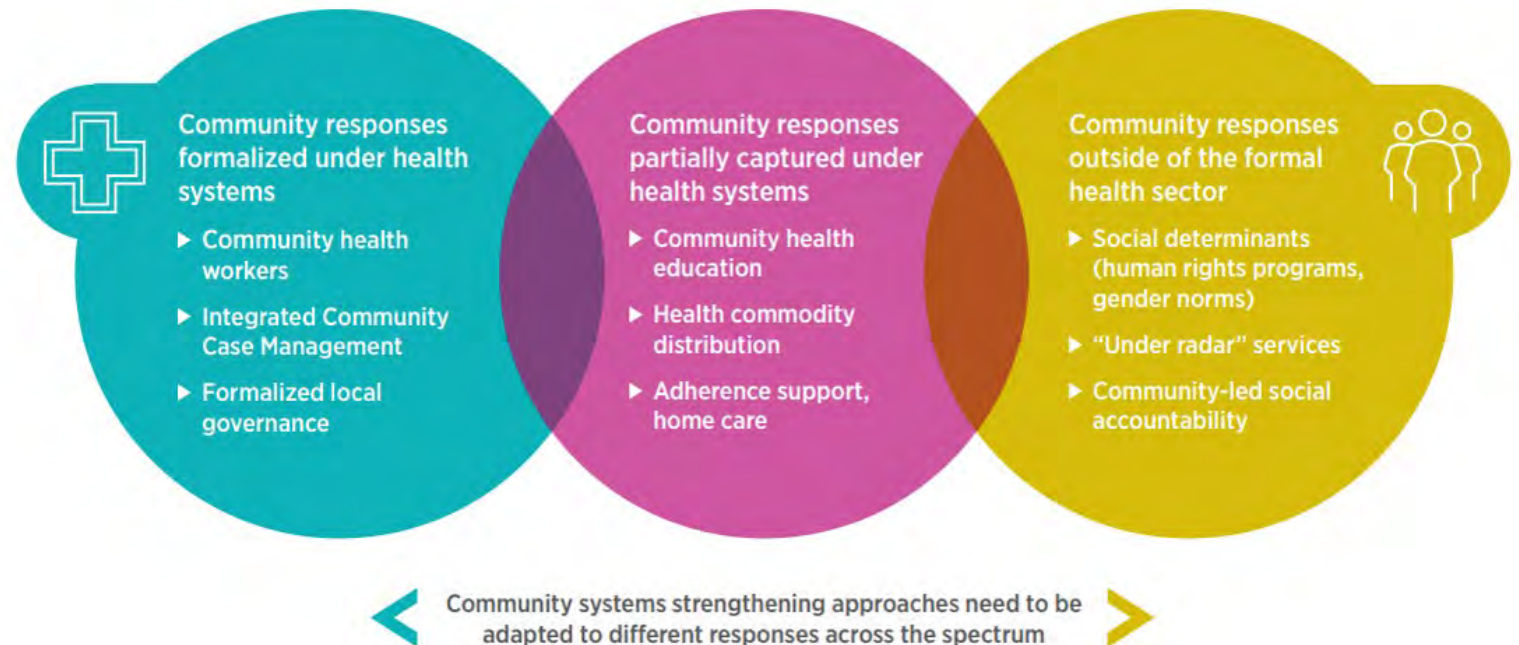
Community Systems & Responses

Responses led by communities – and the systems and structures needed to support them – are *critical enablers* for achieving all four of the strategy’s Strategic Objectives and SO3 in particular

A preliminary analysis of signed NFM3 grants shows that approximately *US\$827 million* has been invested in community responses*

The majority of investments (US\$740 million) have been made in interventions formalized under health systems – including integrated community case management and CHWs

For NFM3, the GF has strengthened its focus on increasing direct RSSH investments in *community systems strengthening (CSS)*



Critical Enablers

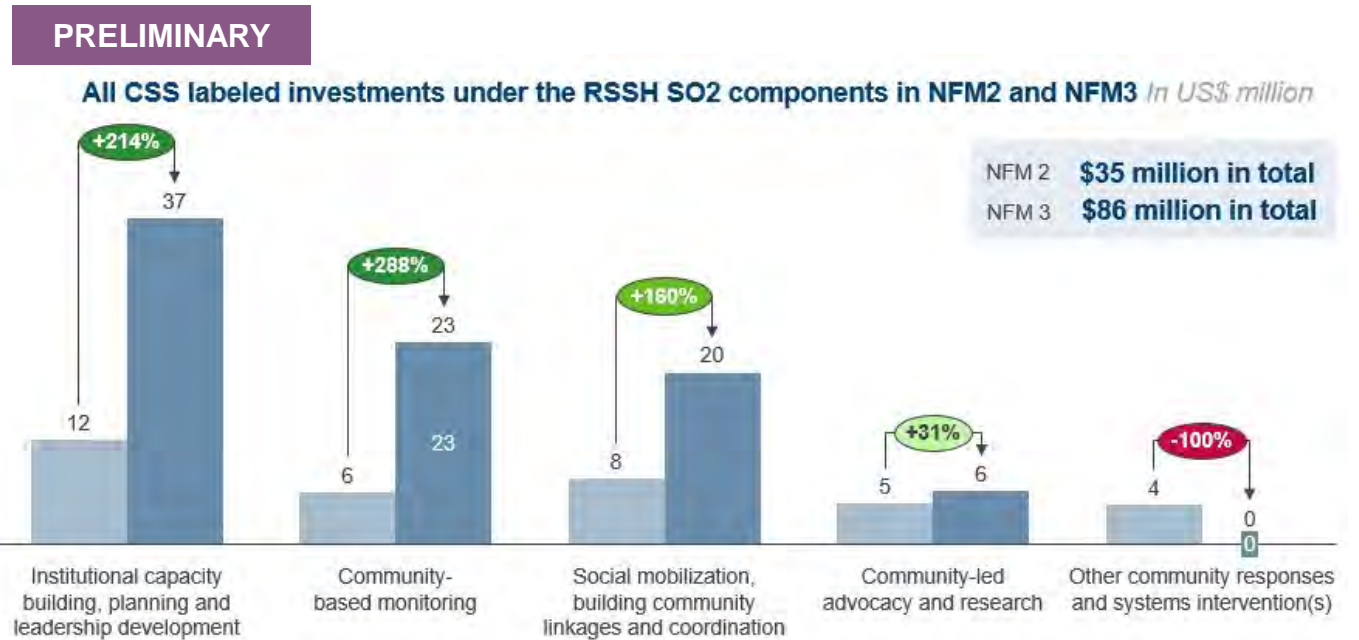
Community Systems & Responses

CSS is a cornerstone of the Global Fund's approach to RSSH and improving community responses that sit outside the formal health system

Investments in CSS play a vital role in ensuring *equitable access* to quality services that are human rights and gender responsive

The Global Fund's CSS technical brief and Modular Framework identifies four core CSS interventions under the RSSH Module:

- Community-based monitoring
- Community-led advocacy & research
- Social mobilization, building community linkages and coordination
- Institutional capacity building, planning & leadership development



There has been a *145% increase* in CSS investments in signed NFM3 grants over NFM2 levels*

Critical Enablers

Community Systems & Responses

The Global Fund's 2014 CSS Framework, 2019 Information Notes and CSS Technical Brief emphasize the particular importance of *community-led monitoring (CLM)** in ensuring health systems are *equitable* and result in improved health outcomes for all

For NFM3, the *CLM Strategic Initiative* has been introduced as a sub-component of the *SDI Strategic Initiative*

Objectives

- 1 Improve uptake and use of CLM by strengthening the capacity of communities to gather, analyze and use granular data on availability, accessibility, acceptability, affordability and quality of HIV, TB and malaria prevention and treatment services.
- 2 Strengthen integration of CLM into disease responses and national strategies, particularly around prevention, care and treatment programs for vulnerable and key populations in HIV, TB and malaria programs, in order to improve program quality; along with increased resources invested in community systems and responses to improve program performance and equity, oversight, and accountability.
- 3 Generate evidence on the impact of CLM on service delivery, collaborating with technical partners, donors and communities to capture best practice approaches, contribute to the global body of knowledge, and establish a community of practice.

Long-term TA



Bangladesh (TB), Côte d'Ivoire (TB/HIV), Jamaica (HIV), Philippines (TB), Ukraine (HIV), Greater Mekong RAI multi-country grant (Myanmar, Laos, Cambodia, Thailand, Vietnam) (malaria)

Short- to medium-term TA



All GF-supported countries, excluding long-term TA countries

Annex

High-level findings

TRP: Observations on 2017 – 2019 Allocation Cycle / Input on the Strategy 2023 and Beyond

- Few FRs included human rights or gender considerations. Matching funds increased attention to human rights, key populations and adolescent girls.
- While there have also been improvements in attention to key and vulnerable populations, some policy barriers, ongoing gender disparities, entrenched social norms and inadequate attention to community systems impede progress
- Few FRs included strong analysis of **legal/policy frameworks** that impede impactful health responses for KVPs, women and adolescents → even fewer included support for communities to lobby for the removal of such laws/policies.
- Despite increased inclusion of sex-disaggregated in FRs (particularly HIV and TB), gender analysis is frequently missing and **prioritization** of interventions was weak overall.
- Link between data shows and what countries request tenuous → data clear on disproportionate HIV burden among KVP, but **few FR** committed adequate resources to **remove policy barriers**
- Inadequate programs to address **intersectional needs** of women, girls, transgender persons who are also members of other key populations.
- Recognition and analysis of human rights and gender-related barriers improved but **not sufficiently resourced programs**.

[TRP: Observations on 2017 – 2019 Allocation Cycle](#)

High-level recommendations

TRP: Observations on 2017 – 2019 allocation cycle / Input on the Strategy 2023 and beyond

- Reinforce people-centered, country-specific strategies to **drive equity and impact**.
- Position health as a **human right** and invest in **systems** that **build equity**.
- Leverage Global Fund influence to challenge exploitation, **human rights and gender-related barriers and abuses**.
- Address the cultural, political, social, legal, and economic drivers of the epidemics, including **poverty, criminalization, harmful gender norms, stigma, and discrimination**.
- Invest in strengthening sub-national and **community-driven systems and services**.
- Country programs and associated funding requests should **pay increased attention to human rights and gender equality** as well as continue to stress **community programming that reduces barriers to access**.
- Continue to push for **meaningful representation and participation of key populations on CCMs**, as program implementers, and in decision-making at all levels of national responses.
- Cement **gender equality and human rights** at the heart of everything the Global Fund does.

High-level findings

PCE: 2020-2021 SYNTHESIS REPORT

- NFM3 grants have **not substantially changed** their orientation toward human rights, gender.
- Human Rights, Gender and Equity (HRG-Equity) **investments rose**, in many cases due to overall allocation increases. Limited adoption of related indicators/performance monitoring.
- Early **implementation delays (contracting SRs)** disproportionately affected HRG-Equity activities and **absorption remained low** in some HRG-Equity-related areas.
- PCE countries show evidence of FRs being **designed** with more focus on **improving equitable access to health services in NFM3**.
- Despite greater **inclusivity** during FR **development**, this tended to **decline during grant making**, where key decisions are taken.
- **COVID-19** caused significant disruption, particularly for HRG-Equity investments, which required agile adaptations
- TRP recommendations informed NFM3 grants, especially for **HRG-Equity**. Grant revisions **increased budget in HRG-Equity**.
- **Measuring Global Fund impact** on other areas of equity beyond KVP service delivery, whether due to socioeconomic status, gender barriers or ethnic group discrimination, **remains challenging**.
- **KVP representatives** reported feeling **more included** in NFM3 funding request processes than in NFM2, helped by having experience from previous processes and support to build their capacity.

High-level recommendations

PCE: 2020-2021 SYNTHESIS REPORT

- To improve grant contribution to **equity and SO3**, explicitly promote grant investments in these areas, including through more direct **measurement of the drivers of inequity**.
- Invest more in **data and data use**, including up-to-date KVP surveys as well as other data sources that shed light on **socio-economic, gender and ethnic differences** in disease burden and access to services (Country Teams, national stakeholders).
- Continue incentivizing such investments through **strategic initiatives and/or matching funds**.
- Ensure performance frameworks incorporate existing data including on **human rights** and political commitment as well as disease burden and service access (Country Teams, national stakeholders).
- Instructions to Global Fund applicants should request **sex- and gender-disaggregated data** on key indicators for the three diseases, and the Global Fund should support efforts to improve collection of these data.
- Strengthen support to prevention of **violence and services for survivors** and move to scale up programs.
- Strengthen support for **gender-transformative programming** that leads to **empowerment of girls and women** and meaningful engagement of **boys and men**.
- Address legal, policy, cultural and religious barriers to health services

High-level findings

OIG Advisory on Human Rights

- The Secretariat has made good progress in implementing SO3 and has been committed to further strengthening its response
- The Global Fund has **elevated the commitment to human rights and gender equality to the highest level**, the Global Fund Strategy.
- It has taken a **pragmatic and programmatic approach to human rights**. It focuses its efforts on where it can make the biggest difference: removing human rights-related barriers to health services, to increase uptake of and retention in services.
- Re-affirmed in the context of COVID-19, **a human rights-based and gender-responsive approach to all of its programming**.
- The **greater focus on human rights is showing strong results**, in terms of much **increased investment** in programs to reduce human rights-and gender-related barriers to services, but also in terms of **increased commitment** and development of country-owned, budgeted action plans to removing barriers. This is particularly the case in **countries part of the Secretariat’s “Breaking Down Barriers” initiative** where mid-term assessments
- Efforts are not limited to “Breaking Down Barriers” countries but have **expanded across the portfolio**, recognizing that barriers need to be reduced everywhere, and not only for HIV but also TB and malaria.

[Removing human rights-related barriers: Operationalizing the human rights aspects of Global Fund Strategic Objective 3 \(GF-OIG-19-023\)](#)

High-level recommendations

OIG Advisory on Human Rights

a. Aligning human rights investments and understanding with corporate priorities

1. Categorize countries according to priority and provide differentiated support
2. Raise awareness and communicate priorities
3. Improve management and reporting of human rights risks at corporate and grant levels

b. Clarifying roles and responsibilities to drive SO 3

1. Define roles, responsibilities and strategic priorities related to human rights for relevant departments
2. Place dedicated human rights technical experts in Grant Management
3. Strengthen human rights considerations in the grant process
4. Embed human rights considerations in role expectations
5. Build internal capacity related to human rights

c. Improving monitoring of human rights-related investments

1. Refine methods for measuring results of human rights-related investments
2. Review automated methods to calculate KPI 9c
3. Revise KPI 9 to expand coverage to the broader portfolio and review automated methods to calculate KPI 9b

High-level findings

TERG Thematic Review on HIV Primary Prevention

- **Programmes for AGYW present a mixed picture with regard to budget changes. Low absorption in some programs:** keeping girls in school (39%) and gender-based violence prevention (22%).
- NFM2) there has been greater prioritisation within HIV primary prevention funding for AGYW and continued prioritisation for key populations (KPs)
- Despite improved advocacy, human rights, gender and other structural interventions continue to be seen as insufficient or not well designed. This may be partly due to the country-led model whereby countries may prefer to omit politically sensitive or contested HIV prevention elements from their grants.
- The Global Fund model leads to prioritisation of biomedical/ facility-based services, mostly focused on scaling up testing and treatment and a weaker prioritisation of activities to scale-up prevention programming and address human rights and gender related barriers.
- With regards to AGYW and human rights programming, there is the need to ensure that sourcing of the TA is technically “up-to-date” and provided by experts/specialist in the respective fields. The availability of high-quality TA for AGYW interventions was seen as critical challenge.
- Whilst progress has been made with regards to investments to address human rights challenges faced by KPs over the 2017-2019 period, this remains an areas which requires further attention.
- Catalytic funding approaches in NFM2 have been key for HIV primary prevention investments being included in grants, although the quality of the focus of the interventions could be further improved in some instances.

High-level recommendations

TERG Thematic Review on HIV Primary Prevention

- **Supporting KVP engagement** – the Global Fund should continue to support enhanced KVP engagement through supporting capacity building of these organisations and pushing for the inclusion of CBOs and KVPs in the implementation, monitoring and review of HIV prevention programmes
- **Affecting structural barriers** – The Global Fund should use its position in the global landscape to affect structural barriers to access of HIV prevention services in country, noting that these are complex, slow to change and involve country-level issues that require country-led movements and updating of legislations as well as are supported through certain global partners. This could be through advocating at the global level or at the country level. Further, the Global Fund should also facilitate greater understanding within the Secretariat on these barriers, and provide relevant TA for countries as appropriate.
- Continue to support existing initiatives to **improve the quality of KVP engagement in grant implementation** processes ensuring active participation by KVP associations and networks, not only during the design of funding requests but also during grant making and grant implementation.
- Ensure adequate and quality investments in addressing community strengthening, human rights, gender and other structural barriers to services for KVP, and ensure that the outcomes from these investments are monitored and contributing to prevention outcomes.
- Ensure that Global Fund guidance clearly states the requirement that countries address scaling up coverage of HIV prevention programmes for relevant KPs, and for AGYW and male partners as appropriate given the country context, especially for transition countries.

High-level findings

Strategic Review 2020

- SO3: **Substantial inequalities** exist in access to and utilization of services and health outcomes across the Global Fund portfolio. Limited progress to date, albeit with variations by geography, disease, and KVP group. Investments in HRG and to reduce inequalities among specific population groups have historically been low.
- Investments in **human rights** have increased significantly in a sub-set of countries, particularly where specific additional financial and technical support has been provided, with some emerging evidence of positive results being achieved in these countries as reflected by KPI 9. However, little evidence of similar gains being made across the wider portfolio, including in countries where there are substantial issues.
- Limited progress against **gender objectives**. Performance against the KPI 8, (targeting a reduction HIV incidence in women aged 15-24 years old), is below target. While progress is being made in some programmatic areas (e.g. to scale up funding and implementation of activities to address GBV among AGYW), there is weak progress in other areas (e.g. to prioritize preventive strategies to control malaria) and Funding Requests often leave critical issues unaddressed.
- A stronger, integrated focus on human rights and gender (SO3), which are core to achieving impact, and clear metrics to monitor and measure results. The COVID-19 pandemic has highlighted the numerous challenges to already weak health systems to reach the poorest and most vulnerable, and the consequences of not doing so.
- Different interpretations of what equity means hampers a consistent approach.

[Strategic Review 2020](#)

High-level recommendations

Strategic Review 2020

- **Use catalytic investments selectively** in areas where there is clear added value, as determined on a thematic (e.g. prevention, AGYW, HRG), country, or regional basis.
- Develop an overarching **MEL framework**: fill gaps in the current system (e.g. in relation to equity, HRG, RSSH, partnerships)
- Efforts to plan investments in **specific areas over multiple grant periods** (e.g. through the Breaking Down Barriers initiative) should be expanded.
- **Intensify focus on SO3**, including by drawing on lessons from the catalytic investments which suggest that dedicated funding and technical assistance yield gains.
- Consideration could also be given to focusing the SO more broadly on **‘achieving equity’** since this might more explicitly emphasize the linkages to other the SOs and secure greater buy-in but possibly at the expense of losing traction/focus on human rights and/or gender equality specifically. Alternatively, equity could be framed as a principle underpinning the entire strategy.

High-level findings

CRG Strategic Initiative 2017-2019: Independent Evaluation

- Achieved **remarkable growth and maturation**, expanding its remit across the grant cycle and solidly into malaria and TB, expanding geographic reach.
- **Potential for further strengthening and achievement** that is underpinned by a history of consistent learning and evolution.
 - Significant gains made in **equity** across disease components and geography.
 - Contributes to **sustainability** through clear alignment with Global Fund sustainability and transition efforts, including partnership with other relevant Strategic Initiatives.

[CRG Strategic Initiative 2017-2019: Independent Evaluation](#)

High-level recommendations

CRG Strategic Initiative 2017-2019: Independent Evaluation

- Enhance communication and collaboration across components through regular information exchange between all three components.
- Assure equitable dedication to design of and investment in technically sound malaria-related interventions, noting the fundamental differences in the nature of community in the malaria response.
- Continue alignment with other Strategic Initiatives to ensure that key and vulnerable populations are equitably included in all SIs.
- Maintain flexibility in the CRG Strategic Initiative to respond to changes in the health landscape, including developments in health security and health coverage.