

Community, Rights and Gender Annual Report

50th Board Meeting

GF/B50/10

14 – 16 November 2023, Geneva, Switzerland

Board Information

Purpose of the paper: This paper is to provide an update on the work of the Secretariat in relation to Community, Rights and Gender, without duplicating the updates provided to the Strategy Committee and Board on Community Engagement, Systems and Responses, Gender, and Human Rights in 2022-2023. With the launch of the CRG Ready restructure, the Secretariat is now better placed to deliver on the Strategy in relation to CRG.

Executive Summary

The Global Fund's 2023-2028 Strategy puts communities living with and most affected by the diseases at its center and recognizes that its goals to end HIV, TB and malaria as epidemics cannot be achieved without also prioritizing progress on health equity, gender equality, and human rights. This strategy becomes more important now, as well-resourced and coordinated global anti-rights and anti-gender movements are making significant strides in rolling back progress on the rights of LGBTQ communities, women and girls, sex workers, people in prison, mobile populations, including internally displaced people, migrants and refugees, and people who use drugs.

Communities most affected by the diseases are currently experiencing acute crises. For instance, in countries like Uganda, an anti-homosexuality act is putting in jeopardy the lives, health, and well-being of LGTBQI people and their allies. But across all regions, in many countries where the Global Fund works, key affected communities and organizations that are led by or work with LGTBQI people are facing increasingly hostile political rhetoric, crackdowns on their activities by state-led institutions, and restrictions on civic space that are putting them and their work at risk.

Investments in programs to address human rights and gender-related barriers and engaging communities in their design, delivery, and monitoring, builds a strong foundation that enables communities and the organizations that work with LGTBQI people to adapt when crises occur, or risks increase. For example, having existing safety and security measures, access to legal support, and partnerships with communities can help minimize disruptions in life-saving HIV, tuberculosis, and malaria services. Yet despite strong evidence about the importance of community-centered, equity-oriented, human rights-based, and gender-transformative approaches, and some significant progress in taking these approaches forward, there is still more to do to ensure they are fully embedded within Global Fund-supported programs.

The Technical Review Panel's observations from Windows 1 and 2 provide an encouraging assessment of progress on gender equality and equity, with scope for further improvement, particularly for investments to address human rights-related barriers. In the first two windows of grant cycle (GC) 7, funding requests that addressed human rights-related barriers flatlined at about 66% of grants. There was a notable strengthening of gender equality considerations within funding requests, with an increase from 58% in GC6 to an average of 70% in GC7. Significantly, about 82% of GC7 grants included investments in equity-oriented outcomes, with interventions designed to address health inequalities and structural barriers to health. About 81% of proposals included well-articulated roles for community-led and community-based organizations in service delivery.

This report outlines how the work that the Secretariat is doing, often in close collaboration with partners, helps to counter threats and strengthen the resilience and impact of Global Fund-supported programs for better health outcomes. The report

gives examples of initiatives and strategies that the Secretariat is undertaking within the context of the three diseases and resilient and sustainable systems for health (RSSH) to promote human rights, gender equality, and equity; strengthen the leadership and engagement of communities; and increase accountability and transparency. While each of these initiatives are important on their own, they are complementary, and their impact is amplified when one or more of them are implemented together. In addition, this report underscores the importance of embedding what the Secretariat has learned from implementing these initiatives and strategies in the design of all grants in GC7 and beyond. The report does not however seek to replicate the materials provided through the recent thematic updates provided to the Board by the CRG department in November 2022 and May 2023.

Given the current political context, as well as the imperative to end the HIV/AIDS, TB and malaria epidemics, there is a clear need for greater investments in programs to address human rights- and gender-related barriers to health and strengthen community leadership, engagement, and systems for effective community-led and – based responses. Strategic investments and matching funds act as important catalysts by providing incentives to countries to implement programs to remove human rights and gender-related barrier and increase investments in equity-oriented, gender- transformative and human rights-based approaches, and by demonstrating their power. However, they are insufficient on their own: additional efforts need to be made across the Secretariat and Global Fund partnership simultaneously to fully integrate these approaches and programs within Global Fund processes and core country grants, prioritize and fund these issues at appropriate levels, and ensure clear and consistent responses when human rights or other crises occur. Intersectional approaches, which recognize and respond to the multiple and overlapping forms of discrimination, marginalization, and exclusion that increase the vulnerability of many populations to the three diseases—will also need to be a stronger focus of initiatives and programs moving forward to ensure that services are reaching the communities that are often most neglected within disease responses, including by community-led organizations.

Context

For the past decade, civic space has been under increasing pressure, with governments across the world enacting restrictions on the registration, funding, and operations of civil society and community-led organizations and suppressing rights to information, freedom of speech and assembly. Of the 129 countries where the Global Fund provides resources, 65 of them are classified by [Civicus](#) as closed or repressed, where community-led and civil society organizations face risks of surveillance, intimidation by both state and powerful nonstate actors, bureaucratic harassment, deregistration, closure, and in some cases violence.¹ In 2021, these countries also accounted for almost 80% of deaths from AIDS, TB and malaria and approximately 85% of new HIV infections and TB and malaria cases.

The closing of civic space coincides with increasing attacks on human rights, particularly of key and vulnerable populations, and gender equality. These attacks are being led by a well-funded, well- coordinated, and growing anti-rights movement. This movement has played a key role in increasing hostile political rhetoric, restricting access to information and essential health services for women and LGBTQI individuals, enacting anti-LGBTQI laws and policies while rolling back policies on gender-based violence, and increasing surveillance, harassment, and violence against organizations and individuals that work on these issues.

As a result of both closing of civic space and the rise of anti-rights movements, organizations that are led by key and vulnerable populations, women and adolescent girls, and young people, and that conduct advocacy and/or provide services on issues related to human rights and gender

equality face the greatest risks. In many cases, these are the very organizations that the Global Fund relies on to increase the effectiveness and impact of HIV/AIDS, TB, and malaria responses. In this context, the Global Fund's work to center communities in the design and delivery of programs and increase investments in programs that reduce inequities and human rights- and gender-related barriers to health is particularly critical. The overall deterioration in the environment must also be considered in relevant debates such as those relating to the evolution of the global health architecture and where the engagement and leadership of communities and civil society at all levels of health responses must remain an imperative.

1. Strengthening Community Leadership and Engagement

1. The success of the Global Fund's model is grounded in robust and resilient communities that are organized, can advocate effectively for their needs, and engage in the design, delivery and monitoring of HIV, TB, and malaria programs. Where communities are effectively engaged, programs are more successful in increasing access to and uptake of services, improving quality and equity, and addressing underlying social and economic determinants of health, including human rights and gender-related barriers. Yet, significant barriers exist that prevent communities, particularly key and vulnerable populations, from fully engaging in health decision-making processes, including those related to the Global Fund, and in implementing services.
2. Through strategic initiatives and matching funds, and collaborations with partners, the CRG department is leading efforts to create an ecosystem that enables communities to not only engage, but to lead the development of policies, programs and delivery of services, while ensuring accountability and transparency. These include efforts to support and strengthen the engagement of communities that are often absent from or marginalized within decision-making tables, such as under-served populations across the three diseases, women, girls, and gender-diverse communities. Measures to address the barriers to their meaningful engagement such as risks to safety and security and support for the use of tools—like community-led monitoring—to ensure that services are responsive to their needs have also been prioritized. Work is also happening across the Secretariat, including within the CCM Hub, to ensure that the Global Fund's policies and processes meaningfully integrate and appropriately prioritize community engagement at every step: from participation on CCMs and the development of funding requests to grant-making and grant implementation. Throughout grant processes, the Secretariat puts a particular emphasis on ensuring that community-led and community-based organizations have greater access to funding and technical assistance to be able to do their work effectively. Both specific interventions and integrated approaches are essential to create an environment where communities are truly at the center of health responses.

1.1 Strengthening the safety and security of key population programs

3. As highlighted in the KPI report to the Board, the Global Fund remains one of the most significant financiers of HIV programs for key populations: in GC6, 102 countries reported having included an investment in one or more key populations in their grants. However, hostile environments undermine the effectiveness of key population programs in several ways. For example, they make it more difficult to: engage key populations and their organizations in design and delivery; hire peer educators, health workers, and clinical staff because of their own biases or the risk they may face stigma and discrimination because of their association with key populations; ensure the security of clinics, offices, and drop-in centers; ensure digital security, including of websites, and other online spaces and tools; protect staff from harassment and violence; and collect reliable data, and keep it secure. This in turn reduces access to and uptake of services by key populations, affecting coverage and quality of key population programming. The Global Fund recognizes that it needs a multi-prong approach to prepare for and respond to security crises affecting key population programs. This approach includes investing in strengthening the capacity of local organizations, particularly those led by key populations, to undertake security assessments and implement plans to address gaps, while also scaling up programs to address human rights-related barriers for key populations. By decreasing stigma, discrimination, and violence, and increasing access to justice, these programs contribute to a safer and more conducive environment for key population programming.
4. In response to specific demands from community-led and community-based organizations delivering services for key populations, the CRG department began working with the Civil Society Institute for Health in West and Central Africa (CSI), hosted by Enda Sante, to develop locally driven and practical strategies to increase safety and security. Learning from the experience of PEPFAR-funded Epic program implemented by FHI360, the Global Fund and CSI, in consultation with Grant Management Division, prioritized a few countries in West and Central Africa for support in this area.
5. The [Security Toolkit](#), released jointly by the Global Fund, CSI, and FHI360 in January 2023,² was developed through a consultative process that included adapting existing security assessment tools and working in partnership with principal recipients (PRs), sub-recipients (SRs), and community-led organizations to ensure that it was responsive to their realities. It is focused on helping organizations that implement HIV key population programs to systematically identify their capacities, strengths, and vulnerabilities, risks and weaknesses in relation to security; identify and prioritize risks and threats that they may be facing; make plans to address those risks and reduce their vulnerability; and facilitate effective responses when incidents do occur. The toolkit is also meant to facilitate conversations and actions on safety and security within Global Fund grants, by ensuring for example, that PRs and SRs mainstream security considerations in all aspects of program design, including dedicating funding to making outreach activities safer, strengthening security infrastructure, or for crisis response mechanisms, such as legal fees, temporary shelter, or emergency health services, including for mental health. The Toolkit was also adapted and translated into Spanish under the leadership of Via Libre, the CRG communication and coordination platform for Latin America and the Caribbean. To respond to the increased safety and security risks in EECA, the toolkit is being translated

into Russian by UNDP, the Global Fund PR in Tajikistan.

6. CRG is continuing to work with CSI and other regional learning hubs through the Community Engagement Strategic Initiative to facilitate sharing of lessons learned on the use of the toolkit and efforts to strengthen local capacity to support communities to identify, prepare for, and respond to security and safety risks. At the same time, CRG is working with the Grants Management Division and other departments within the Secretariat, Local Fund Agents, and the Technical Review Panel, to ensure that the Global Fund is better equipped to mitigate safety and security risks in programs and respond to crises when they do occur. These steps include embedding the assessment of human rights- related barriers and of security risks within guidance notes; assessing security- related incidents and other aspects of human rights risk as part of Integrated Risk Management (IRM2.0); updating the Human Rights crisis registry; addressing security concerns in the CRGE checklist for grantmaking; and ensuring that safety and security is understood by all parties as part of the Global Fund's Duty of Care. Finally, the Global Fund's investments in programs to address human rights-related barriers to care, including programs such as legal literacy and services, as part of Breaking Down Barriers, are critical precursors for strengthening safety and security.
7. When crises do escalate, the Global Fund relies on the advice of key affected communities and the Global Fund partnership to guide locally appropriate actions, while ensuring that its response does no additional harm. An internal Crisis Coordination Group is formed to discuss the Global Fund's response and the Secretariat uses tools like rapid reprogramming and budget flexibilities to support PRs and SRs to adapt key population programming and strengthen the safety and security of implementers and clients, as done in Uganda and Kenya. Lessons learnt are informing the evolving approaches to managing grants in human rights crises and coordination of roles and responsibilities across the Global Fund partnership, as discussed during the informal Board call on human rights in July 2023.

1.2 Engaging key and vulnerable populations in TB and COVID-19 responses

8. When the Global Fund started releasing funding for emergency responses and adaptations to COVID-19 through the C19RM, it quickly became clear that affected communities were not deeply engaging in country-level taskforces or in the design of funding requests. Funding was set aside to support communities to hold consultations and develop priorities, which resulted in greater engagement of HIV, TB, and malaria communities in 2021. However, further analysis demonstrated that the communities that did engage were largely groups that the Global Fund already worked with. Specific communities that were deeply affected by COVID-19 were still being left behind: slum dwellers, people with disabilities, people with mental health conditions, refugees, internally displaced peoples, migrants, and people in prison and ex-prisoners, among others. These communities are often the most vulnerable not only to COVID-19 but also TB, and who are also most likely to be left out of national decision-making platforms.
9. In response, the Global Fund collaborated with the Stop TB Partnership to identify jointly

with National TB Programs and community partners how to better reach these communities and engage them in TB, COVID-19, and pandemic emergency responses. The resulting Community Engagement and Leadership in Pandemic Governance project aims to: identify, test and document strategies to engage most excluded communities in national TB networks, to influence decisions on COVID-19 and pandemic preparedness and response; identify and facilitate access to technical support; and embed lessons from the project into Global Fund processes. CRG and Stop TB, in partnership with two regional organizations—the Activist Coalition on TB – Asia Pacific (ACT!AP) and the Africa Coalition on TB (ACT Africa)—are supporting local organizations in Cambodia, Cameroon, Indonesia, Kenya, Mozambique, Nigeria, Philippines, and Sierra Leone to pilot community engagement assessment tools and strategies with locally-decided communities.

10. This one-year pilot will provide a better understanding of the coordination mechanisms that already exist among these communities, the barriers they face, and what strategies work to engage them in health decision-making tables. Learning will inform future strategies to strengthen TB survivor networks, increase coordination with TB key and vulnerable populations, and strengthen their meaningful engagement in the design, implementation and monitoring of health programs.

1.3 Deepening partnerships with organizations led by and working with women, girls and gender-diverse communities

11. Since 2018, the Global Fund has been working with ViiV HealthCare and Fondation CHANEL to strengthen women's leadership and engagement in HIV responses through the HER Voice Fund, focused on adolescent girls and young women, and Voix EssentiELLES, focused on women in all their diversity. The initiatives have provided grants and capacity development for community-based organizations, groups and networks that are led by women and adolescent girls and strengthened their participation and leadership in health decision-making processes. It has resulted in more effective and more targeted HIV programs for women and adolescent girls in the sixteen countries where the Funds operate. This initiative has also complemented the work of the Adolescent Girls and Young Women (AGYW) Strategic Initiative and country grants to accelerate the decline in combined HIV incidence rate among females 15 - 24 years in the 13 adolescent girls and young women (AGYW) priority countries as captured in the KPI report on KPI 18. Building on the success of these programs, the Global Fund has launched a new Gender Equality Fund with ViiV HealthCare and GSK, to work alongside women, girls, and gender-diverse communities and their organizations to design, deliver, advocate for and influence gender- transformative and gender-affirming approaches to health. The intention is for other partners and funders to join this initiative and expand its reach and influence.
12. The Gender Equality Fund will provide multi-year funding to organizations led by and working with women, girls, and gender-diverse communities, with a focus on those most affected by HIV, TB, and malaria, including sex workers, people who use drugs, refugees and migrants, and other key and vulnerable populations. It will support advocacy

to ensure that women, adolescent girls, and gender-diverse people can sit at decision-making tables, influence national policies and budgets, and integrate gender-transformative and gender-affirmative approaches into national health programs. It will also support initiatives that aim to tackle the underlying causes of gender inequality, including by challenging harmful gender norms, addressing underlying social determinants of health, eliminating discrimination and other gender-related barriers to access and uptake of health services, and ensuring that women, girls, and gender-diverse communities have access to quality care.

13. The Gender Equality Fund is being developed in consultation with community-led organizations and a process is underway to ensure that communities are engaged in the Fund's Steering Committee and decision-making processes. Recognizing that many organizations working on human rights and gender equality face harassment and violence, the Gender Equality Fund will integrate lessons from the Global Fund's work on safety and security for partner organizations. By deepening partnerships with a more diverse group of organizations working on gender equality and health, the Gender Equality Fund will also play an important role in building local capacity to counter the growing attacks on human rights and gender equality in its focus countries. The Gender Equality Fund has the potential to drive more systemic and transformative change by increasing the capacities of women, girls, and gender-diverse communities to influence Global Fund processes at the country level, increasing the use of gender assessments to inform program design, and ultimately increasing investments in gender-transformative and gender-affirmative responses to the three diseases, both through Global Fund grants and beyond.

1.4 Increasing transparency and accountability through community-led monitoring

14. The theory of change behind community-led monitoring is simple: communities take the lead to routinely and independently monitor issues that impact them and then work alongside decision-makers to co-create solutions to the problems that they identify. If issues aren't resolved, then communities escalate their advocacy, using evidence and data from their monitoring, to push for broader and more systemic change. In turn, the data from monitoring becomes a powerful tool that communities can use effectively to increase accountability of service providers, governments, and donors, improve the quality and accessibility of services, and ensure that their needs are being met. Community-led monitoring of human rights violations and programs to address them are particularly relevant in the context of the current global anti-human rights movement.
15. The Community-Led Monitoring (CLM) Strategic Initiative (SI), now in its third year, was designed to improve the uptake and use of CLM by strengthening the capacity of communities; increase the integration of CLM into disease responses and national strategies; and build evidence on the impact of CLM on service delivery. The Global Fund has also invested in a 4-year CLM initiative focused on COVID-19 responses, to conduct rapid assessments on the impact of COVID-19 on communities, inform COVID-19 responses and adaptations to HIV/AIDS, TB, and malaria programs, and contribute to

evidence and learning. Through these initiatives, the CRG department has cultivated a cadre of technical assistance providers, supported the development of specific tools and guidance documents, facilitated the training hundreds of community members in CLM approaches, and provided technical support to CLM initiatives on HIV, TB, and COVID-19 responses in at least 26 countries.

16. In September 2022, the Secretariat organized and led the first in-person Global CLM Meeting with the US government, technical agencies including the Stop TB Partnership and UNAIDS, technical assistance providers and CLM implementers, to take stock of progress, share country best practices and resources and agree on a collectively owned action plan to facilitate stronger coordination.
17. The Secretariat, in partnership with the International Treatment Preparedness Coalition, also organized a first-ever meeting on CLM for malaria in Cape Town in June 2023, with representatives from 15 countries from Africa, Asia and Latin America. The meeting convened government officials from National Malaria Control Programs (NMCP), representatives from development and technical partners, civil society, and community-led and –based organizations employing frontline workers in malaria programs. Together, they developed a set of principles to guide the use of CLM in malaria contexts and build understanding of how CLM can be used to strengthen national and community-level malaria control and elimination strategies. A similar regional meeting on CLM for TB, to be held in Manila later this year, will bring together representatives of National TB Programs and civil society to support countries to operationalize their GC7 plans on CLM for TB. The goal is to support the effective design and implementation of CLM and facilitate closer coordination between communities and National TB Programs and other stakeholders.
18. Through these convenings, the CLM SI is not only supporting the scale up of CLM within Global Fund grants, but also helping to strengthen the field by building communities of practice and contributing to the generation of essential knowledge about how to effectively design and implement CLM programs to drive improvements in the quality of health responses.
19. Some clear lessons are beginning to emerge from this work: first, is the need to invest in building trust between governments, service providers, and the communities that are leading monitoring, so that those who are being held accountable through monitoring can appreciate the value of and more effectively use community-generated data to inform policies and programs. Second, investments are needed not just in establishing tools and collecting data, but in supporting communities to analyze, communicate and visualize that data and use it effectively in their advocacy. Third, when CLM is integrated into grants, safeguards may be needed to ensure that communities can remain independent and maintain ownership over the data they collect. Finally, there is a need for flexibility in approaches to CLM, which in malaria programs often looks like community-based monitoring, due to the nature of the communities engaged and target it, and technical assistance (TA) to strengthen it. Long-term TA has had mixed results considering the newness of the intervention; instead, demand driven TA to unblock bottlenecks or support design and costing, or data analysis and use has proven very successful to effective

implementation of CLM, and use of grant funds. Similarly, in some contexts CLM may have been identified as an approach in grants, but for various reasons, countries and communities may not be ready to implement such an approach and often may need more time to build a foundation that would allow CLM to be used effectively in the future.

20. With the launch of the Global Fund's 2023-2028 Strategy, which emphasized the role of CLM as a core part of social accountability and people-centered, quality healthcare, partners in more countries are now considering how to use the data collected through CLM in a structured and routine way to improve the reach and quality of programs, as part of regular program monitoring and/or reviews. The Secretariat has been working to support these efforts and to operationalize emerging lessons through grant and complementary guidance, and by working with the International AIDS Society to develop a guide to support inclusion of CLM in funding requests. It has also supported the development of a repository of resources so implementers can access lessons learned and incorporate most recent and innovative practices into their program design.
21. Investments in CLM are increasing significantly in Grant Cycle 7, both in terms of value, but also in the number of components and countries where it has been requested. Moving forward, consideration may need to be given to how CLM, as a tool for social accountability, can strengthen civic space, and what it means to do CLM in contexts where civic space is restricted or where the political and social environment is hostile to communities and key populations. While CLM can be an important tool to monitor and track human rights violations, linkages to national human rights responses need to be strengthened, including by ensuring access to legal aid and safety and security measures for implementers.

2. Maximizing human rights, gender equality, and health equity in Global Fund-supported programs

22. The Global Fund's 2023-2028 Strategy recognizes that maximizing investments in human rights, gender equality, and health equity is essential for effective HIV, TB and malaria responses. To implement the strategy, the Global Fund is taking a dual-track approach through strategic initiatives and catalytic funding designed to increase investments in specific programs to address human rights and gender-related barriers. At the same time, the Secretariat is working to meaningfully embed equity-oriented, human rights-based and gender- transformative approaches throughout the Global Fund's work.
23. Grant Cycle 7 has provided an opportunity for CRG to work with other departments across the Secretariat to operationalize the Global Fund's 2023- 2028 Strategy and ensure that the Global Fund's processes encourage countries to consider human rights, gender equality and health equity within funding requests and throughout implementation. For example, the language in funding request templates has been strengthened and now asks countries to reflect on how the request maximizes human rights, gender equality, and equity. For TB and HIV, interventions to address human rights- and gender-related

barriers, reduce stigma and discrimination, increase legal literacy and access to justice, and support for community-led mobilization and advocacy to drive changes in laws, policies and practices are now considered program essentials. In the case of malaria program essentials, funding requests are encouraged include equity, human rights and gender considerations into implementation approaches in order to ensure subnational tailoring and people- and population- centered service delivery. Stronger risk management tools encourage those involved in the grantmaking and review processes to consider and mitigate how political and social environments, as well as technical capacities of principal and sub-recipients might contribute to human rights- and gender-related risks. The TRP is also now using a Gender Equality Marker as a tool to assess the extent to which Global Fund investments contribute to gender equality (see below).

24. In the first two windows of GC7, the Technical Review Panel noted that more countries were recognizing structural barriers to care and the need to address human rights and gender-related barriers to make progress across all three diseases. Funding requests that addressed human rights-related barriers flatlined, at about 66% of grants, while programs that addressed gender equality increased significantly from 58% in GC6 to an average of 70% in GC7. Encouragingly, 82% of GC7 grants included investments in equity-oriented outcomes, with interventions designed to address structural barriers to health and health inequalities.
25. Alongside this progress, the TRP also noted ongoing challenges. For example, they observed that countries need additional support to integrate intersectional and differentiated programming for key populations, strengthen linkages with gender-based violence policies, financing, and service provision, and to mitigate the impact of hostile environments. They also noted that budget allocations for removing human rights and gender-related barriers were often inadequate, with 28 window 2 countries allocating 0-1% of their budgets to that module. However, they did observe that there was a clear correlation between countries that were part of the Breaking Down Barriers Initiative and thus received matching funds and technical support, with higher quality interventions to address human rights- and gender-related barriers, and in some cases, higher budget allocations.

2.1 Gender Equality Marker

26. As part of the implementation of the Global Fund's 2023-2028 strategy, the Global Fund is implementing a Gender Equality Marker (GEM) to track the extent to which gender equality is addressed through the programs it supports. The GEM based on the OECD-DAC gender equality policy marker³, which is a three-point scoring system that identifies whether gender equality is **principal** focus of a funding request, meaning that it is a key objective within the overall program, and is fundamental in the design and expected results; a **significant** focus of the funding request, meaning that gender equality is an important or deliberate objective, but not primary reason for undertaking the program; or **not targeted**, meaning that it has not been found to target gender equality.

27. The GEM is applied at the funding request stage and measures the intent of programs. It

is not used to evaluate implementation or results, the quality of interventions proposed, or to determine whether funding requests are recommended for grantmaking. Instead, the GEM provides information about the extent to which countries are considering and addressing gender inequalities in their funding requests, where gaps exist, and how much of the Global Fund's overall investment is being targeted toward programs that promote gender equality. The purpose is to provide a benchmark for investments in gender-responsive and -transformative programs, with the goal of increasing those investments over time.

28. The TRP was asked to use a Gender Marker Scoring tool which set out rigorous criteria to determine whether gender equality was not targeted, or was a significant, or principal focus of the funding request. The tool looks at three elements: the use of quality, comprehensive gender assessments to inform funding request development; the inclusion of interventions and activities that advance gender equality; and performance management and the use of gender- disaggregated data. For windows 1 and 2 of GC7, just over half (53%) of all funding allocations (\$5.1bn) were found to be gender equality focused, with 21% (\$2.1bn) going to programs where gender equality was considered a principal objective. Results varied by component, with 66% of HIV funding allocations, 47% of malaria funding allocations, 34% of TB allocations, and 28% of RSSH assessed to be gender equality focused.
29. Amongst a large amount of rich data, some key trends are emerging. Not all funding requests are being informed by a comprehensive gender assessment; a fundamental first step in ensuring evidence-based approaches to gender within HIV, TB, malaria, and RSSH. Where gender assessments were conducted, quality was sometimes limited, and many assessments lacked participatory processes to engage women, girls, and gender-diverse communities. Crucially, gender assessment findings are not always reflected in the proposed interventions and activities – with a 90% translation rate for HIV, 75% translation rate for TB, 59% translation rate for malaria and 50% translation rate for RSSH.
30. While some funding requests include no interventions or activities targeting gender equality, many are limited to one or two interventions. Finally, performance management remains a challenge, with many funding requests not reflecting the minimum Global Fund criteria for data disaggregation.
31. Recognizing that there is still a long way to go to meet the Global Fund's ambitious goals on gender equality, the GEM results from Windows 1 and 2, combined with the significant improvement in the TRP's quality assessments for GC7, provides reason for a cautious optimism. With the establishment of a new Gender Equality Team within the CRG Department underway, a top priority will be to use the rich data collected through the GEM to provide and broker tailored support where it is needed most.

2.2 Human Rights

32. With GC7, the Breaking Down Barriers Initiative has expanded to include four additional high impact countries, to provide a total of 24 countries with matching funds to implement programs to address human rights related barriers to HIV, TB, and malaria services. Despite the expansion, the overall allocation to human rights matching funds decreased in GC7, potentially undermining the scale up of programs to remove human rights barriers in the face of pressing need. Assessments of results and progress made are underway in all 20 countries that have been part of the initiative for the last six years. These assessments demonstrate impressive results and progress in all countries since baseline, but also significant challenges in institutionalizing and scaling up programs. In some countries, progress in the last years has been hampered by shifts in implementation arrangements. COVID-19 has resulted in setbacks in others. And shifting political dynamics, global pushback on human rights and armed conflicts have also played a role.
33. What is becoming clear through the assessments, is that in countries where sustained investments have been made in programs to reduce human rights-related barriers, a human rights infrastructure has been developed, and communities are better equipped to respond to human rights challenges than in countries where similar investments have not been made. In Ukraine, the capacities built through Breaking Down Barriers and the Human Rights Strategic Initiative allowed for the adaptation and continuation of community-led services when the health system was under significant pressure in the context of full-scale war. Community paralegals, hotlines and peer outreach workers served as first point of contact and continued to provide support to key populations to ensure their access to care in the most challenging environments, contributing to saving many lives. Overall, progress in scaling up investments in programs to reduce human rights-related barriers and in increasing country-ownership in strategies to address them has been greater in countries that are part of the Breaking Down Barriers Initiative than in other countries, including in GC7. This is even though programs to reduce human rights-related barriers are now considered program essentials everywhere.
34. The impact of these long-term investments in addressing human rights-related barriers was evident in Uganda, after the passage of the Anti-Homosexuality Act (AHA). Uganda AIDS Commission has been leading policy dialogue among different stakeholders at country level, and the Civil Society principal recipient was able to request and work with the Global Fund Secretariat to reprogram US \$1 million to support emergency adaptations in services for key populations and increase safety and security. Community-led organizations adapted their services to ensure ongoing outreach and care to the LGBT community using innovations such as telemedicine. A legal organization, which had been providing legal support to key populations and people living with HIV, partnered with others to file a challenge to the law before the country's supreme court and the East African Court of Justice, and has continued to document abuses and provide legal services to LGBT individuals and organizations.
35. The multi-stakeholder Equity Committee comprised of representatives of government, development partners and communities, put in place to oversee implementation of the

country's National Equity Plan, developed as part of the Breaking Down Barriers Initiative, has been coordinating to try to mitigate the impact. It worked with the Ministry of Health, for example, to send a circular to health service providers reminding them of their obligation to provide services to all people without discrimination and protect their rights to privacy and confidentiality.

36. Nonetheless, the impact of the law has been severe. Following the passage of the law, civil society organizations documented a 370% increase in cases of human rights abuses against people who are or are assumed to be LGBTQI compared to the same two-month period a year prior. The number of documented abuses was higher in July as compared to June, suggesting that the impact of the AHA is increasing over time.^{4[OBJ]}

37. While Ukraine and Uganda represent acute crises, social and political environments are becoming increasingly hostile towards human rights and gender equality in many of the countries where the Global Fund supports programs. The Global Fund already has many of the tools, strategies and partnerships needed to increase investments in programs to reduce human rights-related barriers and increase the resilience, safety, and security of communities in the face of attacks. Deepening investments in these approaches now and ensuring that staff across the Secretariat have the capacity, flexibility, and mechanisms in place to scale up work to reduce human rights-related barriers everywhere and to respond to acute human rights crisis situations consistently and effectively, will continue to be a priority.

2.3 Equity

38. While equity has been a core principle for the Global Fund since its inception, the Secretariat is now taking a more systematic and consistent approach to integrating health equity considerations throughout its work in line with the new Strategy. The last year has been formative, with key actions focused on capacity building, incentivizing investments in equity-oriented approaches and monitoring and accountability.

39. To build capacity and understanding and to ensure a consistent approach to equity considerations across the grant lifecycle, the CRG Department has developed and rolled out a new e-learning package on health equity for Global Fund staff and partners. This sets out the Global Fund's approach to health equity, how it affects disease outcomes for HIV, TB and malaria, and practical action that staff and partners can take to reduce health inequities in their area of

40. To more systematically embed equity considerations within Global Fund investments, changes were introduced into the guidelines and application materials for GC7. These changes included guidance on the use of equity analyses to inform the development of interventions and activities, and a new requirement for applicants to demonstrate how they have identified and responded to health inequities in their funding request.

41. To monitor progress and ensure accountability, the Secretariat developed an innovative

KPI on health equity. The indicators track the number of countries that are (1) reaching marginalized sub-populations and (2) reducing inequities in HIV, TB, and malaria outcomes over time. Combined, they not only ensure accountability, but encourage specific, measurable grant-level actions to increase health equity and reduce unfair, unjust, and unnecessary disparities in health outcomes over time. The combination of the Global Fund's historic commitment to equity, and the changes implemented to operationalize the new Strategy are already being reflected in GC7 funding requests, with more than 80% of countries including specific proposals to address structural barriers to health and achieve equity-oriented outcomes.

42. The need to address equity more consistently in Global Fund-supported programs, and in health programs more broadly, is urgent. In December 2021, the Global Fund and World Health Organizations released *State of Inequality: HIV, TB, and malaria*, the first report focused on systematically tracking health inequalities in the three diseases within countries, and changes in inequalities over time. In almost all countries, those in the lowest wealth quintiles, living in rural areas, and least educated faced significant disadvantage across HIV, TB, and malaria indicators. It also found that in most countries, inequalities have not improved over the past ten years between different subpopulations in most aspects of the diseases where data is available. In several cases, inequalities have worsened, despite overall improvements in national averages.⁵
43. Focusing investments on addressing health inequities, including by addressing the social determinants of health and focusing efforts on key affected populations, can increase the Global Fund's impact. For example, if countries invested in ensuring that pregnant women in the lowest wealth quintile received IV testing at the same rate as those in the highest wealth quintile, the national average of HIV testing among pregnant women would increase by at least 50% in 21 countries.⁶ In the case of malaria, eliminating economic inequalities in prompt care-seeking for children under five years with fever would lead to a 26% improvement in care-seeking across 28 countries.⁷
44. Over the coming year, the Secretariat, in close collaboration with partners, will work toward advancing equity within countries by encouraging 1) equity analysis and barrier assessments to inform interventions; 2) the use of a wider, but defined range of dimensions to identify populations experiencing inequities; 3) investments in equity-oriented approaches; 4) the use of evidence about inequities, not assumptions, to inform program design; and 5) the implementation of health equity key performance indicators. To facilitate this work, the CRG department is developing a position paper, theory of change and action plan to strengthen partnerships, build knowledge and capacity, and ensure that health equity considerations are more deeply integrated into the Global Fund's policies and processes.
45. As evident from the above and earlier presentations to the committees and board, the Global Fund is adopting a more ambitious and systematic approach to respond to these risks in GC7, including through purposeful partnerships, requirements such as the Gender Equality Marker, and new definitions and guidance to support assessment of human rights and gender equality risks in country, program and grant contexts, to identify appropriate

mitigation strategies. In addition, implementing the CRG related Strategic Initiatives, including supporting safety and security assessments of key population implementers, and providing technical assistance to strengthen community engagement and leadership will also support mitigate some of the risks in highly volatile contexts

3. Conclusion and Future Considerations

46. The 2023-2028 Strategy clearly recognizes how growing attacks on human rights, gender equality, and the closing of civic space threatens progress towards the goal of ending AIDS, TB, and malaria as epidemics. To respond to the current context, the Global Fund will proactively invest in programs and strategies to improve social accountability; strengthen community leadership, engagement, and resilience; overcome human rights and gender-related barriers; and address the drivers of health inequities. It will also use its diplomatic voice more effectively to champion human rights-based, gender-transformative and equity-oriented health responses and ensure that key affected communities are truly at their center. In doing so, the Global Fund, alongside other partners, can help lay a strong foundation that equips health decision-makers, leaders, and communities to respond more effectively to challenges and adapt programs as needed in the face of crises.
47. The Global Fund already has most of the strategies, initiatives, and tools it needs to respond to the current context in place. There is a need now to consider how, within a resource-constrained environment, to deepen investments in approaches that have proven effective and bring them to scale. At the same time, the Global Fund will update its Secretariat-wide approach to strengthening safety and security and facilitating rapid, clear, and consistent country-level responses, guided by affected communities, when human rights or other crises do occur.
48. Moving forward, the CRG department will consider where its efforts need to be brought to scale, where innovations are needed to expand reach and impact, and where additional work is needed to strengthen the Global Fund's work. Consideration will be given to:

Scale:

- 49. Systematically scaling up investments in safety and security for key population programs.** Safety and security assessments should be available for all countries, along with concrete risk mitigation strategies, and financial and technical support for community-led and key population programs to proactively identify and implement safety and security measures.
- 50. Increasing investments in programs to address human rights-related barriers.** In the current political context, it is even more critical that the Global Fund and the partnership invest in programs aimed at overcoming human rights-related barriers. The

Breaking Down Barriers initiative has proven critical in building the capacity of countries and communities to pre-empt and respond to human rights crises when they occur, while also creating greater country ownership over and more conducive environments for programs that reach criminalized and marginalized key populations. At the same time, the technical support provided through the Human Rights Strategic Initiative, along with interventions to influence and change public narratives on gender equality and human rights, is essential. Consideration now needs to be given to how these initiatives can be expanded to a greater number of countries, and how human rights program essentials could be leveraged to increase investment and accountability.

51. Increasing investments in social accountability through community-led monitoring. Community-led monitoring has proven critical in identifying program implementation challenges, documenting human rights abuses, and improving quality of services. As attacks on human rights and gender equality are increasing, it is an increasingly important tool to understand how key and vulnerable populations and programs that serve them are being impacted. The Global Fund's efforts to strengthen community-led monitoring have also contributed significantly towards building the social accountability field by developing new tools, strengthening opportunities for joint learning, identifying how community-led monitoring can be applied in different contexts and for different health and related issues, and documenting lessons learned. With the current strategic initiative on community-led monitoring coming to an end, action can be taken to better integrating support for community-led monitoring into existing and upcoming grants, facilitating ongoing technical assistance to implementers and building on the progress that has been made.

Innovate:

52. Expanding innovative efforts to reach key and vulnerable populations and engage them effectively in health responses. Increasing the use of equity analyses and assessments of gender and human rights-related barriers to inform the design of country-level programs can help identify groups that are experiencing inequitable health access and outcomes. However, specific, and targeted support may be needed to bring under-served populations, such as slum dwellers, people with disabilities, people with mental health conditions, refugees, internally displaced peoples, migrants, and people in prison and ex-prisoners, among others, into health decision-making processes and ensure that they are effectively engaged in implementation. The learnings from the Community Engagement and Leadership in Pandemic Governance project could be applied across the Global Fund's portfolio.

53. Expanding dual-track strategies to strengthen the leadership and engagement of women, girls and gender-diverse communities in Global Fund processes and increase support for gender-transformative programs. Dual-track strategies that combine specific financial and technical support with grantmaking levers are needed to ensure the consistent and ongoing engagement of women, girls, and gender-diverse communities in Global Fund processes. Strategic Initiatives, such as the HER Voice Fund,

Voix EsentiELLES, and the new Gender Equality Fund, have shown significant potential. However, the scale of these initiatives is limited, and additional investments are needed to leverage systemic change and the development of gender-transformative and gender-affirmative health policies and programs. For GC7, strengthened guidance and application materials, along with the introduction of the Gender Equality Marker, have contributed to an increase in funding requests that are taking gender into account. However, as noted, there is room for significant progress and more work is needed to bring gender-transformative programming to scale. These dual-track approaches can be further strengthened to build on these successes.

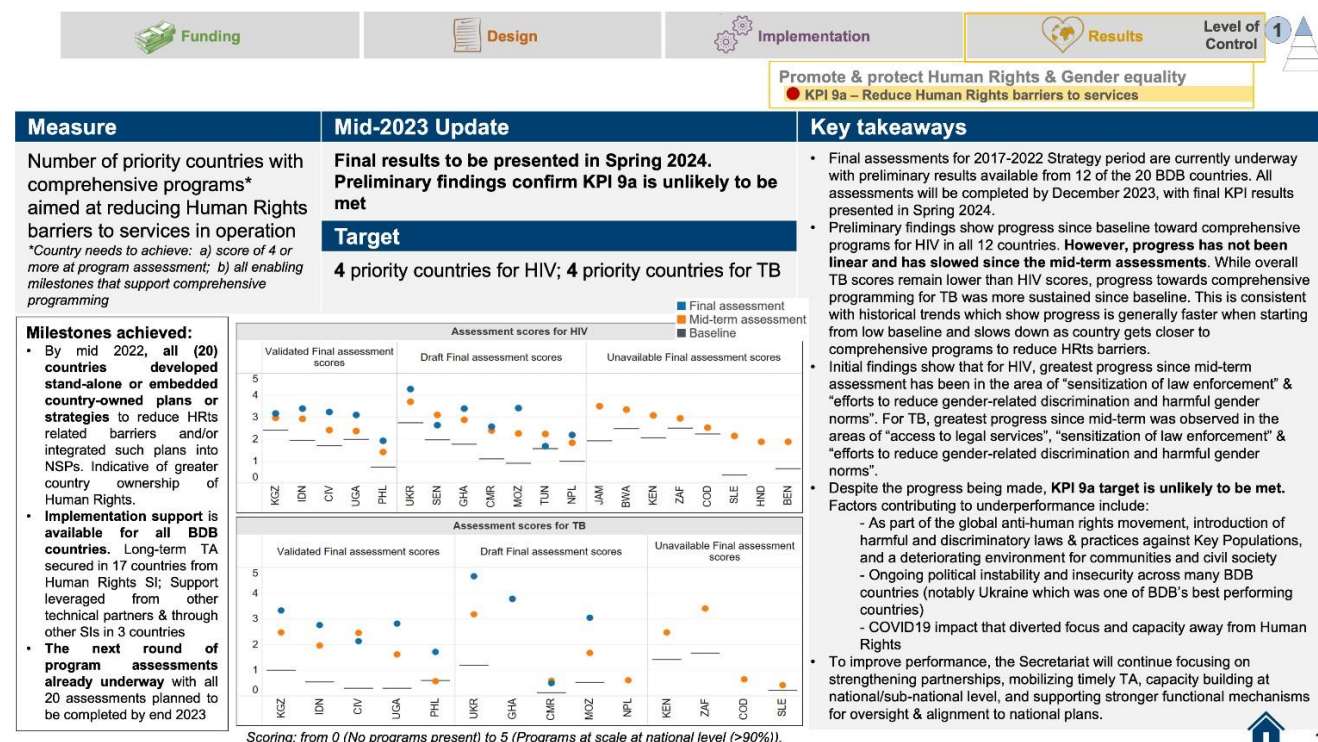
Strengthen:

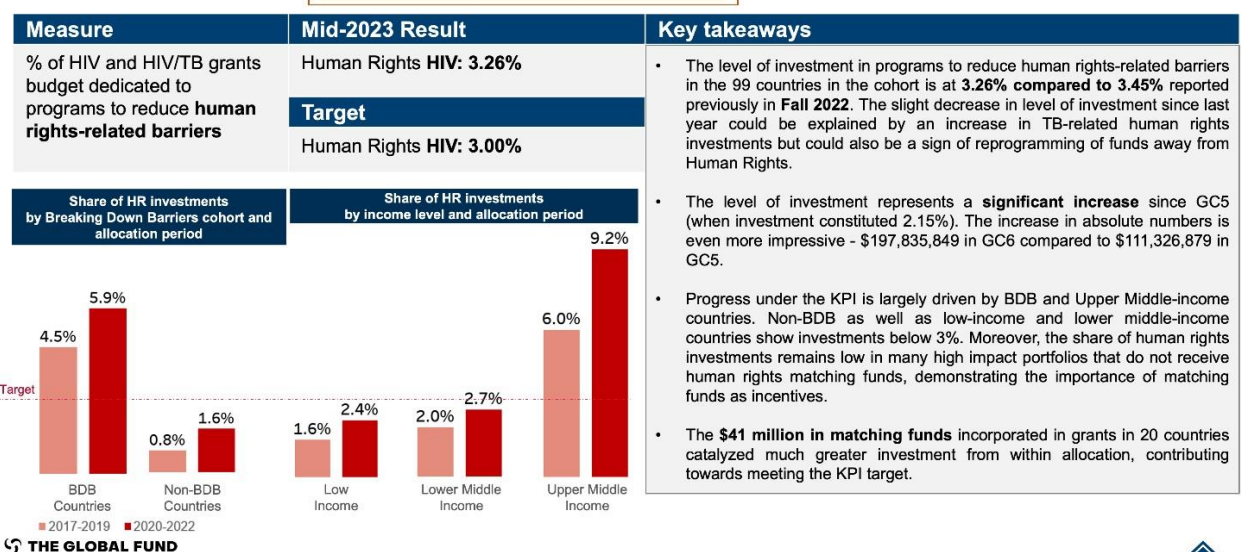
- 54. Strengthening equity-oriented approaches throughout the Global Fund's work.** As demonstrated by the first two windows of funding requests through GC7, many countries are well-placed to deepen investments in equity-oriented approaches to the three diseases. While significant work has been done to integrate equity considerations into GC7 funding materials, work is needed to systematize approaches to equity, build capacities across the secretariat and partnership, and support countries to use equity analyses and ongoing inequality monitoring to identify inequitable health outcomes and their causes, and develop and implement appropriate programmatic responses.
- 55. Strengthening intersectional approaches.** Many individuals within key populations experience multiple and intersecting forms of discrimination and marginalization, which increase their vulnerability to HIV, TB, and malaria. Over waves 1 and 2, the TRP observed that while more countries are recognizing intersectionality and overlaps in vulnerabilities, they need more support from the Global Fund and partners to develop intersectional programs and budgets. While many GC7 guidance and information notes address intersectionality, efforts are needed to strengthen intersectional approaches across the portfolio.
- 56. Strengthening the Global Fund's secretariat-wide responses to human rights crises.** In the current context, consideration will be given to revising existing guidance on managing grants in human rights crises, and to deploying approaches that facilitate rapid, clear, and consistent responses and measures to strengthen safety and security across the Secretariat. In doing so, consideration will be given to whether the Global Fund is fully leveraging tools such as rapid reprogramming and using grant flexibilities, to move funding quickly to protect communities and programs that are at risk; whether our diplomatic voice and political leverage at the country level are used most effectively to challenge harmful laws and policies or respond to hostile political environments; and whether there is adequate staff capacity, resources or focus to facilitate effective responses and work in partnership with affected communities, PRs and SRs and in coordination with partners.

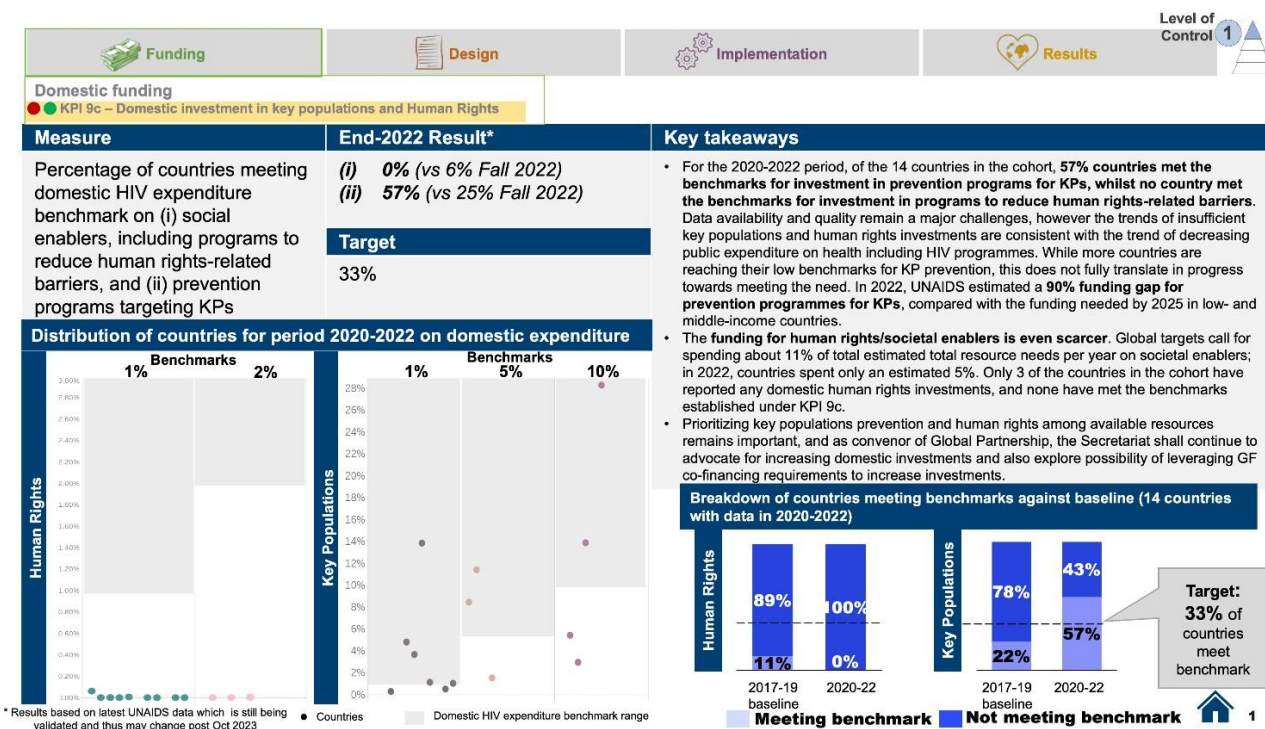
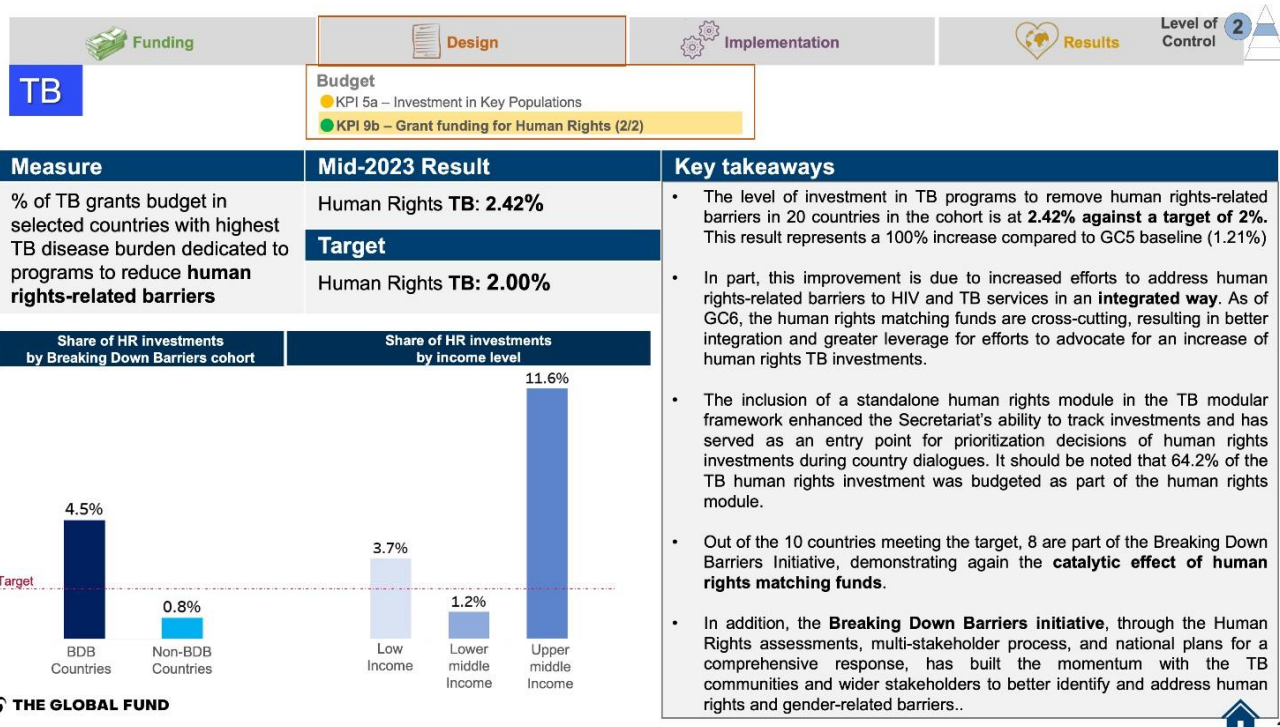
Annexes

- **Annex 1:** Summary of progress on CRG KPIs
- **Annex 2:** TRP observations and analyses on community, rights, gender and equity elements of GC7 Grants
- **Annex 3:** Community-led monitoring strategic initiative, partners, resources and results

Annex 1: Summary of Progress on CRG KPIs





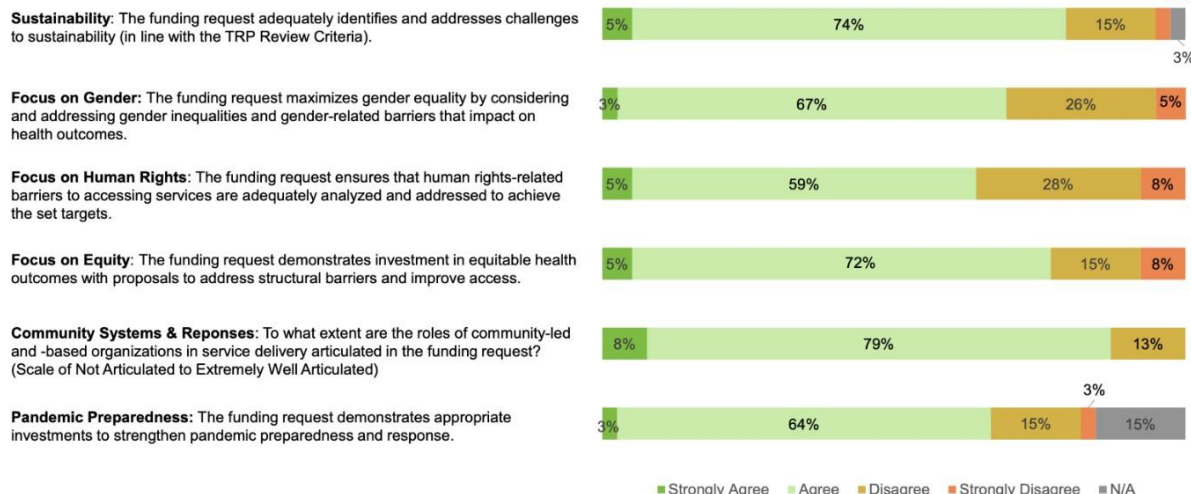


Annex 2: TRP observations and analyses on community, rights, gender and equity elements of GC7 Grants

Window 1:

TRP Funding Request Quality Survey: FR Focus

TRP observed strongest focus on community systems and responses with 87% positive rating. Addressing human rights barriers has the lowest relative rating, but this 64% positive is an improvement over the previous funding cycle.



THE GLOBAL FUND

Source: TRP funding request quality survey. W1 FRs Recommended for Grantmaking, N=39

8

EHRG Lesson: Progress observed, with effort still needed across several areas



Recommendations

For Applicants

- Ensure that HRG assessments (including Malaria Matchbox) are conducted in a participatory manner, early in the grant cycle and that the findings inform programming and budgeting.
- Budget EHRG interventions in the allocation, as separate modules and/or integrated within HIV, TB, malaria and RSSH modules. Avoid placing essential HRG activities in the PAAR.
- Key population programming should include activities and a budget to protect members of key populations and CSO staff against violence, legal persecution and exploitation.
- Consider interventions to address emerging legislative challenges.
- Follow recently issued AGYW guidance and differentiate services according to intersections, e.g. for young women selling sex and/or using drugs.
- Develop and implement CLM systems in line with normative guidance, ensuring that these are driven by communities, include feedback mechanisms, use data to inform programming and integrate with routine data collection systems.

For Partners and the Secretariat

- Ensure that sex disaggregation is mandatory in the Performance Framework, across all diseases in both high and core countries. The lack of these data impacts prioritization, strategic focus, the development of technically sound funding requests and weakens value for money.
- WHO and UNAIDS need to update normative guidance to request gender and sex disaggregated sex data in all reporting.

THE GLOBAL FUND

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EHRG Lesson: Progress observed, with effort still needed across several areas



Observations

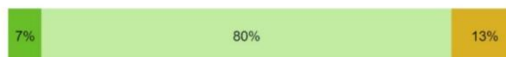
- More HRG assessments, including Malaria Matchbox, are being conducted. Quality varies, with too few participatory processes and meaningful community engagement. Many assessments were conducted late in the grant cycle, and findings were not used to inform programming and budgeting for GC7 funding requests.
- Essential HRG activities continue to be in the PAAR.
- Lack of coverage targets and interventions for specific populations (e.g., refugees, migrant populations). Key populations often discussed as 'one' population without consideration of differentiation between and within key populations, including gendered differences.
- The impact of social determinants which make people vulnerable was often not well articulated.
- A few applicants attempt addressing the risks to program impact related to the worsening human rights environment, with repressive legislation planned in several countries across regions.
- Few applicants have developed interventions to address the imminent threats to program effectiveness of the worsening human rights environment in several countries, with repressive legislation planned in countries in many regions.
- The new guidance on AGYW (released during Window 1) was appreciated and should inform programming. Few AGYW FRs considered intersectionality of risk and the overlapping of AGYW from key populations.
- Data still not gender and age disaggregated (even in HIV) which limits effective prioritization. Some applicants collect this data but do not use or report at national level, and it is not referenced in most FRs.
- More CLM, but with variable quality, and unclear if there is meaningful community engagement. Feedback mechanisms are often missing and support for community-led advocacy is absent, under funded or in the PAAR only.
- Where differentiated services for key populations are included some FRs overlook the need to ensure safety and protection for these populations, their clients and CSO staff (e.g., people who use drugs may need protection when they pick up OST; peer educators working with men who have sex with men need protection where there is regressive legislation).

Window 2:

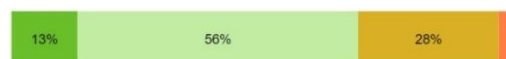
TRP FR Quality Survey: Equity, Gender and Human Rights

TRP saw strong positive movement on equity in Window 2 funding requests (87% positive in W2, 77% in W1). Scores on gender (69% in W2, 69% in W1, 58% in GC6) and human rights (67% in W2, 64% in W1, 66% in GC6) were relatively consistent compared to W1, but gender has made progress since GC6.

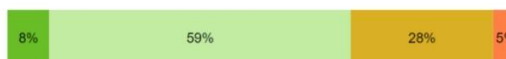
Focus on Equity: The funding request demonstrates investment in equitable health outcomes with proposals to address structural barriers and improve access.



Focus on Gender: The funding request maximizes gender equality by considering and addressing gender inequalities and gender-related barriers that impact on health outcomes.



Focus on Human Rights: The funding request ensures that human rights-related barriers to accessing services are adequately analyzed and addressed to achieve the set targets.



● Strongly Agree ● Agree ● Disagree ● Strongly Disagree

Equity, Human Rights and Gender Lessons



Recommendations

1. **Overall:** Technical Partners and Secretariat should continue supporting countries with gender and/or human rights assessments and the Malaria Matchbox. Applicants should ensure findings of these assessments inform their funding requests, budgets and program implementation
2. **Hostile Environments:** Technical partners and Secretariat should support advocacy to mitigate the impact of hostile environments. Secretariat should consider emergency funding for civil society advocacy and community-led intervention in hostile environments (taking into account participation in CCM and other processes might not be possible).
 - A. The Secretariat should continue to strengthen the community annex tool and process, and consider its inclusion in funding request packages. In-country partners should lead on identifying the emerging needs in hostile contexts.
 - B. Applicants should invest in community-led monitoring (CLM) to ensure a quick response to rights violations in rapidly-changing contexts.
3. **GBV:** Partners should support applicants to strengthen GBV linkages (policy, financing, and service provision) at country level; and actively explore the development of new normative guidance at the intersection of diseases and GBV, particularly in conflict.
4. **Intersectionality and differentiated programming:** Applicants should ensure tailored interventions address such critical interventions for maximizing impact. Secretariat and technical partners need to foster further support for intersectional programming and budgeting.
5. **CHWs:** Applicants should undertake and/or utilize existing equity, human rights and gender analyses to inform updates to CHWs programs.
6. **Budget allocation:** the Secretariat should support Applicants to allocate adequate budget for removing gender and human rights-related barriers and invest in structures and systems which support larger budget allocations to this critical area of funding. The Breaking Down Barriers strategic initiative and matching funds should be further scaled-up.

Equity, Human Rights and Gender Lessons



Observations

1. Overall, the TRP observed more funding request narratives recognizing **structural barriers** to care and acknowledging that it is critical to address human rights and gender barriers in order to reach the last mile across all three diseases.
 - A. The TRP observed this via an increased number of **assessments** (including Malaria Matchbox, gender assessments) although assessments are not yet consistently being used to inform programming, monitoring and evaluation and budgets. The TRP observed a deliberate effort in malaria programming to integrate equity, human rights and gender considerations.
2. **Hostile legal environments** were observed in an increasing number of countries (this includes conflict, new or increased enforcement of laws criminalizing lesbian, gay, bi, trans, and queer (LGBTQ) populations, stigma, barriers to registration, harmful norms) – risking fragile gains made.
 - A. The TRP drew on the community annex in a few cases, to provide context on community engagement and found it to be a useful supplementary tool.
 - B. Legal response mechanisms in several countries were critical to mitigating the impact of stigma and hostile environments.
3. Many countries indicated **gender-based violence (GBV)** as one of key gender-related barriers to services. Stronger linkages to GBV services continue to be proposed but not sufficiently budgeted for in allocation.
 - A. Normative guidance is lacking related to intersection of disease and GBV, particularly in conflict.
4. Many countries showed strategic focus on key populations, yet **intersectionality** among key and vulnerable population (e.g., young key populations, male sex workers, women who use drugs, key populations among refugees or in prison) is poorly addressed with tailored interventions. Many TB programs strengthened access to services for people deprived of liberty.
5. There are several countries with momentum around updating and harmonizing their **CHW** program; there is untapped potential to further mainstream equity, human rights and gender perspectives (e.g., equitable compensation for CHWs, better gender balance among cadres to reach more women, and empowerment of CHWs who are key populations) which add to the sustainability and impact of the community health programs.
6. **Budget allocations** for human rights and gender interventions were inadequately resourced across W2 funding requests.
 - A. 28 W2 countries allocated 0-1% to the 'removing gender and human rights related barriers' module.
 - B. Countries participating in the Breaking Down Barriers program and matching fund tended to include higher quality interventions and, in some cases, higher allocations to removing gender and human rights related barriers.

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Annex 3: Community-Led Monitoring Strategic Initiative, Partners and Resources

The Global Fund CLM Strategic Initiative is a three-year initiative (2021-2023) designed to:

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, 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.

It achieves these objectives through:

- **Technical assistance (TA) to support grant-funded CLM interventions in a variety of contexts and disease responses, delivered by 3 CLM SI TA provider consortiums representing 5 regions.**
 - Tailored, long-term (3 year) TA in five countries and for one multi-country grant to strengthen the design and implementation of CLM interventions across the grant cycle.
 - Short-term and medium-term TA that is needs-based in other countries to identify issues as activities are underway; countries where a changing environment (natural disaster, disease outbreak, political changes) necessitate emergency CLM.
- **Generating evidence and learning.**
 - Mid-term and end-term evaluations to document models and lessons learned of the implemented CLM interventions in the priority countries, and to inform future Global Fund engagement.
 - Contributing to the global evidence base by publishing special disease day issues on CLM, submitting articles for publication in peer reviewed and academic journals & other resources.
 - Feeding into the development of technical guidance and standardized tools by communities and partners.
- **Strengthening partnerships and engagement.**
 - Convening an annual learning platform with a group consisting of CLM implementers, service providers, technical partners, donors, other SIs and the Secretariat to ensure alignment, avoid duplication, and identify opportunities to scale-up CLM.

It is currently working with three technical assistance provider consortiums, involving 18 partners in five regions:

1. **Community-Led Accountability Working Group (CLAW):** led by HealthGAP with partners, Treatment Action Campaign South Africa (TAC), Advocacy Core Team (ACT) of Zimbabwe, the Public Policy Office of amfAR, O'Neill Institute for National and Global Health Law at Georgetown University.

2. **Asia Pacific Consortium of AIDS Service Organizations (APCASO)** in consortium with the Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) and Alliance Technical Assistance Centre Ukraine (ATAC).
3. **Community Data for Change Consortium (CD4C)** led by ITPC Global & MPact Global Action for Gay Men's Health and Rights, with partners, African Men for Sexual Health and Rights (AMSHeR), Asia Pacific Coalition for Men's Sexual Health (APCOM), Caribbean Vulnerable Communities (CVC), Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Global Coalition of TB Activists (GCTA), ITPC EECA & ITPC WCA.

In the first two years, the CLM-SI has:

- Completed **8** in-depth country landscape assessments
- Identified TA needs for **7** priority countries and matched them with CLM SI TA providers
- Created **internal progress monitoring** templates and received country quarterly reports
- Rolled out a **case study** template rolled out and supported documentation
- Developed a **baseline methodology** for assessments by CLM TA providers
- Convened a **vibrant** CLM Community of Practice with UNAIDS, PEPFAR- CDC, USAID, and CLM TA providers,
- Collaborated **in-country** with STP, PEPFAR, UNAIDS, & other partners
- Participated in a **technical session** at ICASA on CLM by TA provider, EANNASO, and other CLM SI TA providers
- Coordinated with an external evaluator to prepare CLM SI for a **mid-term evaluation** in 2022
- Provided **long-term TA to 4** countries receiving long-term TA (Bangladesh, Côte d'Ivoire, Jamaica, Philippines) [Note: During 2022, TA was halted in Ukraine, Laos, Cambodia]
- Identified **3** grants for short-term TA, matched with CLM SI TA providers, and supported (Mozambique, LAC PIH, LAC ALEP+PC)
- Trained **389** community members in CLM principles, methodology and strategy for effective implementation
- Established or expanded **Community Treatment Observatories (CTOs)** in 2 countries (Jamaica, Cote d'Ivoire)
- **Published 12 innovative CLM toolkits** and reports in multiple languages and accessible globally, available at the [CLM Hub](https://clmhub.org) (<https://clmhub.org>).
- **Led the first ever global CLM meeting**, co-convened with PEPFAR, which brought together implementing partners and established time-bound commitments to strengthen CLM programs.