

39th Board Meeting

Community, Rights and Gender Report

GF/B39/12

09-10 May 2018, Skopje

Board Information

This is the fourth annual report to the Global Fund Board on activities taking place in the Secretariat and work with partners to advance the Global Fund's strategic commitments to human rights and gender equality, to address the needs of key and vulnerable populations in policies and programming and to strengthen community systems, responses and engagement.

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I. Summary

In 2018, the Global Fund is deeply into the implementation phase of its strategic commitments to scale up interventions for key and vulnerable populations, strengthen community systems and responses, reduce human rights barriers to accessing services and promote gender equality and gender-responsive programming.

One year into the 2017-2019 allocation period, nearly all eligible countries that have submitted funding requests have taken advantage of additional resources made available in the form of matching funds to scale up and strengthen programs to reduce human rights related barriers to accessing services and to address the needs of adolescent girls, young women and key populations. Evidence from submitted proposals and signed grants to date shows that eligible countries are now making significantly increased investments in programs for adolescent girls and young women, as well as to address human rights barriers to services, compared with previous, low levels of investment. Local and international partners are playing a vital role in supporting target-setting, program design, proposal development, implementation and monitoring of these new resources. At the same time, the Community, Rights and Gender (CRG) Strategic Initiative is enabling communities, civil society organizations and key population networks to share information and access vital technical assistance to meaningfully engage with the Global Fund as countries access catalytic funding and regular resources in the current allocation period, as well as in sustainability and transition planning processes and critical debates on financing for the three diseases.

The Global Fund has long recognized the importance of reaching key and other populations vulnerable to HIV to increase the impact of its investments. Over the last year, significant efforts have been made to more effectively identify, engage and respond to the needs of key and vulnerable populations in TB and malaria, including through the CRG Strategic Initiative, partnering in the development of the Malaria Matchbox tool and developing a new Action Plan for Community, Rights and Gender with the Stop TB Partnership. The Action Plan represents an important step by the Global Fund and partners to more systematically collaborate around the mobilization and engagement of TB communities, to more effectively address gender and human rights issues within TB programming and to help countries identify data needs and missing data on TB among key populations. The Global Fund Secretariat has also increased its attention to engaging adolescent and youth key populations over the last year.

This report highlights the importance of community responses in tackling the three diseases and the role of community systems in complementing and contributing to the resilience, sustainability and security of formal health systems, including as part of the universal health coverage agenda. Community responses and systems are also critical in promoting human rights, gender equality, equity and program quality, and enabling national programs to achieve the scale necessary to achieve impact. This report also highlights how communities can also play a vital role in building the evidence base through innovative approaches to community research and monitoring.

The work described in this report is the result of commitment to and collaboration on CRG issues by teams across the Secretariat, with leadership from the Community, Rights and Gender Department and close engagement by the Grants Management Division, the Political and Civil Society Advocacy Department, as well as the Global Fund Board, Board committees and the Office of the Inspector General. Many of the achievements described in the report are due to strong and broad engagement with many partners, including UN entities; bilateral donors (including PEPFAR); national, regional and global key population networks and organizations; organizations working with women and youth, and human rights organizations.

II. Promoting gender equality by addressing sex and age disparities and scaling up programming for adolescent girls and young women

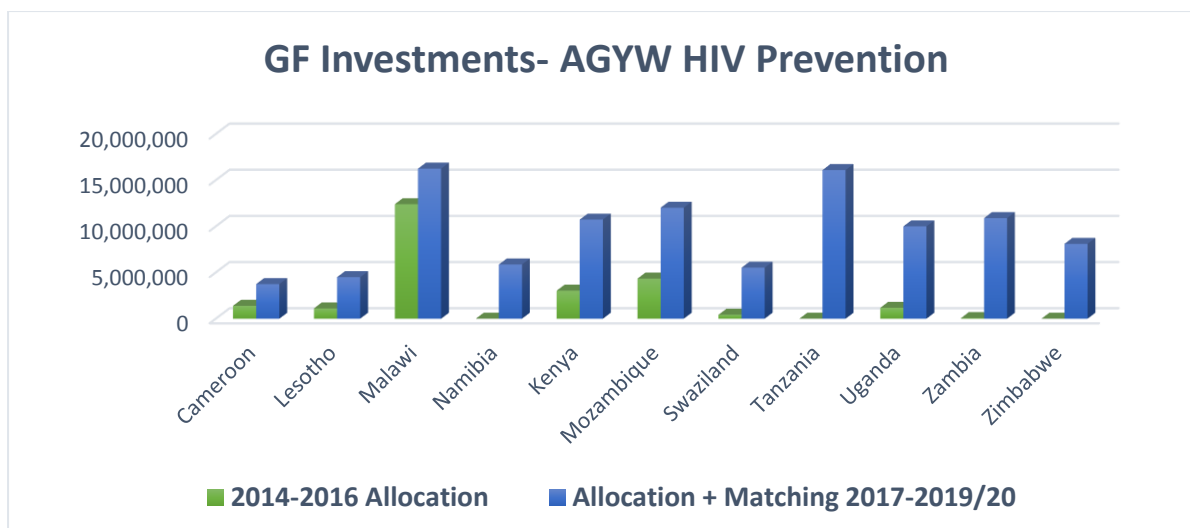
By elevating gender equality and the need to address sex- and age-related disparities, Strategic Objective 3 of the Global Fund Strategy for 2017-2022 focuses on high-impact, gender-responsive investments that will save lives, prevent new infections and help care for those infected and affected by the three diseases. Gender-responsive programming for HIV, TB and malaria needs to be anchored in both human rights and evidence and should address age and sex disparities with technically sound interventions. This includes collecting and analyzing relevant sex and age disaggregated data, working with technical partners to conduct country-owned gender assessments to inform national strategies and plans, and ensuring that this information informs investment approaches and Global Fund proposals. The Secretariat is also working to ensure that its policies, procedures and institutional culture reflect and promote gender equality.

01 Data and gender

The availability of sex/gender and age disaggregated data is core to identifying and addressing gender-related risks and inequities in accessing health services. The Global Fund requires reporting on results disaggregated by age and sex for selected indicators and is monitoring countries' performance in this regard through Key Performance Indicator 6e (number and percentage of countries reporting on disaggregated results). Disaggregated results are reported once a year using the grant progress update, which inform grant and portfolio reviews. Because countries still have gaps in their ability to report these data, the Global Fund is investing significantly in routine health management information systems through grants across the portfolio to improve the availability of disaggregated data. Catalytic funding made available to strengthen data systems, generation and use includes a focus on the 13 countries receiving matching funding to contribute to HIV incidence reduction among adolescent girls and young women, described below. These investments aim to ensure the availability and robustness of disaggregated data and its use in making evidence informed program and policy decisions.

02 Scale-up of programming for adolescent girls and young women

The Global Fund has set a target of a 58 per cent HIV incidence reduction amongst adolescent girls and young women by 2022 (compared to the 2015 baseline) in 13 of the sub-Saharan African countries with the highest HIV disease burden. To support countries in achieving this target, US\$ 55 million in catalytic funds was made available to scale up comprehensive, multi-sectoral programming for adolescent girls and young women. By January 2018, 11 of the 13 focus countries had submitted proposals and included matching funding components; seven grants have been signed. Initial analysis shows that the incentive funding has worked to significantly increase investments to achieve the target of HIV incidence reduction in females aged 15 to 24 years, compared to previous levels of investment (see chart).



Qualitative analysis of the grant documents signed to date shows that countries are adopting comprehensive approaches, with funded activities spanning biomedical interventions (such as HIV testing, treatment, care), structural approaches (such as stigma reduction, improving access to justice, prevention of gender-based violence and cash transfers) and behavioral programming (including school-based HIV prevention, life skills education and condom promotion). Novel approaches being employed include engaging mothers, fathers, partners and teachers as well as the girls themselves; out-of-school programming that links and follows up with girls using social media; and programs that link vocational training for out-of-school girls to small business grants. Many of the programs are also reaching boys and young men with interventions such as boys’ clubs, voluntary medical circumcision, comprehensive sexuality education and community mobilization around gender norms.

To prepare for scale-up in the focus countries, the Global Fund Secretariat developed a plan to ensure that each of the following is in place: 1) national incidence targets and plans; 2) robust monitoring and evaluation plans and processes to track and improve investment response; 3) quality design and implementation; and 4) resources to fund programs of sufficient quality and scale to achieve impact.

Significant effort was invested in 2017 to build political support and engage partners in the focus countries, including PEPFAR, UNICEF, UNAIDS, UNFPA, UNESCO, WHO, UN Women, and civil society partner networks including Women4Global Fund, the International Community of Women Living with HIV, Southern African AIDS Trust, and the East African Network of AIDS Service Organizations (EANNASO). The Global Fund’s country support efforts have been strengthened with additional staff positions in the Secretariat focused on prevention and adolescent girls and young women funded by the Bill and Melinda Gates Foundation. The Prevention Coalition managed by UNAIDS has been instrumental in ensuring that the investments are aligned with the prevention road maps and the most recent guidance and country prioritization exercises. The Prevention Coalition is organizing a technical meeting in May 2018 to review the package of interventions across the focus countries, as well as targets and how the programs are being monitored and evaluated.

A consolidated monitoring and evaluation framework has been developed to track progress on implementation and outcomes of the Global Fund’s investments in the 13 focus countries and to support continuous program monitoring. The Global Fund has also worked with Avenir Health and technical partners to adapt and update modelling tools to more effectively account for sex and age disaggregation and better project incidence targets at a national level, as well as to determine the combination of programs that will most effectively reduce HIV incidence among adolescent girls and young women.

While the level of investments for adolescent girls and young women has increased substantially, it is still far below what is required to reach the ambitious targets. The Global Fund is therefore working closely with national and international partners to ensure complementarity of supported interventions, optimize coverage and increase synergies in the investment package and cross-sectorial approaches. This includes close coordination with the PEPFAR/DREAMs initiative which has already announced impressive reductions in incidence after the first two years of implementation. The Global Fund and Gavi, the Vaccine Alliance, are collaborating with other key stakeholders to integrate interventions for HIV prevention, HPV cervical cancer screening and treatment in multi-sectoral programs for adolescent girls and young women. Joint missions and sharing of geographic and investment mapping have begun in mutual focus countries, such as Malawi and Tanzania, to harmonize programming. Working with partners such as Girls not Brides, the Global Fund is aiming to ensure that community partners are engaged in country processes and that investments build on the learnings from their extensive networks. The Global Fund is seeking to close the US\$ 70 million funding gap for programming for adolescent girls and young women in the focus countries by mobilizing private sector support through the [HER campaign](#).

In addition to scaling up investments, the quality of design and implementation will be critical. The Global Fund relies on strong community engagement of the people most affected - in this case adolescent girls and young women - to ensure program quality and comprehensiveness. To this end, the CRG Strategic Initiative provided US\$ 500,000 in seed funding to civil society groups to launch the [Her Voice Fund](#). The first round of awards from the Her Voice Fund were announced in January 2018 and include support for adolescent girls' and young women's community groups and networks to address logistical, communication and administrative barriers to engagement in key Global Fund processes, as well as community consultation. The Her Voice Fund is accepting applications on a rolling basis throughout 2018.

03 Gender responsive approaches to HIV, TB and malaria

Across the portfolio, the Global Fund is working to ensure that investments are based on sex and age disaggregated data and an assessment of how gender-responsive investments address sex- and age-related disparities. In HIV, such data are increasingly incorporated into National Strategic Plans (NSPs) with which Global Fund investments align, and inform HIV gender assessments that help countries to prioritize investments. Critically, the Global Fund relies on strong partnerships with entities such as the Global Financing Facility (GFF). Based on the experiences with investment case development in the 16 initial GFF countries, the GFF has proactively advocated for a more structured, mutually consultative approach across its portfolio and more intensified collaboration in selected focus countries such as Afghanistan, Haiti, Madagascar and Malawi.

For TB, the Community, Rights and Gender Action Plan developed by the Global Fund and the Stop TB Partnership includes two priority areas for shared work to improve the impact of Global Fund investments in TB through gender-responsive approaches within formal and community health systems. The first component involves training additional consultants in 2018 to conduct gender analyses of TB programming using the HIV/TB gender assessment tool developed by the Stop TB Partnership, UNAIDS and the Global Fund, and to mobilize interest among communities and civil society organizations in conducting gender assessments through the Stop TB Partnership's Finding Missing TB Cases Strategic Initiative, funded with Global Fund catalytic investments, and the Community, Rights and Gender Strategic Initiative. The second component aims to contribute to the evidence base by documenting the results of gender and human rights TB assessments in up to 20 countries in advance of the UN High Level Meeting on TB in September 2018. As of March 2018, TB gender assessments have been conducted in 11 countries, three with the support of the CRG Strategic Initiative and the

remainder through the Stop TB Partnership's Finding Missing TB Cases Strategic Initiative. Another seven gender assessments are anticipated to be completed by mid-2018.

The Malaria Matchbox tool (described in section 18 of this report) represents an important step to increase attention to gender-responsiveness and human rights issues in malaria programs.

04 Evaluation of gender-responsive programming

In 2017, the Global Fund Technical Evaluation Reference Group (TERG) conducted a thematic review of the implementation of HIV gender-responsive programming targeting adolescents, girls and young women at country level, with a focus on eight Global Fund-supported countries. The review found that Global Fund guidance on addressing the needs of women, adolescents, girls and young women, specifically for HIV programming, is both timely and appropriate: the Global Fund is making a real difference by raising the profile of programming focused on gender and adolescent girls and young women, and is helping to raise the ambition of countries by promoting multi-sectoral approaches and targets to reduce HIV incidence. However, countries are still facing challenges in understanding and using data for evidence-based planning. These challenges include incorporating the voices of girls and young women in planning, implementing and monitoring evidence-based interventions for adolescent girls and young women. In 2018, the Global Fund will conduct a thematic review of programming and access to services for men and boys, with a particular focus on closing gaps in treatment access for men and boys.

05 Gender equality in the Secretariat

A report published in March 2018 by the Global Health 50/50 initiative hosted by University College London Centre for Gender and Global Health ranked 140 major organizations working in and/or influencing the field of global health in terms of the gender responsiveness of their policies and programs and the extent to which they promoted gender equality in the workplace. Overall, the Global Fund ranked among the nine top-scoring organizations across all domains explored in the report. The analysis found that the Global Fund had a strong institutional commitment to gender equality; that its definition of gender was consistent with international (WHO) standards; that it had in place a gender or diversity affirmative policy with specific measures to improve gender equality and/or support women's careers; that its programmatic strategy had a gender focus inclusive of women, girls, men and boys; and that it required sex disaggregation of data in the programs it supports. The Global Fund received a low score with regard to gender parity in senior management and on the governing body.

A number of activities are underway or planned over the next year to strengthen gender-responsiveness and gender equality in the Global Fund's human resources policies. From March 2018, new staff induction will include information on Strategic Objective 3 on gender equality and human rights that covers the importance of scaling-up programs that remove human rights and gender equity barriers, and address stigma and discrimination for key and vulnerable populations. This complements the roll-out of trainings and discussions on the Code of Conduct for Global Fund Employees, which includes discussions on gender and sexual discrimination and harassment. This work will be deepened in 2018 with the Chief of Staff (Marijke Wijnroks) leading efforts in the Secretariat to ensure that comprehensive and proactive policies and procedures are in place to prevent and respond to sexual discrimination and harassment. A gender assessment of the Global Fund's human resources policies, practices and approaches is planned in 2018, as well as the inclusion of gender equality in the Global Fund's Culture and Values initiative. A process is also underway for the Global Fund to obtain certification on gender parity from the Equal Salary Foundation.

A number of trainings and information sessions related to gender equality and gender identity were held in the Secretariat over the last year to build capacity and understanding around country programming and to promote an inclusive internal culture that values gender diversity and equality. Session topics have included Trans'ating Gender (with IRGT, a global network for transgender women and HIV, March 2017); addressing child marriage and HIV risk (with Girls not Brides, May 2017); Implementing Comprehensive HIV and HCV Programs with People who Inject Drugs (with UNODC, WHO and INPUD, June 2017); and social protection as a critical enabler for ending AIDS and TB (with UNAIDS, July 2017).

III. Scaling up programs to reduce human rights barriers to services

06 Intensive support in 20 focus countries

As part of efforts to operationalize the Global Fund's Strategic Objective 3(c), the Global Fund has embarked on a major strategic effort to expand programs to remove human rights-related barriers to health services in national responses to HIV, TB and malaria. These barriers - including stigma and discrimination, gender inequality, gender and gender-identity based discrimination and violence - are major factors hindering access to health services, including HIV and TB prevention, treatment, care and support.

Following a consultative process in 2016, 20 countries were selected for intensive support to scale up such programs over the next five years.¹ The countries are eligible for catalytic funds if they match or at least significantly increase the amount for programs to reduce human rights-related barriers within their HIV allocations. By early April 2018, research groups selected to undertake baseline assessments had completed baseline assessments in 18 of the 20 countries and 17 draft reports had been completed. The assessments provide the first ever, comprehensive overview of human rights-related barriers to HIV, TB and malaria services in these countries, including the programs that already exist, as well as an overview of what comprehensive programs to reduce human rights barriers would look like, and their cost.

In all 20 countries, the initiative aims to remove or at least significantly reduce human rights-related barriers to HIV services. In 11 of these countries, the initiative also focuses on human rights-related barriers to TB services, and in four, on barriers to malaria services.

Results of the baseline assessments confirm that human rights-related barriers continue to impede access to services in many countries. In all countries where the assessments have been concluded, stigma and discrimination remain pervasive in healthcare settings and impede access to services. Examples include denial of services, poorer quality of care, delays in receiving care, higher costs, breaches of confidentiality and abusive behavior. Causes included biases, gaps in knowledge, cultural or religious beliefs and unsafe workplaces. For people living with HIV and key populations, lack of empowerment, poor rights literacy and limited ability to access legal services and seek redress further exacerbate these barriers. In-service trainings on HIV-related stigma are the most common strategy

1. The 20 countries are Benin, Botswana, Cameroon, Democratic Republic of Congo (province-level), Cote d'Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda, and Ukraine.

adopted in response, but they are often not based on standardized curricula or routinely or universally offered, and high staff turnover inhibits sustainability. Even where laws and policies exist to protect key and vulnerable populations, practices by law enforcement agents and health care providers continue to subject people to discrimination and violence.

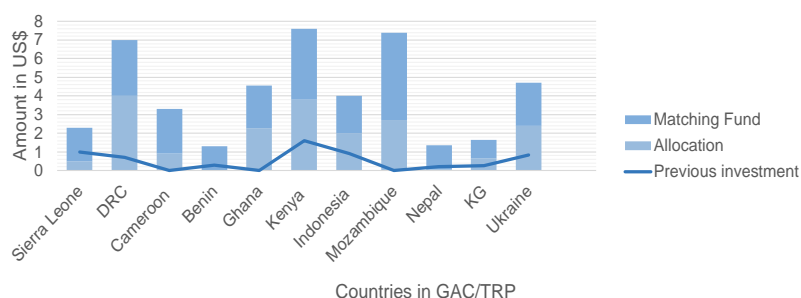
The assessments demonstrate that TB-related stigma remains a substantial barrier to services, independent of HIV-related stigma. Conditions in prisons fuel TB transmission, few prisons provide needed services, and inmates and other detainees are unaware of or unable to realize their rights to health services. Although TB burden is generally greater in men than women, harmful gender norms limit women's ability to independently seek TB services, to limit household TB exposure from their male partners, and to care for other family members, especially very young children with TB. The assessments show that in the context of both HIV and TB, few effective programs have been funded to address these barriers, undermining access to services and representing a serious gap in responses to HIV and TB.

The assessments have identified a number of good programs that should be considered for scale-up. In Ghana, for example, HIV and TB peer educators and outreach workers have been trained on basic human rights and legal literacy to monitor and document human rights violations and refer them to organizations that provide legal services. In Mozambique, a community-advocacy network monitors health care service delivery and community advocates are trained on health-related laws and policies and advocacy skills to monitor health care service delivery and raise problems at the facility level. In South Africa, efforts to facilitate engagement between police and sex workers in the community have helped to reduce police harassment and abuse. All the assessment reports identify ways in which countries can put comprehensive programs to reduce human rights-related barriers to services in place within the next five years.

Support has been mobilized proactively through the CRG Strategic Initiative and among partners to meet the 20 countries' technical assistance needs for developing matching funding applications, and for community engagement. At the Secretariat, two intensive one-day learning events were held in January 2018 to strengthen collaboration and share experiences among the 20 Country Teams working with the focus countries.

Matching funding applications have either been submitted or are being prepared in all 20 countries. Preliminary analysis shows that, taken together, within-allocation requests and matching funding requests are leading to greatly increased resources for human rights-related programming in the countries, compared to the previous, low level of investments (see chart). The 12 countries with TRP-approved requests by mid-March 2018 had US\$ 23.4 million for human rights-related programming from within allocations in the current funding cycle, compared to just US\$ 5.8 million allocated to these programs in 2014-2016. In addition, US\$ 30.3 million in matching funds were allocated to these countries.

Progress to date: Tracking Human Rights Investments in 20 countries (preliminary analysis, to be updated)



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Following completion of the baseline assessments, the 20 countries will hold multi-stakeholder consultations in 2018 to plan next steps, such as the development of five-year plans, governance and oversight mechanisms, addressing funding gaps and monitoring and evaluation frameworks. Given that both countries and their technical partners have relatively limited experience and capacity in this area to date, most countries will need longer-term support to ensure that the right programs are implemented by the right implementers and that programming is of adequate quality.

07 Differentiated support across the portfolio

In addition to the intense support effort in 20 countries, the Global Fund Secretariat continues to provide differentiated support for scaling up human rights-related programming across the portfolio. Because capacity is limited, the focus remains on achieving greater investments in human rights programming in middle-income countries. Preliminary analysis of a cohort of middle-income countries indicates encouraging progress towards achieving KPI 9b targets in terms of increased proportion of investments in human rights programming for both HIV and TB. Nevertheless, not all middle-income countries are including human rights-related programming in funding proposals (as required under the Global Fund Sustainability, Transition and Co-financing (STC) Policy), highlighting the need for more rigorous application of the STC Policy for middle-income countries.

08 Upper middle-income countries nearing transition

As part of its broad focus on sustainability, transition and co-financing, the Global Fund Secretariat is applying a specific focus on monitoring and increasing domestic HIV funding for programs to remove human rights-related barriers and programs for key populations in upper middle-income countries. The heavy reliance on external financing, gaps in political will, poor enabling environment, absence of social contracting mechanisms to resource community and civil society organizations for key population and human rights programs, and macroeconomic and fiscal constraints are among the factors that may place such programming at risk in countries where resources from external actors - including the Global Fund - are diminishing.

A key challenge is the absence within national health financing systems and processes of capacity to adequately categorize, collect, collate and verify of data indicating levels of domestic funding for programs to reduce human rights-related barriers to services. In the 2017-2019 allocation period, the

Global Fund Secretariat is therefore focusing on collecting baseline data in this area from a variety of sources. This data will be used to determine a target for KPI9c at mid-point in the strategy cycle and inform discussion about policy levers that will need to be considered to provide an incentive for increased domestic commitments to programs to reduce human rights-related barriers to services.

09 Responding to human rights crises

Some countries with Global Fund-supported programming experience human rights crises that limit access to services and/or involve human rights violations, especially among key and vulnerable populations. Several policies are in place to help prevent or mitigate the impact of such crises and violations, including undertakings in grant agreements and a confidential human rights complaints procedure managed by the Office of the Inspector General. In addition, since early 2017, the Global Fund has had an internal protocol in place to ensure efficient internal communications and coordination around emerging human rights crises.

In January 2018, a meeting involving teams from across the Secretariat and the OIG was convened to discuss the Global Fund's human rights crisis response readiness. This group is planning further activities, such as a review of the internal crisis coordination and communication protocol, a workshop in April 2018 to prepare for responding to human rights crises, and potentially developing guidance for country partners. In addition, the Global Fund Secretariat is engaging with technical and community partners in efforts to strengthen the safety and security of key populations, for example, through work with the PEPFAR-supported LINKAGES project to develop a common understanding of principles and roles in coordinating responses to human rights crises.

10 Review of OIG human rights complaints procedure

In 2017, an independent review was undertaken of the mechanism established by the Office of the Inspector General to receive complaints with regard to human rights violations related to Global Fund grants. The review, to be published by April 2018, found that the limited use of the mechanism to date is largely attributable to lack of knowledge about it, as well as to concerns about the remedies available and the perceived distance between the source of the complaint and potential responses from the OIG in Geneva. The review recommends a range of steps to further publicize the mechanism and to build capacity and understanding about the Global Fund at country level.

IV. Strengthening community systems and responses

Countries have been able to seek funds for community systems strengthening (CSS) in Global Fund grants since 2007. Strategic Objective 2a of the Global Fund Strategy 2017-2022 provides a stronger strategic focus on strengthening community responses and systems within disease-specific funding and as part of resilient and sustainable systems for health (RSSH).

11 Defining approaches

The Global Fund's understanding of how communities contribute not only to specific disease responses but also to building resilient and sustainable systems for health continues to evolve. Community responses and systems are diverse, complex, dynamic and highly contextual. In addition to responding to the three diseases, communities must address a wide range of needs and development issues including human rights, gender issues, crises response and social determinants of health.

Further work is being undertaken by the Global Fund Secretariat to describe the range of community systems and responses within RSSH, from those that are closely linked with the formal health system to those that are often not adequately acknowledged or funded despite having significant impact on health outcomes. In May 2017, the Global Fund published a revised [information note](#) on RSSH for applicants that includes updated information for funding applicants on addressing gender, human rights and community systems and responses. In 2018, a thematic review will be undertaken of how community health systems and community services are organized in a variety of contexts. The review will identify good practices and challenges in community health care delivery and document complementarity and synergies between community and formal health systems. In addition, a methodology is being developed to track and monitor the Global Fund's investments in community systems and responses in the 2017-2019 allocation period. This will complement ongoing efforts to build common understanding about community responses and systems within the Secretariat, TRP and CCMs, as well as with community and civil society and technical partners.

12 Universal health coverage

Over the last year, the Global Fund has supported communities and key and vulnerable populations to engage in the discourse around universal health coverage (UHC). The Global Fund has also emphasized the importance of strengthening community responses and systems as part of resilient and sustainable systems for health and discussions on global health security, including addressing antimicrobial resistance. In November and December 2017, for example, pre-meetings were supported in advance of the Tokyo UHC Forum. In January 2018, the Global Fund and the Asia Pacific Council of AIDS Service Organizations (APCASO) organized a side-event during the 2018 Prince Mahidol Award Conference in Bangkok, bringing together key population networks, representatives of marginalized and excluded communities in TB, malaria and HIV, networks representing people with disability, elderly, migrants, domestic workers, indigenous populations, human rights institutions and government representatives and technical partners. Session topics included mobilization and movement building, including inter-movement alliances, effective advocacy to ensure that community responses are recognized as part of UHC, and the roles of community actors in strengthening downward and upward accountability.

13 Community-based monitoring

The Global Fund has been working with partners over the last two years to promote the uptake of community-based monitoring (CBM) and document how CBM can be used to improve the responsiveness, quality and efficiency of programs. For example, a rapid review of CBM initiatives in Indonesia, supported by the CRG Strategic Initiative and published in October 2017, found that CBM approaches have great potential to increase local ownership, quality and responsiveness of Global Fund-supported HIV and TB programs.

In the last quarter of 2017, operational research funded by the Global Fund was conducted to capture learning and support the ongoing development of CBM mechanisms in three grants in West and Central Africa. Initial findings reflect the critical importance of a multi-stakeholder approach with communities centrally engaged and working collaboratively with service providers to identify and address bottlenecks and gaps in service provision. CBM can lead to shorter feedback loops if information is rapidly generated and acted upon at the local and/or national level. Evaluation of CBM needs to be strengthened to demonstrate its impact in improving access to and quality of services. The findings and recommendations will be used to strengthen the observatories working on HIV and TB and used to inform CBM models on malaria. In 2018, an indicator will be developed to measure coverage of community-led monitoring and feedback across Global Fund grants.

V. Scaling up comprehensive and quality programming for key and vulnerable populations

The Global Fund Secretariat's work on key populations over the last year has focused on reviewing the portfolio to develop baseline data for KPI reporting, further promoting the use of key population implementation tools, increased attention to key populations in the context of TB, supporting eligible countries to access catalytic funding and policy review and support to strengthen key population engagement in Global Fund-related processes, including during grant-making and grant implementation and in CCMs.

14 Measuring progress on HIV among key populations

The Global Fund's Strategic Objective 1a commits the Global Fund to drive the scale-up of evidence-based and comprehensive programs for key and vulnerable populations affected by the three diseases. Given that key populations continue to face significant challenges in accessing critical HIV-related services, corporate KPI 5, as a proxy measure of progress against this objective, measures coverage of HIV treatment and prevention services for key populations. To ensure that baseline and subsequent data collected for the KPI are robust, the Global Fund Secretariat, with support from UNAIDS, WHO and global key population networks, has led a large-scale assessment of the design, implementation and monitoring of intervention packages for key populations across the continuum of testing, prevention, treatment and care in 65 countries and six regions within the portfolio, including the 55 countries previously identified by the Global Fund as having nationally adequate key population size estimates. Countries are being assessed against four dimensions: key populations of epidemiological significance, comprehensiveness of the service package, geographical coverage, and adequacy of monitoring systems. Desk reviews, field work and analyses are to be completed by mid-2018 and will form the basis of a "deep dive" on key populations scheduled to be presented at the July meeting of the Strategy Committee.

Measuring coverage of antiretroviral treatment among key populations remains a challenge in many countries and is usually dependent on expensive and time-consuming population-based surveys. In recent years, a number of key population networks and organizations have developed and implemented surveys to collect data and evidence that complement traditional approaches and that play a valuable role in informing programs. In December 2017, the Global Fund, UNAIDS and other partners hosted a two-day workshop to review existing practices of conducting community-led surveys and research methodologies, with a view to expanding their use, for example, to collect data on coverage of treatment services for key populations living with HIV. The meeting led to the development a broad agenda for research needs among key population living with HIV and potential roles that community-led surveys can play to complement other large-scale research. Participants also highlighted key principles for community-led data collection.

15 Catalytic funding for HIV key populations

Catalytic funding set aside by the Global Fund Board for HIV in 2016 includes US\$ 50 million for multi-country programs aimed at strengthening the sustainability of services for key populations in middle-income countries that are priorities for transition preparedness under the Sustainability, Transition and Co-financing Policy, as well as US\$ 50 million in matching funds to scale up services for key populations in 12 countries. The multi-country programs will focus on four regions and act to support regional and national advocacy, addressing legal barriers in access to services and laying the groundwork for continuity of services as part of transition from Global Fund and other external funding to domestic

financing. Terms of references were developed with input from the Global Fund Secretariat and external stakeholders. The Global Fund Secretariat is in the process of soliciting proposals from interested applicants and will provide support for stakeholder convening and dialogue in each eligible region to develop programs on the basis of the agreed term of references.

For the 2017-2019 allocation period, the Grant Approvals Committee selected 12 countries as eligible for matching funds for key populations from the catalytic funding stream. By late March 2018, eight eligible countries had sought matching funding and demonstrated increased investment from within their allocations. In seeking matching funding, the countries must show how the additional funds will expand scale of program coverage for key populations and lead to significant improvements in program quality, relevance and efficiency.

16 Key populations and TB

The Global Plan to Stop TB 2016-2020 calls for a paradigm shift in the global TB response that includes closer engagement with and attention to key populations. The plan includes the goal of reaching 90 per cent of key populations with TB testing and treatment services through programs that are human-rights-based, gender-responsive, multi-stakeholder and inclusive. To support these efforts, in 2016, the Global Fund Board approved a US\$ 190 million TB Catalytic Investment Initiative to support country-led programs in identifying and responding to missing cases of TB, as well as a range of other investments, including support for the work of technical partners in TB and funding to address multi-country, cross-border TB issues in selected countries.

In support of this initiative, the Stop TB Partnership and the Global Fund have developed and are rolling out a Data for Action Framework for TB Key, Vulnerable and Underserved Populations to help countries identify data needs and missing data on TB among key populations, as well as barriers to accessing services and opportunities for gender-sensitive and rights-based programming. The tool was piloted in six countries in 2017 with the engagement of civil society organizations, national TB Programs and Stop TB.

In December 2017, the Global Fund Secretariat and the Stop TB Partnership initiated a rapid review of TB key populations in selected parts of the Global Fund portfolio. The review will provide a high-level overview of investments in priority populations for TB relative to grant size in 30 countries, together with a more detailed analysis in six countries of how countries and Global Fund-supported programs respond to the needs of TB key populations. Recommendations will help the Global Fund and partners to strengthen responses among these key populations.

17 Engaging vulnerable populations in malaria

In 2016, three regional civil society organizations in East Africa, West Africa and the Asia Pacific, along with International Public Health Advisors, received support through the CRG Strategic Initiative to strengthen the engagement of civil society and communities in malaria. As part of this work, the Malaria Matchbox was created as a tool for analyzing and addressing human rights and gender-related barriers in malaria programs. The tool specifically enables national malaria stakeholders to identify which groups of women, men, girls and boys are particularly vulnerable to malaria and/or excluded from services and how. Piloting of the tool in four countries will be completed in July 2018, after which it will be made more widely available. Initial discussions are underway with the Roll Back Malaria Partnership to develop a joint CRG Action Plan, similar to the one with the Stop TB Partnership.

18 Engaging adolescent and young people at risk of HIV

The Global Fund Secretariat contracted Dalberg Design to undertake an insight-gathering process with key marginalized adolescents and young people and other stakeholders involved in designing, implementing and evaluating adolescent or youth programs. The process will use methodologies such as creative workshops, mobile phone outreach and interviews to capture the perspectives of adolescents and youth. The aim is to identify barriers that impede access to and retention in HIV prevention, care, treatment and support services, as well as challenges related to existing HIV- and SRH-related programming and policies for adolescents and young people. Particular attention is being paid to adolescents and young people who do not currently or consistently access available HIV-related services. The insights gathered will help inform Global Fund Country Teams and in-country partners with regard to long-term, innovative approaches to mobilize and actively engage adolescents and youth affected by HIV. This includes addressing vulnerabilities and risks of HIV infection, as well as supporting those living with HIV to deal with issues such as HIV-related disclosures, long-term antiretroviral treatment, and transition from pediatric to adult health care services and navigating sexuality and relationships. The process is currently underway in Lesotho and Botswana and will be completed by April 2018.

Additional work was undertaken in March 2017 to increase internal capacity on issues relating to adolescent/young key populations through country assessments and an internal training for five Global Fund Country Teams. The assessments identified a range of challenges faced by young key populations, including punitive laws, religious restrictions on sexual activity, heteronormative cultural norms, and lack of adolescent-friendly health and community services. The training sought to cultivate champions for young key populations in the Secretariat, equip Global Fund Country Teams with skills to interrogate and respond to issues for young key populations in their countries and to build new partnerships.

19 Key population implementation tools

Over the last four years, the Global Fund has collaborated with partners, including UN entities and key population networks, on the development and implementation of key population implementation tools for sex workers (SWIT), men who have sex with men (MSMIT), people who inject drugs (IDUIT) and transgender people (TRANSIT). The Secretariat has particularly sought to promote the tools as valuable references for countries as they develop Global Fund proposals relating to programming for key populations. UNFPA, UNODC, UNDP and other partners have continued to actively promote and support uptake of the tools at country and regional levels over the last year.

A comprehensive mapping is being undertaken of efforts by partner organizations - including UNAIDS, WHO, UNFPA, UNODC, UNDP and USAID LINKAGES - to promote the use of the implementation tools in program design and evaluation. In addition, the Global Fund Secretariat partnered with global key population networks to pilot country-level workshops for key population groups, implementers and CCMs in four countries to discuss closer alignment of existing programs with the key population implementation tools.

VI. Supporting meaningful community engagement with the Global Fund

20 Community, Rights and Gender Strategic Initiative

The CRG Strategic Initiative (CRG SI) was approved by the Global Fund Board for a further three years in November 2016, with US\$ 15 million available through the catalytic funding stream. As in the 2014-2016 funding cycle, the CRG SI consists of three mutually reinforcing components to more closely coordinate, synergize and optimize the impact of the initiative. The CRG SI has evolved to reflect new priorities in the Global Fund Strategy 2017-2022 and to leverage and support work being done across the Global Fund Secretariat and with technical partners including UNAIDS, GIZ, the Stop TB Partnership, the Roll Back Malaria Partnership and the French 5% Initiative.

The first component of the CRG SI provides short-term technical assistance (TA) through community-based TA providers to civil society and community organizations to engage more effectively with the Global Fund. TA is no longer confined to the funding request development period, and may now be accessed throughout the grant cycle, including grant-making and implementation, as well as on issues related to transition and sustainability. In 2017, the pool of community TA providers – now numbering 26 - was replenished to include additional expertise in key areas such as gender, human rights, malaria, TB and transitioning from Global Fund support.

Since the initiative began in July 2017 through to the end of March 2018, a total of 16 technical assistance assignments had been completed in all regions, with 15 more assignments underway. TA was deployed to support other catalytic fund-supported efforts, such as the development of matching fund applications in four of the 20 priority countries for scaling up human rights programming. The CRG SI is implementing or has implemented four TA assignments focused specifically on TB and three assignments focused on malaria. Work across the CRG SI is responding to emerging and pressing TA needs, such as program design for key populations during implementation, community-based monitoring across the three diseases, and engagement of adolescent girls and young women. Where possible the CRG SI aims to pair local, less experienced consultants with more experienced ones in order to support the development of local capacities.

The second component of the CRG SI supports longer-term capacity development and meaningful engagement of key and vulnerable populations in Global Fund processes. The CRG SI is providing resources to six HIV key population networks who responded to a request for proposals in June 2017. These networks build the capacity of their constituents to meaningfully engage in Global Fund-related processes by training and mentoring advocates, undertaking advocacy initiatives, providing community guidance and monitoring of program implementation, among other activities. To further the impact of the work under this component, the HIV key population networks are working jointly on a number of activities, such as working jointly to convene regional and global trainings, in part to operationalize key population implementation tools to increase knowledge of best practices and support advocacy at local and national levels to ensure that these programs are included in grant-funded activities.

Component 2 also provided seed funding to the HER Voice Fund to support the engagement of civil society and community groups with Global Fund processes in the 13 countries that are a focus for scaling up programming for adolescent girls and young women. In addition, new requests for proposals in 2018 will expand Global Fund support for civil society and community groups involved in malaria from three to five regions and continue support for global and regional networks and coalitions of TB activists and people affected by TB.

Component 3 of the CRG SI provides support to six regional civil society platforms, which were selected through a competitive re-bidding process in 2017. The regional platforms serve a broad communications and coordination function and perform a wide range of activities based on regional needs. These include monitoring and reporting on meaningful engagement in countries, holding workshops and information sessions related to the Global Fund at regional events, engaging local partners to support Global Fund resource mobilization, supporting CCMs, email and social media updates and tools development. The platforms are also playing a stronger role in regional TA coordination for civil society groups to engage with the Global Fund, both through the CRG SI and other funders.

As recommended in the 2016 evaluation of the CRG SI, the CRG SI staff has worked with a consultant with input from partners to develop a monitoring, evaluation and learning (MEL) framework for the CRG SI, which was presented at a learning event in Bangkok in February 2018. The MEL framework contains achievements that will be tracked and reported biannually, using the findings and learnings to continuously improve quality, leverage opportunities, and guide programmatic and budgetary decision-making.

21 Meaningful engagement of civil society and key populations on Country Coordination Mechanisms

An independent review conducted in 2016 by the Community Action and Leadership Collaborative with funding from the Global Fund Secretariat examined community engagement during grant-making and grant implementation. Following up on the review in 2017, the Global Fund Secretariat revised several policies and practices to support greater engagement of civil society and key populations. These include internal training for staff, a new provision in CCM funding guidelines that requires CCM budgets to allocate a minimum of 15 per cent of CCM funding on strengthening constituency engagement, and a stronger monitoring framework for CCM performance. Relevant guidance and documentation were shared with all CCMs at regional CCM evolution consultations to highlight some of the good practices that can be deployed through CCM funding to support meaningful engagement of civil societies and key populations on CCMs.

Over the last 18 months, the Global Fund Secretariat has also provided targeted support to five countries to strengthen key population representation and engagement on CCMs through CCM Improvement Plans. The plans aimed to contribute to increased civil society representation and accountability on CCMs, promote inclusive selection processes for civil society CCM members and ensure that CCM members receive training on issues such as gender equality, human rights and community systems and responses.

VII. Conclusion

The Global Fund is continuing to play a leading role in global health by turning its strategic commitments to key populations and vulnerable, human rights and gender equality into quality and comprehensive programming at country level. It is also working to develop innovative approaches to monitoring the impact of these investments. The Global Fund continues to closely engage communities in its processes and to mobilize and work with partners to strengthen community systems and responses as an integral component of resilient and sustainable systems for health and the universal health coverage agenda.