
Report on Community, Rights and Gender

43rd Board Meeting

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Board Information

Purpose of the paper: This is the Global Fund's sixth annual report on the Secretariat's work to promote community-, rights- and gender- (CRG) based responses to HIV, TB and malaria, as well as engage communities and civil society across the Global Fund's broad range of processes and partnerships.

Executive Summary

Introduction and context

As we move into the final decade of the Sustainable Development Goals, we need to be ambitious in our responses and ensure that community-, rights- and gender- (CRG) based programming is scaled-up at a level to optimize impact, reach key and vulnerable populations affected by HIV, TB and malaria, address human-rights and gender-related barriers to services across the portfolio more widely, and integrate community systems and responses to ensure resilient and sustainable systems for health.

This report provides the annual update on work being done by the Global Fund Secretariat to promote CRG-based responses to HIV, TB, malaria, and to engage communities and civil society across the Global Fund's broad range of processes and partnerships.

Questions this paper addresses

1. What progress has been made to strengthen the Global Fund's CRG-related investments?
2. What lessons have been learned from the 2017-2019 cycle and how is the Secretariat preparing for the 2020-2022 cycle?
3. What actions are being taken to strengthen the Secretariat's internal capacity on CRG-related issues, as well as broaden community and civil society engagement?

Conclusions

The Global Fund and its partners have pioneered innovative approaches to scaling up comprehensive programs to reduce human rights-related barriers; increased access to prevention programming for adolescent girls and young women (AGYW); expanded global coverage of services for key and vulnerable populations; continued to demonstrate leadership as the largest global investor in harm reduction; championed community-led approaches; and supported the engagement of communities and civil society in every aspect of its work.

While there has been good progress in the different areas that come under the CRG umbrella, there is still significant work to be done. While the Secretariat is an important player in this area, addressing CRG-related issues is the responsibility of the full Global Fund partnership and success requires coordinated action and support from partners and governments, as well as strong engagement with communities and civil society.

Moving forward, it will be important to enhance focus and coordinate efforts in a number of key areas in order to secure the success of current investments and ensure smarter, more impactful investments in the 2020-2022 allocation period and beyond. These include:

1. **Greater and more strategic use of data to inform the focus of investments.** This includes the use of quantitative data to identify critical inequities across HIV, TB and malaria responses and guide investments towards person-centered, efficient responses that increase program quality; continued efforts to ensure more widespread data disaggregation by age and gender to inform decision making; the promotion and use of community-driven data to inform and improve programming, including through the leveraging of community-based monitoring (CBM).
2. **Sustaining progress made to comprehensively address human rights-related barriers and applying lessons learned from the *Breaking Down Barriers* initiative across the full Global Fund portfolio.** This includes implementing many of the recommendations made in the OIG's Advisory Review on human rights, including developing a differentiated approach that can be implemented across the portfolio to ensure human rights-related barriers are adequately addressed everywhere, and working to ensure the sustainability

of the significant advances made in the 20 countries, acknowledging that programs to reduce human rights-related barriers are at risk without sustained incentives to include them.

3. **Accelerating efforts to bring quality programming for adolescent girls and young women to scale in partnership with countries and DREAMS.** The 2020-2022 HIV allocation for adolescent girls and young women (AGYW) priority countries increased by 24% overall. Although not all countries received increased allocations, catalytic matching HIV/AGYW funds are available for 12/13 countries. In the next cycle, the investment focus is the strengthening of national multi-sectoral responses for AGYW, a core package of high impact HIV prevention interventions and prioritizing implementation at high burden district/sub-national level.
4. **Working with partners to promote the continued scale-up of comprehensive programming for key and vulnerable populations.** This includes encouraging the adoption of more robust national service packages, supporting countries to use increased allocations to meet prevention, treatment and care targets for key and vulnerable populations affected by all three diseases, and galvanizing political leadership and technical support to harmonize data systems to better monitor key population service coverage across providers and funders.
5. **Advancing programming that is community-based and community-led.** This includes placing a greater emphasis on explicitly articulating the role and value add of community responses in national strategies and costed plans; ensuring partnerships and flexible funding modalities are tailored to country contexts and allow for resourcing communities at the scale necessary to deliver impact; and that the full range of community systems strengthening (CSS) priority interventions outlined in the modular framework are supported.
6. **Building on the CRG Accelerate initiative to continue strengthening CRG-related capabilities and accountabilities across the Secretariat.** This includes completing the current set of CRG-GMD workshops and, based on lessons-learned, adapting and expanding opportunities for peer-to-peer learning across departments. Further efforts to clarify accountabilities for CRG-related work across the Secretariat will continue in 2020, including through expanding the remit of the Breaking Down Barriers (BDB) Steering Committee to encompass the full range of CRG-areas.
7. **Continuing to promote the meaningful engagement of communities and civil society across the diseases in all Global Fund related processes.** This includes a concentrated effort across the Secretariat to mitigate the impact of the COVID-19 pandemic on community and civil society engagement in country dialogues, funding request development and grant making, as well as the development of the next Global Fund strategy.

Input Sought

The Secretariat seeks the Board's input on the following:

1. What does the Board consider to be the central challenges to scaling-up community-, rights-, and gender- based programming in order to meet global disease targets? Is the Secretariat focusing its efforts appropriately to meet these challenges?
2. What should the Secretariat be doing to support community-responses – and communities themselves – in light of the outbreak of COVID-19?

Input Received

A draft of this report was presented to the Strategy Committee for its 12th meeting in March 2020. The report has been revised to reflect input received from the committee, as well as that received from other constituencies through subsequent correspondence. Annex II includes a more extensive summary of input received during the 12th SC.

In addition to this annual report, a Secretariat management response to the OIG's 2019 Advisory Review, [Removing human rights-related barriers: Operationalizing the human rights aspects of Global Fund Strategic Objective 3 \(GF-OIG-19-023\)](#) will be shared separately with the Board ahead of its 43rd meeting.

Introduction: Delivering on the Global Fund Strategy through investments in community-, rights- and gender-based responses

Recent reviews undertaken by the Technical Evaluation Reference Group (TERG), Technical Review Panel (TRP) and Office of the Inspector General (OIG) confirm the pioneering role the Global Fund has played in promoting community-, rights- and gender- (CRG) based programming, approaches and policies.¹

In the 2017-2019 allocation period, the Global Fund helped bring to national scale comprehensive programming to reduce human rights-related barriers; scale-up access to prevention services for adolescent girls and young women (AGYW); expand global coverage of services for key and vulnerable populations across the three diseases; and demonstrated its leadership as the largest global funder of harm reduction.

While country allocations and domestic investments have been essential, these efforts have been supported by a number of other specific actions at the Secretariat level including 1) the innovative use of catalytic and matching funds; 2) the development of technical briefs and tools, such as the Malaria Matchbox; and 3) the extensive leveraging of partnerships.

Despite these gains, significant challenges remain. For example, although the quality of human rights and gender analyses included in HIV proposals has improved in recent years and the number of Global Fund-supported services for key and vulnerable populations has increased in some contexts, programming in these areas remains too limited in both scope and scale across the portfolio as a whole—including in countries with high disease burden and large allocations. Interventions to address gender and human rights issues for TB and malaria remain far from adequate.

There continues to be a lack of clarity among Global Fund stakeholders about the vital role that communities can play in designing, delivering and evaluating impactful programming to ensure systems for health are resilient and sustainable.

Across the three diseases, more attention is also needed to populations that are being left behind, such as transgender people, sex workers, prisoners, people who use drugs, men who have sex with men and mobile populations. More attention is also needed to the persistent drivers of vulnerability, including discrimination and violence. Political barriers to progress in many countries, frequently in settings with limited or shrinking civic space, present a difficult backdrop to these ongoing challenges.

The report highlights efforts being made by the Secretariat to draw lessons from the 2017-2019 allocation period in order to accelerate progress toward achieving SO3 and ensure the Global Fund continues to 'leave no one behind' in its pursuit of a world free of HIV, TB and malaria.

The report consists of five sections: 1) Strengthening capacity across the Secretariat and broader community engagement with the Global Fund; 2) Community systems and responses; 3) Key and vulnerable populations; 4) Human rights; and 5) Advancing gender equality and reaching adolescent girls and young women.

Strengthening capacity across the Secretariat and broader community engagement with the Global Fund

Advancing a global response to the three diseases that is rights-based, gender-responsive, equitable and places communities and key and vulnerable populations at its center is an organizational priority and responsibility that lies with the full Secretariat. In recognition of this, in 2019 the Secretariat undertook a six-month process – the *CRG Accelerate* initiative - to determine how it can better deploy its resources related to CRG issues to further optimize the impact of Global Fund financing. As a result of the review, CRG's advisors on human rights, gender, harm reduction and community issues have shifted to serve as generalists for a percentage of their time, organized around Global Fund regions. This allows them to work more efficiently with the Grant Management Division (GMD), with each advisor providing

¹ Previous findings and recommendations from the TERG, TRP and OIG are summarized in Annex 1.

cross-cutting CRG support to their assigned region. The CRG advisors work alongside the GMD Department Head or relevant Regional Manager, as well as counterparts in the Technical Advice and Partnerships Department, to agree on specific regional and country funding priorities based on analysis of epidemiology, coverage gaps, gender, human rights and key population considerations and other relevant data and assessments. Based on this analysis, advisors provide differentiated support to country teams based on where its expertise can drive the most impact, while continuing to provide overall leadership on policy, strategy and partnerships in their respective areas of expertise.

A key component of the CRG Accelerate initiative involves further reinforcing the capability of country teams in GMD to apply a CRG-lens to investment decisions, programming and the everyday work of grant management. Four workshops on this theme were held in the first quarter of 2020, and more are planned later this year. The workshops encourage GMD and other relevant Global Fund staff to systematically consider issues such as which populations the Global Fund needs to reach for optimal impact, what they need, how they can be reached, what barriers need to be addressed, and how to ensure the long-term sustainability of financing for these activities. They also provide country teams and other colleagues across the Secretariat with a deeper understanding of when and how to address gender issues and human rights barriers and how to support communities to scale-up services to reach the most vulnerable and marginalized. The workshops will continue through 2020 to reach as many colleagues in the Secretariat as possible.

The establishment of the Breaking Down Barriers Steering Committee is another key component to reinforcing the mission-critical nature of CRG-related issues across the Secretariat. With members including managers from GMD, Finance, Risk Management, SIID, TAP, Legal and Governance, the Strategy and Policy Hub, CRG and the Office of the Executive Director, the committee was created to provide strategic direction and oversight to the BDB initiative. In 2020, the committee will expand its remit to enable greater cross-Secretariat collaboration and leadership on CRG-related matters, including how to operationalize recommendations made in the OIG's Advisory Review of SO3 and strengthen the Secretariat's performance in delivering on organizational commitment to promote and protect human rights and gender equality.

Human rights and gender-related barriers, including gender and age-related inequities, can significantly limit the impact of Global Fund grants, and addressing these barriers remains a strategic priority for the Global Fund and continues to be mainstreamed in all aspects and stages of the grant lifecycle. Current efforts to mainstream human rights, community and gender related risks is enabled from a risk perspective through country portfolio reviews across all high impact and core portfolios. A systematic approach through identification of root causes and tailored mitigation strategies with inputs from disease and CRG advisors continue to be implemented and monitored.

The Global Fund's Risk Management Report and the Chief Risk Officer's Annual Opinion for 2019 acknowledges that this risk is receiving the right level of focus by the Secretariat, with investments in building the internal capacity of the Global Fund's disease advisor teams, enhanced relationships with partners and the development of a more robust framework for monitoring, learning and evaluation, all of which set the stage for taking more balanced risks to deliver impact. Looking forward, the risk management team recommends that the Global Fund pay additional attention to structural interventions that address upstream factors that make adolescent girls and young women and key populations vulnerable to the diseases; stronger engagement of other sectors including education, information, youth empowerment, and sports; and closer engagement of adolescents and youth in decision-making and policy and program development.

There are also several initiatives and actions that will further increase opportunities to strengthening engagement in CRG-related issues. For example, the Global Fund Executive Director is forming a Youth Council to increase opportunities for adolescents and young people to share their unique and diverse insights, experiences and needs in relation to the three diseases. Members of the council will be under 25 years of age; living with or affected by HIV, TB or malaria; and have links to local communities and networks. The council will meet once or twice a year and provide advice directly to the Global Fund Executive Director. The Global Fund *CCM Evolution Pilot* (2018-2019) also included a key focus on strengthening the engagement of civil society, key populations and people living with or affected by the diseases in CCMs in 18 countries. The voice of these stakeholders on the CCM is critical for shaping

investments in programming to reduce human rights barriers and promote gender equality and enabling oversight of grants to ensure impact. Several promising practices emerged during the pilot, including pre-meetings of key constituencies, such as civil society, and additional opportunities for improvement have been identified to further strengthen civil society engagement on CCMs.

In an unprecedented show of global solidarity, donors at the Global Fund's sixth replenishment conference in Lyon (France) in October 2019 pledged US\$14.02 billion for the next three years, the largest amount ever raised by the Global Fund and for any multilateral health organization. As in the past, the success of the replenishment was due in large part to sustained advocacy efforts by communities and civil society organizations around the world, beginning with the launch of the *Get Back on Track* report by the Global Fund Advocates Network (GFAN) in July 2018.² The work of GFAN, its speakers' bureau, regional partners GFAN Africa and GFAN Asia-Pacific and hundreds of GFAN members - 350 community and civil society organizations and advocacy partners in 90 donor and implementing countries - were instrumental in mobilizing and targeting advocacy efforts and influencing decision-makers throughout the replenishment cycle.

This cycle was notable for the strong alignment of civil society advocacy efforts with diplomacy and advocacy by the host country, France, and an unprecedented, coordinated, community- and civil society-led mobilization throughout the replenishment campaign. The campaign kicked off with a global action designed and coordinated by GFAN Asia-Pacific and conducted by communities and civil society organisations in 45 implementing countries in Africa, Asia and the Pacific, Eastern Europe, and Latin America and the Caribbean. The campaign, based on the theme *#LoveMoreGiveMore* to coincide with St Valentine's Day in 2019, followed the launch of the Global Fund Investment Case the preceding week in Delhi (India) and extended through to the replenishment meeting, including the key message urging implementers, donors and partners to *Step Up the Fight*.

Civil society groups in francophone Africa, with support from GFAN Africa, Impact Santé Africa and Civil Society for Malaria Elimination (CS4ME), were engaged to an unprecedented extent in advocacy with donors, implementers and multilateral organizations throughout the year, together with anglophone counterparts. These efforts contributed to a doubling of the value of pledges to the Global Fund from African countries in this replenishment and a significant strengthening of the capacity of health advocacy groups and their networks across the region. In 2019, these groups focused particularly on the need for implementing countries to increase domestic resources for health in order to demonstrate global solidarity and shared responsibility.

The Global Fund Secretariat played a strong supporting role in many of these efforts, including through strategic investments in training, capacity development and advocacy platforms, identifying key advocacy opportunities, helping to mobilize strong voices from key stakeholders including young women, supporting development of country-specific policy briefs, updating resources such as *Investing in the Future: Women and Girls in All Their Diversity*, and facilitating access to policymakers, parliamentarians and government leaders.³

Follow-up on the replenishment has also been more systematic in this cycle, with a number of events held or planned with civil society groups since the replenishment conference to "celebrate replenishment heroes" thank donors for their support and continue advocacy efforts to turn pledges into contributions. Building on this experience and momentum, the Secretariat is also continuing to work in 2020 with partners such as UHC2030, the Global Financing Facility, the World Health Organization (WHO) and civil society groups on advocacy for domestic resource mobilization through activities such as civil society training and capacity development on health financing, including support for civil society engagement in the national health financing dialogues that are taking place in many countries, especially in Africa, as well as in regional- and global-level discussions on health financing.

² Global Fund Advocates Network [Get Back on Track to End the Epidemics](#) (July 2018)

³ [Investing in the Future: Women and Girls in All Their Diversity](#) (May 2019)

Community systems and responses

Progress and results

Strategic Objective 2– Building Resilient and Sustainable Systems for Health (RSSH) (SO2) points to the central role of communities in building more inclusive and accountable health systems. Community systems strengthening (CSS) and community responses⁴ are therefore key to achieving better programmatic outcomes, particularly for the most marginalized and difficult to reach populations.

In its 2019 review of the Global Fund’s approach to RSSH, the TERG observed a continued conflation between community-led and community-based responses across the Global Fund partnership, with a dominant focus on the extension of service delivery through community health workers (CHWs), rather than on community-led interventions promoting community access to services, governance, social accountability and community-led monitoring.⁵ The TERG recommended that the Global Fund better articulate the range of permissible community systems and response interventions in its Modular Framework, including a making clearer distinction between systems strengthening for responses conducted at the community level, and those that are truly community-led.⁶

In its observations on the 2017-2019 funding cycle, the TRP recommended increasing efforts to expand community engagement in responses to the three diseases, particularly to address critical human rights and gender-related barriers to services; strengthening community-based health systems in ways that extend coverage to hard-to-reach and marginalized populations; improving sustainability planning for community systems and responses; and developing and using indicators to track CSS programming.

The CRG Strategic Initiative is one tool for advancing these recommendations. For the 2017-19 allocation period, US\$15 million was provided to support the CRG Strategic Initiative; US\$6 million was allocated for short-term technical assistance for community engagement; US\$5 million to enable longer-term capacity development of global and regional networks of key and vulnerable populations; and US\$4 million to continue support to six regional platforms to coordinate civil society and communities around Global Fund policies and processes. (See Table 1. *Key achievements of the CRG Strategic Initiative*)

Table 1. Key achievements of the CRG Strategic Initiative

Key achievements	
<p>Over the last three years, activities supported under the CRG Strategic Initiative have:</p> <ul style="list-style-type: none"> • Significantly strengthened the meaningful engagement of communities in Global Fund-related processes across all stages of the funding cycle; • Helped ensure that civil society and community priorities are reflected in national disease strategies, funding requests, and transition planning; • Enabled greater emphasis to be placed on evidence-informed and rights-based programming in Global Fund grants, including the 20-country BDB and 13-country AGYW initiatives; • Helped identify the technical assistance needs of communities and communicated them to key stakeholders; • Strengthened the capacity of community-based technical assistance providers to design and deliver quality technical support; and • Provided more than 180 small grants to support AGYW engagement through the Her Voice Fund. 	
Short-term technical assistance	
Key outcomes	<ul style="list-style-type: none"> • 189 requests for short-term technical assistance received (December 2019)

⁴ Community-led responses are those that are managed, governed and implemented by communities themselves and community-based responses are those that are delivered in settings or locations outside of formal health facilities.

⁵ TERG [Thematic Review on Resilient and Sustainable Systems for Health \(RSSH\)](#) (July 2019)

⁶ Additional findings are summarized in Annex 1

Achievements	<ul style="list-style-type: none"> • In the LAC and EECA regions, for example, communities received support to engage in transition and sustainability strategies through social dialogue and social contracting planning. • In the other regions, technical assistance has mostly contributed to the engagement of key and vulnerable populations, including adolescent girls and young women, in policy and program development. • While support was provided mostly for HIV and TB, the launch with RBM Partnership of the Malaria Matchbox equity tool increased requests for technical assistance for malaria, and by the end of 2019, the tool had been used in Niger, India, Somalia and Guinea Bissau, with rollout in 3 states in Nigeria planned in early 2020.
Longer-term capacity building	
Key outcomes	<ul style="list-style-type: none"> • 2/2 malaria networks, 4/5 TB networks and 4/6 HIV networks completed nearly all work plan activities.
Achievements	<ul style="list-style-type: none"> • Through trainings, communication, advocacy and national constituency building, the networks increased the engagement in national decision-making spaces of HIV key populations, groups of AGYW and people affected by TB and malaria. • At global and regional levels, the work of TB networks was essential to the inclusion of community voices in the recently launched Declaration of the Rights of People Affected by TB. • Global advocacy and coalition building have also led to the creation of the first Africa Trans Network, based in Nairobi. • Long-term engagement of AGYW achieved important milestones through the collaboration between the initiative and Viiv Healthcare, including the selection of a new HER Voice Fund implementer, the official launch of HER Voice 2.0 at the International Conference on AIDS and STIs in Africa (ICASA) in Kigali (Rwanda) in December 2019 and approval of the implementation model. The strategic initiative will continue supporting HER Voice through funding of the leadership component, planned to start when the fund is fully operational in March 2020.
Regional Platforms	
Key outcomes	<ul style="list-style-type: none"> • Six regional platforms have focused on identifying and addressing barriers faced by communities in accessing information and learning as a way of strengthening their meaningful engagement in Global Fund processes.
Achievements	<ul style="list-style-type: none"> • By the end of 2019, the number of newsletter subscribers had increased by 23% over the previous year. • Joint case study, published in December 2019, highlighted good practices to increase access to technical assistance and learning, such as intensified use of online tools and webinars. • The Francophone Africa platform is currently working with the Global Fund's CRG technical assistance program and Expertise France to document good practices and opportunities for civil society to ensure continuity of service delivery in five challenging operating environment countries. • In November 2019, the MENA platform partnered with UNDP to host a workshop on human rights and gender in the context of the Global Fund, benefiting vulnerable women's groups.

	<ul style="list-style-type: none"> • In December 2019, the three African platforms developed a joint program of Global Fund-related engagement sessions at ICASA in Kigali (Rwanda). Joint sessions enhanced community understanding of sustainability and transition issues and strengthened the capacity of women’s representatives on CCMs.
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A final external evaluation of the work of the CRG Strategic Initiative in 2017-2019 will be completed by the end of April 2020 in order to consider recommendations and findings in the strategic design of the initiative in the next cycle, which will start in January 2021.⁷

Looking ahead: Support for the 2020-2022 cycle

In consultation with technical partners, TAP, MECA and the CRG department, the Secretariat has made several adjustments to the [Modular Framework Handbook](#) to reflect the TERG and TRP’s recommendations, recently updated normative guidance and lessons learned from countries. Updates include clearer language to promote community-led responses to the three diseases and guidance for applicants to include support for CHWs and formalized cadres under the human resources for health (HRH) module, directing the focus of the CSS module toward support for community-led cadres. For the first time, the modular framework includes indicators on Community-led monitoring (CLM) and organizational/institutional capacity building, including eight workplan tracking measures to support monitoring and evaluation of CSS interventions.

The Secretariat has updated its *Technical Brief on Community Systems Strengthening* to include simplified language and more practical guidance contextualizing and assessing country CSS needs, as well as accessing technical support.⁸

In 2020, the CRG Strategic Initiative will focus on supporting community and civil society participation in country dialogues and throughout the grant making process. Priority will be given to countries submitting proposals in application Windows 1-3; countries that are eligible for CRG-related matching funds; and other countries prioritized by the Secretariat for support.

The Sustainability, Transition and Efficiency (STE) Strategic Initiative (US\$18 million) will continue to support public financing of civil society service provision in this next cycle, noting that in 2019, the initiative supported several activities related to CRG issues, including technical assistance for strengthening social contracting mechanisms at the country level.

Longer term challenges and opportunities

Sub-optimal community-based health care delivery and monitoring systems present a significant risk to optimizing the response to the three diseases. In October 2019, the Secretariat launched a review of community health care in selected countries with the aim of generating actionable evidence for scaling up successful community-based implementation practices.⁹ The findings will strengthen the Global Fund’s understanding of how formal health systems and communities can effectively complement each other for greatest impact.

The Global Fund strongly supports CBM¹⁰ as a component of its CSS module within RSSH. However, there is scope to significantly expand CSS across the portfolio to improve the responsiveness and impact

⁷ The current term of the CRG Strategic Initiative has been extended by one year to the end of 2020, with additional top-up funds, to accommodate the beginning of the new funding cycle.

⁸ [Technical Brief on Community Systems Strengthening \(October 2019\)](#)

⁹ Democratic Republic of Congo, Ethiopia, Ghana, Liberia, Mali, Mozambique, Niger and Zambia

¹⁰ CBM refers to mechanisms that service users or local communities use to gather, analyze and act upon information on an ongoing basis to improve access to, quality and impact of services, address community-identified needs, strengthen community engagement and ownership, fill gaps in data collected through health facilities, respond to human rights and gender-related barriers, monitor budgets, prevent stockout of drugs and other commodities and ensure accountability of service providers and decision makers.

of grants. To do so, efforts are ongoing to improve common understanding among stakeholders about CBM definitions, principles and standards; build effective partnerships to ensure quality data collection and use; ensure that data collected through CBM are linked to other health-related data and inform decision-making; and that implementers have adequate capacity and funding to perform CBM effectively.

As part of these efforts, the Secretariat has undertaken the cross-departmental *CBM Change* initiative to promote the uptake and scale-up of CBM in grants. This has entailed working proactively with partners, including UNAIDS, Stop TB, RBM, WHO, Expertise France 5% Initiative, GIZ BACKUP, and PEPFAR/USAID to widen collaboration and support for CBM in the new funding cycle..



Spotlight: Implementing CBM of HIV treatment in West Africa

In Côte d'Ivoire, Mali, Senegal and eight other West African countries, Community Treatment Observatories funded by the Global Fund have been set up by national networks of people living with HIV. These collect monthly quantitative and quarterly qualitative data on access to HIV treatment for key and vulnerable populations at selected health facilities. The resulting data provides unprecedented national evidence for advocacy to address key challenges in availability, accessibility, acceptability, affordability and appropriateness of treatment. In turn, the national data is combined under a Regional Community Treatment Observatory, providing a quantified assessment of the picture across the West Africa region.

Among its recent findings, the West African Treatment Observatory documented the frequency of stock-outs along the cascade at 8.8% for HIV test kits, 23.4% for ARVs and 17.2% for viral load testing supplies. Stock-outs of ARVs were most frequently reported in Liberia and Togo (47.4% and 46.7% respectively) and least in Benin (0%) and Ghana (10.3%). On average, stock-outs lasted for 40.5 days. In the most extreme case, one health facility in Côte d'Ivoire reported a stock-out of tenofovir and lamivudine lasting nearly seven months. In countries where ARV stock-outs were more frequent, ART initiation rates were lower.

Key and vulnerable populations

Progress and results

While the Global Fund has been a leader in supporting TB, HIV and malaria services for key and vulnerable populations, global targets will not be met if efforts to scale up these interventions are not intensified.

Both the TRP and the OIG have made a number of observations around key populations, noting the need for more attention to these populations and the importance of further scaling up interventions (see Annex 1).

KPI5 under Strategic Objective 1– Maximize impact against HIV, TB and Malaria (SO1) measures HIV service coverage among key populations.¹¹ As of autumn 2019, Global Fund support had enabled fourteen additional countries to develop nationally adequate population size estimates for at least two key populations in the last year—a crucial component for effective program planning and management, epidemiological surveillance and resource allocation.¹² However, only 24 of the 60 total countries (40%) deemed to have nationally adequate key population size estimates had data systems in place to report on comprehensive HIV service coverage for at least two key populations, against a target of 75%. Significant factors influencing this shortfall included the inability of countries in the KPI's cohort to

¹¹ KPI 5 is an interim indicator. See [2017-2022 Strategic Key Performance Indicator Framework \(GF/B35/07a - Revision1\)](#), and [2017-2022 Strategic KPI Framework: Proposed Performance Targets \(GF/B36/ER08A\)](#)

¹² [Strategic Performance Report mid-2019 \(GF/B42/19\)](#)

recognize and provide comprehensive HIV services for key populations at a national scale, as well as weak data system capacity to track coverage through prevention, testing, treatment and care cascades.¹³

To help countries better design, implement and monitor national HIV service packages for key populations, in 2017 the Global Fund contracted APMG Health to conduct assessments in 65 countries and all regions where the Global Fund supports HIV programs.¹⁴ The assessments consisted of desk reviews of documents in all countries and field visits to 32 countries, with different emphases on men who have sex with men, sex workers, people who inject drugs, prisoners and detainees, and transgender people, depending on country context. The Secretariat has worked internally and with all stakeholders throughout 2019 to promote the review and its findings, and its key recommendations have informed updated technical guidance, funding application materials and discussions with partners about technical assistance needs for the 2020-2022 funding cycle.

The Global Fund is working closely with a number of bilateral partners supporting key and vulnerable populations. For example, in 2018 USAID provided US\$1.2 million for FHI/LINKAGES, a key populations initiative in PEPFAR-supported countries to deliver TA on strategic information and key populations programming in a select number of Global Fund-supported programs in countries in Africa and Southeast Asia. A mid-term rapid assessment of the partnership published in 2019 found that the technical assistance and workshops provided were widely perceived as beneficial by the country stakeholders involved. To ensure that a larger number of Global Fund-supported programs can benefit from the expertise available through FHI/LINKAGES, the remaining funds were used to support a workshop in Johannesburg in February 2020 to strengthen the capacity of Global Fund and FHI360/LINKAGES implementers.



Spotlight: Aligning programs and data systems for HIV key populations in Lesotho

The Global Fund and USAID/FHI/LINKAGES both support programming for HIV key populations in Lesotho with investment efforts focusing on different districts. However, national impact measurement was constrained as a result of different approaches, such as different strategic information and reporting requirements. Further, relevant key population indicators and data were not incorporated into Lesotho's national strategic information systems which represented a mutual challenge for both the donors and the country.

To strengthen the integration of their respective programs in the country, both funders collaborated to adopt a standardized package of services for key populations, undertaken joint program reviews, and now use common indicators, tools and standard operating procedures to collect and use data. These joint efforts are contributing to the development of an integrated national HIV program with a strong focus on key populations and strengthening of national health information systems.

The Global Fund has made progress in addressing the three diseases in challenging operating environments and forcibly displaced populations. Since 2014, US\$41 million in Emergency Funds have been disbursed to respond quickly to natural disaster- and conflict-related emergencies, including refugee influxes. In 2016, the Global Fund introduced the *Challenging Operating Environments Policy* to adapt its processes and financing in fast changing environments and those prone to chronic political instability or ongoing conflicts.¹⁵ Multi-country grants have been able to support refugees in Eastern Africa, Afghanistan, Iran and Pakistan, and the Middle East Response has been providing essential services to Syria, Yemen, Iraq, Palestine and Syrian refugees in Jordan and Lebanon.

At the Global Refugee Forum convened by the United Nations High Commissioner for Refugees (UNHCR) in 2019, the Global Fund pledged to fully align with the principles of the recently adopted Global Compact on Refugees. This includes ensuring appropriate access to comprehensive HIV, TB and malaria prevention and treatment services for refugees; supporting the continuity of services across

¹³ In January 2020, the Secretariat convened a consensus workshop with WHO and UNAIDS to update and validate key populations size estimates, the results of which will form the revised denominator for KPI5 for the mid-2020 reporting period.

¹⁴ APMG Health [Assessment of Existence and Use of HIV Packages of Services for Key Populations](#) (April 2019)

¹⁵ [The Challenging Operating Environments Policy](#)

borders; integrating services for refugees into national systems; and ensuring that national strategic plans and proposals address refugee needs.



Spotlight: Addressing needs of refugees and internally displaced populations (IDPs)

An analysis undertaken with UNHCR and the UN Foundation in 2019 examined the extent to which the needs of refugees and internally displaced populations (IDPs) were addressed in funding proposals between the last two Global Fund funding cycles. For malaria and TB, improvements were noted between the two cycles regarding mentions of refugees in funding proposals, but much less attention was paid to IDPs between the two cycles. HIV proposals paid less attention to refugees and IDPs between cycles. Proposals for the three diseases from several countries with large refugee populations failed to mention or propose any programming at all for these populations. Based on this analysis, the Secretariat will further work with relevant partners, including UNHCR and the International Organization for Migration (IOM), to improve the quality and review of proposals from such settings.

In addition to country allocations, multi-country approaches financed through catalytic investments have been instrumental in addressing the needs of key and vulnerable populations for HIV. For example, in the 2017-2019 allocation period, US\$50 million was provided in multi-country grants to support key populations and sustainability in a number of regions. While the focus for the 2017-2019 allocation period has been upper middle income (UMI) and lower middle income (LMI) contexts in the EECA, MENA, LAC and SE Asia regions where availability of external financing, including via the Global Fund, is decreasing and domestic financing limited or non-existent for key population programs.

Looking ahead: Support for the 2020-2022 cycle

Several steps have been taken to support accelerated progress against KPI 5 and to help bring programming for key and vulnerable populations to scale in the next funding cycle. In November 2019, using data from UNAIDS, the Secretariat applied analytical adjustments approved by the Strategy Committee to increase HIV formula-derived amounts in countries with concentrated or mixed HIV epidemics in order to account for the burden of HIV among key populations. The Global Fund allocation letters sent to countries in this cohort by GMD include a stronger message on the importance of scaling-up the comprehensive service package for HIV key populations.

For the 2020 – 2022 funding cycle, the Global Fund has set aside US\$890 million for catalytic investments. The strategic priority areas to support key and vulnerable populations include HIV prevention, with a focus on bringing to scale community-led and community-based HIV programming for key populations, as well as on-going support for multi-country approaches supporting key populations and sustainability.

In order to better support countries in developing funding requests, the Secretariat has revised its application guidance to outline key investment principles and priority funding areas for key populations in HIV programs. For example, the *HIV Information Note* now calls for HIV prevention programming for key populations to be included as a priority intervention in all epidemic settings, with a clear focus on addressing coverage gaps for prevention, testing, treatment and care.¹⁶ This is in line with the TRP's recommendations for improving priority setting, increasing focus on prevention and reducing incidence among key and vulnerable populations. The Technical Brief on *HIV and Key Populations – Programming at Scale with Sex Workers, Men Who Have Sex With Men, Transgender People, People Who Inject Drugs, and People in Prison and Other Closed Settings* further describes the components that should be part of national programs, including strategic information, addressing critical enablers and service delivery modalities.¹⁷ A guidance note to support the operationalization of matching funds

¹⁶ [HIV Information Note](#) (September 2019)

¹⁷ [Technical Brief on HIV and Key Populations – Programming at Scale with Sex Workers, Men Who Have Sex with Men, Transgender People, People Who Inject Drugs, and People in Prisons and Other Closed Settings](#) (October 2019)

for the priority areas related to key populations has also been developed.¹⁸ The Secretariat has also updated its *Guidance Note on Sustainability, Transition and Co-Financing* to highlight human rights and gender-related barriers as one of the core ‘sustainability’ considerations that should be taken into account in national planning.¹⁹ The note maintains its focus on the sustainability of services for key and vulnerable populations as a key part of the Global Fund’s work on transition preparedness, includes a new annex focused on social contracting. The annex is designed to support greater focus on the sustainable financing of services provided by civil society and community organizations across the Global Fund portfolio.

The Secretariat has engaged a number of partners in different regions to ensure alignment and harmonization of funding, programmatic priorities and technical assistance. For example, the Global Fund has been working closely with the USAID Bureau for Global Health to align the provision of technical assistance to nascent key population-led groups in priority countries. Supported by USAID and Centers for Disease Control and Prevention (CDC), the Key Populations Investment Fund (KPIF) aims to scale up CBM for key population programming and to strengthen the capacity of key populations-led groups and organizations.

The Secretariat is also working to leverage other bilateral efforts, such as the Bridging the Gaps initiative and the Partnership to Inspire, Transform and Connect the HIV Response (PITCH) funded by the Netherlands. The latter includes joint efforts to identify potential programmatic alignment and advocacy priorities for key and vulnerable populations in selected countries.



Spotlight: Alignment with PEPFAR and COP20-related processes and leveraging other bilateral funding

In countries where they jointly invest in HIV and related programming, the Global Fund and PEPFAR are collaborating closely in key areas such as programmatic gap analysis, regular review and analysis of data, ART data quality assessments and harmonization of data with national systems. In October 2019, Global Fund and PEPFAR leaders agreed on a shared understanding of Global Fund- and PEPFAR-supported program implementation in more than 20 priority countries and to further align guidance, information notes and key recommendations for funding applications in their respective new funding cycles. A subsequent meeting of technical teams in November 2019 in Washington D.C. (USA) reviewed country strategy and sub-national/sub-population approaches for nine portfolios of mutual interest, five of which are in the cohort of KPI 5. Outcomes from these joint planning meetings included more aligned strategic guidance for program design, such as geographical focus on high burden settings and populations at greatest risk, local-level population size estimates and plans for harmonized data systems.

The Secretariat has engaged in a number of activities to strengthen its support for the inclusion of key populations, human rights, and gender-focused activities in TB funding requests in the 2020 – 2022 cycle, including conducting an information session on the new funding cycle at the Union World Conference on Lung Health in October 2019.

Over the last year, the Secretariat worked to support the rollout of the Stop TB CRG Assessment tool to new countries. For countries that had already completed assessments, the Global Fund also supported development of action plans for more inclusive TB programs. The Secretariat also worked with technical partners to revise the Modular Framework Handbook to include a new module on removing human rights- and gender related barriers to TB services, new core indicators on stigma and CLM, and new interventions under the three core modules for key and vulnerable/at-risk populations—children, miners and their communities, and mobile populations.

As a result of the CRG Accelerate initiative, dedicated TB focal points have been assigned to provide CRG-focused support to GMD and country teams through funding request reviews and grant making.

¹⁸ [Guidance Note – Matching Funds 2020 – 2022 Funding Cycle](#) (January 2020)

¹⁹ [Guidance Note – Sustainability, Transition and Co-financing](#) (December 2019)

Longer term challenges and opportunities

For the countries to accelerate the end of the epidemics and to meet global and SDG 3 targets, programs for key and vulnerable populations need to be scaled up in all contexts. Six of the 11 countries in the KPI 5 cohort previously categorized as ‘potentially able to report’ are upper middle-income countries (UMIC) with limited funding to expand geographical coverage of programs and strengthen data systems in the context of key populations. To address this issue, a number of actions are required, including increasing the robustness of national service packages for key populations, for example, by updating national strategic plans; increasing resources to support expansion of geographical coverage and bring services to scale; and galvanizing political leadership and technical support to harmonize various data systems used for monitoring service coverage for key populations programming across providers and funders. Because these challenges are beyond the full control of the Global Fund, meeting current KPI targets will remain a challenge. In the short- and medium term, the Global Fund will continue to mobilize TA for countries categorized as ‘potentially able to report’, for example, by expanding the existing collaborative agreements and continuing to leverage the CRG Strategic Initiative to strengthen the engagement of key populations in the revision of national strategic plans.

The experience of delivering TA to strengthen data systems in the context of key population programming in countries where the Global Fund is not the primary financier of these programs indicates that strong leadership by national programs, for example by developing national guidelines for the use of unique identifier codes, and regular coordination across stakeholders managing Global Fund- and PEPFAR-supported programs, is essential. More robust methodologies to measure coverage of antiretroviral treatment among key populations are also needed. At the end of 2018, the Global Fund and UNAIDS co-convened a group of key stakeholders comprised of global and regional key populations-led networks, civil society organizations, PEPFAR, USAID and FHI/LINKAGES to discuss the potential of using multiple methodologies, including exit surveys, CBM, integrated bio-behavioral surveys (IBBS), case-based reporting, and community-based and other quantitative surveys to measure ART coverage among key populations living with HIV at site, sub-national and national levels.

In late 2019, the Secretariat held a preliminary consultation with partners on the possibility of reporting actual service coverage for key populations from 2021. Given the discrepancies in the quality of survey vis-à-vis program data, sole use of either data source to determine service coverage is unlikely to be meaningful. The Secretariat will therefore continue to engage technical partners to identify pragmatic methodologies and outline a plan for transitioning into actual coverage reporting for consideration by the Strategy Committee and the Board later in 2020.



Spotlight: Technical assistance partnership with Pan-American Health Organization (PAHO)

Following the development of its new regional framework for monitoring HIV and STI services for key populations in Latin America, PAHO has worked with Global Fund-supported countries to help strengthen data systems, improve routine data monitoring, support implementation of IBBS and undertake population size estimates and cascade analysis. A partnership agreement now being finalized with PAHO will expand support in 2020 to additional countries in areas such as development of measurement frameworks, service package definitions and streamlined reporting tools.

Human Rights

Progress and results

The Global Fund’s approach to addressing human-rights related issues is focused on reducing human rights-related barriers to health services. It is recognized that this work is essential to increasing the effectiveness and impact of Global Fund grants by helping them to reach the most vulnerable people and maximize uptake of and retention in services. In order to achieve SO 3, countries must address the human-rights related barriers, including stigma and discrimination, punitive policies, laws and practices, and gender-based violence, that are affecting access to services for HIV, TB and malaria.

As part of the monitoring framework for SO 3 (e), KPI 9 (a) tracks the number of countries with comprehensive programs aimed at reducing human rights barriers to services in the 20 countries participating in the Breaking Down Barriers (BDB) initiative.²⁰ The target for KPI 9 (a) is that four countries have comprehensive programs to reduce human rights-related barriers to HIV services and four have such programs related to TB services by 2022.²¹

In all BDB countries, baseline assessments have identified human rights-related barriers to HIV services and the programs needed to address; in 13 and 3 countries respectively, barriers to TB and malaria services and the programs needed to address them were also assessed. In the case of malaria, this was done to inform a broader strategy of engagement around universal health coverage and equitable access to malaria services.

The Global Fund and partners provided intensified support to the 20 countries in the last funding cycle for the inclusion of human rights-related programming in grants, and US\$45 million in matching funds were also made available. Technical assistance was provided through the CRG Strategic Initiative to engage communities in the development of matching fund applications and support implementation. As a result of these efforts, Global Fund investments to remove human-rights related barriers to services in the 20 countries increased seven-fold from US\$10.57 million to over US\$78 million. In order to support implementation of these programs as well as mid-term assessments of progress made and results achieved, US\$1.75 million in unallocated matching funds was used to establish a Human Rights Strategic Initiative.²² In all 20 countries, funding has been made available through this strategic initiative to support the development of comprehensive plans to reduce human rights-related barriers and/or to provide implementation support. Whenever possible, a local consultant was paired with an international consultant in order to strengthen local capacity to implement programs. The implementation support plan and funds allocated to it in the Human Rights Strategic Initiative also allowed the leveraging of additional implementation support from UNAIDS and from Backup Health via Frontline AIDS.

By mid-February 2020, multi-stakeholder meetings had been convened in 19 countries to validate the baseline assessments, monitor progress to date and establish country-owned mechanisms to develop country-owned plans for a comprehensive response to human rights-related barriers. By mid-February, six such plans had already been adopted and launched, with another nine nearing finalization. The plans represent some of the first commitments made by countries to comprehensively address human rights-related barriers to access and often are being integrated into national HIV and/or TB strategies.



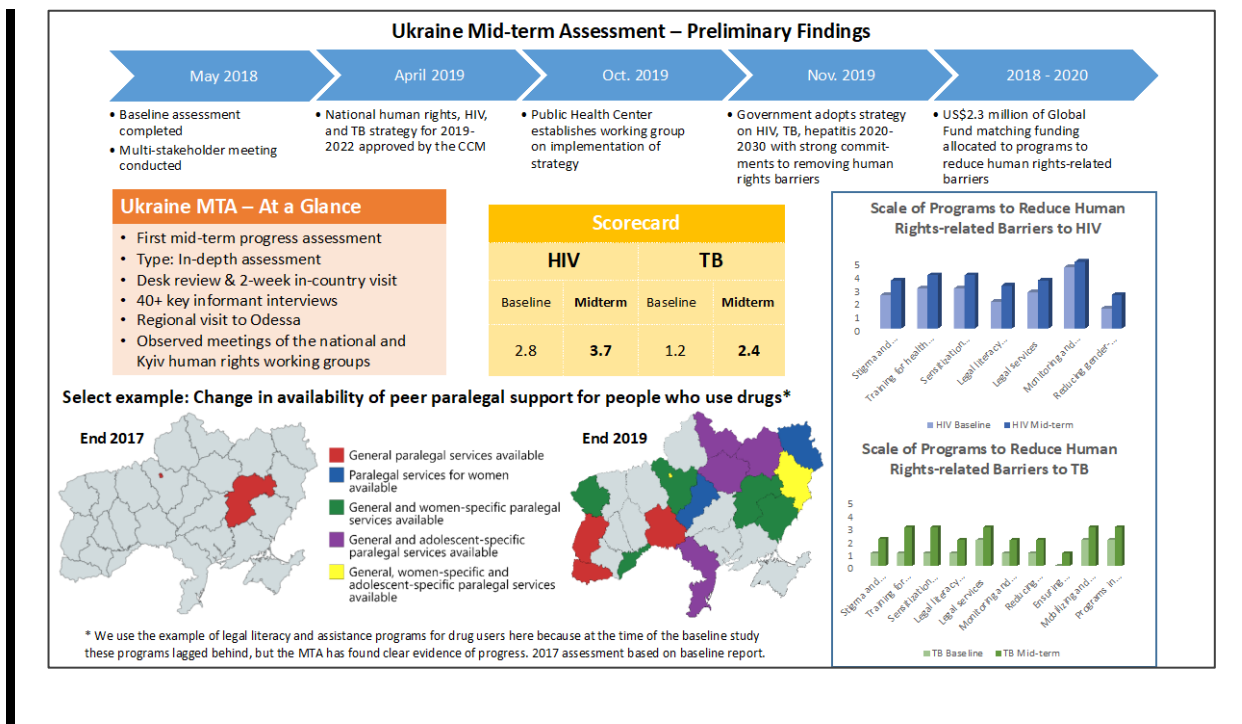
Spotlight: Mid-term assessment of Breaking Down Barriers in Ukraine

Findings from the Ukraine mid-term assessment show that the BDB initiative has led to the inclusion of a very strong commitment to reducing human rights-related barriers to services in the Ukrainian Strategy on HIV, TB and Hepatitis 2020-2030. Since the BDB initiative started, the scale and scope of all programs to reduce human rights-related barriers increased significantly, both for HIV and for TB. The assessment makes several recommendations about how the response can be further strengthened, including through increased coordination of efforts and diversification of funding sources. If these recommendations are followed, Ukraine could become one of the first countries with truly comprehensive programming to reduce human rights-related barriers to HIV and TB services.

²⁰ The Breaking Down Barriers initiative is a five-year, intensive support initiative launched in 2017 to support the scale-up of comprehensive programs to remove human rights-related barriers to services for the three diseases.

²¹ [2017-2022 Strategic KPI Framework: Proposed Performance Targets \(GF/B36/ER08A\)](#)

²² Mid-term assessments will be performed for all 20 countries with several of these are now underway. The assessments will serve as a “check-in” on progress to date and will further inform country dialogues, funding applications and grant-making in the new funding cycle.



Several key lessons have emerged from the BDB initiative to date. Catalytic investments in the form of matching funds have served as a strong motivator for country action, and the initiative has benefited from its practical and programmatic approach, leading to significant progress and results even in very challenging human rights environments. While effective and thorough, the BDB model has been resource- and labour-intensive and will need to be lighter as it is applied more broadly across the portfolio. Buy-in and collaboration across the Secretariat with clearly delineated roles and responsibilities are essential, as is collaboration with a wide range of technical partners.

Increasing investments in human-rights in middle income countries will be essential to achieving impact in these contexts where the HIV burden is most often among key populations and their sexual partners. KPI 9 (b) measures the extent to which middle-income countries increase the percentage of their HIV allocation to programming to remove human rights-related barriers to services, and the extent to which selected middle-income countries among the 30 TB high-burden countries do the same regarding TB programming.²³ It is linked to KPI 9 (c) which measures the extent to which upper-middle-income countries increase funding to these programs for key populations from domestic resources. Together, the two measures aim to track country commitment to sustainable responses to the three diseases.²⁴

For KPI 9 (b), the level of investment in programs to remove human rights-related barriers in HIV and HIV/TB grants out of the HIV allocation in the 2017-2019 cycle in the 71 countries in the cohort is 3.66% (compared to 0.7% in the previous cycle) exceeding the target of 2.85%. Without human rights matching fund amounts, investment in these programs across the subsample is 2.55%, illustrating the important role played by matching funds in encouraging greater investment from within allocation in programs to reduce human rights-related barriers to services.

The current level of investment in programs to remove human rights-related barriers in TB grants in the 13 countries in the cohort is 1.10%. Although the target of 1.97% has not been met, this represents a thirteen-fold increase compared to baseline, an encouraging result given that there are no human rights matching funds for TB. Increased efforts to address human rights-related barriers to HIV/TB services in an integrated way - including in countries that have received human rights matching funds – have driven at least part of the progress against baseline. In preparation for the next funding cycle, technical assistance is being mobilized through the CRG Strategic Initiative to support TB communities in

²³ [2017-2022 Strategic Key Performance Indicator Framework \(GF/B35/07a - Revision1\)](#)

²⁴ [2017-2022 Strategic Key Performance Indicator Framework \(GF/B35/07a - Revision1\)](#)

Pakistan and Bangladesh to better identify human rights-related barriers and develop a comprehensive response to addressing them, which should then be reflected in funding requests. Additionally, the Secretariat is working with the Stop TB Partnership to align work in BDB countries. In Mozambique, for example, both organizations are supporting the roll-out of the Stop TB CRG Assessment Tool with the national TB program and community-based TB organizations. In the Democratic Republic of Congo (DRC), the Global Fund supported a human rights expert to participate in the country's national TB program review. The Global Fund is also supporting the Stop TB Partnership and the local TB network to develop a TB CRG action plan based on the outcomes of the human rights baseline assessment and the Stop TB CRG Assessment documented in DRC in 2019.

Given the current lack of effective systems to track domestic resources, the interim indicator for KPI 9 (c) in 2017-2019 is that 100% of upper middle-income countries report on domestic investments in key populations and human rights programming in the allocation period.²⁵ This indicator definition will be revised in the next funding cycle. Overall, in the 2017-19 funding cycle, 24 of the 29 countries (83%) in the cohort reported commitments for key populations programs, and 13 (45%) for human rights programs. The fact that fewer countries report commitments to human rights programs is partly due to the lack of policy levers.

In 2019, the OIG released an advisory review on Human Rights which focused on the Global Fund's readiness to deliver on the human rights-related aspects of SO3 through grants, key processes and capacity building, as well as the mechanisms of governance, accountability and responsibility for the human rights-related aspects of SO3, including measurement of KPI 9.²⁶

The advisory noted that the Global Fund invested around US\$123 million to remove human rights-related barriers in the 2017-2019 funding cycle. In middle-income countries, investments in these programs increased four-fold compared to 2014-2016. By January 2019, 49 out of 120 countries had received funding to remove human rights barriers for HIV, 15 out of 114 countries for TB and 4 out of 72 for malaria.

Looking ahead: Support for the 2020-2022 cycle

The 2020-2022 funding cycle represents a critical opportunity to draw lessons from experience to date to further scale up programs to reduce human rights-related barriers to services, ultimately increasing the impact of Global Fund financing. To support the development of funding requests, updated technical briefs are available on HIV, human rights and gender equality; TB, gender and human rights; and malaria, gender and human rights. Importantly, the updated *HIV Information Note* for the 2020-2022 cycle recognizes the need to address human rights- and gender-related barriers as one of five investment principles that are fundamental for all applicants. Consequently, the seven key programs to address stigma and discrimination and increase access to justice are now included in the list of so-called "prioritized interventions" that all proposals should include, unless a strong rationale not to include them is provided. The malaria technical brief strongly supports use of the Malaria Matchbox tools and approaches developed by the Global Fund and partners to develop innovative rights-based responses to that disease.

A practical guide, *Implementing and Scaling Up Programmes to Remove Human Rights-Related Barriers to HIV Services*, developed by Frontline AIDS and the Global Fund, and supported by GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) BACKUP Health, reflects lessons learned to date from implementing these programs and was released in April 2019.

²⁵ 2017-2022 Strategic KPI Framework: Proposed Performance Targets ([GF/B36/ERo8A](#) and [GF/B36/ERo8B](#))

²⁶ [OIG Advisory Review - Removing Human Rights-Related Barriers: Operationalizing the Human Rights Aspects of Global Fund Strategic Objectives \(GF-OIG-19-023\)](#)



Spotlight: A New Partnership

In a new partnership announced at the 6th Global Fund replenishment in Lyon (France), the Thomson Reuters Foundation became the first private sector organization to actively engage with the Global Fund on human rights, gender and LGBT issues by harnessing its network in journalism and the law to support the BDB initiative. In December 2019, Global Fund Secretariat staff and Thomson Reuters Foundation leaders met to lay out the partnership's priorities and an action plan. It was agreed that the collaboration will include work with partners in three to five focus countries in Eastern and Southern Africa, where the Foundation will train activists and journalists on human rights and health issues and on how to most effectively raise awareness on human rights-related barriers to health. Trust Law, the Foundation's global pro bono legal program, will offer free legal research and legal capacity-building for civil society partners in selected countries. This work now also includes a COVID-19-related component to offer legal support to small NGOs experiencing legal problems related to the outbreak.

Longer-term challenges and opportunities

To date, the BDB initiative has catalyzed a demonstrably heightened level of commitment to reducing human-rights related barriers to services, mirrored by increased investments in countries. Through the initiative, a number of lessons are being learned on how the Secretariat can strengthen its commitment to human rights and the realization of SO3 not just in the 20 BDB countries, but across the full grant portfolio. Such lessons are compliments by number of the recommendations made by the OIG in its 2019 Advisory Review on the human rights elements of SO3. The BDB Steering Committee is currently developing the Secretariat's management response to the OIG's review, which will be shared with the Board ahead of its 43rd meeting. However, work is already underway to implement a number of the advisory review's recommendations. Increased support is now being made available in ten additional high impact countries as a step toward mainstreaming the lessons learned from the initiative to date. The Global Fund's human rights-related KPIs are being reviewed to ensure they are fit for purpose. And an effort has begun to communicate the focus of the Secretariat's human rights work more clearly and consistently, emphasizing the importance of scaling up programs to reduce human rights related barriers, while also highlighting the need to take a human rights-based and gender-responsive approach throughout the Global Fund's work.

An ever-present challenge, however, will be ensuring the sustainability of advances made, recognizing that programs to reduce human rights-related barriers and programs for key populations are often the first to be cut when resources become scarcer. It is for this reason that the Global Fund is investing in mid- and end-term assessments of the BDB initiative that will show how these programs contribute to increasing access to and retention in services and are therefore essential components of any response to the three diseases.

Advancing gender equality and reaching adolescent girls and young women

Progress and results

The 2017-2019 funding cycle saw notable improvements in addressing gender inequities, particularly regarding the inclusion of sex and age disaggregated data in funding proposals and performance frameworks, as well as more use by countries of differentiated approaches to addressing how women, men or gender non-conforming communities receive services. This includes differentiated testing and treatment approaches in HIV, active case finding approaches in TB, and strategies to improve adherence to treatment. However, there is still significant improvements needed to address gender-related risks and barriers to services with Global Fund investments. A synthesis of Prospective Country Evaluations (PCEs) prepared by the TERG notes that investment in reducing gender-related barriers to services in country programs remained low in the 8 participating countries, contributing to uneven progress against HIV, TB, and malaria. For HIV, the evidence reviewed suggested that gender inequality is a

significant barrier to both prevention and treatment services, particularly in the African countries evaluated. Subnational data in some countries suggests that incidence is correlated with gender disparities on treatment. For TB, evidence from two countries suggested that, while there are a higher number of men than women living with TB, a significantly lower proportion of men than women are on treatment, partly due to men of working age having limited access to healthcare outside working hours.

While the TRP noted that there has been some progress on sex disaggregation of data in the 2017-2019 cycle, countries need a broader range of data disaggregated according to age, sex, gender and key population status to strengthen gender analysis in proposals, particularly for TB and malaria. There is little evidence that countries are using qualitative assessments to understand the disparities that are evident in the quantitative data. Key population programs often do not collect sex disaggregated data, and sub-populations, such as male sex workers and women who use drugs, are often not included at all in proposals and programming.

Strategic Objective 3 (a) commits the Global Fund to scaling up AGYW programs, including programs to advance sexual and reproductive health and rights (SRHR). While investments in services for AGYW extend across the portfolio and disease components, the related key performance indicator (KPI 8) seeks to achieve a 58% reduction in HIV incidence in women aged 15-24 in 13 countries in sub-Saharan Africa (from a baseline of 21% in 2015) by 2022.²⁷ A related operational indicator measures the number of countries with a defined package of HIV prevention services reaching 90% of targeted AGYW in the 13 countries, with a target of one million AGYW. Global Fund investments in the 13 countries are aligned with PEPFAR/DREAMS investments that also support programs at the sub-national level. UNAIDS has played a key role in helping to define service packages and providing sub-national data to inform investment approaches.

By 2018, overall HIV incidence has declined in all 13 countries, with an overall reduction of 20% from the 2015 baseline, demonstrating encouraging progress. All 13 countries have defined a package of AGYW interventions, depending on epidemic and socio-economic context. One country, Botswana, is currently on track to achieve the 2022 target and five others are projected to meet the target. However, seven countries—including three countries that have the biggest share of the target and gap—are off track, signalling the need for additional efforts to change these trajectories.

In the 2017-2019 cycle, the Global Fund has invested more than US\$200 million for AGYW programming in the 13 countries, including catalytic funding, to support service delivery, social protection and social and sexual behaviour change interventions tailored to national contexts.

As implementation continues, the Global Fund and partners are supporting countries to integrate AGYW programming into national strategies, responses and monitoring and evaluation frameworks, including for school-based and community health; prioritize implementation at district level, with appropriate mapping, referrals and linkage systems; ensure quality services; and engage AGYW in national and Global Fund-related processes. Lessons from the initiative are helping to inform understanding of risk HIV risk acquisition for AGYW and their male partners and how risk changes through the life course; how best to offer and support Pre-Exposure Prophylaxis (PrEP) and other new technologies; how to refine strategies for the effective integration of SRHR and HIV prevention services; and identifying unmet service needs for men and boys.

The TRP noted gaps in other areas of programming linked to the three diseases that are particularly critical for women, such as cervical cancer screening, a key issue for women living with HIV. Although the TRP found that matching funds for AGYW programming are an important step forward, funding requested across the portfolio for adolescent-friendly prevention, sexuality education programs and school-based empowerment activities are often disproportionately low when compared to the observed in-country needs, and programs are rarely at scale. In addition, programs to address gender-related barriers to health services frequently do not address norms of masculinity that lead boys and men to engage in risky sexual behavior, poor health-seeking behavior and subordination of women and girls. While many countries report some activities related to gender-based violence, they are often not coherently linked to national responses to HIV, TB or malaria - for example post-exposure prophylaxis

²⁷ 2017-2022 Strategic KPI Framework: Proposed Performance Targets ([GF/B36/ERo8A](#) and [GF/B36/ERo8B](#))

for survivors of rape— and are not at sufficient scale. Adolescents are often excluded from gender-based violence interventions.



Spotlight: Gender equity review

A review on gender equity commissioned by the Secretariat in 2019 examined the extent to which 17 funding requests and 11 associated requests for matching funding submitted between 2016 and 2018 were gender responsive, including the extent to which the requests addressed key gender issues, the budgets allocated to the interventions and the extent to which the interventions aligned with normative guidance. Relevant questions included whether proposals used sex- and age-disaggregated data to identify disparities in health outcomes and whether they identified and discussed gender-related vulnerabilities and barriers to accessing health services, and how this may have changed compared to previous proposals. The review found that the proposals were generally weak in identifying gender-specific vulnerabilities, or that where they were identified, clear interventions were not proposed, especially for TB and malaria.

The review found that issues identified for key and vulnerable populations tended to focus on human rights, rather than gender analysis. The conflation of “human rights- and gender-related barriers” in the budget has template made expenditure on gender-related interventions more difficult to budget for and track. Limitations were also noted in the reporting of sex- and age-disaggregated data in the proposals, notably for TB and malaria, as well as across the full treatment cascade for HIV, and there was limited discussion in proposals about the capacity of data systems to support gender-responsive programming, highlighting the need for continued investments in these systems. While several good practices were identified in some proposals, more attention is needed overall to gender-based violence; women who inject drugs; women in closed settings; addressing stigma, social and cultural norms; gender-specific legal barriers to accessing service; improving the financial autonomy of women; gender-specific strategies for reaching men; and gender analysis within RSSH components.

Another review conducted by the Secretariat in 2019 specifically explored the Global Fund’s investment approach to addressing gender-based violence (GBV) in eight countries as part of a broader agenda to reduce HIV infections and improve access to prevention and care, particularly among key and vulnerable populations. The review found that historically very few funding proposals identified GBV as a barrier to accessing services or provided relevant data, and that most funded activities related to stand-alone trainings or activities with little measurable impact. Matching AGYW funds tended to address the issue in a more comprehensive manner. Key recommendations of the review addressed the need to better coordinate with partners, including WHO, UNICEF, UNFPA, UN Women and the World Bank, to develop more integrated responses to GBV and strengthen technical assistance establish a Secretariat-wide strategy on GBV; leverage the Global Fund policy on challenging operating environments to address the issue; strengthen guidance and capacity on GBV for Global Fund country teams, CCMS and the OIG; strengthen data; and better track GBV investments.

Looking ahead: Support for the 2020-2022 cycle

Findings from experience to date and recent reviews have informed the development of a new Technical Brief on Gender Equity for the 2020-2022 cycle.²⁸ While gender equality refers to the absence of discrimination on the basis of sex, gender equity refers more broadly to everyone having the opportunity to attain full health and well-being according to their respective needs and no-one being disadvantaged due to gender norms, roles and relationships. Advancing gender equity is not about a single program, policy or intervention, but is an approach to analyzing, prioritizing and learning that should be applied across all three diseases and throughout all stages of a “gender-responsive funding cycle.” Key elements of the approach recommended in the brief include sex-, age- and geography-disaggregated data to identify disparities and at-risk populations; and qualitative research tools to assess why certain populations face increased risks and barriers to services, and engaging communities in the solutions.

²⁸ [Technical Brief on Gender Equity \(October 2019\)](#)

The brief includes information on Global Fund indicators reported through sex- and age-disaggregated data, technical assistance providers for gender equity and opportunities for advancing gender equity in the Global Fund modular framework.

The new *Value for Money* technical brief includes equity as one of the five dimensions of value for money, along with economy, efficiency, effectiveness and sustainability.²⁹ The brief asks applicants to highlight in the funding request financial, human rights- and gender-related barriers to service access, uptake and retention, and to direct sufficient investment to address those barriers. The brief is innovative in recognizing that in addition to costs and efficiencies, equity considerations, such as reaching key and vulnerable populations and community systems strengthening, are crucial to achieving value for money.

An updated technical brief on adolescent girls and young women in high burden settings includes new information on evidence, normative guidance and lessons from current programs to ensure that Global Fund support is embedded within national programs and contributes to reducing HIV incidence. The brief also discusses practical considerations for AGYW programming such as the need to prioritize core interventions and the optimal use of layered interventions that are geographically targeted based on vulnerability and risk profiles. Separate, updated briefs are available on human rights and gender for each of the three diseases.



Spotlight: Local Fund Agent spot checks on programming for adolescent girls and young women

The Global Fund's Local Fund Agents (LFAs) based in countries with Global Fund-supported programming play a key role in advising country teams on investments, including the rationale for proposed budgets and workplans and undertaking analysis of the cost effectiveness of investments. LFAs also verify program quality through spot checks. Terms of reference have recently been developed to specifically support LFAs in performing spot checks of AGYW programming, including the extent to which grant recipients are providing and reaching AGYW with HIV prevention interventions as defined in the grant, monitoring and evaluation plan and performance framework and the extent to which the program design and implementation framework is contributing to increased delivery of quality services to AGYW. The spot check process includes interviews with service providers and users, and LFA staff performing the checks are expected to have experience working with AGYW and youth and to be sensitive to AGYW and youth- specific issues in the local context. A similar protocol has been developed and is being used to conduct spot checks of programs to reduce human rights barriers to programming.

To support such efforts, a training program— Positioning programs to maximize impact: Advancing community responses and addressing human rights & gender barriers—was held for LFAs in October 2019. The program was designed to help LFAs adopt a CRG lens when analyzing country activities and understand what questions they should be asking as they review programs.

Longer term challenges and opportunities

Looking forward, the Global Fund and partners need to provide continued support to countries to collect and then use sex and age disaggregated data and to supplement them with qualitative data. The development of equity targets would add impetus to the Global Fund's efforts to address gender and other health-related inequities and do better targeting of differentiated services. Further efforts are needed to build the capacity of teams across the Secretariat with respect to gender and gender equity, and to strengthen leadership specifically on gender equity. Sustained attention is also needed to ensure that Global Fund processes and procedures effectively support the community-based organizations that are best equipped to deliver gender-responsive services to key populations and marginalized groups, such as women living in isolated areas and male migrants. Closer collaboration with the humanitarian, social protection and other key sectors beyond health is also important to comprehensively address gender-related health inequities and scale-up gender-responsive programs.

²⁹ [Value for Money Technical Brief \(November 2019\)](#)

Conclusion

As the Global Fund kicks off the development of its next strategy, 2020 will be a key year for partnership-wide consultation and input. Key opportunities are being identified to hold focused consultations with community and civil society stakeholders on areas such as gender, human rights, youth and community responses. The process will be important for review and discussion of barriers to achieving SO3 discussed in this report and developing innovative ways to address them in the next Global Fund strategy. In light of the outbreak of COVID-19, the Secretariat is committed to facilitating a process that maximizes community and civil society engagement throughout the year

The Global Fund continues to lead and innovate as it works to fully integrate community, human rights and gender considerations across its operations and grant portfolio, thereby increasing the quality, focus and impact of Global Fund investments. Extensive review of and learning from the 2017-2019 funding cycle shows encouraging progress in the scale-up of interventions to address human rights-related barriers to services, and programming for key and vulnerable populations and adolescent girls and young women. However, significant challenges remain, including the need to further support countries to design and implement interventions at the scale necessary to achieve optimal impact, addressing inequities in and barriers to accessing services more widely across the portfolio and ensuring that community systems and responses are regarded as an integral component of resilient and sustainable systems for health.



Spotlight: Community, Rights and Gender in the response to COVID-19

The recent outbreak of COVID-19 presents immense challenges to every aspect of the Global Fund partnership's work. Communities affected by HIV, TB and malaria face a multitude of compounding risks; from service disruptions, to human rights violations, to difficulties engaging in Global Fund processes. Over the last two months, the Secretariat has rapidly worked to identify actions for mitigating the impact of COVID-19 on communities and civil society and reassert its commitment to their meaningful engagement in Global Fund processes.

The Secretariat has produced several guidance documents on COVID-19 with CRG-relevant elements, including the HIV, TB, malaria and RSSH [Information Notes](#), as well as the [Inclusive Virtual Dialogue Note](#). With input from the CRG Advisory Group, guidance notes focusing on CRG considerations, broadly, and [human rights](#) have also been produced.

A cross-departmental plan outlining actions the Secretary will take to ensure continued community and civil society engagement in all core Global Fund processes – including country dialogues, grant making, and the development of the next Strategy - is currently under development.

Annex 1 – Summary of TERG, TRP and OIG recommendations

Area: Community Systems and Responses

	Summary of main findings
TERG	The TERG found that there is a general lack of clarity and understanding among Global Fund stakeholders about the aims and scope of the CSS investment area and that CSS components of grants are frequently designed as “an afterthought”—often without adequate input from communities or key and vulnerable populations—rather than as an integral part of grants. Furthermore, the concepts of resilience and sustainability that are central to the Global Fund’s RSSH approach, such as public financing of civil society service provision (i.e. “social contracting” mechanisms) and more flexible funding channels to support the continuation and scaling up of critical community-led interventions, are not adequately reflected within grants. Even where community systems and responses are included in funding requests, follow-up in terms of budget allocations at the grant making stage may result in little actual budget for these activities. Inadequate attention is paid to the collection and use of data at the community level, or to its integration and use within community and national health information systems.
TRP	In observations on the 2017-2019 funding cycle published in October 2019, the TRP confirmed many of the TERG’s findings, noting that only a small number of requests proposed community CSS activities that are comprehensive, at scale, and effectively targeted at increasing the engagement of communities to either address gaps in coverage across the three diseases or encourage integration with the overall health system. ³⁰ The TRP noted that few funding requests included interventions to support community advocacy to challenge unsound and inequitable policies, laws and regulations, limit the provision of health services for key populations.

Area: Key and vulnerable populations

	Summary of main findings
TRP	<p>In its observations on the 2017-2019 funding cycle, the TRP noted that the Global Fund’s efforts in scaling up services among key populations, and such efforts have been strengthened through matching funds. There have been some particularly positive trends in HIV prevention programming for key populations, particularly as funding requests increasingly include biomedical approaches such as “treatment as prevention,” voluntary medical male circumcision (VMMC) and Pre-Exposure Prophylaxis (PrEP). However, services for key populations remain consistently underfunded and are not yet at the scale to have sufficient impact to end the epidemic. To implement programs at scale, more attention is needed to strengthening data to understand who is most vulnerable and why, and to addressing human rights and gender barriers that hinder access to services. Overcoming the tendency towards programmatic silos for community-based prevention and facility-based treatment, especially in key population programs, also remains a challenge.</p> <p>The TRP further noted that transgender people, prisoners, pre-trial detainees, and mobile populations are especially neglected in programs. Although there were some promising initiatives in the last allocation period to address repressive policing practices, particularly in grants that include an additional investment through matching funding, more attention to this issue is needed. HIV and TB prevention services long recommended by WHO and UNODC for people who inject drugs remain absent or underfunded in many national responses.</p> <p>The TRP also noted that the sustainability of many key and vulnerable population programs remains in doubt because many countries remain reluctant to change policies and practices</p>

³⁰ TRP [Observations on the 2017-2019 Allocation Cycle](#) (October 2019)

	<p>that would enable registration of NGOs and domestic funding of activities in partnership with civil society.</p> <p>The TRP emphasized that significantly more attention to key populations at risk for TB and malaria is needed overall</p>
OIG	<p>In May 2019, the OIG published an advisory report on <i>Grant Implementation in West and Central Africa</i>.³¹ The report range of barriers to accessing services in the region, including stigma, discrimination, relatively weak civil society organizations and the criminalization of HIV transmission. Its recommendations highlighted the need for better integration of CSS activities in grants in the region and more attention to programming for key populations.</p>

Area: Human rights

	Summary of main findings
OIG	<p>The OIG made three key findings and several recommendations in its Advisory Review on Human Rights.³² First, it recommends that human rights investments be better aligned with corporate priorities. This requires that all countries in the portfolio be categorized according to their need to address human rights-related barriers, that there be corresponding, mandatory human rights programming in funding requests, and that differentiated support should be provided. Specifically, in order to optimize the impact of Global Fund investments, the OIG recommends that more attention be paid to human rights considerations and targeted interventions in “high impact” countries with the largest Global Fund allocations. Refinement of the approach to human rights within the risk management and reporting framework was also recommended. Further attention is also needed to raising staff awareness and capacity and providing data-driven evidence on the impact of rights-based investments.</p> <p>Secondly, the advisory assessed roles and responsibilities for driving SO3 within the Secretariat. It recognized the key role played by the CRG Department in the Secretariat with regard to policy-related matters, supporting country teams and in-country stakeholders to incorporate and implement human rights considerations into grant programming and external stakeholder management and advocacy. However, the OIG was of the view that this work should be owned by the entire organization collectively – rather than the CRG Department alone - and embedded more firmly in the core business of the organization, with capacities strengthened across the Secretariat. Overall, the OIG recommended that the respective roles and responsibilities of departments for SO3 should be formalized.</p> <p>The OIG’s third set of recommendations addressed a range of measures needed to strengthen measurement and monitoring of human rights investments, including coverage indicators and improved outcome indicators in the modular framework and improving the coverage, focus on performance and reporting process for KPI 9. The OIG advisory has been welcomed by the Secretariat and several of its recommendations are being implemented through the <i>CRG Accelerate</i> initiative with others to be reviewed and led by the BDB Steering Committee.</p>
TRP	<p>The TRP observed in its review of the 2017-2019 funding cycle that the Global Fund’s catalytic funding for reducing HIV-related human rights-related barriers has begun to address resource shortages for well-defined programs to reduce these barriers. The TRP recommended that the Global Fund and in-country partners should further leverage catalytic funding to encourage other donors to support these programs. It also noted that human rights and gender-related barriers— such as stigma and discrimination in health services and other domains, undue criminalization and repressive policing, gender inequality and social exclusion based on gender identity and sexual orientation— were often</p>

³¹ OIG [Advisory Report - Grant Implementation in Western and Central Africa \(WCA\): Overcoming Barriers and Enhancing Performance in a Challenging Region](#) (GF-OIG-19-013)

³² OIG [Advisory Report – Removing Human Rights-related Barriers: Operationalizing the Human Rights Aspects of Global Fund Strategic Objective 3](#) (GF-OIG-19-023)

<p>explicitly analyzed in HIV funding requests in the last funding cycle. However, in many proposals, analysis of human rights issues still often does not translate into well- resourced, sustained programs to reduce human rights-related barriers. Programs for the most marginalized persons are often underfunded and small-scale or not included. The TRP noted that analysis of human rights- and gender-related barriers in national TB responses and TB/HIV programming are beginning to appear in some TB funding requests, and some proposals in the last cycle included sound analysis of the human rights-related barriers to malaria services faced by migrant workers and other mobile populations. Nevertheless, significantly more attention and targeted programming are needed with respect to human rights-related barriers for TB and malaria across the portfolio as a whole.</p>
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Annex 2 – Summary of input from SC

- The committee thanked the Secretariat for the comprehensive report.
- The TRP noted that they had reviewed a draft of the report before it was shared with the committee and that it reflects their assessment of the 2017-2019 allocation period well. The need to further prioritize CSS and strengthen the use of data across all three diseases were flagged as specific areas needing future focus.
- The TERG noted that the report generally reflected their findings and recommendations. The discrepancy between the inclusion of human rights and gender-related issues in funding requests and the ultimately modest operationalization of programming in those areas was cited as a continuing challenge identified in a number of PCEs. The Global Fund’s model emphasis on making disbursements was cited as potentially causing CRG-related activities to face delayed implementation relative to other areas.
- The OIG noted that the Global Fund is relatively unique in having a strategic objective focused on human rights and urged the committee not to down play that fact. Three areas for progress identified in the OIG’s advisory on SO3 were highlighted: 1) ensuring that human rights is an organizational responsibility, not just the CRG department’s; 2) taking successful initiatives such as the Breaking Down Barriers initiative to the next level; and 3) increasing the visibility of investments in human rights, including strengthening reporting on the level of investment.
- Some constituencies noted that they felt the draft report did not provide a strategic vision for delivering on SO3 at the organizational level and some constituencies had expected a deeper dive into SO3 and as well as a management response to the OIG advisory.
- The need to ensure CRG-related issues are at the center of the development of the next Global Fund strategy was underscored by several constituencies and there was a perception among some constituencies that this was not the case.
- A number of constituencies noted that the report was heavy on HIV-related activities and would benefit from more elaboration and examples on TB and malaria, noting that the report was an opportunity to raise the profile of such issues within the Board.
- The strong positioning of the Global Fund to mainstream CRG-based responses within the broader global health landscape was noted. It was emphasized that community-based approaches were fundamental to achieving impact across the portfolio and should not be viewed as “add-ons.”
- The committee was cautioned not to forget the important role of national governments in delivering effective health interventions for key and vulnerable populations.
- Community-based/community-led monitoring was specifically cited as an important area for further investment and further collaboration with technical partners.