Community Rights and Gender Annual Report

47th Board Meeting

Purpose of the paper: This paper provides the Community Rights and Gender (CRG) Annual Report for 2021.

Executive Summary

In a year when the Global Fund completes one strategy (2017 – 2022) and begins planning the implementation of another (2023 – 2028), 2022 marks an important inflection point and, as such, provides an opportunity to reflect upon achievements, challenges and lessons learned for advancing community, rights and gender throughout the partnership's work. It also provides an opportunity to look ahead and consider how to best apply those lessons to leverage the full ambition of the 2023 – 2028 Strategy and lay the groundwork for greater impact in the years to come. The report is structured around five key areas of work: community leadership and engagement; community systems and responses; human rights; gender equality; and key and vulnerable populations. The report also includes a set of ten conclusions for the Board's consideration.

Context

- Since the last CRG Annual Report, the world has continued to respond to the COVID-19 pandemic. This has necessitated shifts in how the Global Fund works and how it functions as a partnership, with a greater focus on pandemic preparedness emerging in addition to the continued urgency to respond ever-more effectively to HIV, TB, and malaria. Human rights and gender-related barriers, as well as deepening inequities within and between countries, have been exacerbated by the pandemic and efforts to control it, as has the need for strong and well-resourced community systems and responses.
- At the same time, humanitarian crises from Myanmar to Afghanistan to Ethiopia, and most recently in Ukraine, further threaten our community partners and put human rights, disease responses and lives at risk. The Global Fund is evolving its work to protect and advance human rights, gender equality and health equity, to be a champion for community leadership, and to further evolve its work and partnership in these areas.

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Introduction

1. In the face of the continuing COVID-19 pandemic, 2021 was a year of both admirable achievements and challenging setbacks for the Global Fund's investments in community, rights and gender (CRG). And yet, the remarkable innovation, resilience and resolve that has been demonstrated by communities affected by HIV, TB and malaria to minimize service disruptions and protect human rights has highlighted the intrinsic importance of investing in a range of activities to support community systems and responses; community engagement; human rights; gender equality; and key and vulnerable population programs and leadership.

2. As the partnership enters the final year of its current (2017 – 2022) Strategy and prepares to implement its next (2023 – 2028), this update reflects upon progress that has been made and lays out some of the key challenges that remain. With a purposeful eye towards preparations to support implementation of the new Strategy, the report concludes with several considerations which, to varying degrees, have been initiated to ensure that CRG areas are strengthened throughout the Global Fund partnership in the years to come. The report has been structured around five mutually reinforcing areas which form the backbone of the Secretariat's CRG portfolio: 1) Community leadership and engagement; 2) Community systems and responses (CS&R); 3) Human rights; 4) Gender equality; and 5) Key and vulnerable populations. The report provides a summary of the most significant highlights as well as critical challenges. Additional process and outcome details across these five areas, including country specific case studies, are included in Annex 1.

3. The COVID-19 pandemic has had far-reaching effects on the lives of communities living with and affected by the three diseases – from compromising the accessibility, quality and availability of core services, to exacerbating inequities and structural barriers and increasing human rights and gender-related barriers. However, the strong leadership of communities has contributed to significantly mitigating the impact of the pandemic. In the face of the global and national challenges related to COVID-19, notably around increased human rights violations which have aggravated many of the persistent bottlenecks faced by communities, the thought leadership and efforts of the Global Fund to support the scale-up of community-based and led responses as core elements of a responsive and sustainable systems for health have been demonstrated. This has included a more intentional focus on community-led monitoring (CLM) across all disease portfolios; the collection and use of data and evidence to inform programming and decision-making; and addressing the increase in gender-based and intimate partner violence.

4. Strong progress has been made in embedding a CRG-related focus across the partnership's work and processes, including at the Secretariat level - from strengthening

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Secretariat coordination on adolescent girls and young women (AGYW) programming across different departments, including GMD, CRG and TAP; to co-authoring the first *State of inequality: HIV, tuberculosis and malaria* report with the World Health Organization (WHO); to providing detailed cross-department input into the new Strategy. The evolution of the Global Fund's approach to identifying and managing human rights and gender-related risks was advanced through close collaboration between CRG and the Risk Department. Meanwhile, overall work on human rights benefited greatly from strengthened collaboration across the Secretariat and strengthening partnerships with communities and civil society, technical partners, bilateral partners, foundations, and the private sector.

5. A deliberate focus of the past year has been on ensuring that the engagement of communities was more structurally embedded into the COVID-19 Response Mechanism (C19RM) processes and funding requests. For example, the mandatory requirement that all funding requests be submitted with a list of community identified priorities has resulted in significant improvements in the partnership's understanding of the needs of the most affected communities - a lesson for how core processes can be strengthened in the next allocation cycle.

6. Ensuring that the voices of communities from all regions were included in the 2023 – 2028 Strategy development process resulted in diverse input leading to a more explicit cross-cutting focus on human rights, gender equality, equity, and an expanded role for community leadership through community-led monitoring, social contracting, and non-public sector service provision. As a result, the direction of the new Strategy puts greater focus on equity, as well as addressing structural determinants.

7. Despite achievements in addressing equity and human rights-related barriers, persistent challenges remain and have been exacerbated by the COVID-19 pandemic. Many national responses remain inadequate, particularly for AGYW and key populations, who face increasing safety and security concerns. Through an improved understanding of the patterns of inequalities, equity can be promoted by increasing the availability of essential health services and interventions among groups at increased risk of infection or mortality across the three diseases. This will require, as part of the preparation for the next funding cycle, the Secretariat to systematically ensure that it fully leverages its human, financial and political resources to address gender and rights related barriers to critical services, and that approaches to equity considerations are strengthened throughout the grant cycle, including through innovative and wide-ranging partnerships to address structural and policy barriers.

1. Community leadership and engagement

8. Despite the challenges of 2021, the leadership of the communities living with and affected by the three diseases was demonstrated through their collective participation

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and influence over Global Fund-related processes, as well through as their tireless efforts to mitigate the impact of COVID-19 on HIV, TB and malaria programming. Communities and civil society were core contributors at every stage of the Global Fund's 2023-2028 Strategy development process. The three regional pre-meetings that made up the *Community and Civil Society 2021 Pre- Partnership Forum Collective* proved to be a crucial for preparing and consolidating collective input ahead of the 7th Partnership Forum, ultimately strengthening the Strategy's focus on community leadership, systems and responses, human rights, and gender.

9. The CRG Strategic Initiative (SI) has made several strategic adjustments to achieve greater impact. The six CRG Regional Platforms have reached 60,000 contacts with Global Fund-related information and supported nearly 500 community organizations to access Technical Assistance (TA). With an enhanced focus on effectiveness at the country level, key and vulnerable networks and organizations are supporting strengthening programming in over 30 countries [1] including informing differentiated HIV service delivery guidelines for key populations in Pakistan and supporting a TB CRG Action Plan in Cameroon. Investment in long-term TB support has nearly doubled in the current cycle. For malaria, the SI is supporting the organizational development of Civil Society for Malaria Elimination (CS4ME). The CRG SI has also evolved its support to the engagement and leadership of women and girls in the last 12 months through HER Voice and Voix EssentiElles.

10. The CCM Hub is leveraging CRG SI partners to provide TA on communityCCM Evolution.[2] This includes support for CLM to enhance data for decision-making on CCMs, as well as supporting CCM election processes for civil society and community representatives. To date, seven CRG SI partners have been contracted to provide TA for CCM elections of community representatives in 20 countries, and TA for the use of CLM data in CCMs in 14 countries.[3]   In response to community and civil society feedback on engagement in C19RM 2020, the Secretariat built in new requirements into relevant application materials in the development of C19RM 2021 funding requests. These changes were supplemented by the provision of intensified support to community partners to engage in funding request development. Through the CRG SI, 38 short-term TA assignments were delivered in 31 countries. The key and vulnerable population networks and CRG Regional Platforms supported 128 consultations in 64 countries to enable communities to identify and articulate their priorities for funding as well as advocate for their inclusion in C19RM funding requests. While more needs to be done to

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[1] These are Nigeria, Cote d'Ivoire, Ghana, Ethiopia, Kenya, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, Cambodia, Indonesia, Myanmar, Nepal, Papua New Guinea, Pakistan, Thailand, Vietnam, Burundi, Cameroon, Eswatini, South Sudan, Malawi, Niger, Kazakhstan, Kyrgyzstan, Moldova, Ukraine, Colombia, Paraguay, Peru
[2] The CCM Evolution was piloted in 18 countries and is now being implemented globally.
[3] CCM Election TA: CAR, Congo (Republic of), Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Kazakhstan, Mali, Morocco, Nigeria, Pakistan, Senegal, Solomon Islands, South Sudan, Sri Lanka, Sudan, Tajikistan, Timor Leste, Tunisia, Uzbekistan, Viet Nam. CCM CLM TA: Cambodia, Ecuador, El Salvador. Ethiopia, Guinea, Jamaica (HIV/TB), Lao PDR, Moldova, Nicaragua, Nigeria, Pakistan, Senegal, South Sudan, Tunisia

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improve engagement, there is consensus that there were enhanced opportunities to engage in C19RM processes in 2021.

2. Community systems and responses

11. Community systems and responses (CS&R) are vital for reaching service delivery targets, achieving programmatic outcomes—particularly for marginalized and criminalized populations—for ensuring that people-centered approaches are realized, and for addressing human rights and gender-related barriers. Acting on the vital link between health facility and community-led and based services relies on the meaningful engagement of communities to design and deliver effective interventions and monitor that health services are responsive to their needs.

12. To date, budgeted NFM3 investments in CS&R total US$827 million—a 66% increase over NFM2 levels with a significant increase in CSS interventions. The largest investment areas are in integrated community case management (iCCM) (US$167 million); behavior change interventions (US$162 million); prevention, care, treatment, and support interventions (US$115 million); and community health workers (CHW) (US$108 million). From a disease component perspective, malaria accounts for approximately 35% of CS&R investments; HIV/TB (33%); HIV (25%); TB (4%) and RSSH (2%).

13. CLM is increasingly recognized as a key means for increasing the availability, accessibility, acceptability, affordability and quality of HIV, TB and malaria services, as evidenced by its prominence in the new Strategy and the promotion and significant investments made by partners, including UNAIDS and PEPFAR. The launch of the Community-Led Monitoring Strategic Initiative (CLM SI) in 2021 reinvigorated coordination on CLM with a 3-year catalytic investment to strengthen and scale up its use in the context of HTM programs; generate an evidence base on the impact of CLM on health responses; and build capacity across the partnership on the importance of CLM as a core investment.

14. As part of the CLM SI, seven priority countries are being supported to develop coordinated national CLM strategies, which include a collective country CLM database, a CLM advocacy roadmap, and a national CLM steering committee. With respect to lessons learned, providing CLM costings, which indicate where CLM efforts are underfunded, has proven useful for advancing the integration of CLM into country plans and funding proposals, as evidenced in Jamaica and Bangladesh.

15. The Service Delivery Innovations (SDI) SI is supporting the implementation of community health strategies in five countries in West and Central Africa.[4] In partnership with L'Initiative Expertise France, UK FCDO and German GIZ BACKUP Health, a joint effort has also been established for strengthening national stakeholders' technical,

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[4] Central African Republic, Chad, Congo, Guinee Bissau, Mauritania

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programmatic and operational capacities on HIV, TB and malaria. This includes, among other topics, community health services and systems as part of a primary healthcare package. The Initiative will also support the establishment of RSSH regional capacity building hubs in Anglophone and Francophone Africa.

3.   Human Rights

16. Recognizing that addressing human rights-related barriers to health services is required to increase the impact of Global Fund grants, in 2021 an emphasis was placed on making deeper inroads on reducing barriers, including stigma and discrimination and punitive policies, laws and practices, and on forging new partnerships and proactively addressing the human rights challenges that were exacerbated by COVID-19.

17. In the current funding cycle, funding allocated to programs to reduce human rights-related barriers to HIV and TB services has continued to increase significantly. However, the level of investment in countries not part of the Breaking Down Barriers (BDB) initiative remains far below target, at 1.69% of HIV grants. Together with the Risk Department, the definition of the Human Rights and Gender Equality Risk indicator was revised in 2021, enabling country teams to objectively measure the underlying factors that contribute to human rights and gender risks in grants; to date the revised indicator has been piloted in the 25 top risk portfolios. This work is particularly important in a context where gender and human rights-related risks have increased due to COVID-19.

18. To specifically strengthen capacity to identify human rights and gender gaps in the context of malaria control and elimination, RBM's pool of TA providers was expanded to include new CRG-focused consultants. With respect to TB, BDB baseline assessments and continuing support for CRG Assessments undertaken by the Stop TB Partnership have been instrumental in making practical recommendations about how these barriers can be overcome, emanating from community consultations.

4.   Gender equality

19. While steady progress has been made on addressing gender inequalities, the emphasis and investments to-date have primarily been on AGYW in generalized HIV epidemics. The US$8 million AGYW Strategic Initiative (AGYW SI) began implementation in 2021 in the Global Fund's 13 AGYW priority countries with implementation support provided by the University of Cape Town, WHO and UNICEF

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ESARO.[5] Additionally, US$56 million in AGYW matching funds have been made available to these 13 priority countries. As an example of the work the AGYW SI is supporting, in Mozambique the Global Fund has catalyzed a partnership between the Ministry of Education and the private sector to support comprehensive sexuality education (CSE) and a menstrual hygiene program. The 2023 – 2028 Strategy underscores the imperative of the Global Fund partnership taking a more deliberate approach to advancing Sexual and Reproductive Health Rights (SRHR) globally by strengthening its integration and HIV services. This renewed focus on SRHR will build upon the foundation being laid by current investments, primarily in the 13 AGYW priority countries. Results from the monitoring and assessments conducted in 2021 to inform AGYW programme revisions suggested that there is need to strengthen uptake of Prep-exposure Prophylaxis (PrEP), increase targeted HIV testing in high burden settings, and address issues of accessibility of family planning commodities.

20. Despite the promotion of alternate avenues to provide services, one of the overwhelming concerns is the emerging data and reports from partners which have indicated that all types of violence against women and girls in all their diversity, particularly intimate partner and domestic violence, has intensified. Indicatively, 69 countries included a budget for gender-based violence (GBV) prevention, response and post violence care interventions in their C19RM applications.

21. The co-creation and evolution of innovative partnerships to strengthen engagement in Global Fund-related processes is a mainstay of the partnership and key to tackling gender inequality. The Global Fund is partnering with ViiV Healthcare's Positive Action Fund to provide long-term financial and capacity building support to the HER Voice Fund. Likewise, a partnership with Fondation Chanel is bringing local and regional partners together to support women's and girls' groups in WCA through Voix EssentiElles.

5.   Key and vulnerable populations

22. The risk and increased vulnerability of key and vulnerable populations—who are often subject to human rights violations, disenfranchisement, marginalization, and criminalization the world over—drives vast inequities in their access to health services. COVID-19 has further exacerbated these vulnerabilities. While adaptations were made to ameliorate the impact of COVID-19 restrictions—including through increased mobile outreach, online peer counselling and support and community-based service delivery— the significant disruption in HIV prevention services and TB detection and treatment

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[5] Botswana, Cameroon, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

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enrollment numbers seen during the pandemic remains a reality and challenge for key and vulnerable populations, in particular.

23. Though the rationale for investing in HIV prevention for key populations is evident, the increase in the proportion of investments in such programs during NFM3 is not consequential. Investments in HIV prevention for key populations have increased by 7.7% over the previous allocation cycle. This is not only significantly lower than the 10% target for KPI 5a, but it is also concerning that progress has primarily attributable to a small number of High Impact portfolios (Kenya, Ethiopia, Mozambique, and Nigeria).

24. In collaboration with the Stop TB Partnership, CRG assessments in 20 countries highlighted that TB key populations face a range of service availability, accessibility, acceptability, and quality challenges and concerns. To respond to this, strengthened operational guidance and incentivizing prerequisites for national TB grants should be advanced as an avenue to develop costed national action plans for community, human rights, and gender.

25. The safety and security of clients and providers of Global Fund-funded services for key populations is increasingly compromised. Exploring avenues to routinely include safety and security considerations as part of the grant design, implementation and management is an area that has been actively advanced over the past year and will continue to be the focus for the coming years.

6. Concluding Considerations

As the Global Fund carries out the final year of its current strategy period and prepares to implement the 2023-2028 Strategy, key community, human rights, equity and gender related opportunities should be leveraged and lessons applied to increase the quality, focus and impact of its investments. In addressing CRG-related challenges through community resilience and resolve and the application of an intensified focus across the organization, the responsiveness, agility and flexibility of the Global Fund was demonstrated over the last twelve months. These qualities are now actively being factored into how the Global Fund responds to the following ten considerations:

1. **Implement a bold vision and necessary changes to support a Secretariat and Partnership wide focus on scaling up investments in Community Led and Based responses.** Building on the on-going strategy delivery planning process, evolve grant financing arrangements to accommodate and incentivize investments in community-led and based service delivery; Strengthen capabilities and coordination internally and externally to align on and leverage the critical role of community-led and -based organizations in disease responses; and scale up impactful, high-quality community-led and -based organization delivered responses to HIV, TB and Malaria.

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2. **Advance a practical and programmatic approach to equity.** Build on the findings from the 2021 WHO *State of Inequality* report to ensure dimensions of inequity most relevant for HIV, TB, malaria and PPR are incorporated into grant-making considerations. This would include reviewing how decisions are made for prioritization across the organization, how grants are designed, performance is assessed, and results understood and communicated. As part of the next Strategy delivery, firmer programmatic expectations should be set to ensure more equity-focused considerations are included in grants to accelerate progress against the three diseases.

3. **Improve safety and security for HIV key population communities and implementers**. Support Global Fund implementers to deliver core recommendations of safety and security assessments through instilling a more systematic approach to proactively manage these concerns and respond to crises when and where they arise.

4. **Leverage the effectiveness of catalytic investments to make further progress on challenging CRG priorities in the new Strategy.** The cross-cutting nature of the various CRG-related catalytic investments (Strategic Initiatives, Matching Funds, and Regional Grants) have served as significant levers to catalyze progress and investments in critical areas that would otherwise be hard to advance. Building on lessons learned, and alongside the more effective deployment of other levers, catalytic investments can be evolved to help drive forward areas of priority in the new Strategy that will remain difficult to fund via country allocations.

5. **Increase leadership and competency on gender equality across the Secretariat.** This could include the creation of a cross-organization task team, formalizing responsibilities for addressing gender-related barriers and advancing gender equality throughout the Secretariat and establishing accountability structures for doing so. Embedding staff with gender expertise within GMD and across SIID, and routinely including gender analysis and impacts in external communications materials and reports, can also be considered.

6. **Update key indicators for better measuring outcomes and impact of programs on key and vulnerable populations**. To strengthen data disaggregation around age, gender and key population status while doing no harm, incentivize the strengthening of CRG related data at the country level. This can include building on the work of the Stop TB Partnership's CRG assessments and the RBM Malaria Matchbox.

7. **Reaching AGYW in all their diversity with appropriate HIV prevention should remain a critical priority in Eastern and Southern Africa**. Investing in quality, acceptability, and access to new HIV prevention technologies and approaches that demonstrate improved alignment with the care preferences of AGYW can accelerate

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HIV incidence reduction efforts and reverse the disproportionate risk experienced by AGWY, particularly in sub-Saharan Africa.

8. **Harmonize the approach towards the provision of TA to and delivered by communities and civil society across the organization**. Harness the lessons learned from current SIs that include a focus on TA, as well as those emerging from C19RM, to adopt a more pro-active and cohesive approach to NFM4 ensuring advanced planning, timely communication and enhanced coordination of the TA and support available to and delivered by communities and civil society.

9. **Increasingly strengthen and invest in social accountability mechanisms like community-led monitoring** to actively inform routine monitoring and evaluation on program performance, effectiveness, and quality of services. Systematizing the strategic use of and investment in locally generated data and feedback from empowered communities for improved service delivery should remain a core focus.

10. **Adopt a portfolio-wide approach to incentivize increased commitments to comprehensive human rights programming**. Building on the lessons from the BDB initiative, finding a way to incentivize increased and ultimately sustained investments, as well as commitment to and country-ownership of comprehensive programs and initiatives to reduce human rights-related barriers across the portfolio – including a particular focus on efforts to reduce stigma and discrimination, promote gender equality and combat harmful laws and policies, including criminalization.

Annexes

The following items can be found in the Annex:

• Annex 1: Additional Detail and Country Spotlights

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Annex 1: Additional Detail and Country Spotlights

1. Community leadership and engagement

Despite the challenges of 2021, the leadership of the communities living with and affected by the three diseases was demonstrated through their collective participation and influence over Global Fund-related processes, as well through as their tireless efforts to mitigate the impact of COVID-19 on HIV, TB and malaria programming. As they have throughout the last twenty years, communities once again exercised their central role in guiding the Global Fund's strategic direction and focus. Communities and civil society were core contributors at every stage of the Global Fund's 2023-2028 Strategy development;47% of contributors represented civil society and 16% communities. This included the participation of community and civil society representatives in the 7th Partnership Forum in three regional pre-meetings organized by the CRG, Strategy and Policy Hub and the Political and Civil Society Advocacy (PCSA) departments. *The Community and Civil Society 2021 Pre-Partnership Forum Collective* proved to be a crucial step to prepare and consolidate collective inputs during the 7th Partnership Forum. These partners, among others, supported the more forceful framing of areas such as overcoming human rights and gender related barriers, and targeting greater support towards community-led responses, leadership and systems strengthening in the new Strategy as intrinsic to the mandate across the organization.

Civil society and communities play a key role in building a sustainable advocacy eco-system. In recognition of the Global Fund`s two-decades of impact on HIV, TB and Malaria – they reminded world leaders of the need to invest greater resources to enable the Global Fund to mitigate the effects of COVID-19 and protect the progress made towards ending HIV, TB and malaria. Organized by PCSA and the Global Fund Advocates Network (GFAN) Africa on the cusp of the 7th Replenishment, the Torch Caravan reinforced the key role that civil society and communities play in building stronger systems for health which run deep into communities and enable health services to reach the most vulnerable, excluded, and marginalized. Further, regular engagement between the Executive Director and the Global Fund Youth Council reinforces support for emerging community leaders and provides a platform for them to share CRG related and other concerns.

Fostering community-led learning, support and equity through the CRG Strategic Initiative

Guided by the recommendations of an independent external evaluation conducted in 2020, the CRG Strategic Initiative (CRG SI) has made several strategic and operational adjustments to its three components[6] linked to a new Monitoring, Evaluation and Learning

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[6] The three CRG SI components are: peer-to-peer short-term technical assistance, long-term support to key and vulnerable population networks and organizations, and the CRG Regional Platforms.

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Framework and ambitious targets to be achieved by December 2023. The six CRG Regional Platforms are working to reach more than 60,000 contacts with Global Fund-related information and support nearly 500 community organizations to access Technical Assistance (TA). With an enhanced focus on strengthening coordination and effectiveness at the country level, the key and vulnerable networks and organizations supported under Component 3 of the SI are working toward achieving self-identified specific and measurable outcomes in more than 30 countries.[7] Examples include informing differentiated HIV service delivery guidelines for key populations in Pakistan; supporting the development of a TB CRG Action Plan in Cameroon; and ensuring sex worker representation on Ghana's CCM. For the current period, the CRG SI has committed to closing the gap in support for community engagement across disease components. Investment in long-term TB support has nearly doubled in the current cycle. For malaria, the SI is investing in the organizational development of Civil Society for Malaria Elimination (CS4ME). These investments are supporting affected TB and malaria communities to build on the successes of the last funding cycle and lay stronger foundations for future efforts. The CRG SI has also evolved its support to the engagement and leadership of women and girls in the last twelve months through the HER Voice Fund and Voix EssentiElles.

Evolving CCMs for more equitable decision-making

Ensuring that community representatives—including key and vulnerable populations—are equitably supported to play their leadership role on CCMs remains a priority in the organization's broader efforts to catalyze the evolution of CCMs. To that end, the CCM Hub is leveraging CRG SI partners to provide TA on CCM engagement to support CCM Evolution. This support will include the use of CLM generated data for decision making on CCMs and supporting CCM election processes for civil society and community representatives. To date, seven CRG SI partners have been contracted to provide TA for CCM elections of community representatives in 20 countries, and TA for the use of CLM data in CCMs in 14 countries.[8]

Ensuring that Covid-19 Response Mechanism (C19RM) processes and applications systematically reflect community considerations

The partnership went to considerable lengths to catalyze the robust and effective engagement of communities in its response to COVID-19 following the extension of C19RM in 2021. Crucially, the partnership strived to apply lessons learned from supporting community engagement in C19RM 2020. This included directly responding to a 2020 survey

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[7] Nigeria, Cote d'Ivoire, Ghana, Ethiopia, Kenya, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, Cambodia, Indonesia, Myanmar, Nepal, Papua New Guinea, Pakistan, Thailand, Vietnam, Burundi, Cameroon, Eswatini, South Sudan, Malawi, Niger, Kazakhstan, Kyrgyzstan, Moldova, Ukraine, Colombia, Paraguay, Peru

[8] CCM Election TA: CAR, Congo (Republic of), Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Kazakhstan, Mali, Morocco, Nigeria, Pakistan, Senegal, Solomon Islands, South Sudan, Sri Lanka, Sudan, Tajikistan, Timor Leste, Tunisia, Uzbekistan, Viet Nam. CCM CLM TA: Cambodia, Ecuador, El Salvador. Ethiopia, Guinea, Jamaica (HIV/TB), Lao PDR, Moldova, Nicaragua, Nigeria, Pakistan, Senegal, South Sudan, Tunisia

conducted among community and civil society representatives that revealed considerable gaps in (1) the availability of information on C19RM, (2) the level of inclusion in the development of funding requests, and (3) the reflection of community priorities in final grants. In response, the Secretariat built in new requirements and standards into relevant C19RM 2021 application materials and policies to raise the level of expectation around community engagement in the development of funding requests. These changes were supplemented by the provision of intensified support to community partners to engage in C19RM 2021. Through the CRG SI, 38 short-term TA assignments were delivered in 31 countries. The key and vulnerable population networks and CRG Regional Platforms supported 128 consultations in 64 countries to enable communities to identify and articulate their priorities for funding as well as advocate for their inclusion in C19RM funding requests. The enhanced coordination between the CRG Regional Platforms, the networks and TA providers to provide 85% of their support virtually or in hybrid format resulted in the increased inclusion of CRG related issues in C19RM 2021 funding requests across all regions. While there are still gaps, there is consensus that the efforts undertaken by the partnership to strengthen community engagement in C19RM 2021 offer valuable lessons that can and should be applied to the Global Fund's full portfolio in forthcoming allocation cycles to evolve its processes more systematically.

Tracking sustainable peer-to-peer quality TA across the partnership

Quality demand for TA has improved as the CRG Regional Platforms have fine-tuned their role in supporting communities to conceptualize and draft requests. In 2021, all TA assignments deployed at least one expert from the country or region of assignment and 55% of TA assignments deployed at least one expert who identifies as member of a key or vulnerable population. A detailed TA tracker and dashboard to assess key performance and process indicators has been developed to ensure that TA data is analyzed regularly and disaggregated per disease component, population, and geography. In 2021, TA requests were received from all ten Global Fund regions and 20 assignments were completed in 14 countries with an additional four multi-country assignments.[9] 75% of completed assignments focused on community engagement in HIV grants, with a lower percentage focusing on engagement in malaria grants (10%), TB/HIV grants (10%) or all grants within a country (5%). Providing a stronger focus on TB and malaria through closer coordination with the Stop TB Partnership and the RBM Partnership to End Malaria as well as disease-specific TA webinars with TB and malaria focused networks has led to the identification of new TA needs among these communities. The proportion of TA requests that were eligible for support continued to improve from 67% (SI 2014-216) and 75% (SI 2017-2019) to 81% in the first year of implementation of the SI 2020-2022. This reflects greater efficiency both at country level and at the Secretariat, as less time and fewer resources go into the

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[9] 20 assignments were completed in 14 countries (Djibouti, Peru, Guatemala, Paraguay, Niger, Mali, Georgia, Kenya, Russia (2 TAs), Burkina Faso, El Salvador (2 TAs), Cote d'Ivoire, Tanzania) with an additional 4 TA assignments having a multi-country focus (MENA, South East Asia, LAC, HI Asia).

development and the review of ineligible requests. The improvement can be attributed to both the early engagement with country teams once a need is identified and the enhanced support from the CRG Regional Platforms, working with communities to conceptualize and draft high-quality requests.

Spotlight on Nepal: Making a difference - Stronger community engagement on the CCM

Nepal, which was a CCM Evolution pilot country, was supported by APCASO and financed by GIZ BACK-Up Health to strengthen community and key population engagement on its CCM. Five provincial consultations were held to enhance understanding of how the Global Fund works and how to improve engagement on CCMs. They contributed to the development of a CCM engagement plan to establish a mechanism for channeling information from CCM representatives to their networks and vice versa. The network members were able to express their expectations of the CCM and how to improve their relationship. The CCM in Nepal is committed to ensuring these voices from the ground will be heard and will have an impact in the process of country dialogues in shaping the next funding request for Nepal. APCASO also supported 'learning visits' amongst in Nepal, Sri Lanka, Pakistan and Papua New Guinea. "I did not know the importance of the CCM and how getting involved is very useful; it also made me more confident in speaking out, now I am more familiar about our roles in the networks and in the CCM and how the network can make a difference." (Female people who use drugs representative)

Spotlight on Mongolia: Engaging young key populations - Evolving national CCM processes

As a key member of the CCM Evolution project task team, the active engagement of young key populations (18-25) in national Global Fund processes in Mongolia was prioritized to ensure that productive dialogue resulted in meaningful change to address their needs in grants. A young KP-led organization hosted a stand-alone country dialogue which resulted in the inclusion of two priorities into the country's funding request. Most recently, in 2021 as part of C19RM, the development of community recommendations (which reflected the suggestions from a wider community stakeholder consultation) were, for the first time, led by young KPs. They were successful in ensuring that five out of six priorities from the consultation were included in the funding request. "I am delighted that young KP engagement has become more meaningful, but the best involvements are yet to come. We are currently working with a high ambition to implement the YKP programs by ourselves and become the recipient of the GF project." (Advisor of Youth LEAD Mongolia)

2. Community systems and responses

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Community systems and responses (CS&R) are vital for reaching service delivery targets, achieving programmatic outcomes – particularly for the most marginalized and criminalized populations – for ensuring that people-centered approaches are realized and for addressing human rights and gender-related barriers. Acting on the link between health facility and community-led and based services relies on the meaningful engagement of communities to design and deliver effective interventions and monitor that health services are responsive to their needs. Strengthening this link requires investing in responses delivered by community-led and community-based organizations, as well as strengthening CS&R as a central part of the broader health eco-system to improve health outcomes for all. A joint effort between the CRG department and the RSSH team initiated in 2021 aims to reinforce these linkages between health facility and community led and based health programs. This includes providing coordinated support to GMD and country partners in designing and implementing comprehensive and evidence-based community health programs and recently established 'Community Health Clinics' led by CRG, RSSH and Health Financing. Recognizing the all-encompassing aspects of CS&R, a range of departments–including GMD, TAP (RSSH, HIV, TB and Malaria teams), Health Financing, and CRG–developed mechanisms to optimize grant performance support, including improved measurement of CS&R and partner coordination to ensure availability of technical support.

Increased CS&R investments unlock untapped potential and strategic value

HIV, TB, and malaria programs depend on community responses for the delivery of services, particularly for key and vulnerable populations. Sustained community-based and community-led organizations play an active role in both improving service reach, quality and effectiveness, and advocacy. Collectively these systems contribute to reducing barriers to services, and advocate for accelerated introduction and uptake of new technologies as well as policy reforms to address the social determinants of health. The current NFM3 interventions in CS&R total $827 million – which is a 66% increase over NFM2 with a significant increase in CSS interventions. The largest investments are in integrated community case management (iCCM) (US$167 million); behavior change interventions (US$162 million); prevention, care, treatment, and support interventions (US$115 million); and community health workers (CHW) (US$108 million). From a disease component perspective, malaria accounts for approximately 35% of CS&R investments; HIV/TB (33%); HIV (25%); TB (4%) and RSSH (2%). Unlocking the increased strategic and organizational value of CS&R is critical to deliver and improve service access, improve retention, and program quality. Investments in CS&R also help address challenges across disease areas – including supporting TB case finding by strengthening a continuum of care between the health facility and the community and through providing differentiated service delivery approaches to improve key population prevention programs.

Community Led Monitoring (CLM) is an underutilized source of comprehensive data for HTM decision-making

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The importance of CLM as a key means for increasing the availability, accessibility, acceptability, affordability and quality of HIV, TB and malaria services is broadly recognized within the partnership, as evidenced by its inclusion in the 2023 – 2028 Strategy and the promotion and significant investments made by partners, including UNAIDS and PEPFAR. The launch of the CLM SI in 2021 reinvigorated coordination with a three-year catalytic investment to strengthen and scale up the use of CLM in the context of HTM programs; generate an evidence base on the impact of CLM on health responses; and build capacity across the partnership on the importance of CLM as a core investment. The accessibility, adaptability and ingenuity of community service providers has ensured the continuation of essential health services and generating awareness within communities that supported the monitoring and documentation of system challenges, notably around human rights and gender-related violations.

As part of the CLM SI, eight in-depth country landscape assessments have been undertaken, providing critical insights into existing models, strategies, partner overviews of investments in CLM and use of CLM data for decision making.[10] Subsequently, seven priority countries have been identified and matched with TA support through CLM SI TA providers.[11] Investing in coordinated national CLM strategies, including a collective country CLM database, a CLM advocacy roadmap, and a national CLM steering committee has been instrumental to demonstrating CLM impact on services.[12] Providing CLM costing, which indicates where CLM efforts are underfunded, has been a useful way help integrate CLM into country plans and funding proposals, as was done in Jamaica and Bangladesh. However, in the current cycle, several countries are under-budgeted for CLM interventions, resulting in small-scale projects. PEPFAR's shift to treating CLM as a requirement in COP22, particularly for key and vulnerable populations, alleviates the burden on civil society for advocacy as this shifts the conversation from 'whether' to the 'who,' 'how' and 'how much' of CLM. Similarly, making this a requirement within the Global Fund context would ensure that across disease areas ere will be improved data from community perspectives to address bottlenecks in service delivery.

Expanded purposeful partnerships for strengthening systems for health

Improved coordination within the Secretariat and between global, regional and national partners has been key to strengthening investments in CS&R. A CLM 'Community of Practice' has been convened with UNAIDS, CLM TA providers, PEPFAR, CDC, and USAID in which the Global Fund is a strategic thought partner to ensure that CLM investments and approaches are being informed by strong in-country collaboration. Through the Service Delivery Innovations (SDI) Strategic Initiative, the Global Fund is supporting the

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[10] Bangladesh (TB), Philippines (TB), Ukraine (HIV/TB), Cote d'Ivoire (HIV/TB), Jamaica (HIV), Laos, and Cambodia (Malaria)
[11] Community-Led Accountability Working Group, Eastern Africa National Networks of AIDS and Health Service Organizations, Community Data for Change Consortium
[12] Completed in Cote d'Ivoire, Jamaica, Ukraine.

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implementation of community health strategies in five countries in West and Central Africa (CAR, Chad, Congo, Guinee Bissau, Mauritania). In partnership with, L'Initiative Expertise France, UK FCDO and German GIZ BACKUP Health, a joint effort has also been established to build RSSH in ten African countries. The initiative includes a focus on strengthening national stakeholders' HTM technical, programmatic and operational capacities which includes, among other topics, community health services and systems as part of a primary healthcare package. The Initiative will establish two RSSH regional capacity building hubs – one in Anglophone Africa and one in Francophone Africa.

Spotlight on the Greater Mekong Sub-region: Malaria Free Mekong - Extending reach towards elimination

Making progress in malaria elimination and preventing reintroduction in the Greater Mekong sub-region, as well as addressing artemisinin resistance malaria, is dependent on providing malaria services to communities at risk in remote and difficult to reach areas, as well as ethnic minorities, mobile and migrant populations and people exposed to forests across the region. CSOs have been instrumental in extending coverage of national malaria programs to reach these communities with free test and treat services as well as vector control products. From supporting case management and facilitated referrals, to initiating CLM and facilitating capacity building and CSO-NMP coordination, communities have been the vital link to reaching refugees, displaced populations, forest goers and undocumented migrants who would not have access to malaria services. Likewise, through direct funding to civil society partners and supporting the Regional CSO Platform, independent of CCM funding, community partners have been empowered to provide robust oversight of malaria investments in the region. The exceptional success the RAI grant has achieved within a short period - especially in tackling artemisinin resistance – is in large part due to the active role communities have played in the region.

Spotlight on South Africa: Investing in sustainability - Strengthening TB and HIV communities

While South Africa has a history of strong civil society activism on HIV, there remains a need to ensure key and vulnerable population community-led and based organizations are in a stronger position to scale up and sustain their work to address the high prevalence of HIV and TB in the country. Between 2016 and 2022, the Global Fund supported the strengthening of the technical skills and institutional effectiveness of 448 community-based and led organizations to deliver HIV, TB and related services to key and vulnerable populations. Of those trained, 45% have attracted a range of funding sources to implement programs supporting the National Strategic Plan for HIV, TB and STIs. This includes 26 that have 'graduated' to become SSRs/IPOs; 81 who received Global Fund small grants; 35 who received COVID-19 funds; and 59 who received a grant from another funder. Notably, accessing small grants enabled nascent organizations to demonstrate their capacity and

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further their reach, especially those working with sex workers and people who use drugs. In support of the new Global AIDS Strategy 2021-2025 target to ensure that 80% of service delivery for HIV prevention programs for key populations and women will be delivered by community-, key population- and women-led organizations, these efforts demonstrate the continued importance of strengthening organizational effectiveness for greater community engagement and leadership for a sustained national HIV and TB response.

3. Human rights

With the recognition that addressing human rights-related barriers to health services is a pre-requisite for increasing the impact of Global Fund grants, in 2021 an emphasis was placed on making deeper inroads on reducing barriers, including stigma and discrimination and punitive policies, laws and practices, and on forging new partnerships and proactively addressing the human rights challenges that were exacerbated by COVID-19.

Increased funding for greater impact

In the current funding cycle, funding allocated to programs to reduce human rights-related barriers to HIV and TB services has continued to increase significantly. Slightly over 3% of HIV grants and about 2% of TB grants in countries with the highest TB burden are now going to these programs, representing a near doubling compared to the 2017-19 period. Human rights matching funds contributed to these increased funding levels, but also catalyzed much greater investment from within core allocations in the 20 countries part of the Breaking Down Barriers (BDB) initiative that were eligible for them. In contrast, the level of investment in countries not part of BDB remains far below target, at 1.69% of HIV grants, highlighting the need, moving forward, to adopt a portfolio-wide approach to incentivize increased commitments to comprehensive human rights programming. 18 of the 20 BDB countries have developed and are already implementing country-owned, costed, strategic longer-term plans to reduce human rights- and gender-related barriers to services, with the remaining two currently finalizing their plans. Researchers conducting the BDB mid-term assessments have documented the impact of such programming. The assessments have also been utilized to inform funding requests and other efforts to reduce human rights-related barriers.

Working in partnership to tackle HIV-related stigma and discrimination

Collaboration for greater impact is evidenced through the Global Fund`s role as one of the co-conveners of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination. Working with UNAIDS, UNDP, UN Women, GNP+ and the UNAIDS PCB NGO delegation, the membership base was extended to 29 member states and there was greater support for interventions to reduce stigma and discrimination in NFM 3 grants. Another partnership, with PEPFAR, NIH and UNAIDS, and in close collaboration

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with GNP+, focuses on increasing efforts to reduce stigma and discrimination initially in six "focal countries": Cote d'Ivoire, Ghana, Jamaica, Mozambique, South Africa, and Thailand.

Addressing human rights and gender risks

Since 2014, the Global Fund Risk Assessment has included Human Rights and Gender Risk indicators as part of the broader programmatic risks to the Global Fund grants. However, the broad definition of human rights and gender risks, and limited guidance to country teams on how to use these indicators to measure risks in their portfolios, often led to their tokenistic and ineffective use. This resulted in a failure to accurately identify and develop clear and programmatic mitigation measures against human rights and gender risks. Together with the Risk Department, the definition of this indicator was revised in 2021 enabling country teams to objectively measure the underlying factors that contribute to human rights and gender risks. The human rights indicators were piloted in the 25 top risk portfolios in 2021. This work is particularly important in a context where gender and human rights risks have increased due to COVID-19.

Strengthening capacity to identify human rights and gender gaps in the context of malaria control and elimination

The Malaria Matchbox Toolkit, launched in 2019, was a groundbreaking advancement toward understanding human rights and gender related barriers to malaria services. In 2021 it served as the foundation for relevant activities under the Human Rights Strategic Initiative (HR SI), which, for the first time, includes a malaria component, implemented in close partnership with RBM Partnership to End Malaria (RBM). It focuses on building capacity to identify vulnerable and underserved populations and on designing programmatic approaches and interventions to address inequities in access to malaria services. As part of this work, RBM's pool of TA providers has been expanded to include new CRG-focused consultants who provide short-term TA to support the design and implementation of evidence-informed interventions that address human rights and gender-related barriers to malaria services.

Scaling up evidence-based human rights responses to TB

The BDB baseline assessments, along with CRG Assessments undertaken by the Stop TB Partnership have generated a wealth of information on the barriers to accessing TB services, as well as practical recommendations about how these barriers can be overcome, emanating from community consultations. To further strengthen and better coordinate the response on TB-related CRG issues, with input from the WHO, the Stop TB Partnership and the Global Fund TB team, a plan has been developed that includes a strong focus on fostering community engagement and leadership. Additionally, together with the WHO, the

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development of quality National Strategic Plans in selected countries is being supported, as is the building of human rights capacity among TB program implementers and TA providers.

Addressing the human rights impact of COVID-19

Throughout the year, major efforts have been made to ensure the human rights impacts and violations of COVID-19 are addressed, and human rights programming adapted or expanded, and that ongoing human rights programming could be maintained. This includes supporting CLM of COVID-19-related human rights violations in Uganda and developing proactive catch-up plans to speed up implementation and address delays in South Africa. In Botswana, online models on where to seek help in case of violations were strengthened, and a series of podcasts to provide access to accurate human rights and public health information was developed. As part of the Fund's first private sector human rights partnership (with the Thomson Reuters Foundation) a 6-week training of implementers and journalists on COVID-19 and human rights was implemented. Implementers in five African countries learned from each other and from invited experts about what they had done to adapt programs and pro-actively address human rights violations; and journalists from those countries learned about the issues, so they can better report in the future about not only the problems, but also the solutions.

Spotlight on Uganda: Staying safe - Ensuring the safety and security of key populations and implementers of key populations programs

During COVID-19, key population communities have faced increased crackdowns. Following the issuing of public health ordnances aimed at controlling the spread of COVID-19, a temporary ban of public gatherings, meetings and activities was imposed. On the 29th of March 2020, police raided a shelter for LGBTI, leading to 23 people being imprisoned. Through the support of the Global Fund grant, swift legal assistance was provided along with temporary housing and transport solutions. To mitigate further crisis, in 2020 the Global Fund worked with SRs and CSOs to develop a plan to ensure the highest level of security is possible for key populations and CSO implementers delivering services for key populations. This included supporting a comprehensive assessment of safety and security arrangements for HIV and KP programs, which identified a number of areas for improvement. The results of the assessment were published by the Uganda KP Consortium in June 2021. The Global Fund is now supporting country stakeholders to implement the assessment's recommendations with grant support and TA support through the BDB initiative.

Spotlight on Cameroon, Cote d'Ivoire and Ethiopia: Making the Stop TB CRG Assessments a reality – Supporting TB community engagement

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Stop TB CRG Assessments and action plan development are multi-stakeholder participatory processes led by civil society and community groups with the backing of National TB Programs and the Stop TB Partnership. With the support of ACT Africa and DRAF-TB, TB affected communities in Cameroon, Cote d'Ivoire and Ethiopia successfully engaged across the CRG assessment process throughout 2021. Across all three countries, local TB organizations and networks have been instrumental in strengthening the case for increased investments in community, human rights and gender-centered TB responses. In Cameroon, the FIS led consultations with key national stakeholders and mobilized TB-affected communities and TB survivors to review and provide feedback on the draft action plan following the completion of that country's CRG assessment. In Cote d'Ivoire, COLTMR-CI led a briefing on CRG issues for its members and participated in the planning stage of the country's CRG assessment, providing guidance on key population priorities and implementation sites. In Ethiopia, VHS engaged in a series of discussions with national stakeholders to refine the timeline for an assessment, strengthening the relationship with the National TB Program and reaffirming national ownership of the process. The complementarity of CRG-SI funding and Stop TB Partnership support via the Challenge Facility for Civil Society amplified the role of civil society and TB communities throughout.

4. Gender equality

Influenced by a mix of structural, biological, behavioral and social factors, HIV infections in AGYW remain a particular and persistent challenge. There has been an improvement as countries increasingly disaggregate a broad range of data according to primarily age and sex. However, granularity within key population data on sub-populations including male sex workers and women who use drugs remains lacking in proposals and programming. The Global Fund continues to support the increased use of qualitative data and assessments to understand HIV, TB and malaria related gender disparities and inequities. In many places gender still forms a significant basis for discrimination and is a key determinant of most health outcomes and inequality, as highlighted in the recent report *State of inequality: HIV, Tuberculosis and Malaria.* Published in partnership with WHO in December 2021, the report systematically assessed the global state of inequalities in the response to HIV, TB, and malaria and confirmed that to defeat the epidemics, inequities must be understood and addressed.[13]

While progress has been made on addressing gender inequalities, investments have primarily focused on AGYW in generalized HIV epidemics, specifically in sub-Saharan Africa. The impact of both the Global Fund`s role and accountability in being a thought leader

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[13] All disaggregated data used in the global analysis have been made publicly available via the HEAT Plus Data Repository. These datasets include data for 32 HIV, TB and malaria indicators disaggregated by up to six dimensions of inequality where available (sex, age, economic status, education, place of residence, and drug resistance status for TB).

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on gender equality throughout its programming has not been fully realized, but the new Strategy provides the opportunity to make greater strides.

Launch and implementation of AGYW Strategic Initiative to enhance decision-making and programming

The US$8 million AGYW SI was introduced in 2021 in the Global Fund's 13 AGYW priority countries. With implementation support provided by the University of Cape Town, WHO and UNICEF ESARO, the SI is supporting countries to invest in in cost-effective intervention packages that are geographically and sub-population focused and likely to affect optimal HIV prevention outcomes; facilitate efficient country adoption of effective and innovative HIV prevention tools, technologies and approaches for AGYW; and improve grant performance and partnership mobilization and build the capacity of implementers. In addition to the SI, US$56 million in AGYW matching funds have been made available to these 13 countries. Improving national AGYW programming will be bolstered by work that is underway to review the program and cost-effectiveness of AGYW frameworks in five countries (Cameroon, Eswatini, Kenya, Lesotho, Mozambique).

Sexual and Reproductive Health Rights (SRHR) and HIV linkages and integration as a pathway for people-centered care

The 2023 – 2028 Strategy underscores the imperative of the Global Fund partnership taking a more deliberate approach to advancing SRHR globally by strengthening its integration and HIV services. This renewed focus on SRHR in the upcoming strategy period will build upon the foundation being laid by current investments, primarily in the 13 AGYW priority countries. For example, in-school and out- of- school programs in Zambia are showing clear impact on the uptake HIV testing, reducing school drop-out rates, and the prevention of STIs and unplanned pregnancies. However, there is a recognized need for the partnership to take a more intensified and strategic approach in this area, as confirmed by the results of assessments conducted in 2021 inform AGYW programme revisions. The results of these assessments also suggested that there is need to strengthen uptake of Prep-exposure Prophylaxis (PrEP); increase targeted HIV testing in high burden settings; and address issues of accessibility of family planning commodities. Stakeholder consultations are currently being planned in Kenya, Mozambique, Tanzania, South Africa, and Zimbabwe to take stock of these findings and inform the development of formal action plans in the second quarter of 2022. The outcomes of these efforts will contribute to strengthening grant performance in the current implementation period and in securing SRHR and HIV systems readiness at the country level.

Adaptation and innovation to respond to the gender impacts of COVID-19

Despite the promotion of alternate avenues to provide services, one of the overwhelming concerns is the emerging data and reports from partners which have indicated that all types of violence against women and girls in all their diversity has intensified, particularly gender-based and intimate partners violence. Indicatively, 69 countries included a budget for gender-based violence (GBV) prevention, response and/or post violence care interventions in their C19RM 2021 funding requests.

To mitigate the impact of COVID-19, innovative approaches have been supported across the portfolio to bring services closer to communities, including AGYW. In the 13 AGYW priority countries the new pandemic has accelerated the expansion of differentiated HIV service delivery models, including the use of mobile clinics and the increased use of media for demand creation. Multi-month ART dispensing for adolescents and young people living with HIV is now occurring in Botswana, Lesotho, Eswatini, Cameroon, Namibia, and Malawi. In eSwatini and Lesotho, risk reduction sessions have been moved online using a variety of platforms. GBV one stop center services for prevention and post violence care from health facility to communities using mobile services were expanded in Zimbabwe and resources were leveraged to decrease vulnerability and protect against increasing GBV through prevention and funding of post violence services in Zambia and Mozambique.

Strengthening partnerships to support meaningful engagement

A core component of the Global Fund's gender portfolio, and supported through the CRG SI, has been the co-creation and evolution of innovative partnerships to strengthen engagement of AGYW in Global Fund-related processes. Following a successful pilot phase, the Global Fund has partnered with ViiV Healthcare's Positive Action Fund to provide long-term financial and capacity building support to the HER Voice Fund, an AGYW engagement fund covering 13 countries in Sub-Saharan Africa. HER Voice Ambassadors were active in the development of the new Global Fund Strategy through coordinating the input from over 3,000 participants. Building on this work, the Global Fund has signed an agreement with Fondation Chanel to set up a similar civil society-led engagement fund - Voix EssentiElles - to bring together local and regional partners and support women's and girls' groups in WCA, starting with Senegal, Burkina Faso, and Cote d'Ivoire. The initiative launched in 2021 and will span the duration of the current SI, with the CRG SI providing co-financing.

Spotlight on Zambia: A gateway to people-centered care - Integration of SRHR and HIV services

Zambia has the third highest incidence and mortality rates of cervical cancer in the world. Following the Board's decision[14] on the Policy on Co-infections and Co-

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[14] Policy on Co-infections and Co-morbidities - Board Decisions - Board - The Global Fund to Fight AIDS, Tuberculosis and Malaria

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morbidities, Zambia began to invest in cervical cancer (CxC) activities ($500,000) in 2016. This included funding cancer awareness raising, capacity development and integrating screening services into ART programs. Through the support of UNAIDS and advocacy by civil society, the subsequent grant (2017-2019) included $1.4 million for the CxC program. National CxC program activities were integrated into the existing HIV program, leading to an expansion of CxC screening reaching 123,914 women in 2018. The program uses a "See and Treat" approach - whoever screens positive for cervical cancer is treated during the same visit. To date, the Zambian CxC program, together with the HIV program and bilateral partners, has opened 213 CxC screening clinics in 116 districts, especially aimed to reach women living with HIV across the country. While Global Fund investments are modest, they go a long way to leveraging existing country HIV/SRHR platforms and women and girls affected with HIV. This can lead to further resource mobilization from domestic sources and development partners for sustainable scale up of national programs for the elimination of CxC more broadly. In NFM 1, the Global Fund supported the opening of 25 clinics through procurement of equipment and training of cervical cancer screening nurses. In NFM 2, the grant supported capacity building of laboratory scientists in the five major hospitals providing histopathology services and the creation of a national steering committee for referral of pathology specimens. This has led to the foundation of a robust histopathology network with turnaround time reduced from more than three months to two weeks. An additional 66 clinics were opened across the country with grant support.

Spotlight on Ghana: Gender Rights - Addressing gender considerations exacerbated - during COVID- 19

In Ghana, as in many other countries, the impact of COVID-19-related lockdowns significantly increased the rate of GBV in Ghana. This included a rise in violence against sex workers. Based on their experience and existing human rights structure, WAPCAS - the implementer of Ghana's Global Fund-supported human rights programs - strengthened CLM of human rights violations by increasing phone credits and data for peer educators and peer paralegals for them to conduct regular outreach. WAPCAS also strengthened its work with the Domestic Violence and Victim Support Unit (DOVVSU) of the country's police force to better address GBV and IPV, as well providing GBV sensitization to other police units. The peer-to-peer training among these different police units was important to establish credibility. To provide immediate and holistic support, WAPCAS turned DICs into temporary safe housing for survivors of gender-based violence and IPV. Through the DICs, a linkage to medical, legal, and psycho-social supports was made for the survivors. Women in Law and Development (WILDAF), the Human Rights legal organization provided the legal counselling and support where requested.

5. Key and vulnerable populations

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The risk and increased vulnerability of key and vulnerable populations—who are subject to human rights violations, disenfranchisement, marginalization, and criminalization the world over—drives vast inequities in their access to health services. Addressing these inequities requires tailoring resources with a differentiated and sub-population specific approach. COVID-19 has further exacerbated the vulnerability of all key population groups. National lockdowns and police crackdowns have left sex workers exposed to increased violence and without an income; disruptions to condom distribution and peer-based outreach HIV prevention services have increased the risk of HIV exposure for all; and inflationary and other opportunity costs have made accessing ARVs more challenging. While adaptations were made to ameliorate the impact of COVID-19 restrictions – including through increased mobile outreach, online peer counselling and support and community-based service delivery – the significant disruption in HIV prevention services and TB detection and treatment enrollment numbers seen during the pandemic remains a reality and challenge for key and vulnerable populations, in particular. To make sure HIV and TB services continue to be accessible to key populations, it is essential to proactively address implementation challenges, evolve program approaches and revise policies to support innovation (e.g., multi-month dispensing, scaling up self-testing, community-delivery of PrEP, bi-directional screening of TB/COVID-19, virtual interventions), as well as mitigate the impact of human rights and service delivery barriers.

While there are exemplary examples of a strong commitment to both implementing evidence-informed and nuanced HIV prevention and holistic TB responses for key populations, the collective impact across the portfolio is significant. Several strategic levers in the new Strategy can be utilized, notably the enhanced focus on mobilizing domestic financing and strengthened co-ordination across the partnership on prevention to achieve incidence reduction among key populations.

Investment levels in HIV prevention for key populations remain low

Despite the rationale for investing in HIV prevention for key populations, the increase in the proportion of HIV investments dedicated to key populations prevention during the 2021-2023 implementation period to date has not been substantial. While the most recent KPI 5a results indicate an increase from the previous allocation cycle, it remains significantly lower than the 10% target. It is also concerning that progress has been primarily driven by a small number of High Impact portfolios - Kenya, Ethiopia, Mozambique, and Nigeria. While other core and focused portfolio countries have increased the relative size of their investments, absolute level of investment remains sub-optimal. In several countries, the amount budgeted during this period was lower than 2018-2020 and/or 2015-2017, levels which is reflective of a lack of prioritization despite the strong evidence base for the need and value of HIV prevention for key populations, and the informational guidance that has been provided by the Global Fund and its partners. Critically, to address this collective failure, alternative

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avenues of incentivizing countries to prioritize HIV prevention more broadly, and specifically prevention for key populations by sub-population needs to be intensified.

Increased organizational alignment/coordination on HIV prevention prioritization

Through the co-creation of an HIV Theory of Change – as recommended by the TERG Prevention Review in 2021 – there is a more robust and unified cross-organizational understanding of, and approach for, how to better invest in prevention. The Review had indicated from the TRP's reviews of the Funding Requests in Windows 1 to 3 that HIV primary prevention plans often included a range of untargeted, low-impact, and non-specific interventions without differentiation by key populations or sub-groups. Striking the right balance between investments in different types of interventions is critical to achieving the best HIV primary prevention results. As part of this organization-wide alignment across key departments, anticipated results in grants related to HIV prevention are more succinctly outlined with clear delineation of roles and responsibilities of the HIV, CRG, GMD and MECA teams working towards achieving prioritized HIV prevention goals within the context of the Fund`s country-led model.

CRG TB Assessments strengthen the evidence base and supports costed service delivery packages

In collaboration with the Stop TB Partnership, CRG Assessments of 20 country reports - primarily published between 2018 to 2021 - have highlighted that TB key populations (including prisoners and incarcerated populations, people living with HIV, migrants, refugees, and indigenous populations) face a range of service availability, accessibility, acceptability,] and quality challenges and concerns. Key findings from the assessments included the stigmatizing and discriminatory treatment of people affected by TB from health workers and the limited availability of trained TB health workers in TB centers, primary health care and other clinics and prisons in 10 countries. In 65% of the countries, the assessment findings indicated that patriarchal norms negatively impact women's access to TB health services and increase their vulnerability to TB infection. Strengthened operational guidance and incentivizing prerequisites for national TB grants as part of the CRG investment package should be advanced as an avenue to develop costed national action plans for community, human rights, and gender (as has occurred in Bangladesh, the Democratic Republic of the Congo, India, Nigeria, and Tanzania.)

Improving safety and security of HIV key population implementers and beneficiaries

Where adequate HIV key population programming continues to be resisted, particularly for gay men and other MSM and transgender people, the safety and security of clients and providers of Global Fund-funded services for key populations is increasingly compromised. Exploring avenues to routinely include safety and security considerations as part of the grant

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design, implementation and management is an area that has been actively advanced over the past year and will continue to be the focus for the coming years. Through conducting proactive regular assessments and setting aside funds within the grants for the implementation of the safety and security plans, whilst continuing to invest in comprehensive human rights programming, a more conducive environment for key population programming will be established, particularly in settings where key population programming is challenging.

Spotlight on Panama: *A key to sustainability* - Extending HIV/TB services by social contracting

To prepare for the transition from Global Fund funding (final grant 2019-2021), national stakeholders worked with the Global Fund, UNDP, and other partners to set-up public financing of CSOs (social contracting). This work started in 2018 and aimed to ensure continuity and increased coverage of essential services for key and vulnerable populations. In 2020 the MoH launched a "National Strategy for the Extension of Health Services for Key Populations through Community Organizations" recognizing the role of communities in the response. The first domestic funding supported Global Fund SRs – the Panamanian Association of Trans People (APPT), the Association of Living Positively (AVP) and the Association of New Men and Women of Panama AHMNP). These CSOs were contracted to provide prevention and testing services, and to refer key populations, when needed, to other services. Dr O from the MoH, noted: "The advantage of CSOs is that these are peer organizations for key populations. This makes it easier to overcome discrimination-based barriers and creates greater openings for key populations to access health care services.

Spotlight on EECA Region: *Mapping our resilience* - Community responses to support HIV and TB service continuation during COVID-19

Supported by the EECA HIV Multi-country grant (#SoS Project), the Alliance for Public Health, Central Asian Association of PLHIV (CAPLA) and UNAIDS created a virtual visual map of how communities have responded during COVID-19 to ensure the continuation and sustainability of TB and HIV services and have worked to address human rights barriers. The map currently highlights 63 examples from across the region. For example, in Georgia the REAct system is in place to document and respond to human rights violations. As COVID-19 limited the ability to meet representatives of key populations in person, social workers used social networks to provide information, be reachable in cases of violations and provide psychological and legal assistance directly. In Kyrgyzstan, during the height of COVID-19, freedom of movement was restricted for many. The Central Asian Society of PLHIV Volunteers worked swiftly to ensure that people living with HIV had access to ARVs – by biking or walking to their homes. In two months, over 70 PLHIV were reached with ARVs and emergency packets (if needed). This virtual map highlights the resiliency of communities – and how well placed they are to respond to pandemics to ensure continuity of services. This mapping of good practices has also helped replicate them across the region and foster information exchanges.

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