

# Scaling up programs to remove human rights-related barriers to health services

## A strategic objective and major initiative by the Global Fund: Questions and Answers

Revised and updated May 2017

### Why has the Global Fund made the removal of human rights-related barriers to health services a strategic objective?

Human rights-related barriers remain major obstacles to the uptake of prevention, treatment and care for HIV, TB and malaria. Thus, for the Global Fund, specific programs aimed at removing such barriers are an essential means by which to increase the effectiveness of Global Fund grants. Introducing and scaling up these programs will ensure that the health services supported by the Global Fund reach those living with, or experiencing enhanced vulnerability to, the diseases. The fact that these programs are “critical enablers” of health services has long been recognized by many partners including UNAIDS, WHO and the Stop TB Partnership.

### What are the human rights-related barriers to HIV, TB and malaria services?

These barriers to health services have been extensively documented for HIV and are increasingly recognized in the context of TB and malaria. For people living with or at risk of HIV, the barriers include neglect; rejection; stigma; discrimination; gender inequality; punitive laws, law enforcement and policies; and violence, including gender-based violence. For those living with TB, the barriers include TB-related stigma and discrimination; unjustified involuntary detention of patients or suspected “carriers”; and limited or no access to appropriate treatment and care if using drugs or in prison. In the context of malaria, women are particularly vulnerable where they do not have autonomy to seek and use services and where services are inaccessible or not responding to their particular needs. People engaging in labor where they are particularly exposed to mosquitoes without protection are also at risk.

### Why an intensified effort?

In its 2012-2016 Strategy, the Global Fund committed to scaling up programs to remove human rights-related barriers to health services. However, even though such barriers were identified as problematic in the majority of Global Fund HIV and TB concept notes during this period, few grants included programs to remove these barriers. Where they were included, these programs have been implemented at low levels of coverage and scale. In most countries, investment in programs to remove human rights-related barriers to health services has comprised less than 0.5% of overall Global Fund investments, and nowhere have these programs been scaled up to a level at which they can truly make a difference. The strategic commitment in the 2017-2022 Strategy recognizes the need for increased and intensified efforts to include and scale up such programs in national responses to the three diseases.

## What is the policy base behind the effort to scale up these programs?

According to Strategic Objective 3(c) of the 2017-2022 Strategy, the Global Fund aims to: “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”. This strategic commitment is supported by the corporate Key Performance Indicators 9a-c that measure, respectively:

- The extent to which programs to remove human rights barriers to services are implemented in the 20 countries that were selected for an intense effort;
- The increase in the percentage of the allocation in middle income countries that will be devoted to: (a) key population programs and (b) programs to remove human rights barriers; and
- In countries nearing transition, the percentage of spending on these programs that is paid for by domestic resources.

In addition, the Global Fund’s Sustainability, Transition, and Co-Financing Policy now requires that all applications include programs to reduce human rights- and gender-related barriers.

## Why has there been so little investment in these programs to date?

Reasons for low investment are varied. They include lack of awareness of the existence of such programs among planners and programmers and/or lack of understanding of their programmatic elements and costs; lack of awareness of the evidence of the impact of these programs and of their cost-effectiveness; unwillingness to spend limited funds on them; and in some places, political or cultural opposition to the programs or the populations that benefit from them.

## Which programs are we talking about?

For HIV, UNAIDS has, since 2012, promoted 7 key programs in national HIV responses. These are: stigma and discrimination reduction; training for health care providers on human rights and medical ethics; sensitization of law-makers and law enforcement agents; reducing discrimination against women in the context of HIV; legal literacy (“know your rights”); HIV-related legal services; and monitoring and reforming laws, regulations and policies relating to HIV. UNAIDS has also developed a Costing Tool for Human Rights Programs, leading to the costing of these programs in various countries. Civil society has been implementing such programs throughout the HIV response. However, they have received little funding, coverage is low and existing programs are unable to sufficiently address needs.

## Do States recognize these programs?

At the High Level Meeting of HIV in 2016, States reaffirmed the commitment they had made in the 2011 Declaration on HIV/AIDS by committing to implement “national AIDS strategies that empower people living with, at risk of, and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including strategies and programs aimed at sensitizing law enforcement officials, members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support.”

## What about programs to remove human rights barriers in the context of TB and malaria?

In 2016, the Global Fund formed two Working Groups comprised of experts on TB and malaria respectively to advise it on the programs most needed to remove human rights-related barriers in the context of those diseases. The Working Group on TB confirmed that the programs promoted for HIV also benefit those living with TB. In addition, there is a need to ensure confidentiality and privacy, mobilize and empower patient and community groups, address overly-broad policies regarding involuntary isolation or detention for failure to adhere to TB treatment, and make efforts to remove barriers to TB services in prisons.

The Working Group on Malaria determined that the following programs are relevant: human rights and gender assessments of malaria-related risks and vulnerabilities; meaningful participation of affected populations; strengthening of community systems for support of malaria programs; addressing gender-related vulnerabilities and barriers in the context of malaria; improving access to malaria services for refugees and others affected by emergencies; addressing HIV-related barriers to malaria services for those living with HIV; and improved malaria services in prison and pre-trial detention.

## What is the evidence of impact of programs to remove human rights-related barriers to health services?

There is significant evidence of the many benefits, including on health, of the 7 programs promoted by UNAIDS. For example, programs that reduce stigma based on HIV status enable people living with HIV to reveal their status and take up prevention and treatment. In countries where HIV and TB heavily affect people who inject drugs, programs that motivate police to stop targeting health services or that de-stigmatize people who use drugs among health care workers can make all the difference in program impact. A number of reviews of the evidence of impact of these programs have been undertaken, and in 2016 the Global Fund commissioned an extensive review to inform the type and combination of programs that should be included in grant proposals. (Copies of the draft Global Fund review are available on request.) However, nowhere has there been sufficient investment in their evaluation or in their costing. The Global Fund's effort to scale up will include significant investment in monitoring and evaluation so as to build on this evidence base.

## What are the core components of the Global Fund effort to introduce and scale up programs to remove human rights barriers?

To support the introduction and scale up of these programs, the Global Fund is engaging, with partners, in 4 broad activities:

- Synthesizing, expanding and disseminating the evidence of the impact of these programs and their cost-effectiveness
- Supporting efforts in all countries to expand investments in these programs through high-level advocacy and increased oversight
- Making intensive efforts in 20 countries to support scale up of these programs and capture the evidence of their impact; (for more information on this aspect, see the complimentary Q and A on “Intensified efforts in 20 countries”); and
- Pursuing efforts to model the impact of increased investments in the programs.

## How are countries being supported to introduce and scale up programs that remove human rights-related barriers to health services?

For all countries applying for Global Fund grants, the Global Fund is working with partners from 2016 to 2022 to support greater demand for these programs among government and civil society, including affected communities, through improved guidance, technical support and dissemination of the evidence base. As countries prepare their grant proposals, the Global Fund helps to identify and shepherd the programs necessary in a particular country epidemic context through country dialogues, national strategic plans, investment cases and funding proposals; and it supports their budgeting, implementation, scale up and monitoring and evaluation as grants are rolled out. As stated above and elaborated in the accompanying Q and A, intensified efforts towards such support are being made in 20 countries.

**For further information, please contact: Ralf Jurgens, Senior Coordinator, Human Rights, at the Global Fund at [ralf.jurgens@theglobalfund.org](mailto:ralf.jurgens@theglobalfund.org).**