



Summary Report on Progress to Reduce Human Rights-related Barriers to HIV, TB and Malaria Services

Breaking Down Barriers Initiative

July 2024

Foreword

Over the last few years, we have seen an alarming erosion of human rights and a stalling of progress on gender equality in many countries where the Global Fund invests. Stigma, discrimination and repressive laws and policies pose a fundamental threat to the Global Fund partnership's efforts to end HIV, tuberculosis (TB) and malaria, and to build truly inclusive health and community systems that leave no one behind.

The Global Fund has long recognized that dismantling human rights- and gender-related barriers is crucial to improving access to quality health services. Our commitment to confronting the inequities that fuel HIV, TB and malaria led us to launch the Breaking Down Barriers initiative in 2017. Through this initiative, we have invested more than US\$200 million over the last two funding cycles in country-led human rights programs in 20 countries.

This 2024 Breaking Down Barriers summary report affirms the power of sustained and comprehensive investment in human rights programs. It presents key findings and evidence of impact from the initiative's latest progress assessments undertaken in 2022-2023. The results are clear: When sufficient funding and technical support is made available, and where there is clear country ownership, significant strides can be made in reducing human rights-related barriers and addressing social, political and structural determinants of health. Key populations are more likely to seek health services and pursue redress for violations of their rights. Health care providers and law enforcement agents who receive training on human rights are more likely to uphold rights-based services. Stigma and discrimination in laws, policies and practices can be made less corrosive through sustained advocacy and action.

However, progress has not been universal, nor without challenges. The increasing pushback against human rights and gender equality is fueling a troubling rise in discrimination and division that threatens the rights of individuals and communities and undermines our collective progress against the three diseases. Confronting these injustices and discriminatory laws is critical to achieving our mission of ending HIV, TB and malaria and strengthening health and community systems. It is also, quite simply, the right thing to do.

The evidence and experiences documented through the Breaking Down Barriers summary report provide a roadmap for tackling human rights risks and challenges. The report underscores the need to embed human rights considerations within all health interventions to ensure they are effective, just and equitable. It also highlights the importance of uniting diverse stakeholders in mounting comprehensive responses.

The successes of the Breaking Down Barriers initiative are a result of immense collaboration across the Global Fund partnership, with each partner working tirelessly to foster inclusive and equitable health systems. We thank our partners for their contributions and ask them to join us in expanding efforts to dismantle human rights-related barriers and mitigate human rights risks.

Together, we can overcome the challenges posed by anti-rights and anti-gender movements, protect and promote human rights and ensure that every individual, regardless of their circumstances, can achieve their right to health.

Peter Sands

Executive Director, the Global Fund to Fight AIDS, Tuberculosis and Malaria

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1. Executive Summary

The Breaking Down Barriers (BDB) initiative, launched in 2017 by the Global Fund, is a groundbreaking effort in 20 countries to confront human rights-related barriers to HIV, TB and malaria services. As of the new cycle, starting in 2024, four more countries have joined the BDB initiative. The initiative provides countries with catalytic matching funds to amplify Global Fund investments, and technical support to drive the development and implementation of country-owned national plans and comprehensive programs to address the injustices that continue to threaten progress against the three diseases.

Global Fund investments in programs aimed at reducing human rights-related barriers have seen a remarkable increase in the 20 original countries supported by the Breaking Down Barriers initiative. Programmatic funding increased from US \$10.6 million prior to the launch of BDB, to over US \$77 million in the 2017-2019 cycle, and over US \$135 million in the 2020-2022 cycle, leading to substantial progress toward ending the three epidemics. These investments supported scale-up of HIV-, TB, and malaria-related efforts to:

H T M

- ■ Eliminate stigma and discrimination in all settings
- ■ Ensure non-discriminatory provision of health care
- ■ Promote human rights-based law enforcement practices
- ■ Expand legal literacy ("know your rights")
- ■ Increase access to legal services and justice
- ■ Mobilize communities for human rights advocacy
 - Remove barriers to TB services in prisons and other closed settings
- ■ ■ Improve laws, regulations and policies related to HIV, TB and malaria
- ■ ■ Reduce gender discrimination, harmful norms and gender-based violence
 - Promote meaningful participation of affected populations
 - Strengthen community systems
 - Improve access to services for populations underserved by malaria services

Baseline assessments conducted in 2017 identified key barriers and described existing programs, as defined above, with mid-term assessments in 2021 and progress assessments in 2023 evaluating and documenting the progress of scaling up and the impact of these programs on the HIV, TB and malaria responses. For these assessments, all 20 countries had a focus on HIV, 12 additionally on TB, and 2 included a focus on malaria.

Progress assessments were carried out by teams of local and international researchers under the guidance of Drexel University's Dornsife School of Public Health. The assessments involved literature reviews, document analysis, key

informant interviews, and in-country visits, focusing on the scope, scale, sustainability, integration, quality and impact of interventions to reduce human rights-related barriers to HIV, TB and malaria services.

Individually and together, human rights programs have increased access to- and engagement with health services by key and vulnerable populations. Countries have reported significant reductions in stigma and discrimination, improved access to legal support, and demonstrated stronger collaboration for comprehensive human rights responses between different sectors. Countries have demonstrated that addressing human rights barriers is not only a moral imperative but also a practical strategy for enhancing the effectiveness of health interventions and achieving broader public health goals.

Between baseline and mid-term, programs across the BDB cohort increased by 52% for HIV programs, from one-off, pilot initiatives to ongoing, small-scale programming. For TB, programs increased in scale by 120% since baseline from little-to-no programming to well-established pilot initiatives. The recent progress assessments documented further progress for both HIV and TB, with HIV programming now reaching wide sub-national coverage (+76% since baseline), and ongoing small-scale programming for TB (+256% since baseline). While the rate of progress slowed since mid-term for HIV, further progress was still achieved despite global anti-rights and anti-gender movements and a shrinking space for civil society engagement. The scale of programming for each BDB country has been included below for HIV (Figure 1) and TB (Figure 2). As only two countries include a malaria component, Figure 5 (page 29) details the programmatic breakdown rather than a country comparison.

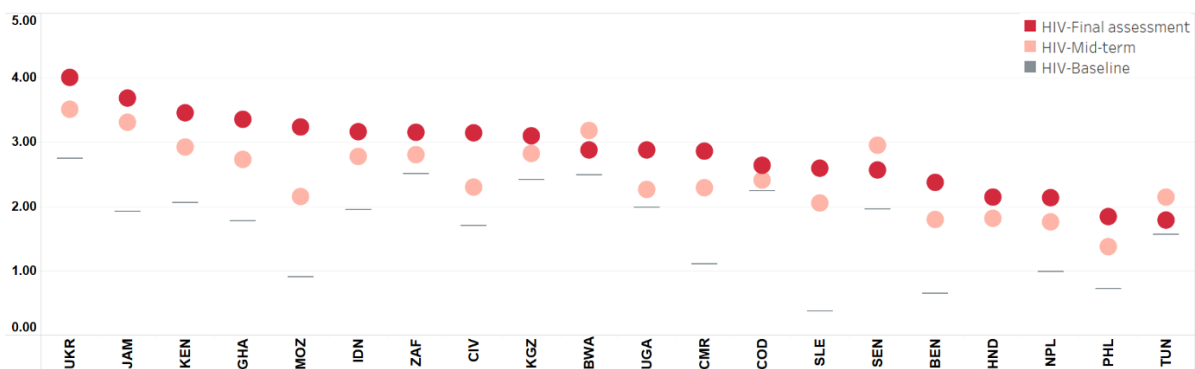


Figure 1: Average scale of programs to remove human rights-related barriers for HIV, by BDB country.

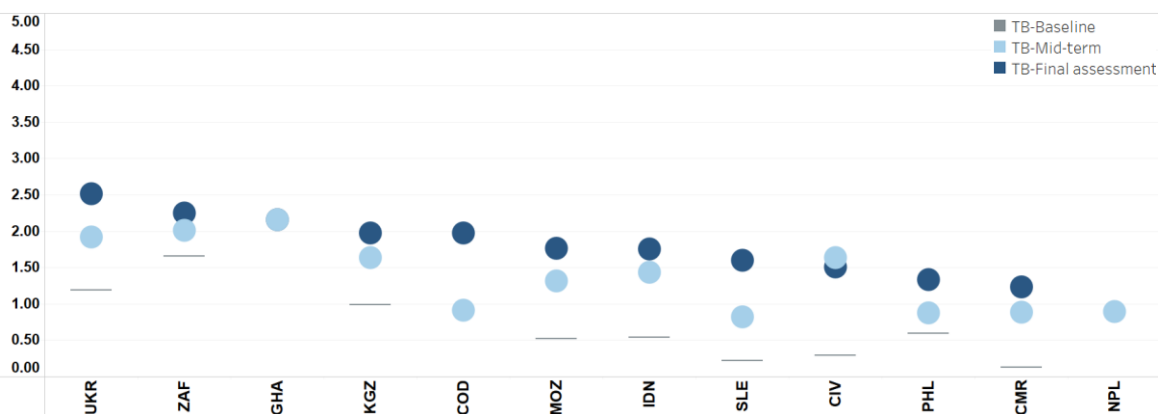


Figure 2: Average scale of programs to remove human rights-related barriers for TB, by BDB country.

Individual country reports documented specific examples that demonstrated the impact of human rights programs. For example, anti-stigma programs have transformed attitudes among healthcare providers, law enforcement, and the general public. These programs have led to increased acceptance and support for affected individuals, ultimately enhancing their access to essential health services. Increasing access to justice has also been critical in protecting the rights of people affected by HIV, TB, and malaria. Countries have focused on empowering individuals with legal knowledge and resources to challenge human rights abuses and discrimination. By establishing legal clinics and providing paralegal training, countries have enabled key and vulnerable populations to advocate for their rights, seek redress for injustices, and access necessary health services without fear of legal repercussions. This empowerment has led to improved collaboration between communities and authorities, fostering a more supportive environment for health interventions.

It is also notable that progress has been made despite the deteriorating social and political environments, where we are seeing a rising anti-rights and anti-gender movement coupled with a closing space for civil society engagement. In these contexts, the resilience of human rights programs, and their critical importance in addressing the impact of crises on people’s health and rights – be they because of rise of conservatism, the pushback against human rights, or war – have been clearly documented. This demonstrates again the value of the Breaking Down Barriers approach and what difference the scaled-up resources and programs make.

Moving forward, sustained efforts and strong partnerships to scale-up human rights programs will be crucial in ensuring long-term, equitable access to health services for the most affected populations. Supporting and sustaining community-led interventions, strengthening national ownership, integrating programming, and implementing cross-cutting approaches that leverage the expertise of HIV, TB and malaria stakeholders are all essential elements of these efforts. Improving the capacity of stakeholders for more effective data collection and monitoring and evaluation should be a priority to ensure implementation of evidence-based programming and to document the emerging impact of human rights initiatives on health outcomes for HIV, TB and malaria.

2. Overview

Introduction

The Breaking Down Barriers (BDB) initiative was launched by the Global Fund as part of its strategy [Investing to End Epidemics, 2017-2022](#). The goal of the initiative was to provide support to 20 countries¹ to scale up programs and interventions to remove human rights-related barriers to access to HIV, TB and malaria services; to increase the effectiveness of Global Fund grants; and to ensure that health services reach those individuals and communities most affected by the three diseases.

[Baseline Assessments](#) were conducted in 2017 to identify key human rights-related barriers to HIV, TB and malaria services, and to describe the landscape of existing programs and services in each country. [Mid-Term Assessments](#) were conducted in 2020-2021 to examine progress towards comprehensive programming. [Progress Assessments](#) were conducted in 2023. In addition to providing a comparison to previous assessments and documenting human rights programs and approaches that demonstrated impact, Progress Assessment researchers sought to identify cross-cutting themes across BDB countries that could inform subsequent collaboration with wider global health stakeholders, including donors.

For HIV programming, these included: 1) recommendations for optimizing quality, efficiency, reach and effectiveness of human rights interventions, particularly anti-stigma programming and access to justice; 2) new approaches to fostering cross-sector initiatives; and 3) evidence of impact of rights-building programs on key stakeholders in the HIV response. Innovative strategies were developed and implemented despite challenging legal and political environments, most notably in the Ukraine, where government and civil society worked together in conflict conditions in an effort to provide access to HIV and TB services.

Though still in early stages, countries demonstrated progress in rights-related TB programming, defining a baseline for the prevalence and severity of rights-related barriers to TB services, prioritizing human rights and rights-based services in TB national strategic plans, and building partnerships between HIV and TB service providers to maximize resources and expertise for human rights programming.

Two countries, Uganda and Kenya, were supported through the Breaking Down Barriers initiative to accelerate progress toward removing human rights-related barriers to malaria services. Partnerships between government and civil society facilitated the advance of malaria-specific human rights programming in those countries.

¹ Benin, Botswana, Cameroon, Cote d'Ivoire, the Democratic Republic of the Congo, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Mozambique, Nepal, the Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine

Methods

Progress Assessments were led by Drexel University and conducted by diverse teams of local and international researchers, with the collaboration of the Canadian HIV Legal Network, Health and Rights Ltd., and Article XII. Assessments included reviews of existing literature and relevant country and program documents, key informant interviews with implementers, partners, and other stakeholders, as well as in-country visits. Progress Assessment reports assessed progress since baseline and mid-term and focused on scope, scale, sustainability, integration, and quality of HIV, TB and malaria interventions for key and vulnerable populations in each country and proposed recommendations for future programming.

The key program areas examined HIV, TB and malaria sought to:

H T M

- ■ Eliminate stigma and discrimination in all settings
- ■ Ensure non-discriminatory provision of health care
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3. Removing Barriers to HIV Services

Progress toward comprehensive programming

In the fight against HIV, remarkable progress has been made across the 20 BDB countries to remove human rights barriers to services. While the journey toward comprehensive programs has not been straightforward, the overall trajectory represents a compelling case for what can be achieved with sustained investments and efforts over time. The initial phase from baseline to mid-term saw the most substantial gains, reflecting the momentum of early interventions. The pace of progress from mid-term to the recent progress assessments slowed slightly, as expected, and reflected the challenges in reaching the last mile, particularly in the context of the anti-rights movement, as well as the need for increased resources, time, and national commitment to scale up programs to greater geographic and population coverage.

A noteworthy highlight is that all 20 BDB countries, scaled-up programming toward national coverage compared to baseline in 2017. The consistent growth in scale of programming underscores the effectiveness of their dedicated efforts and strategic investments. Even in the few countries where progress has stalled over the last 2-3 years, advancement since baseline was still evident, evidencing a universal commitment across the cohort to combating injustices that influence people’s access to- and engagement with- HIV services.

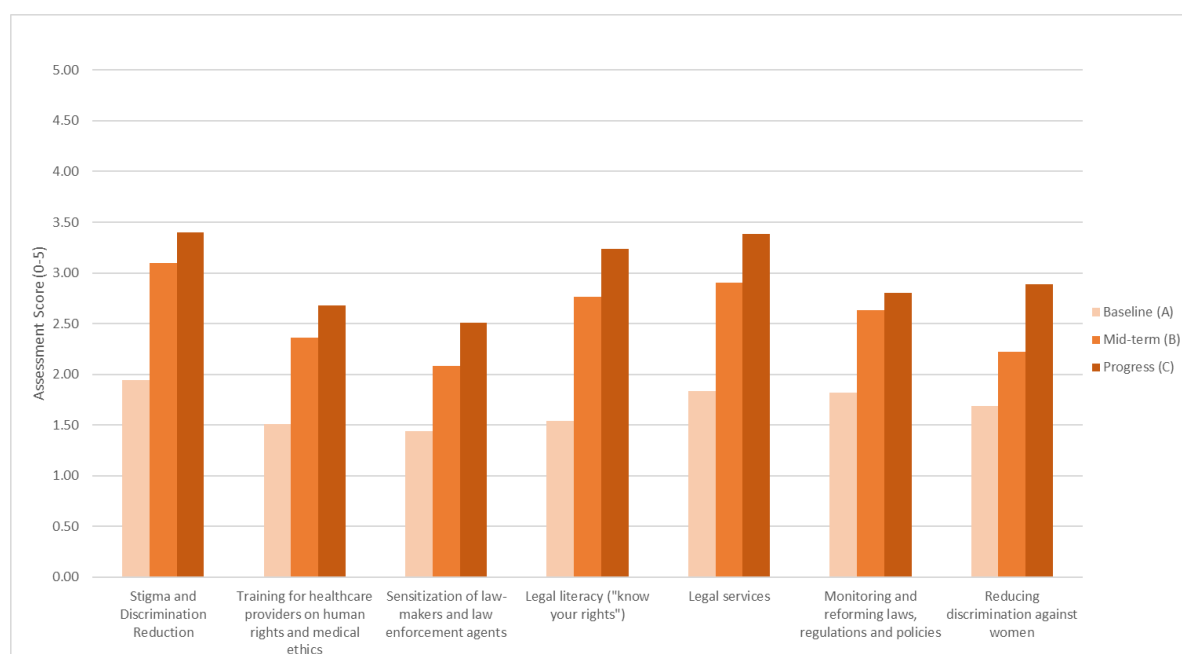


Figure 3: Average scale of programs to remove human rights-related barriers for HIV, by program area.

Each country assessment has documented progress in all eight defined program areas. For this summary report, three key themes have been elaborated below, representing important contributors to improving HIV outcomes. They include:

- Strengthening HIV anti-stigma programming
- Increasing access to justice
- Fostering cross-sector approaches

Strengthening HIV anti-stigma programming

HIV programs, globally, have long struggled to address stigma, including self-stigma, and to develop effective programs that address the root causes and sometimes unconscious biases that perpetuate barriers to HIV prevention and care. Three areas related to anti-stigma HIV programming include: efforts to reduce stigma and discrimination in the community, expand legal literacy among key and vulnerable populations, and to ensure access to legal services for individuals who face stigma and discrimination. For each of these areas, Breaking Down Barriers investment has led to the scale up of services and increased access to programs.

In **Côte d'Ivoire**, **Senegal**, and **Jamaica**, trainings such as the “Look In, Look Out” (LILO) program, community dialogues led by peer educators and mediators, and leadership from faith communities, demonstrated success in shifting attitudes and behaviors.

Côte d'Ivoire

In Côte d'Ivoire, available data indicate a trend toward a reduction in HIV-related stigma and discrimination. The 2021 Stigma Index found a “considerable reduction in the level of stigma towards PLHIV”, from 40% in 2016 to 14% in 2021. Indicators relating to experiences of exclusion based on HIV status, as well as experiences of verbal, psychological or physical violence, also show significant reductions, suggesting an overall improvement in the environment for PLHIV. Data specific to key and vulnerable populations are limited, but there is evidence of a reduction in healthcare avoidance rates between 2015 and 2021 for all key and vulnerable populations particularly among MSM. The Cote d'Ivoire Progress Assessment report noted, however, the persistence of stigmatizing attitudes and discriminatory actions by healthcare staff, such as the disclosure of HIV-positive status without consent, and the refusal of care. The report stated reasons given by respondents for discontinuing treatment, which included the fear that “their partner or family or friends will find out about their status, and the fear that health workers will treat them badly or reveal their HIV-positive status without their consent”.

“Before the LILO workshop we had preconceived ideas about sex workers, we were receiving them without trying to understand them or why they were in these situations. We used to chase them away from the village/city center. After the training, I went to see them, I approached them in civilian clothes for a chat, to tell them that I am there for them, and also which rules they need to respect, in order to avoid legal issues. I gave them my phone number. If I had not been to the LILO workshop I would not be sitting with them. We have to rebuild the trust in the police that they have lost. We committed to do that after LILO.”

– Police Officer, Abidjan, Côte d’Ivoire

“This session put us in touch with realities we didn’t know about, so now we understand certain situations better.”

– Company Commander, CRS Police, Côte d’Ivoire

“Before, we were not able to sit in a room with a law enforcement official. Thanks to LILO, we are able to speak. Our testimonies have an impact on people. It was a great opportunity for me to be part of a LILO workshop. Today, my voice counts. If I am a victim of violence, I can file a complaint. The LILO workshop has had a very beneficial effect on me, it’s like going to a psychologist.”

– Transgender participant in LILO training, Côte d’Ivoire

Since 2015, Côte d’Ivoire has invested in “Look In, Look Out” (LILO) training for healthcare professionals, law enforcement officers, social workers, key populations, NGOs, PNLS representatives, and religious and community leaders. The LILO program was developed as a model project within the framework of the International HIV/AIDS Alliance (now Frontline AIDS) to combat self-stigmatization among PLHIV, with the premise that social transformation begins with the self. It was then developed to help organizations better understand and work with key population groups, including LGBTQI+ people, sex workers and people who use drugs. LILO trainings encourage professionals who engage with key and vulnerable populations to confront and overcome their own prejudices and question their attitudes towards these populations.

A rapid online survey of LILO training participants was conducted as part of the Progress Assessment. The results of the survey were largely positive, with more than 90% of those responding stating that LILO training changed their attitude towards members of key populations ‘significantly’ or ‘very significantly’. Stakeholders and communities noted a change in the attitudes and behavior of police officers following these trainings, and law enforcement officers gave numerous examples of changes in their perceptions and behavior, including a better

understanding of their needs and difficulties and a recognition of the human rights of key populations. Côte d'Ivoire has gone on to expand trainings, within the country and to include training of trainers programs for those outside of Côte d'Ivoire.

Senegal

Recent research conducted by Environnement, Développement et Action (ENDA) Santé with over 700 key and vulnerable populations in Thiès, Dakar and Ziguinchor found a “resurgence of stigmatization and discrimination in HIV service structures among sex workers, men who have sex with men (MSM) and people who inject drugs” in Senegal. This finding was reflected in the Progress Assessment, where some key informants stated that while there are healthcare professionals who have been trained and involved in the fight against HIV for a long time and have overcome prejudices towards key populations, this is not the case for many newly trained doctors. Key informants also mentioned the need to raise awareness among all staff at healthcare sites, beyond healthcare providers.

Addressing this “resurgence” of stigma, according to the Progress Assessment, was the effectiveness of peer educators and mediators, described as the “cornerstone” of Senegal's HIV response. Key informants stressed their importance as a part of community dialogues and in creating personal relationships with authorities, community and religious leaders, law enforcement agencies and the local population to ensure the successful integration and acceptance of HIV interventions. The encouragement of peer educators has also led key and vulnerable populations to attend self-esteem training sessions, which has led directly to increased HIV testing. Healthcare professionals too mentioned the positive impact of the self-esteem sessions on MSM care and health management.

The Progress Assessment also found that peer educators in Senegal play a critical role reinforcing key and vulnerable populations awareness of their rights, and through advocacy have challenged practices such as the selling of condoms that should be distributed free of charge. While peer educators and mediators may receive nominal pay, for many, researchers found, work with their peers never ends.

“I love my job, I've saved lives. Even after the activities end, we continue the work, but that's not documented.”

– Peer Mediator, Senegal

As in Côte d'Ivoire, LILO sessions have also been used to combat stigma and discrimination. Organized by La Division de Lutte Contre le SIDA (DLSI) in Dakar in 2022, 30 participants including doctors, social workers, midwives, laboratory technicians, nursing assistants, janitors, and the vital peer educators attended sessions, including those focused on the detection of gender-based violence and

support for those affected. These sessions also brought together representatives from rights organizations and courts to facilitate referrals for victims of violence. With the support of the President's Emergency Plan for AIDS Relief (PEPFAR) program, healthcare professionals and peer educators working at PEPFAR-supported health facilities have also been trained to detect cases of domestic and interpersonal violence and a referral guide has been developed to support them in their work.

Jamaica

Despite progress in anti-stigma programming and coordination and a vibrant civil society, the effort to reduce HIV-related stigma and discrimination in Jamaica remains a difficult and long-term undertaking. In an extremely conservative climate, passage of anti-stigma and discrimination legislation that would explicitly protect PLHIV and key populations (KP) from discrimination remains out of reach. However, significant progress, according to researchers, was evident in numerous areas, including in the increased engagement of faith-based leaders.

“There is tension in the church between believing in a welcoming ministry and the perception of endorsing ‘the gay agenda.’ We conducted a survey of all of our member churches and found high levels of stigma and misinformation regarding PLHIV. Our number one program is now to focus on education to change those attitudes.”

– Bishop Garth Minott, Jamaica Council of Churches

The Jamaica Council of Churches (JCC) has emerged as a key player in Jamaica promoting anti-stigma and discrimination initiatives within the faith community. In 2022, the JCC conducted a wide-ranging survey of attitudes toward HIV and key populations among church congregants in four regions. The survey found high levels of misinformation and stigmatizing attitudes as well as a lack of policies within surveyed parishes relating to HIV.

To relieve the tension within the member churches between the principle of a welcoming ministry and the view that acceptance of PLHIV condones “the gay lifestyle”, the JCC has sponsored dozens of sensitization and education sessions on HIV prevention and transmission that challenge myths and misinformation about HIV as an exclusively “gay disease”. JCC has also worked with the Bureau of Gender Affairs to highlight issues of Gender-Based Violence, conducting sensitization sessions and developing a Referral Guide for services to improve pastoral response to GBV-related issues. With the AIDS Healthcare Foundation, JCC has been working to develop a recommended policy on HIV for JCC member churches that promotes acceptance and combats stigma and discrimination.

There was a broad consensus among key stakeholders interviewed as a part of the Progress Assessment that the work of JCC was important given the central role of religion in Jamaican society and to counter the often forceful and outspoken opposition to the rights of PLHIV and LGBTQI+ people among conservative Christian churches in the country. With continued support, JCC plans include scaling up its sensitization sessions to reach more of its members in regions outside of Kingston and a focus on facilitating awareness of shelter options for victims of gender-based violence.

Increasing Access to Justice

Knowing your rights does not always translate into being able to protect your rights and to be able to realize redress when your rights have been violated. Access to justice has often been seen as unavailable to many people living with HIV and key and vulnerable population members who lack legal representation and the time and expense that is required to engage with courts. In **Kyrgyzstan** and the **Democratic Republic of the Congo**, paralegals, peer educators and others have educated key population members and played important roles in resolving issues through mediation, often the quickest and preferred method of resolution.

Kyrgyzstan

In 2022, the International University of Kyrgyzstan developed a comprehensive certification course tailored for paralegals. The curriculum drew inspiration from the successful HIV and TB paralegal course, initially established as part of the Breaking Down Barriers Initiative. The newly designed course was piloted in December 2022, involving the participation of over 40 paralegals, including those from key populations.

The paralegal approach, according to key informants, has had significant impact on HIV and TB prevention and access to services in Kyrgyzstan – with people who use drugs better equipped with legal knowledge and skills and able to counter police harassment in a rapidly changing legal environment due to two criminal law reforms that took place between 2017 and 2021. For example, peer paralegals intervened successfully when law enforcement officers impeded harm reduction and opioid substitution treatment services, invoking relevant police instructions. Encouragingly, law enforcement officers themselves began proactively seeking collaboration with civic organizations dedicated to working with people who use drugs. This shift recognized drug dependency as a societal concern necessitating support rather than punitive measures. Materials developed with the direct involvement of individuals with lived experience of drug use played a vital role in destigmatizing drug users and informing law enforcement practices.

“The police started treating people more respectfully; if you know your rights, you can make the police respect them.”

– Person who uses drugs, Kyrgyzstan

Democratic Republic of the Congo (DRC)

In 2008, the DRC enacted an HIV law that included explicit legal protections for PLHIV – an effort led by civil society advocates and the legal community. This law has played an important role in the success of legal literacy and legal support programs and key informants interviewed in the Progress Assessment recounted how diverse community members found that knowledge of the law empowered, and protected, them from rights abuses that impeded their access to HIV prevention and treatment services.

In the DRC, peer educators, paralegals, ‘Mother Mentors’ and medical providers from “friendly” centers have played key roles to expand and empower key population members on their rights. Legal clinics have provided legal, psychosocial and medical counseling to vulnerable groups since 2013, and have implemented awareness-raising and capacity-building activities on human rights related to HIV, gender, sexual violence, and sexual and reproductive health. In the Progress Assessment, paralegals consistently said that the legal knowledge of key and vulnerable populations had increased. Legal clinic staff testified that clients were better informed and better prepared than before. Progress Assessment researchers likewise found that the combination of education and accompaniment led to greater confidence, reduced self-stigmatization and a greater willingness to realize rights.

The DRC assessment found that social workers, peer educators and paralegals also played important roles in resolving issues through mediation, often the preferred method of resolution for clients. Individuals facing discrimination and rejection within their family often sought out mediation, rather than formal judicial complaints, seeing this work was a valuable component of the access to justice programming. However, accessing justice everywhere is challenging, and in the DRC, researchers found that there is still much work to be done. For example, easily accessible brochures on rights and legal remedies in the main languages spoken in the DRC have not yet been developed. Development and dissemination of human rights communication materials is essential to legal empowerment at community level. More systematic monitoring and evaluation is necessary to confirm that knowledge of rights among key and vulnerable populations has increased, and how such knowledge may be reducing barriers to HIV and TB services.

“The paralegals added value by being close to the victims. They were able to get the message across to the public, and this had a positive impact in the clinics, where we saw an increase in the number of target populations coming to consult our services.”

– Representative of the Action pour la Promotion et la Défense des Droits de l’Enfant et de la Femme (APDEF) legal clinic, Goma, DRC

Fostering Cross-Sector Approaches

Often critical to the success of rights-based HIV, TB and malaria interventions is the integration of efforts across sectors and achieving sufficient concentration of resources. In the **DRC** and **Indonesia**, implementers developed decentralized ‘hub’ and task force approaches to concentrate resources in multiple areas with the highest need for HIV and TB interventions. Within this model, HIV and TB stakeholders worked together effectively to facilitate coordination of activities focusing on communities with high numbers of key population members. At a smaller scale, in **Senegal**, Progress Assessment researchers identified community forums as an important strategy to reach diverse sectors of the community and build momentum for change, and in **Ukraine**, despite the upheaval caused by Russia’s full-scale invasion, implementors adopted innovative approaches to support community-led, holistic, approaches to the needs of key and vulnerable communities, integrating human rights interventions with humanitarian needs.

Democratic Republic of the Congo

In the Democratic Republic of the Congo, the use of a ‘hub’ approach seeks to concentrate resources on removing human rights obstacles in specific geographic areas, and facilitate the implementation of a comprehensive set of integrated, large-scale, interventions in locations with large numbers of key and vulnerable population members. The approach was designed to implement programming focusing on four areas: 1) addressing stigma and discrimination with the public, police and health care workers; 2) increasing legal literacy and access to justice; 3) building community empowerment; and 4) overcoming legal and political barriers to the achievement of human rights. In the DRC, hubs were operational in six cities across the country: Goma, Kinshasa, Kindu, Kisangani, Matadi and Mbuji-Mayi.

The Progress Assessment identified a number of potential benefits of the hub model. Firstly, many stakeholders said that the approach had led to significant improvements in coordination and communication between stakeholders, as well as a greater sense of joint ownership of programs to remove human rights barriers. They added that the approach – in particular the quarterly coordination meetings known as “consultation frameworks” – had helped them understand their own and other parties’ roles and responsibilities in the joint effort to better remove human

rights barriers; that there had been significant improvements in information exchange; and that they felt better able to support each other.

Another potential advantage lies in the hub approach's ability to increase levels of coverage and intensity of human rights-related programs. This, in turn, has led to greater efficiencies. For example, the concentration of resources has enabled hub sites to recruit a cadre of paralegals representing all key and vulnerable populations, including people affected by TB. This enables a level of coverage of health zones that exceeds what is possible in most other BDB countries. This increases engagement with key and vulnerable populations in need of services and can lead to a virtuous circle where, for example, populations become more aware of information and legal support mechanisms on knowledge of their rights, feel increasingly comfortable in asserting their rights, leading to increased pressure, for example, on healthcare facilities to provide non-stigmatizing care services. It also means that the services provided by paralegals are likely to be more responsive to the needs of different populations, since community members are supported by a true peer.

Indonesia

Indonesia has also implemented a 'hub' approach in 23 high-burden locations using District Task Forces (DTF) as cornerstones for promotion of advocacy and access to justice activities. The Progress Assessment found that the DTF model, designed around a team consisting of a paralegal, an advocate, and a health officer, was able to develop, and sustain, engagement with local officials, community leaders and health care providers to identify, and address, barriers to access to HIV or TB prevention or treatment services. DTF teams are intentionally composed of members from different key populations in order to ensure mutual support and understanding for issues arising from different sectors of the community. The Assessment found that teams had successfully addressed a variety of issues raised by key population communities, including workplace discrimination, health costs and other access barriers, and protection for outreach workers to distribute condoms and other prevention supplies. Importantly, in 7 of the 23 districts paralegals trained in TB-specific human rights issues worked closely with HIV paralegals, resulting in an ability to share resources, trainings and experience. (Indonesian TB programming is discussed in greater detail below).

Local officials have responded positively to sensitization activities and efforts to identify and address legal issues. In 2021-22 the DTFs, with partners from a variety of CSOs, helped nearly one thousand key population members receive national identity cards through advocacy with civil registry offices. These cards open crucial doors for access to health care, including syringe exchange programs, and social benefits. In Jakarta, where official decisions are made at the provincial level, issues raised by the community have been moved up by the DTFs to provincial and national levels for resolution.

Senegal

One element in the Senegal Progress Assessment was identified as critical to the success of human rights programs in the country: the importance of forums for dialogue at all levels – with the national government, health authorities and police forces, but in particular, those organized at the local level with religious and community leaders, neighborhood chiefs, and neighborhood godmothers (Bajenu Gox).

These dialogues provide an opportunity to explain the public health objectives of the interventions to government and community leaders and to forge links that are essential for defusing any conflicts related to the interventions at a later date. They help to combat stigmatization and violence, and promote tolerance and social peace. Mediators and peer educators play a crucial role in these forums, which not only focus on reducing stigmatization and discrimination (across all sectors), but also help to pro-actively secure support for the implementation of prevention and treatment programs for key populations.

“The impact of community dialogues is the acceptance of the existence of key populations. That’s very important.”

– Alliance Nationale Contre le SIDA Member, Senegal

Ukraine

In addition to the catastrophic toll on Ukrainian lives, Russia’s invasion of Ukraine in February 2022 had a dramatic impact on the health landscape. The displacement of millions of people to areas with limited capacity to provide services led to interruptions in antiretroviral and tuberculosis treatment, with some areas lacking health infrastructure altogether. Key and vulnerable populations, including transgender individuals and people who use drugs were cut off from vital prevention lifelines and subjected to fear and uncertainty in the face of ongoing conflict.

Despite the commitment of Ukraine’s government to continuing to support HIV and TB programming, demands on health care providers and mass migration from conflict areas required flexibility and adaptation to shifting priorities and possibilities. For example, the need to provide legal services for the internally-displaced became a priority, sometimes slowing efforts to institutionalize free legal aid for key and vulnerable populations. Other efforts that stalled include the handing over of the prison health system to the Ukrainian Ministry of Health, the rollout of national stigma and discrimination campaigns, HIV testing, and the provision of care for people living with HIV.

Yet many organizations and implementers adapted, and many programs began to come back into operation, even if in a limited or modified fashion. Some communities in Ukraine were able to deploy innovative ways to maintain services despite the wartime context, such as the amendments to the methadone regulations and the provision of multi-month antiretroviral (ART) prescriptions, allowing patients to take home medication for longer periods of time. Demand for Hotlines and paralegals increased exponentially, and they functioned as key intermediaries between community members, health services and government agencies in cases of displacement, closure of health sites and medicine shortages, supporting people who were at high risk of disruption of HIV and TB services. Although some efforts for legal and policy reform stalled as the advocacy environment changed profoundly, amendments to the HIV law were approved in January 2023 and advocates continued to focus on the opportunities provided by the EU accession process, specifically for legislation related to discrimination and LGBTQI+ rights.

Despite the ongoing demands of war, the community-led holistic approach to the needs of their communities, the integration of human rights interventions with humanitarian needs and use of mobile services, digital communications, and community-led monitoring to achieve these goals has permitted progress to be made in Ukraine in both HIV and TB-specific human rights programming. Implementation of programs to reduce barriers to TB services in Ukraine are discussed in greater detail below.

Evidence of Impact on HIV

According to the Breaking Down Barriers' theory of change, if countries address human rights-related barriers to HIV and TB, such interventions will reduce the barriers, thus supporting key and vulnerable populations to access health services. During the Progress Assessment, researchers identified case studies describing how human rights programs reduced barriers, supporting improved underlying and social determinants of health, as well as access to prevention and treatment. Case studies from **South Africa** and the **Philippines** demonstrate cross-sector and integrative approaches to program implementation and are discussed below.

South Africa: Programming to Support LGBTQI+ Rights and PWUDs

Same-sex sex has been decriminalized for a number of years in South Africa. Nevertheless, LGBTQI+ people continue to experience marginalization, stigma, discrimination and violence, impacting their ability to access HIV prevention, treatment and other health care services and putting them at risk for HIV infection. Global Fund human rights programs in South Africa have provided support to organizations that advocate for the rights of LGBTQI+ people, to increase awareness and understanding of rights, and to monitor, document and respond to rights violations. Implementers, including key population and community-led organizations, work in various districts using peer educators and outreach workers to integrate

human rights programs with HIV and TB prevention programs both at health care facilities and in the community.

Importantly, implementation used a cross-sector approach to scale up outreach to beneficiaries and to strengthen access to avenues for redress for rights violations. This included working with private institutions (radio stations, educational institutions) and with relevant government departments (Department of Justice, Health, Education and Social Development) to enable access to various forums and partnerships, amongst others.

For example, the Durban Lesbian and Gay Community Centre is a drop-in center for gender and sexual minorities in Durban and KwaZulu-Natal. The Centre used a cross-sectoral approach to program implementation, collaborating with government and other institutions to share resources and optimize the reach and impact of its programs. The Centre raised awareness on the rights of sexual and gender minorities, providing forums for dialogue through public education campaigns on HIV, sexual health and LGBTQI+ people. Through these activities, and its support groups, counseling, and home-based care activities, the Centre was able to identify, monitor and document human rights violations and refer rights violations to the appropriate forums and services for advocacy and redress.

The Centre collaborated with local radio stations to disseminate information, raise awareness and strengthen legal literacy on the rights of LGBTQI+ people, reaching out to large numbers of listeners. It also partnered with educational institutions in the area, using career open days and other opportunities to provide legal literacy, document human rights violations and provide preventive health services. To increase access to legal services, the Centre collaborated with the ProBono.Org, the Commission for Gender Equality and the Equality Court to refer clients who require legal assistance and support services. The Centre's cross-sector approach emphasized work with government-supported entities to promote human rights-related programming, including collaboration with the Rapid Response Team to address rights violations. This in turn opened avenues for stronger connections with other Rapid Response Team partners such as the Directorate of Status of Women and Children to address issues of gender-based violence. The Centre was also involved with the Secretariat on the Provincial Task Team on Hate Crimes chaired by the Minister of Justice, providing avenues for advocacy and support for legislative reform, as well as the Department of Social Development for referrals for psychosocial and other social support.

Global Fund supports human rights programs for people who use drugs through entities such as TBHIVCare, a community-led organization providing mobile outreach services and drop-in centers to offer HIV testing services, linkage to anti-retroviral therapy (ART) services, TB screening, testing and linkage to TB treatment, viral hepatitis B and C screening, syringe access and opioid substitution therapy. TBHIVCare has incorporated human rights interventions such as identifying,

monitoring and documenting human rights violations against people who use drugs, to minimize punitive and discriminatory behavior toward people who use drugs and to promote access to health services, including harm reduction.

To strengthen advocacy for people who use drugs, TBHIVCare and community-led organizations such as the South African Network of People Who Use Drugs (SANPUD) worked closely at the district level with a range of entities including the South African Police Service and health care facilities. The partnership strategy included sensitization of relevant departments as well as the establishment of community-level task teams to ensure local involvement in changing perceptions of people who use drugs from ‘criminals’ to people in need of health care, developing solutions to address issues facing people who use drugs, and minimizing human rights violations. In Cape Town, for example, partnerships with the City of Cape Town, the Cape Town Central City Improvement District, law enforcement and private security companies and local non-governmental organizations permitted formation of a Homeless Task Team that provides community members with sensitization and training to reduce stigma and discrimination against people who use drugs. Also addressed were the structural and societal challenges that block access to health services.

It is making a difference. We have established a Homeless Task Team now- it never existed prior to this. It was only angry community members complaining about people who use drugs, that they are a crime risk, and bad for the neighborhood...Now we are engaging with the communities. We're doing trainings on the rights of people who use drugs and the importance of harm reduction, and now communities see the importance of the help we're giving to people who use drugs...We can now dialogue with communities about the real issues and how to find solutions, like finding shelter for clients.

- Staff member from TBHIVCare

The Philippines: Programming to Promote Accountability and Legal Literacy

Since 2021, the Community Access to Redress and Empowerment (CARE) program has handled a range of cases of alleged human rights violations for key and vulnerable populations in the Philippines. CARE “partners” are a hybrid of paralegals and social workers who have successfully worked with clients and collaborators to address many client requests, resulting in reductions in rights-based barriers for many individuals across three regions. In Cebu City, for example, one of the CARE clients experienced inappropriate behavior from a health care provider at an HIV clinic. The client reported this to the CARE team and the partner wrote a letter to the facility, calling attention to the behavior of the provider and then met with the facility manager and the client to discuss the various options for response. The client was satisfied with the course of action taken, and said,

I feel that what happened in addressing my concern was not only helpful to me, but is helpful in putting an end to such offensive behavior and actions of a health care provider.

In the Philippines, legal literacy trainings observed since the Mid-Term assessment have focused primarily on training HIV social service providers, particularly case managers and peer volunteers. This integration of human rights programming with delivery of health care services was reported by providers and clients to have improved their ability to understand, explain, and advocate for HIV-related human rights, engaging with local barangay officials as well as members of the community. One provider noted:

With the legal literacy training, I am more confident in speaking to people about HIV, especially to the youth. I can help explain what the laws are, and how PLHIVs can and have access to the services they need.

Another youth outreach worker noted that after the training:

I feel confident explaining to the clients about Article 6 (Republic Act 11166) where 15-year-olds and older can get themselves tested without parental consent.

Numerous testimonies demonstrated the impact of integrating human rights training with health and client support services. For example, one transgender individual described how a case manager trained in legal literacy intervened with her family, who had driven her out once they heard about her HIV diagnosis. The case manager worked with the family to understand HIV transmission as well as their legal obligations related to confidentiality and disclosure. The family allowed her to return home, and her health improved:

The case manager introduced me to the Transgender HIV Support Group, Pink Bunnies, that provided us a venue to talk about our concerns and experiences. There were also group sessions wherein topics on HIV, RA11166, stigma and discrimination, ART and drugs were discussed. Currently, I am religiously taking my medications with undetectable viral load. I learned to accept my HIV status.

4. Removing Barriers to TB Services

Progress toward comprehensive programming

The journey toward comprehensive human rights programming in the context of TB has been marked by steady and sustained progress, with remarkable achievements recorded across 12 countries. Human rights programs for TB have shown consistent increases from baseline through mid-term and recent progress assessments (Figure 4). This sustained growth highlights the effectiveness of the strategies employed and the unwavering commitment to combating tuberculosis.

All 12 countries have made progress in scaling up programs for TB. This achievement reflects the diligent efforts and focused interventions implemented since 2017. Although scores are lagging behind those for HIV due to the infancy of TB-related programs at baseline, the rapid and substantial improvements observed highlight the potential for these programs to catch up, particularly where they are integrated in the HIV/TB response.

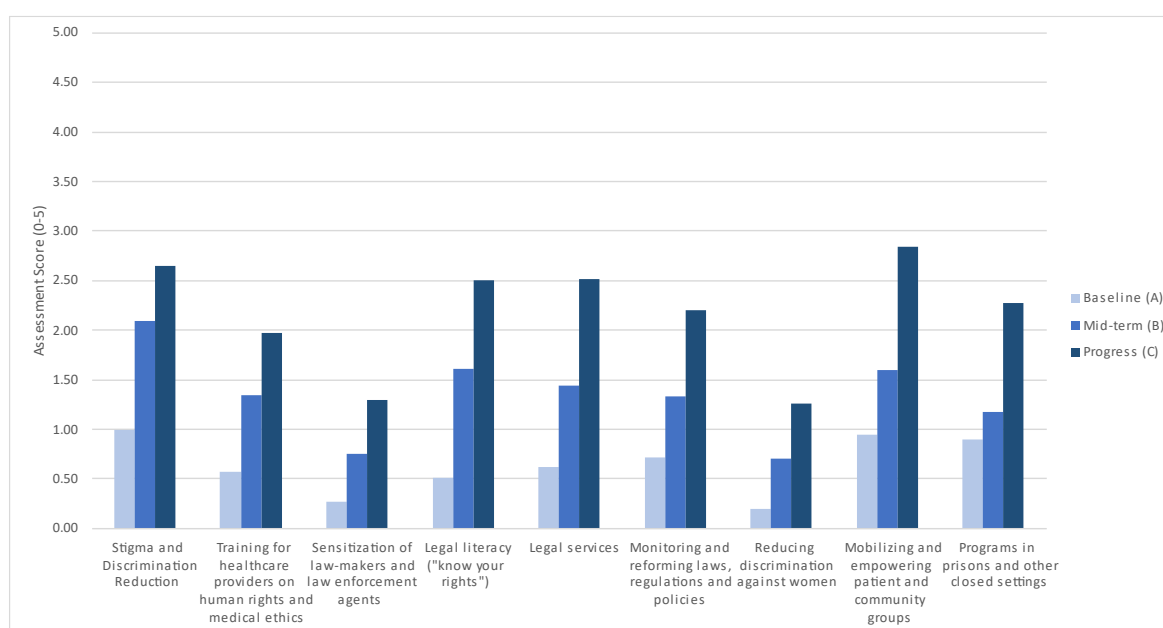


Figure 4: Average scale of programs to remove human rights-related barriers for TB, by program area.

Progress addressing human rights-related barriers to TB services in BDB countries began with collaborative efforts between government and civil society to gather evidence and examine TB policy frameworks to better understand key barriers to services. These foundational steps included:

- Conducting or updating surveys, studies and stigma assessments to provide a baseline for the prevalence and severity of human rights-related barriers to TB services;

- Prioritizing human rights and rights-based treatment in national strategic plans for the TB response, often utilizing the Community Rights and Gender assessments data and recommendations as a guide; and
- Strengthening partnerships between HIV and TB service providers in order to maximize resources and expertise for human rights programming.

Examples from the Progress Assessments can be drawn from **Indonesia, DRC, Ghana and Ukraine**.

Indonesia

In Indonesia in 2022, a Stigma Index completed by the Penabulu-Stop TB Partnership Indonesia identified high levels of stigma, including self-, family- and community-related stigma, experienced by people affected by TB. The findings and recommendations from the Index were adopted by the Health Ministry and incorporated in the revised *National Strategic Plan on TB for 2024-2026*. Significant progress was also found in access to justice programming, as 40 paralegals were trained in TB-related human rights issues. In 7 districts, they worked with District Task Forces, and specifically with the HIV paralegals and advocates. This partnership allowed for sharing of resources and information through joint trainings and projects, avoiding the gaps and duplications of a more siloed approach. Stakeholders reported positive results and recommended further expansion of integrated HIV and TB paralegal programs.

In addition, with the support of the government, community-led TB organizations launched a monitoring tool and hotline to hundreds of relevant treatment facilities, patient networks and staff. This tool was still in early stages, but it provides a diverse platform for patient complaints as well as referrals for medical and psychosocial assistance. Integration of this monitoring platform with the paralegal and advocacy programs is planned and presents promising opportunities in the areas of community mobilization and access to justice.

Democratic Republic of Congo

In the Democratic Republic of Congo, a Tuberculosis Stigma Assessment completed in 2023 by the National Tuberculosis Control Program indicated high levels of stigma and/or discrimination experienced by people affected TB. In response, government and civil society sought to increase integration of HIV and TB rights-related programs by the adoption of a 'hub' approach. The 'hub' model's implementation of rights-related programming in select districts in a holistic manner allowed TB programming to move from a secondary priority to an integral part of the development of programs within the hub.

La Ligue Nationale Antituberculeuse et Antilepresuse du Congo (LNAC), a leading TB service provider in DRC, engaged its robust community networks to support several major initiatives for TB programming. A pilot program was established to

provide a digital platform for community-led monitoring. Extending to 6 provinces, this tool engaged people receiving TB treatment and community members to monitor and evaluate the quality, accessibility, availability and acceptability of TB services. It aimed to empower TB patients to access health and support services, and to exercise their human rights by identifying instances of stigma and discrimination.

In addition, LNAC implemented the training of 40 peer educators of HIV key populations and 10 peer educators for prisoners on topics related to TB adherence and support, including mobilizing communities to reduce stigma and discrimination in families, health care institutions and protecting employees in the workplace.

At a national level, TB organizations led advocacy centered around the TB Parliamentary Platform for Law and Policy Reform, particularly the need to strengthen protections against discrimination and to address issues of consent for minors for TB treatment. Local advocacy initiatives included training of community members and meetings with provincial and district officials in 10 health zones, producing results that included the establishment of a women's prison dispensary, construction of a safe outdoor space for TB services, and engagement with the business community on TB issues.

Ghana

In Ghana, integration of HIV and TB services was again key to scale up of TB programming, with numerous stakeholders including TB information in HIV and human rights activities. Christian Health Association of Ghana, a major provider of HIV services and implementer of human rights-related HIV programming, conducted two baseline studies focused on HIV and TB-related stigma and discrimination in 60 health facilities. Both studies found significant amounts of TB-related stigma among the respondents of people affected by TB. In follow up actions, CHAG has instituted a series of "Train the Trainer" sensitization and education sessions to reduce stigma and discrimination. Though the majority of the content addressed HIV, there was TB-related material and the sessions included people living with TB and representatives of the National TB Program.

CHAG operates an extensive network of 160 HIV-focused paralegals, and TB-related issues were included in their training. CHAG also trained members of the TB Voice's Champions program in legal literacy, reaching TB Champions in 15 regions across Ghana with information related to their rights in employment, health care and legal aid. The organization Stop TB supported TB legal literacy training, expanding upon the work of 10 paralegals working for TB Voice who cover the Greater Accra region as well as the Central and Eastern regions.

Ghana also demonstrated national ownership of TB-related human rights programming through partnership with community-led TB organizations. In 2020, the National TB Program along with the Stop TB Partnership and others completed the first-ever TB Stigma assessment study. This study found high levels of stigma in the

community and an action plan was developed in partnership between the National TB Program and civil society.

Ukraine

Despite extremely challenging conditions, Ukraine also demonstrated notable progress in programming to reduce human rights-related barriers to TB services. While at the time of the mid-term assessment, Ukraine had the most advanced programming of any of the *Breaking Down Barriers* cohort countries, Russia's full-scale invasion in February 2022 significantly disrupted programming and implementers faced numerous challenges in sustaining activities, due to safety concerns for staff, volunteers and clients; widespread displacement; and vast humanitarian needs among communities most affected.

Nonetheless, human rights programming implementers, with their deep ties to affected communities, played a critically important role in Ukraine's effort to continue to provide HIV and TB services to key and vulnerable populations, ensuring that significant numbers of clients were able to continue to receive lifesaving health care services.

Progress was noted particularly in the areas of community mobilization, ensuring non-discriminatory provision of health care, advocacy for law and policy reform and legal literacy for people affected by TB. Community mobilization was facilitated by One Impact, a web-based platform for both collection of data and dissemination of information and materials related to human rights and TB to affected communities. Rolled out at the time of the mid-term assessment by the community led-organization TB People Ukraine, One Impact now offers multiple entry points including social media, phone applications and physical complaint boxes, promoting access to information and the ability to document instances of stigma and discrimination both in and out of health care settings. The One Impact tool was linked with the newly established paralegal network focused on the rights of people affected by TB that was operational in all of the regions controlled by the government of Ukraine. Consolidation of these activities resulted in notable progress in increasing access to information, legal literacy, and access to justice.

In addition, advocacy from an increasingly active, knowledgeable TB community was able to influence the development of the package of TB services offered under the new universal health system. A coalition of TB advocates also contributed to the draft amendments to the national legal framework for TB legislation, emphasizing the need for increased social protections and addressing social determinants of health that make people particularly vulnerable to TB exposure and adverse treatment outcomes.

5. Removing Barriers to Malaria Services

Progress toward comprehensive programming

The concept of removing human rights-related barriers to malaria services is still relatively new to country stakeholders in the malaria response, but programs to remove rights-related barriers tend to focus on integrated efforts that address inequities and gender inequality. Many of the barriers to malaria services overlap with those affecting access to primary health care, such as distance to health facilities, cost of transportation, and drug and commodity stockouts. These barriers are amplified in rural areas and are particularly pronounced among people living in poverty, women, mobile populations, and prisoners.

Two countries, **Uganda** and **Kenya**, were supported through the Breaking Down Barriers initiative to accelerate progress toward removing human rights-related barriers to malaria services. Assessments shed light on the practical implementation strategies and national ownership that enabled equitable access to malaria services, documenting progress in four of the five defined program areas (Figure 5). Programming that focused on law and policy reform in the context of malaria was only introduced in the new grant cycle, starting in 2024, and thus were not assessed.

Though in early stages, both Uganda and Kenya took important steps toward implementation of programs to reduce human rights-related barriers to malaria services. The findings from Uganda and Kenya highlight the crucial role of addressing human rights issues in the broader context of disease prevention and treatment.

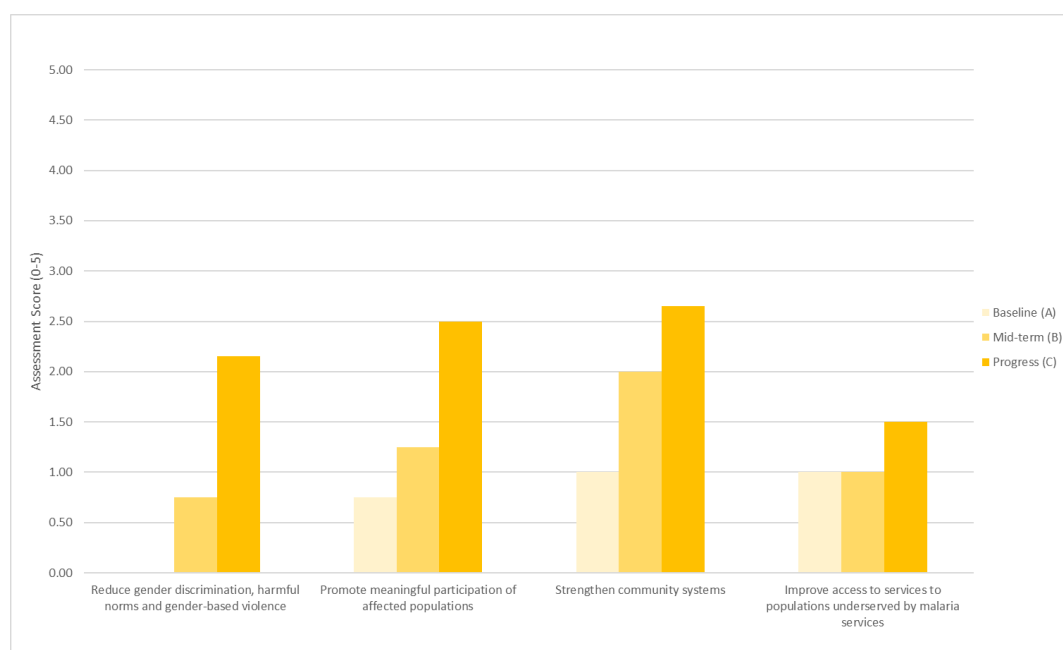


Figure 5: Average scale of programs to remove human rights-related barriers for malaria, by program area.

Uganda

In Uganda, the National Malaria Control Program (NMCP) of the Ministry of Health has demonstrated leadership and commitment to integrating human rights principles and gender-equality norms into its strategy and policy implementation. In alignment with the country's national strategic plan for incorporation of human rights into the disease response, *Leave No One Behind: A National Plan for Achieving Equity in HIV, TB and Malaria Services in Uganda 2020-2024*, the NMCP established a focal point for programming to reduce human rights-related barriers to malaria services. In 2023, a Malaria Matchbox Assessment was underway; when completed it will provide essential qualitative data to support the identification of populations and individuals most affected by malaria and underserved by malaria interventions.

Malaria stakeholders in Uganda are guided by the *2021-2025 Uganda Malaria Reduction and Elimination Strategic Plan* which identifies a range of priority and vulnerable populations, including children, youth, pregnant women, refugees, people with disabilities, migratory populations, and pastoralists. Starting in 2021, there has been a greater emphasis on working at the community and household levels for a more effective malaria response and placing more resources into community engagement and ownership for identifying and resolving malaria-related risks and challenges.

Implementers have focused dialogues with specific groups, including pregnant women, people with disabilities, and elderly people to find a pathway toward more accessible programming that embraces diverse needs. There has also been an expansion of work in schools to engage learners, particularly adolescents, on the risk of malaria and the role they can play in household and community prevention. As of 2023, community dialogues were being routinely conducted in 66 districts across Uganda.

Gender equity is a key feature of the community empowerment project. Starting in 2021, under both Global Fund and the President's Malaria Initiative (PMI), there was a renewed focus on gender and gender norms and their influence on the effectiveness of malaria programming, particularly at the community and household levels. PMI developed a Gender Action Plan and malaria stakeholders used this to guide all aspects of programming, including improved collection and analysis of disaggregated data and results. The PMI Uganda Malaria Reduction Activity program completed a *Gender, Youth and Social Inclusion Analysis* identifying differential patterns of malaria infection and response among women, youth, people with disabilities, refugees, migratory and nomadic populations, as well as pastoralists in the Acholi, Busoga, Karamoja, Lango and West Nile sub-regions that leads to poorer outcomes compared to men and their national counterparts.

Importantly, key stakeholders in Uganda's HIV response such as The AIDS Support Organization (TASO) rolled out a new model for community ownership of

engagement in malaria to empower households and communities to identify malaria-related risks and to resolve them through collective action. A key feature of this integrated HIV/malaria strategy was the full and equal engagement of men and women as household leaders and champions in the response, with removal of barriers for women and children's timely access to services as a primary goal. As part of the scale-up of community dialogues, some were gender-focused, including separate dialogues for men and women, for example, to explore gender roles and gender barriers. Implementers working with TASO and through PMI were diligent in ensuring male engagement as household decision-makers and gatekeepers to services.

Though it is just beginning to do this in a systematic manner, malaria stakeholders in Uganda were encouraged by the growing momentum and attention to human rights, gender and equity concerns. Challenges remain, however, as they engage in planning to build capacity for more robust implementation of programming in these areas. Many malaria stakeholders lack the training, staff and technology, for integrating human rights principles and approaches into service delivery. A dearth of disaggregated data by age, gender identity and other factors related to risk and vulnerability impedes the ability to identify and address human rights-related barriers to services. Advocacy to reduce law and policy-related barriers to malaria services remained in early stages, though some steps were taken to identify laws such as the age of consent for health services that impact adolescents and pregnant teens, who face intense discrimination and exclusion across numerous sectors of society. Implementers reported the need for greater capacity to conduct monitoring and evaluation of programs that would enable more effective program design, inform law and policy and enable linkage to local and district results in malaria incidence and case management.

Kenya

Adherence to human rights, gender and equity is one of the guiding principles of the *Kenya Malaria Strategy (KMS) 2019-2023*. However, as in Uganda, identification of rights-related barriers to malaria services is still a relatively new concept and implementation of programming is in early stages. The Kenya NGO Alliance Against Malaria (KeNAAM) was active in efforts to educate and increase expertise in human rights among NGOs and community-led organizations, leading a series of training sessions for 36 organizations in 2021 and 2022. The curriculum for these trainings included content on human rights, vulnerable populations, non-discriminatory health care, gender as a determinant of health and gender roles in the context of malaria.

The KeNAAM trainings also promoted avenues for meaningful engagement of malaria-focused organizations to participate in the Malaria Matchbox assessment undertaken in 2022. The Malaria Matchbox assessment moved Kenya forward in the effort to collect data on differential outcomes and underserved populations, and it identified nine population groups being left behind or underserved by malaria

prevention and treatment, recognizing intersectional discrimination such as that faced by pregnant adolescents. The National Malaria Strategy came to an end in 2023. The updated strategy remains in development, and the National Malaria Control Program has committed to including findings and recommendations from the Matchbox Assessment in its updated plan. In 2023, the National Malaria Control Program and key community-led stakeholders were working together to develop plans for local empowerment and education through a targeted campaign aimed at increasing engagement of high risk and underserved populations.

In addition, Kenya demonstrated progress in supporting meaningful engagement of affected populations in the malaria response. In 2022, KeNAAM completed a mapping of Kenya CSOs working on Malaria, HIV and TB. Although the mapping report did not indicate how many organizations were engaged in human rights and gender-related activities, it did provide data on how many organizations were covering the different populations in the context of malaria. This information has informed the ongoing work with CSOs to build capacity to address gaps in coverage as well as to increase their capacity for leadership and engagement in program design and monitoring of implementation. Community health volunteers supported by The Global Fund and other donors who provide testing, treatment and referrals are beginning to receive training in human rights and gender equity as part of their work with individuals and households affected by malaria.

Many of these interventions, however, are in early stages. As in Uganda, there is a lack of data differentiated by age, gender identity and other factors that influence inequities in malaria prevention and treatment. This underpins a relatively low awareness among stakeholders of the human rights-related barriers to malaria services that are faced by affected populations. Capacity for effective monitoring and evaluation, particularly of activities conducted in the field, needs to be increased in order ensure that relevant data can inform program and policy development. The Progress Assessments set forth a number of recommendations applicable to malaria stakeholders in Uganda and Kenya, emphasizing the importance of strategic integration of malaria programming with existing HIV and TB resources and infrastructure.

6. Conclusion

Since 2017, 20 countries have received support from the Global Fund's Breaking Down Barriers initiative to reduce human rights-related barriers to access to HIV, TB and malaria services, with four more countries joining the initiative as of 2024. A series of quantitative and qualitative evaluations in the original countries, including the Progress Assessments summarized in this report, indicate substantial progress toward reduction of human rights-related barriers for key and vulnerable populations, despite increasingly challenging legal and political environments.

Investment and technical support for the scale-up of Breaking Down Barriers initiative programs, across 20 countries, has led to significant changes in stigma and discrimination – in communities and in health care settings; in ensuring rights-based law enforcement practices; expanding legal literacy and increasing access to justice; improving laws, regulations and policies related to HIV and TB; and reducing gender discrimination and mobilizing communities. Increasingly, key stakeholders report that these programs have also led to increased access, uptake and retention in HIV, TB and malaria prevention and treatment programs.

In all 20 countries, Progress Assessments found strong national ownership and engagement that allowed for integration of rights-related programming with existing HIV, TB and malaria services, and cross-sector approaches that promoted engagement of all key and vulnerable populations as well as government, health care providers, community stakeholders and donors.

Key recommendations from the assessments included:

- Continue to scale up and sustain community-level interventions to reduce human rights and gender-related barriers to HIV, TB and malaria services, including community dialogues and education of government, CSOs, local officials, health care providers and community volunteers to identify and address human rights and gender-related barriers to services.
- Strengthen national ownership and support for human rights programming implementation, in partnership with civil society, community-led organizations and donors. National ownership is key to the integration and sustainability of human rights and gender equity programming into existing HIV, TB and malaria prevention, treatment and care infrastructures.
- Implement cross-cutting approaches that leverage expertise of HIV, TB and malaria stakeholders and promote engagement and meaningful participation of all key populations through sharing of resources, training and experience.
- In subsequent grant cycles, it should be a priority for the Global Fund and implementers to establish data collection and monitoring mechanisms that enable better analysis of the impact of human rights programming for HIV, TB and malaria on health outcomes. Specifically, the Global Fund and implementers should support and strengthen the capacity of stakeholders (including training, staff and technical assistance) for data collection, analysis and utilization in order to ensure implementation of evidence-based programming and improved monitoring and evaluation to inform program development, influence law and policy, and document the impact of rights-related interventions on health outcomes.

More work remains to be done, but across a diverse range of countries, key stakeholders including government, civil society, health and law enforcement officials and, most importantly, community-led organizations are working together to develop effective, integrated and innovative programs with a shared goal: to impact health outcomes and ultimately, end AIDS, TB and malaria.