Thirty-Third Board Meeting

Community, Rights and Gender Report

GF/B33/09
Board Information

PURPOSE: This report responds to requests made during the Thirty-Second Global Fund Board Meeting for a comprehensive report updating the Board on activities undertaken across the Secretariat to ensure that the Global Fund strongly engages civil society in its work and promotes human rights and gender equality. The Executive Summary highlights the main report findings, while the full report "Global Fund Secretariat activities to increase community engagement and promote human rights and gender equality under the new funding model", is enclosed as Annex 1.

The Global Fund

I. Executive Summary

1.   During the Thirty-Second Global Fund Board meeting in Montreux, Switzerland in November 2014, the Developing Country NGOs Delegation requested a comprehensive report from the Global Fund Secretariat outlining work undertaken in relation to the Global Fund's strategic objective on human rights. The Delegation specifically requested that the report should "outline key activities and budgetary allocations, activities undertaken with partners to realize the strategic objective, an analysis of relevant approved grants, and an update on the status of enforcement of the Technical Review Panel's ("TRP") recommendations on human rights, gender and key populations." Similar requests were made by other delegations for information on work relating to community, rights and gender across the Secretariat.

2.   The Secretariat's Community, Rights and Gender (CRG) Department commissioned an independent consultant to review CRG-related activities undertaken across the Secretariat since the introduction of the new funding model in the second half of 2013. This work includes efforts to more closely engage key populations, people living with the diseases, women, youth and adolescents in Global Fund processes, increase investments in programming that addresses the needs of these groups (including human rights and gender barriers to accessing services), more effectively focus the Fund's investments in community systems strengthening, and broadly strengthen partnerships with civil society in proposal development, grant implementation and resource mobilization.

3.   To produce this report, the consultant conducted a desk review of documents, reports, data and tools, and interviewed more than 30 staff members and consultants across the Global Fund Secretariat in February 2015. The consultant's full report is included as an Annex. The report includes available analyses of the content of concept notes submitted under the new funding model and the human and financial resources committed to the work by the CRG Department. It was not possible in the time available to comprehensively assess the amount of approved Global Fund investments in CRG-related activities since the introduction of the new funding model or to estimate budgetary allocations and staff time committed to this work across the Secretariat as a whole.

4.   The report identified a substantial body of work undertaken across the Secretariat to increase attention to CRG issues, embed CRG principles into Global Fund policies and procedures, and strengthen the engagement of civil society in Global Fund processes. The newly-created CRG Department and Civil Society Hub have played a key role in leading and coordinating activities across the Secretariat in close collaboration with many other teams, including the Grants Management Division; the Legal Department; the Access to Funding Department; the CCM Hub; the Technical Advice and Partnerships Department, including the Monitoring, Evaluation and Country Analysis Unit, Disease Advisers and Technical Assistance Hub; the Sourcing Department; the Political and Civil Society Advocacy Department; the Technical Review Panel (TRP); the Grant Approvals Committee and the Office of the Inspector General.

5.   A human rights portfolio review conducted in late 2013 assessed grants approved between 2010 and 2012. Its findings highlighted the inadequacy of human rights-related funding over the three-year period preceding the introduction of the new funding model and major deficiencies in the Global Fund's ability to track such investments. Human rights-related work in the last 18 months has therefore focused on developing tools, processes and procedures to operationalize the Global Fund's strategic objective on human rights and incorporate human rights considerations throughout the funding cycle, including the development of new metrics. Core achievements include integrating standard human rights language in all Global Fund grant agreements; ensuring the Global Fund does not infringe on human rights through a new policy that the organization shall not, as a general principle, finance activities in or related to compulsory treatment programs or detention centers; and developing with the Office of the Inspector General the organization's first human rights complaints procedure, to be launched in May 2015. In addition, the CRG Department has worked with teams across the Secretariat

to integrate human rights approaches in the new funding model, including incorporation of a Removing Legal Barriers module and requesting applicants to assess human rights barriers in concept notes.

6.   To address gender equality issues, in 2014 the CRG Department worked with other teams and external partners to develop and launch a three-year Gender Equality Strategy Action Plan to re-operationalize the organization's 2008 Gender Equality Strategy.. The CRG Department now leads on the Action Plan's implementation. Activities completed under the Action Plan to date include an information note for applicants on addressing gender inequalities, integration of gender considerations into funding application tools, and collaboration with partners such as UNAIDS, UNDP and Stop TB to produce gender specific tools for concept note development. In late 2014, a gender review of 20 first iteration concept notes was also undertaken and found that many HIV and HIV/TB concept notes had weak gender analysis, while malaria proposals had no gender analysis. Proposed interventions were not always evidence-based, including around gender based violence and HIV prevention for adolescent girls; and proposed programming to address gender-related barriers to services was often included in "above allocation" requests as opposed to the core allocation.

7.   To increase attention to and investments in key populations, the Global Fund launched the Key Populations Action Plan in July 2014. The Action Plan expands the scope of the 2009 Strategy on Sexual Minorities and Gender Identity (SOGI). Significant work has been undertaken by the Monitoring, Evaluation and Country Analysis (MECA) Unit to implement a Board approved allocation of $6 million to support innovative approaches to key population size estimates in 16 countries. In June 2013, the Global Fund launched a Key Affected Populations CCM pilot project to incentivize countries through additional funding to better engage key populations and people living with the diseases in new funding model processes. The Secretariat also revised key tools and documents to strengthen the inclusion of community systems strengthening in concept notes, and is working with UNAIDS on the development of tools to more effectively map community responses to the three diseases.

8.   The CRG Special Initiative was approved by the Board in April 2014 as a $15 million project to provide technical assistance to civil society organizations for participation in country dialogue and concept note development, and to support the long-term capacity development of civil society networks. The *CRG technical assistance program* – one of three components of the Special Initiative - has received 50 requests with 23 completed or in progress and $1 million spent to date. The second component – the *long-term capacity development of key population networks* – was operationalized through a partnership with the Robert Carr Civil Society Networks Fund (RCNF). By February 2015, around $2.5 million of the $4 million allocated for this component has been approved to fund the activities of RCNF grantees in over 40 countries and every region in the Global Fund portfolio. The third component - *Regional civil society and community coordination and communication platforms* – will establish six platforms in Anglophone Africa, Francophone Africa, Middle East and North Africa, Eastern Europe and Central Asia, Asia and the Pacific, and Latin America and the Caribbean. Selection of the hosts will be finalized by June 2015. Collectively, the platforms will receive an initial investment of more than $2 million in 2015, with a similar amount available in 2016. The CRG Special Initiative represents a significant commitment by the Board and Secretariat to addressing civil society needs. Further consideration will need to be given to ongoing funding for these activities when the Special Initiative ends in 2016.

9.   The Secretariat is working with other partners to advance work on community, rights and gender issues. For example, Roll Back Malaria and the Stop TB Partnership are using funds allocated under the World Health Organization's Global Fund partnership agreement to support the participation of malaria- and TB-affected communities in Global Fund processes at the country level. UNAIDS, UNDP, WHO, international NGOs and key population networks have also been closely engaged in a wide range of Global Fund CRG-related activities. The Secretariat is working to increase its outreach to and communication with civil society partners, including on the new Global Fund strategy and discussions on the development continuum. It is also supporting a number of Global Fund-specific networks, such

as Women for the Global Fund, the Global Fund Advocates Network and the Civil Society Principal Recipients Network.

10.   The report highlights the early impact of this work in helping realize the full potential of the new funding model as the one of the most inclusive approaches in global health financing. At the same time, the new funding model has provided an important platform to advance work on community, gender and rights in countries. As result, improved gender and human rights analyses are evident in a number of the concept notes submitted so far. Whilst much progress has been made, translating these efforts into significantly increased investments in CRG-related programming and thus greater impact on the epidemics, will require a sustained effort at all levels of the organization, adequate resources, effective monitoring and strong partnerships with a all stakeholders in the years ahead. Sustained and strengthened partnerships with communities affected by the three diseases, key populations, and civil society more broadly, will remain critical in achieving this aim.

II. Background

11.   The Global Fund's work related to community, rights and gender (CRG) aims to strengthen the Global Fund's inclusive partnership model and is contributing to the achievement of the objectives in the Global Fund Strategy 2012-2016, including Strategic Objective 1 (Invest more strategically), Strategic Objective 3 (Evolve the funding model), Strategic Objective 4 (Promote and protect human rights) and Strategic Objective 5 (Sustain the gains, mobilize resources).

12.   This report responds to requests made during the Thirty-Second Global Fund Board Meeting for a comprehensive report updating the Board on activities undertaken across the Secretariat to ensure that the Global Fund strongly engages civil society in its work and promotes human rights and gender equality. A number of other requests were made by a number of delegations for an update from the Secretariat on community, rights and gender-related activities.

13.   Enclosed as an Annex is the full report commissioned by the Community, Rights and Gender Department to respond to this request.

Global Fund Secretariat Activities to Increase Community Engagement and Promote Human Rights and Gender Equality under the New Funding Model

TABLE OF CONTENTS

Executive Summary

1.   This report describes the substantial body of work undertaken in the Global Fund Secretariat over the last 18 months to increase attention to community, rights and gender (CRG) issues in Global Fund-supported programming and to embed CRG principles into Global Fund policies and procedures.

2.   The work undertaken to date reflects growing commitment to CRG-related issues across the Secretariat, as shown by the engagement of and collaboration by many Secretariat teams in CRG-related activities, including through participation in the Civil Society Hub. The close collaboration between the CRG department, Grant Management division, Legal department and the Office of the Inspector General has been particularly critical. There has also been strong support from the Executive Office and the Strategy, Investment and Impact Committee of the Board, and from several Board delegations.

3.   The creation of the CRG department has been critical to advancing this work, and staff across the Secretariat recognize and appreciate the department's added value, leadership role and technical capacity.

4.   The CRG-related activities described in this report are making important contributions to achieving the objectives set out in the Global Fund Strategy 2012-2016, notably, to increase the Global Fund's focus on high-impact interventions that address gender, key populations and communities, and to promote and protect human rights.

5.   CRG-related activities are also helping in significant ways to realize the full potential of the new funding model as an iterative and inclusive process. At the same time, the new funding model has provided an important platform to advocate for and make progress on community responses, gender, key populations and human rights issues at the country level.

6.   The intensified focus on CRG issues in the Secretariat is helping to strengthen and expand the Global Fund's partnerships, especially with civil society.

7.   CRG-related activities to date have focused largely on building Secretariat capacity and knowledge, strengthening collaboration and coordination on CRG-related issues across the Secretariat, developing basic tools for use by applicants under the new funding model and implementing new policies and procedures, including new operational and programmatic metrics. Major attention has also been given to country dialogues and concept note development and review, and significant effort has been invested in strengthening civil society partnerships. These efforts have already had impact in terms of improved CRG analyses in concept notes and increased participation in Global Fund processes at global, regional and country levels.

8.   While increased investment is also evident, realizing significant improvement in funding requests for CRG-related activities and strengthened country programming will take time and a persistence in focus.

9.   Realizing the full impact of the work to date and further institutionalizing CRG issues at the Global Fund will not be achieved by a single department, or in a single year. It will require a sustained effort at all levels of the organization, adequate resources, effective monitoring and strong partnerships with civil society in the years ahead.

I.   Background

10.   This report responds to requests made during the November 2014 Global Fund Board Meeting for a comprehensive report updating the Board on activities undertaken across the Secretariat to ensure that the Global Fund strongly engages civil society in its work and promotes human rights and gender equality. This work includes efforts to more closely engage key populations, people living with the diseases, women, youth and adolescents in Global Fund processes, to increase investments in programming for these groups, to address human rights and gender barriers to accessing services, to more effectively focus the Global Fund's investments in community systems strengthening, and to broadly strengthen partnerships with civil society in grant implementation and resource mobilization.

11.   The Global Fund's work related to CRG aims to support the achievement of all five objectives in the Global Fund Strategy 2012-2016, namely, Strategic Objective 1 (Invest more strategically), Strategic Objective 2 (Evolve the funding model), Strategic Objective 3 (Actively support grant implementation success), Strategic Objective 4 (Promote and protect human rights) and Strategic Objective 5 (Sustain the gains and mobilize resources).

12.   This report describes CRG-related activities undertaken since the introduction of the new funding model to early applicants in the second half of 2013 through to early March 2015, a period of approximately 18 months encompassing five windows for concept note submission, submission by countries of more than 150 concept notes and approval of approximately 55 grants by the end of February 2015.

13.   The report was informed by a desk review of documents, reports, data and tools, as well as interviews with more than 30 staff members and consultants across the Global Fund Secretariat.

The report is structured as follows:

* Section 2 describes the broad engagement in CRG-related work by teams across the Global Fund Secretariat, in collaboration with many partners;
* Section 3 describes work undertaken in the Secretariat and with partners to ensure that the Global Fund invests more strategically in gender equality, key populations and communities;
* Section 4 describes work undertaken in the Secretariat and with partners to increase Global Fund investments in human rights and ensure that the Global Fund does not contribute to human rights violations;
* Section 5 describes longer-term strategy development and policy work underway in the Secretariat of relevance to community, key population, human rights and gender constituencies, and
* Section 6 presents some conclusions and considerations.

II.   Collaborating on Community, Rights and Gender

2.1   Working across the Secretariat

14.   Activities undertaken in the last 18 months reflect a growing Secretariat-wide commitment to and engagement with CRG-related issues, with leadership from the Community, Rights and Gender department and significant contributions from regional and country teams in the Grant Management division; the Legal department; the Access to Funding department; the Country Coordinating Mechanism hub; the Technical Advice and Partnerships department, including the Monitoring, Evaluation and Country Analysis unit, Disease Advisers and Technical Assistance hub; the Policy hub; the Sourcing department; the Political and Civil Society Advocacy department; the Technical Review

Panel; the Grant Approvals Committee and several Board delegations. The Office of the Inspector General has also been closely engaged in the work.

15.   A range of internal cross-Secretariat working groups has been established to advance CRG-related areas of work through a collaborative approach. These include formal and informal working groups on adolescents, gender, key populations, harm reduction, the human rights complaints procedure and a Human Rights Task Force. Other internal working groups are convened on an ad hoc basis to work on specific technical and policy issues.

16.   Recognizing that activities of relevance to civil society sit in different parts of the Secretariat, a Civil Society hub was created in 2013 to provide an internal mechanism for a cohesive and effective approach to civil society financing, engagement, support and partnerships. The hub comprises senior managers from across the Secretariat, including from the Country Coordinating Mechanism hub, the External Relations division, the Executive Office, the Office of the Inspector General, the Grant Management division, the Legal department, the Finance department, the Policy hub, and the Access to Funding department. Internally, the hub provides a forum for Secretariat staff to strategize, plan and solve problems on civil society-related issues, activities and initiatives, including how best to support Country teams on CRG-related issues at the national level. The hub also serves as a point of contact for civil society inside the Secretariat, and ensures bi-directional sharing of information through calls with civil society partners, civil society Board delegations and other partners working with civil society organizations. The CRG department convenes the hub, which usually meets every two months in person.

2.2 Community, Rights and Gender department

17.   The CRG department, established in late 2013, has initiated, led or served as focal point for much of the Secretariat's CRG-related work over the last 18 months. In addition to convening the Civil Society hub, the department's 2015 objectives are to:

- Provide appropriate and relevant human rights, gender and key populations technical guidance to support Country teams to improve the quality of Global Fund-financed health programs;

- Review, adapt and operationalize policies and guidance needed to ensure a systematic approach to human rights, gender and key populations issues across the Secretariat and at country and regional levels;

- Offer technical leadership to strengthen capacity across the Secretariat and other Global Fund structures on community, rights and gender issues;

- Support civil society and communities to be informed and able to participate in Global Fund processes so that both global-level strategies and country-level investments better meet the needs of people affected by the three diseases.

18.   In 2013, the CRG department had a headcount of three people: a Senior Advisor working on harm reduction and key populations, a Senior Human Rights Adviser and a Gender Adviser. A department head was recruited and commenced work in September. Three consultants were engaged part-time.

19.   At the end of 2014, the department comprised approximately eight full-time equivalent staff including a number of surge positions and secondments temporarily recruited across the Secretariat to support the roll-out of the new funding model: a department head; Senior Advisor on harm reduction and key populations (temporarily shared 50 percent with the Grant Management division to support regional proposals and act as liaison between Grant Management and CRG); a Senior Human Rights Adviser and Human Rights Adviser, the latter recruited as a "surge" position; an Adviser on key

populations, and subsequently the CRG Special Initiative, also a "surge " position; a Senior Gender Adviser occupying a two year "surge" position, and a Gender Adviser. A CRG Special Initiative Coordinator has been seconded from the U.S. government, and a communications adviser was shared with the Communications department. Six consultants were engaged for various periods, including for administrative support and to lead the department's work on community systems strengthening. Budget expenditure for the department in 2014 was around US$1.4 million, not including staff costs.

20.   By the end of 2015, as Secretariat surge and secondment arrangements come to an end, the department will have five full-time staff. Five or six consultants will support the department's work during the year. The budget for the department in 2015 is also around US$1.4 million, not including staff costs.

21.   The timeframe for preparing this report did not allow for an assessment of funds budgeted by departments other than the CRG department for CRG-related activities. However, contributions of staff-time from teams across the Secretariat to engage in these activities have been significant.

2.3 Building Secretariat capacity and reinforcing knowledge on community, rights and gender

22.   The CRG department has undertaken significant capacity-building efforts on CRG-related issues across the Secretariat over the last 18 months. The training of 24 CRG focal points in the Grant Management division has been a key step. The focal points liaise with Regional Managers, Fund Portfolio Managers and Country teams on CRG-related matters, as well as with the CRG department and external partners and experts.

23.   Other capacity-building activities in the Secretariat have included a briefing on CRG-related issues for the Technical Review Panel and briefings and brown bag lunches for staff members, including on relevant initiatives by partner organizations such as the guidelines on diagnosis, prevention, treatment and care for key populations released by WHO in 2014. The CRG department has also offered weekly drop-in clinics for Secretariat staff. A number of future trainings are planned in 2015, several in collaboration with the Grant Management division, the Legal department, the Office of the Inspector General and other parts of the Secretariat.

2.4 Working with partners

24.   The Joint Civil Society Action Plan (JCSAP), developed in late 2013, played a key role in identifying activities of importance to civil society in the rollout of the new funding model. The NGO and Communities delegations of the Board called for development of the action plan at the Sri Lanka Board Meeting in mid-2013, after structural changes within the Global Fund Secretariat led to the abolishment of the civil society team. The JSCAP received the support of the Executive Office in the Secretariat and from UNAIDS, Stop TB and Roll Back Malaria. It was oriented around several key building blocks, and a time-bound task team composed of the Global Fund Secretariat (with the Chief of Staff as Chair), NGO and Communities Board delegations and technical partners worked together on key issues such as mechanisms to facilitate civil society/key population engagement in the new funding model, community systems strengthening, technical assistance for civil society organizations and improving the quality of data. The Secretariat and International Civil Society Support served as co-conveners of the task team. While the task team concluded its work at the end of 2014, it has seeded the creation of other mechanisms for communities to engage with the Secretariat.

25.   An external CRG Advisory Group was established in late 2014 at the time that the JSCAP Task Team was dissolved. This group advises the CRG department on strategies and policies relating to CRG activities and has continued to work on a number of issues identified by the JCSAP as priorities. The group consists of 16 members with expertise in CRG-related issues, including representatives of key population networks and the NGO and Communities delegations to the Global Fund Board. UNAIDS, Roll Back Malaria and the Stop TB Partnership are permanent observers. Sub-working groups established in early March 2015 will focus on data, improving the meaningful involvement of communities throughout the grant-making cycle and community systems strengthening. A major priority for the CRG Advisory Group in 2015 will be supporting community involvement in the development of the next Global Fund strategy,

26.   The CRG department convenes and supports an external Human Rights Reference Group composed of human rights experts who provide ongoing advice to the Global Fund on its human rights policies and procedures and keep the Global Fund abreast of emerging local, national and international developments in the field of human rights. UNAIDS, WHO and UNDP are all permanent members.

27.   CRG also draws upon the advice of an informal advisory group on gender equality that includes key technical partners and civil society representatives.

28.   The CRG department, in close collaboration with the HIV disease advisers, also convenes a Harm Reduction Working group that includes UNAIDS, WHO, UNODC, IDPC, INPUD, OSF and Regional Managers from the Grant Management division. The role of the group is to increase the impact of the Global Fund's investments in harm reduction by identifying priority countries and reprogramming opportunities for harm reduction, based on existing portfolio research; providing support for the development of sound concept notes, including the engagement of people who use drugs to mobilize country-level demand, and identifying key bottlenecks, gaps and challenges in relation to harm reduction programming.

29.   In addition to the internal communications activities of the Civil Society Hub, it organizes regular "partnership calls" to share information with external civil society organizations. Originally convened monthly by the Access to Funding Department, the CRG Department now arranges the calls. A survey conducted in 2014 indicated that civil society organizations found the calls useful: 95% of respondents wanted the calls to continue in the future. The invitation to join the calls is open to anyone; currently the call distribution list includes over 100 people. Topics of recent calls include the work of the Joint Civil Society Action Plan Task Team, updates about the new funding model rollout and an information session for civil society organizations interested in submitting a regional Expression of Interest.

30.   The external reference groups and many other activities described in this report have involved extensive collaboration with and contributions from partners, including WHO; UNAIDS; Roll Back Malaria; Stop TB; key population, youth and women's networks; national and international nongovernmental organizations; major foundations, human rights and gender advocates and civil society groups in many countries.

III. Investing More Strategically in Key Populations, Gender Equality and Communities

3.1 Background

31.   The Global Fund has broadly defined key populations in the context of AIDS, TB and malaria as those that experience a high epidemiological impact from one of the diseases combined with reduced

access to services and/or being criminalized or otherwise marginalized. A wide range of social, political, legal, economic, and human rights barriers limit access by key populations to essential services, and gender inequalities have a similar impact on access to services for women and girls. Gender-based violence particularly limits access by women and girls to HIV services.

32. In an effort to increase Global Fund investments in gender-related programming and interventions for key populations, the Global Fund launched strategies on gender equality in 2008 and on sexual orientation and gender identity (SOGI) in 2009. Despite these initiatives, analyses by the Secretariat and external groups in the last few years have highlighted the consistently low level of Global Fund investments in these areas, as well as suboptimal participation by women and key populations in Global Fund processes, including Country Coordinating Mechanisms.[i,ii,iii,iv,v] Although the Global Fund has been and still is the world's largest funder of harm reduction, an analysis in 2012 showed that substantially increased investments are also needed to achieve global targets for the reduction of HIV transmission among people who inject drugs.[vi]

33. Overall, the studies undertaken have found that the level of understanding of how to address gender inequality, gender-related gaps in services and issues for key populations in the context of the three diseases is frequently limited by a country's capacity to more effectively disaggregate and analyze data by age, gender and most-at-risk populations. An evaluation of the gender equality and SOGI strategies by Pangea Global AIDS Foundation in 2011 found that the Global Fund had not consistently prioritized the implementation of the strategies, that there was a consistent mismatch between the Global Fund's and countries' rhetoric on gender equality and key populations and actual programming, and that stronger and more concrete action plans were needed to advance the strategies' objectives.[vii] The Global Fund Technical Review Panel has made similar findings over many years, highlighting the paucity of analysis on gender, key populations and communities in funding requests, poorly defined interventions and inadequate budget allocations.

34. The Global Fund has been a leader in promoting the importance of community systems strengthening, but the approach is understood in very diverse ways by governments and policy-makers, the evidence-base is still relatively small, and overall investment levels remain low.

35. The Global Fund Board has recognized these challenges and designed key components of the Global Fund strategy for 2012-2016 to help address them, including through strategic commitments to increase high-impact investments, develop a more inclusive funding model and integrate human rights considerations into Global Fund policies and operations.

3.2 Gender equality

Gender Equality Strategy Action Plan

36. In 2013 the Strategy, Investment and Impact Committee of the Global Fund Board affirmed that the principles and approaches outlined in the Global Fund Gender Equality Strategy 2008 remain valid and asked the Secretariat to re-operationalize it in line with the new funding model. In 2014, the CRG department led the development and launch of the Gender Equality Strategy Action Plan 2014-2016. The plan includes a detailed set of activities designed to achieve the objectives of the Gender Equality Strategy, which are to:

   a) Ensure that the Global Fund's policies, procedures and structures effectively support programs that address gender inequalities;

   b) Establish and strengthen partnerships that effectively support the development and implementation of programs that address gender inequalities and reduce women's and

girls' vulnerabilities, provide quality technical assistance, and build capacity of groups who are not currently participating in Global Fund processes but should be;

c)   Develop a robust communication and advocacy strategy that promotes the Gender Equality Strategy and encourages programming for women and girls and men and boys, and

d)   Provide leadership, internally and externally, by supporting advancing and giving voice to the Gender Equality Strategy.

New funding model

37.   The CRG department has provided leadership and coordination on Secretariat-wide activities to implement components of the action plan that relate to the new funding model, with the particularly strong involvement of the Grant Management division, the CCM hub, the Technical Assistance and Partnerships department and the Access to Funding department. Key activities undertaken in this area include:

- A gender workshop for Board members in 2014, led by the Communities Board Delegation and the CRG department, to revitalize Board leadership on gender equality issues;

- Development of an information note in 2014 for applicants under the new funding model on addressing gender equalities and strengthening responses for women and girls. Gender equality guidance is also included in information notes on community systems strengthening, health systems strengthening, HIV, TB and malaria.

- Ensuring gender-specific contributions to a large number of country profiles developed to inform Country Team and Technical Review Panel decision-making;

- Integration of gender equality principles into funding application tools, notably the concept note template and modular tools. Applicants under the new funding model must include a gender analysis with the concept note.

- Direct support to Country teams in the Secretariat, including support for the participation of women and key populations in country dialogues and the review of draft concept notes. Concept note review has focused on whether proposals include a sound analysis of the gender dimensions of the epidemic(s), whether the proposed response addresses gender-sensitive or gender-transformative programming that is appropriate to the epidemiological and country context, and whether the concept note includes relevant interventions in the allocation budget, and

- Collaboration with partners on tools to support concept note development, including the UNAIDS gender assessment tool, the UNDP checklist for integrating gender into the new funding model, and an HIV/TB gender assessment tool to support the development and review of joint HIV/TB proposals (with Stop TB and UNAIDS).

Partnerships and capacity building

38.   The Secretariat has worked with a wide range of technical and civil society partners, including global, regional and national women's organizations and sex worker networks, to build capacity on gender equality issues and increase understanding of the Global Fund and participation in its processes. Global, regional and national platforms are leveraged wherever possible. For example, gender-focused sessions were included in the Global Fund's South East Asia regional meeting in June 2014, contributing to high quality concept notes from this region that included strong sex-disaggregated data and links to RMCH programming, as well as high levels of participation by women on concept note writing teams. The Secretariat is exploring how to expand this approach to other regions.

39.   The CRG department has provided support for the Women for the Global Fund (W4GF) movement to accelerate women's meaningful engagement with the Global Fund. Since its establishment in 2013, W4GF (with support from AIDS Strategy, Advocacy and Policy) has held five workshops at global and regional levels and trained around 130 gender equality advocates in Global Fund-related processes. These include a W4GF meeting at the International AIDS Conference in Melbourne in July 2014, a global sex worker workshop in Cambodia in August 2014 and a meeting of women's rights advocates from francophone countries in Morocco in December 2014. Around a third of the women trained have participated in country dialogues and seven have become Country Coordinating Mechanism members or alternate members. The Secretariat has also supported W4GF to develop a long-term strategy for engagement at national and community levels.

40.   In 2014, the TAP and CRG departments, in partnership with WHO, UNAIDS, UNICEF and PEPFAR, organized a meeting in Durban of eastern and southern African countries on combination prevention, including focused sessions on adolescent girls and key populations.

41.   Partnership with international agencies and organizations has facilitated a significant amount of in-country technical discussions around gender and data issues. For example, UNAIDS mobilized more than 30 countries in 2014 to undertake gender assessments of national HIV responses that informed concept notes. WHO also supported some countries with good gender analysis of TB or malaria burden. UN Women supported a civil society workshop on the new funding model for gender groups in Eastern Europe and Central Asia, and UNDP developed a checklist for gender integration into the new funding model. The Global Fund also partnered with the International Women's Health Coalition and Open Society Foundations to organize a community consultation on gender and the Global Fund Strategy in March 2015. The event took advantage of the 59th Commission on the Status of Women to hear the voices of a broad range of women and gender advocates who have been involved with Global Fund processes.

Early observations from concept note review

42.   In late 2014, a review was undertaken of 20 first iteration concept notes submitted to the Global Fund by 18 countries in windows 1 to 3 of the new funding model to assess how well concept notes had integrated gender analyses and gender-responsive programming.[viii] The concept notes reviewed included four HIV, five TB, six TB/HIV, four malaria and one health systems strengthening component. Nearly all HIV and TB/HIV concept notes included a gender analysis of the epidemics and national responses, but few were of high quality. Gender analysis with respect to malaria proposals was virtually non-existent. While many HIV and HIV/TB concept notes included programs targeting particular groups of women and girls, such as pregnant women or female sex workers, there were frequently inadequate links between the analysis provided and the design of programs. For example, proposed programs to address the vulnerability of girls to HIV and gender-based violence included mass media campaigns, despite limited evidence of their effectiveness. Proposed programming to address gender-related barriers to services were mostly in the "above allocation" (incentive) funding requests, compromising the likelihood that such programs would be funded and implemented. Sex-disaggregated data was provided in many HIV or HIV/TB concept notes, especially in countries that had undertaken a thorough gender assessment. However, sex-disaggregated data for key populations was rare, of poor quality and did not drive programming decisions. Reports from the Technical Review Panel on proposals submitted in the first four windows of the new funding model broadly confirm these findings.

43. The review concluded that analysis of disease context with sex- and age-disaggregated data is essential for prioritization of interventions and that good gender analysis needs to be better translated into evidence-based, effective interventions within the allocation budget. Appropriate technical support to integrate gender-responsive programming across the three diseases needs to be given high priority, both for concept note development and grant design and implementation.

44. There is limited data to assess the level of participation of women in country dialogues, and therefore limited evidence to show that women's participation in Global Fund processes at country level has translated to increased budgets and better interventions for gender-related programming. The proportion of CCM members who are women has risen from 34% in 2010 to nearly 40% in 2015, but most women on CCMs are government officials or representatives of bi- and multilateral organizations. Very few are from women's rights organizations or key populations.

Gender balance in the Secretariat

45. The Global Fund Human Resources Department collects periodic data on gender balance in the Global Fund Secretariat. Data from August 2014 show that women comprise the vast majority of Administrative Assistants (87%) and Senior Program Officers (81%) and the majority of Program Officers (52%), Associate Specialists (53%) and Fund Portfolio Managers (61%). Disparities were evident in the proportion of women who are Senior Fund Portfolio Managers (44%) and Managers (40%). Across grade levels, women are in the majority in Grades 2 (87%), 3 (52%), 4 (average of 67%) and 5 (61%). On average, women occupy 42% of Grade 6 positions.

3.3 Key populations

Key Populations Action Plan

46. The Global Fund's work to increase investments in programming for key populations is being revitalized and guided by the Key Populations Action Plan 2014-2017, launched at the International AIDS Conference in July 2014. The action plan expands the scope of the 2009 Global Fund Strategy on Sexual Orientation and Gender Identity, and includes five strategic objectives:

- Increased investment levels targeting key populations;
- Inclusion of key populations in country and regional processes;
- Creating measurable deliverables and improved reporting mechanisms;
- Reinforcing knowledge among Global Fund staff and partners;
- Leadership and advocacy by and for key populations.

Strategic information

47. The lack of data on key population sizes is a major barrier to increasing Global Fund investments for key populations in many countries. In March 2014, the Board allocated $17 million to special initiatives for country data systems, including $6 million for key population size estimates in 16 high-impact countries. This work is being undertaken by the Monitoring, Evaluation and Country Analysis team in collaboration with Country Teams, the CRG Department and external partners, including key population groups in countries. The project has involved soliciting proposals from countries, with the involvement of the CCM, and proposal review by the Key Populations Working Group in the Secretariat, UNAIDS, Measure Evaluation and the University of Manitoba. The objective is for participating countries to incorporate innovative approaches to the collection of key population data – including sex-disaggregated data - into routine grant reporting. In 2014, regional workshops were also held in Africa, Asia and Latin America and the Caribbean to promote improved data collection in high impact and non-

high impact countries. A regional workshop for East Europe and Central Asia is planned for April 2015. A key challenge will be to support participating countries to target programming more effectively to key populations based on the more robust data collected.

48.   In the early stages of this project, concerns about human rights risks were raised by the JCSAP Task Team, the Human Rights Reference Group and key population networks. These were addressed in consultation with human rights and key populations experts and through adjustments to protocols and approaches. Close attention is now being paid to the security of individuals from key population groups in countries and the security of data.

49.   The work has been guided by a Global Fund position paper on size estimation and collection of spatial data - including programmatic mapping for key populations - that was published in 2014.[ix] This paper was the result of a lengthy and highly collaborative process involving several teams in the Secretariat, the Human Rights Reference Group, the Joint Civil Society Action Plan Task Team and key population networks.

50.   The MECA Unit is also working with the CRG Department on a project to develop a monitoring and evaluation framework for interventions that are difficult to measure using the Global Fund's existing coverage, outcome and impact indicators during a three-year implementation period. These interventions include community systems strengthening, removing legal barriers to access and health systems strengthening.[x]   Initial piloting of the framework has been well-received by partners and implementers.

New funding model

51.   To support aspects of concept note development relating to key populations, the Secretariat updated several guidance and information notes for applicants in 2014, addressing sex workers, men who have sex with men, and transgender people in the context of the HIV epidemic, harm reduction for people who inject drugs, and community systems strengthening.[xi]

52.   The CRG department has contributed to the review of analyses and proposed programming for key populations in concept notes submitted under the new funding model, working with country teams, disease advisers and the TRP to strengthen the proposals where possible. Intensive support has been provided for the development of six regional concept notes that are particularly focused on key populations.

Early observations from concept note review

53.   In 2014 a review of 24 first iteration concept notes submitted under the new funding model was undertaken to assess the extent to which the proposals included 1) a narrative on the legal, social and cultural barriers to accessing HIV, TB and malaria services and proposed technically sound interventions to address these barriers, through the removing legal barriers and/or community systems strengthening, or other appropriate, modules; 2) information on key populations: who they are, size estimations, prevalence, incidence data and a viable plan to fill these data gaps, where necessary; 3) proposed interventions (geographic mapping; scale up of PMTCT; test and treat) which may pose a human rights risk, and if so, a risk mitigation plan, and 4) the technical soundness of the key population package of services proposed.[xii]

54.   Although the review found evident progress, significant efforts are still needed to strengthen approaches to key populations in concept notes. While all the HIV and HIV/TB concept notes that were reviewed identified barriers to accessing services for key populations, there were very mixed findings with regard to the activities proposed to address these barriers. For example, only six proposals

included a module on removing legal barriers. TB and malaria proposals scarcely mentioned barriers to access but frequently included efforts to strengthen community responses.

55.   The majority of concept notes lacked comprehensive key population data, or the data included were considered unreliable. Data for men who have sex with men and female sex workers were most commonly available, while data for people who inject drugs and prisoners were available less often. However, most countries did present a plan to address these data gaps and Country Teams have noted that this should be a priority during grant making, as well as ensuring that the rights of key population groups are protected in data collection processes. Data specific to key populations affected by TB and malaria were much more limited than those for HIV.

56.   For HIV concept notes, the review noted a general mismatch between high levels of HIV prevalence described among key populations and low or limited budgetary allocations for key populations. In several cases, the package of preventive services was poorly defined. Similar findings have been made by the Technical Review Panel in its review of concept notes in the first four funding windows.[xiii]

Key Affected Population Country Coordinating Mechanism Pilot

57.   In June 2013 the Global Fund, with leadership of the CCM Hub and in close collaboration with CRG Advisers, launched a Key Affected Populations CCM Pilot project designed to top-up funding of between US$25,000 and US$50,000 to CCM secretariats in 10 countries to support the greater engagement of key populations and people living with the diseases (PLWD) in new funding model processes, including country dialogues and concept note development. The framework of the pilot encouraged CCMs to establish a sub-committee of key population and PLWD members, select a regional mentor organization to provide technical support to the sub-committee and develop and implement a two-year workplan for key population and PLWD engagement.

58.   An evaluation of the pilot by ICASO submitted in December 2014 found that rollout of the project had encountered challenges, with activities underway in only four of the 10 countries. The evaluation noted that the project's future success will depend on adequate human resource allocations to provide oversight of the project in the Global Fund Secretariat; improved orientation for key stakeholders, including Country Teams, CCMs and key population groups; the development of a guidance manual, and adequate training for regional mentor organizations. The project also requires close alignment with the minimum standards for CCMs that took effect in January 2015 (See Section 3.4). The Secretariat is currently exploring how to move the project forward.

Harm reduction

59.   The Global Fund has historically been and remains the major global funder of harm reduction interventions. However, major concerns exist about countries that are graduating to high-income status and becoming ineligible for Global Fund financing, especially those in which there is a lack of political to support harm reduction and other services for people who inject drugs. At the same time, the Global Fund Board has maintained funding for Band 4 countries and upper middle-income countries with low disease burden, and the Fund's strategy for the Eastern Europe and Central Asia region is strongly focused on harm reduction.

60.   The Secretariat has contributed to a range of activities to support and promote harm reduction, including:
- Updating an information note for Global Fund applicants addressing harm reduction for people who inject drugs (January 2015);
- Working to ensure that harm reduction programming supported by the Global Fund involves a comprehensive approach, including opioid substitution therapy, need and

syringe programming, access to antiretroviral therapy for drug users living with HIV and support to organizations for people who use drugs;

- Provision of intensive support to 10 countries in 2014, including countries in Eastern Africa, to promote the inclusion of people who inject drugs in country dialogues and the inclusion of evidence-based harm reduction programming in concept notes;

- Intensive support for the development of regional concept notes, two of which – from East Africa and Eastern Europe - are particularly focused on people who inject drugs;

- The reintroduction of harm reduction training for new staff members and Country Teams, along with additional opportunities, such as brown bag lunches on related topics;

- Contribution to Global Fund discussions and draft position papers on options for funding interventions to address co-morbidities and co-infections relevant to HIV, TB and malaria, including hepatitis C, and

- Contribution to technical initiatives by partners, including WHO overdose management guidelines (2014), WHO consolidated guidelines on key populations (2014) and an implementation tool on HIV prevention among people who inject drugs ("DUIT") that is being developed by multiple organizations for launch in 2015.

Adolescents and youth

61.   HIV is the second leading killer of adolescents (aged 10-19 years) globally, and countries, donors and technical agencies are increasingly focusing on the need to address adolescent health issues more comprehensively, especially for adolescents from key populations and vulnerable adolescent girls. The TRP has also frequently emphasized the need for increased investments and programming for adolescents.   Concept notes submitted to date have included few or low funding requests for interventions for adolescents, even where adolescent girls are highly impacted by disease. An internal Adolescent Working Group chaired by the CRG Department has recently been established in the Secretariat to examine how the Global Fund can urgently address these issues. The working group will carry out an assessment of Global Fund investments in six countries and work with technical partners to develop an information note to guide investments for adolescents in the context of HIV, TB, malaria and health systems strengthening. The assessment will help inform the information note, and the working group will make broad recommendations to the Secretariat about how its procedures and policies could better address the needs of adolescents.

62.   The US$210 million DREAMS initiative launched by PEPFAR in January 2015 aims to reduce new HIV infections among adolescent girls and young women in East and Southern Africa. DREAMS will provide funding in ten countries: Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. The Global Fund Secretariat worked in advance of the public launch to coordinate closely with the initiative. CRG and TAP Department Advisors attended DREAMS planning meetings and contributed technical input. Following the DREAMS launch, CRG and TAP have worked to support the relevant Country Teams by providing relevant information and guidance, including a Country Team briefing. Many Fund Portfolio Managers and other grant management staff members have since worked with PEPFAR country offices to ensure synergy between Global Fund and DREAMS investments.

63.   The Secretariat also participates in the Leadership Group of *All In*, a global initiative led by UNICEF and UNAIDS to expand access to HIV prevention and treatment for adolescents, as well as the *All in* sub-working group on national-level adolescent assessments, and is exploring opportunities to link Country Teams to *All in* activities at the country level.

64. At the international AIDS conference in July 2014, the Global Fund, UNAIDS and PACT - a global alliance of 25 youth organizations working on HIV - launched *Making the money work for young people: a participation tool for the Global Fund*. The tool includes a component for young activists and youth organizations and another for Country Coordinating Mechanisms and other Global Fund stakeholders. The Global Fund is now part of an external Working Group to support roll-out of the tool, including development and piloting of an accompanying workshop methodology - with support from Norad and UNAIDS - to help youth organizations participate in Global Fund processes and influence its investments.

3.4 Engaging and strengthening civil society and affected communities

Community systems strengthening

65. Key and vulnerable populations often depend more upon community systems than the general population and evidence shows that community- and peer-led education and services are more effective at reaching key populations, women and young people. However, funding for community-based interventions and community systems under the Global Fund Rounds system was generally low, with community systems strengthening interventions accounting for only 3 percent of Round 10 Global Fund investments.

66. In 2009, the Global Fund developed its first Community Systems Strengthening (CSS) Framework, recognizing the unique role that community organizations and networks have in supporting services, advocacy and outreach in affected communities. An Inter- Organizational Task Team on community systems strengthening has been supported by the Global Fund and hosted by ICASO to advance work in this area. The Global Fund has continued to promote community systems strengthening under the new funding model as a standalone module within disease-specific components and within the cross-cutting health systems strengthening component.

67. Under the new funding model, some early applicants faced challenges in including community systems strengthening within the prototype modular template they were asked to use, and it was not always possible for the Secretariat and TRP to identify how community systems strengthening interventions had been included, particularly when they were conflated with more general health systems strengthening activities. In 2014, the Secretariat worked to revise and rationalize the community systems strengthening components of the modular template, in order to clarify the role of community systems in core grant implementation and ensure that cross-cutting community systems strengthening funding focuses more on strengthening community systems, rather than, for example, on inputs into the health system, such as community health workers. The Global Fund information note on community systems strengthening was also revised to provide more focused guidance in this area. Training on these changes has been provided for CRG Focal Points and partners, including at regional malaria and HIV meetings and the MSM Global Forum pre-conference in Melbourne in July 2014.

68. One consequence of this work is that the Secretariat has noted significantly better analysis of community systems issues in recent concept notes. However, in its February 2015 report on concept notes submitted in Windows 3 and 4 of the new funding model, the TRP expressed its continued concern about the general lack of activities for community systems strengthening, noting that even where analyses were provided, many concept notes included such programming in above-allocation requests or did not include any relevant activities at all. In some cases, community systems strengthening activities are included in other modules of the concept note template, including monitoring and evaluation, and program management. The TRP has nevertheless re-emphasized the importance of community systems strengthening interventions and called for sustained efforts by the Global Fund and countries to address this issue.

69.   To further improve analysis and build the evidence base for community responses and community systems strengthening, the CRG Department is working with UNAIDS to commission a number of tools that will help countries map and quantify community sector responses on AIDS, TB and malaria. The aim of these tools is to support better planning and more realistic financing of community responses and community systems strengthening in national responses to AIDS, tuberculosis and malaria.

70.   The Global Fund continues to see community capacity as a key element of sustaining global responses to AIDS, tuberculosis and malaria, and to strengthening health systems in general, whether by augmenting service delivery and reach, engaging communities fully in improving their own health, or by strengthening accountability and advocacy at national and local levels. In 2015 the CRG department is placing a high priority on improving understanding of the different components of community systems and their relationship to health systems, and aims to work with global partners to strengthen technical approaches as well as political and financial commitments to community responses and community systems strengthening.

CRG Special initiative

71.   The Joint Civil Society Action Plan identified several constraints on civil society access to Global Fund financing and the engagement and articulation of community and key population needs in Global Fund grants and national responses. These constraints include lack of technical assistance for civil society organizations, inadequate platforms for communication and under-resourced networks. To bolster the engagement of civil society and key population networks in the design, implementation and monitoring of Global Fund-supported programs and to ensure that technically sound interventions addressing human rights barriers to accessing health services, gender equality and community systems strengthening are included in grants, the Global Fund Board approved a $15 million Special Initiative in April 2014. The Special Initiative consists of three mutually reinforcing components:

Component 1: Technical assistance for country dialogue and concept note development

72.   In 2013, CRG advisors and Secretariat staff consulted with representatives of key populations networks and its advisory groups to review existing platforms for technical support and solicit recommendations for the Board. It was agreed by those consulted that, rather than spending funding on international consultants, the Global Fund should aim to draw on the existing expertise in domestic and regional key populations networks, women-led organizations and human rights organizations to advise applicants.

73.   Consistent with this approach, just over $6 million of the Board allocation has been made available to establish a CRG technical assistance program. The program aims to draw upon existing expertise in civil society to strengthen engagement of key populations, communities and civil society in country dialogue and concept note development. Following a competitive request for proposals, more than 30 technical assistance providers have been pre-qualified to deliver technical assistance. The majority of these are civil society organizations located in Global Fund focus regions and implementing countries. Civil society organizations may request technical assistance via a standard request form available online at the Global Fund website or through direct contact with Global Fund Country Teams. Where appropriate, contact is also made with relevant technical partners and an informal Secretariat mechanism (CRG-TA Coordination Mechanism) to ensure that CRG-related technical assistance from partners is coordinated.   A unique feature of this component is that it provides support through small grants prior to the submission of either country or regional concept notes, which many other technical assistance providers are not in a position to do.

74.   Since the launch of the program in August 2014, 50 requests for technical assistance have been received, 23 of which are either completed or in progress. More than $1 million has been disbursed to date. Country Teams in the Grants Management Division are playing a critical role in the deployment

and evaluation of technical assistance by connecting the assistance providers to key country processes and partners, providing essential context to the assignments, developing the terms of reference and evaluating performance. The Global Fund Sourcing Department also provides valuable support in issuing requests for proposals, assessing prospective providers and recipients of assistance, processing contracts and ensuring adequate risk management. The current trend in requests indicates a clear need for differentiated technical assistance strategies for malaria and TB civil society and communities, compared to those for HIV.

Component 2: Long-term capacity development of key population networks – Partnership with Robert Carr Civil Society Networks Fund

75.   Around $4 million has been allocated to programs that will be funded in a partnership between the Global Fund and the Robert Carr Civil Society Networks Fund. Eight global and regional key population networks will be supported to work with their respective constituencies to engage in Global Fund processes at the country level.[xiv]   The grantees include networks of sex workers, transgender people, people who use drugs, men who have sex with men, young key populations, people living with HIV, and women living with HIV. As of February 2015, around $2.5 million had been approved to fund the activities of grantees in over 40 countries and every region in the Global Fund portfolio.

Component 3: Regional civil society and community coordination and communication platforms

76.   The Joint Civil Society Action Plan also identified a need for improved coordination and information sharing among civil society organizations at the regional level. More than $4 million has been allocated to create communication and coordination platforms to meet this need. In 2014, six requests for proposals were issued for potential hosts of six platforms in Anglophone Africa, Francophone Africa, Middle East and North Africa, Eastern Europe and Central Asia, Asia and the Pacific, and Latin America and the Caribbean. Selection of the hosts will be finalized by June 2015. Collectively, the platforms will receive an initial investment of more than $2 million to the end of 2015, with a similar amount to be made available in 2016. The aim of the platforms is to enhance the knowledge of civil society and community groups about the Global Fund, facilitate access to technical support, strengthen civil society and community capacity to effectively participate in national processes, such as mid-term reviews and national strategic planning, as well as Global Fund processes.

77.   Taken together, the three components of the Special Initiative represent a significant commitment by the Board and Secretariat to addressing critical civil society needs.   Further consideration will need to be given to sustaining these activities when funding for the Special Initiative ends in 2016.

78.   Many other partners are also playing an important role in the provision of technical assistance to key population organizations for concept note development and participation in CCMs. These include UNAIDS technical support facilities and bilateral technical support programs funded by the governments of Australia, France, Germany, and the United States. CRG is strengthening its relationship with a number of these partners in relation to the Special Initiative.

Partnerships with Roll Back Malaria and Stop TB Partnership

79.   Compared to HIV, there is relatively limited understanding of how civil society participates in malaria responses and how human rights-based approaches can reduce vulnerability and improve access to malaria services. A key challenge for the malaria community is the limited participation of malaria advocates and civil society groups in national responses, including CCMs and other Global Fund processes. To address this issue, the Roll Back Malaria (RBM) Partnership has been granted approximately $500,000 as part of the Global Fund's partnership agreement with WHO to support CRG-specific work in malaria control, and ensure that human rights, gender and other barriers to effective malaria programs are addressed and that hard-to-reach malaria-affected groups are more

effectively engaged.   The aims of the collaboration with RBM are to 1) increase meaningful representation and inclusion of civil society and community voices in processes for developing Global Fund concept notes; 2) enhance understanding and analysis of the relevance of community, rights and gender in responses to malaria, and 3) improve relevant community, rights and gender content in malaria concept notes.

80.   The Global Fund has entered a similar arrangement with the Stop TB partnership that makes around $3.6 million available to TB-affected communities to more actively engage with national and Global Fund-related processes. This includes active participation of affected communities in TB programme reviews, consulting TB communities during the development of national strategic plans and ultimately the development of TB and joint TB/HIV concept notes that address key affected populations, community systems strengthening, rights and gender in the context of TB. To date, TB communities in 43 counties have received support, including through nine capacity building workshops in the Middle East and North Africa, Asia, Africa, Latin America and Eastern Europe (reaching 176 TB community representatives), five country TB program reviews, 21 technical cooperation interventions to support engagement of communities in country dialogue processes, and 25 peer-to-peer concept note reviews for the integration of gender, community systems strengthening and human rights interventions.

81.   To promote this initiative and further strengthen partnerships with civil society on TB, Stop TB, W4GF and the Global Fund have hosted several meetings, including joint sessions at the conference of the International Union Against Tuberculosis in 2014.

Strengthening CCM participation

82.   In 2012, only 47 countries reported participation of key populations in their Country Coordinating Mechanism, and only around a third of CCM members were reported to be women. With the introduction of the new funding model, the Secretariat, led by the CCM Hub, revised the Country Coordinating Mechanism eligibility requirements and developed minimum standards that emphasize the importance of including key populations.

83.   Of the six current CCM Eligibility Requirements, requirements 3 to 6 relate to CCM performance. A revised CCM Eligibility Requirement 4, adopted in July 2013, requires all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people representing those affected by TB and malaria, as well as people from and representing key populations, based on epidemiological and human rights and gender considerations. Eligibility requirements 3 to 6 are assessed annually through the CCM Performance Assessment tool.

84.   The CCM Hub and technical assistance providers have undertaken more than 100 CCM performance assessments using the Performance Assessment Tool since mid-2013. Key indicators in the assessment include civil society participation in CCMs and adequate "bidirectional" exchange between civil society CCM members and their constituencies. Around 90% of the CCMs assessed so far have been requested to develop costed and budgeted improvement plans to meet eligibility requirements, including measures to ensure participation by key populations and civil society. The assessments use a "performance management" approach, rather than one that focuses merely on "compliance". A series of detailed guidance notes has been developed by the CCM Hub to guide these assessments.[xv]

85.   CCM Minimum Standards have also been introduced to measure core functions of a CCM. The Minimum Standards are based on feedback from some early applicants, technical assistance providers, CCMs, countries and other stakeholders, in addition to past experiences with CCM guidelines implementation. They include the requirements that the CCM has balanced representation of men and women and that CCM members have clearly defined processes of soliciting inputs from and providing

feedback to the constituencies that selected them to represent their interests in the CCM. CCM Minimum Standards represent additional criteria that will be enforceable and compulsory for grant signing as of January 2015.

Early observations on the inclusiveness of concept note development processes and country dialogues

86. At the time of concept note submission, CCMs must show that they have complied with CCM Eligibility Requirements 1 and 2 in order to be eligible for funding. Requirement 2 relates to the selection of Principal Recipients. Requirement 1 specifies that CCMs must:

- 1a. Clearly document efforts to engage key population groups in concept note development, and

- 1b. Coordinate the development of concept notes through transparent and documented processes that engage a broad range of stakeholders – including CCM members and non – CCM members – in the solicitation and the review of activities to be included in the application.

87. An analysis by the Access to Funding Department in early 2015 found that 59% of the 111 new concept notes submitted in 2014 complied with requirement 1a.[xvi] Thirty-five percent were deemed "compliant with challenges", meaning that some criteria were not fully met, but there was evidence of a credible intention to comply. The follow-up required and the feedback provided to CCMs in these situations is determined on a case-by-case basis. Forty-three percent of concept notes were compliant with requirement 1b, while 52 percent were compliant with challenges. The rate of compliance with requirements 1a and 1b has increased from window to window. This increase could be because CCMs are submitting concept notes, learning from the compliance review process and then applying those lessons when revising and resubmitting concept notes.

88. Some concept notes have demonstrated limited efforts to engage key populations on the CCM. A number of best practices have also been identified, including:

a) Creation of a key population sub-committee of the CCM to develop a key population engagement plan;

b) Focus group discussions held with specific key populations groups using participatory methodology and other tools such as e-surveys and interviews;

c) Fora organized specifically with civil society organizations to capture the concerns and suggestions of key populations;

d) Efforts to engage key populations in a challenging country context, such as where same-sex relations are criminalized. For example, some CCMs conducted consultations with groups of men who have sex with men outside the country.

e) Some concept notes also showed limited engagement of civil society stakeholders during the development of the application. Best practices included:

f) Development of timelines or roadmaps for concept note development that were broadly shared in advance with different stakeholders via email, meetings or public announcements;

g) Invitations for key stakeholders that were not part of the CCM to attend concept note development meetings, and

h) Online publication of draft budgets

89. Overall, the Global Fund has observed quite intensive country dialogue and concept note development processes. The Access to Funding Department has found that, in concept notes submitted in windows 3 and 4, TB applicants reported holding an average of 14 meetings during concept note development, with an average of 48 people in attendance, the highest average meetings and attendees for any component. TB applicants reported an average of 31 people on their concept note writing teams. However, most people on writing committees self-identified as government officials.

90. People who took part in country dialogues have generally found it to be a positive experience. In windows 3 and 4, 87% and 88% of respondents to a country dialogue and concept note development survey, respectively, felt free to express their views and had been given the opportunity to comment on draft concept notes. Eighty-eight percent of respondents in those windows agreed that "the Global Fund's increased focus on inclusiveness encouraged stronger engagement with key stakeholders", and 85% felt that civil society, people living with the diseases and key populations were represented in the groups developing concept notes. However, 12% of respondents felt that recommendations and inputs from stakeholders were not seriously considered during the process and 16% felt that they did not receive an explanation if their recommendations were not ultimately included in concept notes. These results suggest that some CCMs do not explain decisions made and/or share final concept notes with participants.

91. The Access to Funding Department has made a number of resources available to applicants to promote understanding of and participation in country dialogues, including a comprehensive resource book and an e-learning program. *Engage! Practical tips to ensure the new funding model delivers the impact communities need* is a tool developed by the Global Fund and partners in April 2014 to promote understanding of the new funding model among communities, civil society organizations and key populations and to provide information about participating in country dialogues and concept note writing.

92. All staff members in the Grants Management Division have undertaken a full-day, mandatory training on inclusive country dialogue processes.

Civil Society Principal Recipient Network

93. In 2014, the Global Fund Secretariat strengthened its partnership with the Civil Society Principal Recipient Network (CSPRN). The network includes around 50 international and national civil society organizations. Its membership and role complement the work of the CRG Department and Board Delegations for Communities, Developed Country NGOs and Developing Country NGOs. Consultations with the CSPRN, through regular conference call and the CSPRN annual meetings, focus on addressing key operational challenges confronting civil society organizations, sharing best practices, highlighting cases of poor practice and advocating on issues related to the new funding model roll-out and grant implementation. These dialogues inform the development and implementation of Global Fund policies, processes, tools, guidelines and communications.

Global Fund Advocates Network

94. The Global Fund Advocates Network (GFAN), established in 2011, brings together advocates, activists and affected communities in the global north and south, as well as Friends of the Global Fund organizations, working to advocate for full funding for the Global Fund and to build support for increased domestic funding for health. As of January 2015, GFAN includes more than 340 members from nearly 200 organizations in 68 countries.

95. The GFAN network, with support from International Civil Society Support (ICSS) and the Political and Civil Society Advocacy Department in the Secretariat, was highly active during the campaign for the fourth Global Fund replenishment in March to December 2013, and has begun preparation for the

next (fifth) Replenishment Campaign, to be kicked off in September 2015. Recent collaborations involving the Secretariat include:

- Events at the 20th International AIDS Conference in Melbourne in July 2014, including the GFAN Networking Zone in the Global Village, a satellite session on domestic financing, and a one-day GFAN Partners Strategy pre-meeting;

- Establishment of *GFAN Africa* and *GFAN Asia Pacific* hubs in 2014, and ongoing work with the Africa Civil Society Platform;

- Strategic discussions with the Bill & Melinda Gates Foundation and GFAN/ICSS on the development of the *New Venture Fund for Global Fund Advocacy (NVF for GFA)*, launched in February 2015, and

- Regular information calls between the Secretariat and GFAN advocates, sharing of information through GFAN emailing list, and active participation by the Secretariat in GFAN Strategy Meetings (Spring 2014 and 2015).

IV. Promoting and Protecting Human Rights

4.1 Background

96. Three decades of experience have shown that the promotion and protection of human rights are essential for increasing access to health services. Rights-based approaches to HIV prevention, treatment and care - which include creating enabling legal environments that safeguard rights - help to reduce vulnerability to HIV, ensure that HIV services are accessible to those most at risk and facilitate the participation of affected communities in HIV responses. On the other hand, laws that criminalize HIV transmission, sex between men, sex work and drug use, or that fail to protect the rights of women, children and people living with HIV, are major barriers to accessing HIV services and interventions. Bad laws and law enforcement practices also reinforce stigma and discrimination and hinder effective grassroots responses to the HIV epidemic.

97. There is a growing understanding of the human rights dimensions of TB and malaria. Both diseases are associated with poverty and social inequality and particularly affect people with poor access to basic services, those living in substandard housing or with poor sanitation. Malaria affects all people living in endemic regions, but particularly impacts pregnant women and children under five years of age, and may disproportionately affect migrants, internally displaced persons, forest workers, indigenous people, miners and prisoners. TB is major problems in prisons in many countries. Many of these populations have limited access to health services and experience human rights violations, such as lack of informed consent (for malaria) or abusive medical detention (for MDR-TB and XRD-TB patients). TB and malaria have often been depicted as diseases driven by biomedical determinants and solutions, but increasing attention is being paid to social determinants and the need to put people affected by TB and malaria at the centre of responses.

98. Analyses undertaken by Open Society Foundations in 2010 found that "the Global Fund has made a positive difference for the cause of scaled-up rights-related responses to HIV in many countries", but also noted that the Global Fund has supported "relatively few [countries] compared to need".[xvii] At the same time, UNDP reported that there has been "weak demand" from countries for support for human rights-related programming, and that nearly a quarter of human rights programs identified in successful proposals "did not make it into work plans".[xviii] The study by Pangea[xix] in 2012 found that there had been an increase over time in the number of proposals that included at least one activity addressing stigma reduction and/or rights promotion, but also concluded that there was a lack of legal assessment and reform, legal aid services and programming to promote legal literacy.

99. Recognizing the close links between human rights and health, Strategic Objective 4 of the Global Fund Strategy 2012-2016 commits the Global Fund to the promotion and protection of human rights. The strategic objective includes three specific commitments to 1) integrate human rights considerations throughout the grant cycle; 2) increase investments in programs that address human rights-related barriers to access, and 3) ensure that the Global Fund does not invest in programs that violate human rights. In addition to advancing these objectives, the human rights work undertaken by the Secretariat and partners in the last 18 months is intimately linked to other Global Fund strategic objectives, notably Strategic Objective 1 (Invest more strategically) and Strategic Objective 2 (Evolve the funding model) and the related work on gender, key populations and communities described in the preceding sections of this report.

4.2 Integrating human rights considerations throughout the grant cycle and increasing investments in programs that address human rights-related barriers to access

100. Following the recruitment of a Senior Technical Advisor for Human Rights in 2013, the Secretariat established the Human Rights Reference Group and worked with it to develop a plan to operationalize Strategic Objective 4 of the Global Fund strategy. The plan drew many of its elements from recommendations made to the Secretariat on human rights in previous consultations in New York (2011) and Johannesburg (2012).

101. The first phase of human rights-related work in the Secretariat through to the end of 2013 focused on developing tools, processes and procedures to begin operationalizing the Global Fund's strategic objective on human rights. The second phase in 2014 focused on addressing human rights-related risks in Global Fund-financed programs. Major accomplishments to date are described in this section and reflect close collaboration between the CRG Department, the Grant Management Division, the Legal Department, the Office of the Inspector General and other departments, as well as with external advisory groups and partners.

102. The focus of work for 2015 will be on revising and refining new initiatives as needed, communicating them externally and further embedding human rights considerations in the work of the Secretariat and the OIG. This will involve continuing work with countries to promote and ensure the inclusiveness of country-level processes and that these processes lead to technically sound human rights interventions in grants. Effort will be also focused on tracking and reviewing the human rights content of submitted concept notes and grants and increasing the availability of technical assistance for implementers.

Standard language in grant agreements

103. The inclusion of minimum human rights standards in all Global Fund grant agreements (known as "Framework Agreements") signed under the new funding model has been a key first step in integrating human rights considerations throughout the grant cycle. The new language provides that:

"**Respect for Human Rights** –

(X) The Grantee acknowledges that all Programs financed by the Global Fund are expected to:

   a)   grant non-discriminatory access to services for all, including people in detention;

   b)   employ only scientifically sound and approved medicines or medical practices;

   c)   not employ methods that constitute torture or that are cruel, inhuman or degrading;

d)   respect and protect informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered; and

e)   avoid medical detention and involuntary isolation, which, consistent with the relevant guidance published by the World Health Organization, are to be used only as a last resort.

The Grantee shall ensure, and shall require each Principal Recipient to ensure, that the standards listed above are duly reflected in the Principal Recipient's agreement with, or communicated in writing to, each of its Sub-recipients and Suppliers.

(Y) In implementing each Program, the Grantee shall take all necessary actions to ensure that each Principal Recipient, in a timely manner, discloses to the Global Fund any actual or potential non-compliance of the standards listed in [X] of this Section. If so requested by the Global Fund, the Grantee and/or relevant Principal Recipient shall cooperate with the Global Fund or any of its agents or representatives to ascertain the facts of any non-compliance so disclosed.

(Z) In the event that the Global Fund, based on information received or otherwise available, determines in its sole discretion that a Program has substantially failed to comply with the standards listed in sub-paragraph [X] of this Section, it may require the Grantee and/or the relevant Principal Recipient to establish a work plan to be approved by the Global Fund to address such non-compliance. The Global Fund may, in its sole discretion, additionally decide to restrict the use of Grant Funds to finance non-compliant Program Activities.

104. The language establishes grounds upon which the Global Fund can hold grantees accountable for ensuring that they undertake due diligence and monitoring with regard to the human rights practices of all recipients of Global Fund financing, and enables action to be taken to address non-compliance. The standard language also forms the basis of work that will be undertaken by the Office of the Inspector General to investigate human rights complaints (See Section 4.3).

Risk assessment and management

105. Ongoing monitoring and management of human rights-related risks in the Global Fund portfolio are essential to ensure compliance with the new standard language in grant agreements and to promote rights-based approaches more broadly.

106. In May 2014, the Global Fund and the Geneva Academy of International Humanitarian Law and Human Rights held a meeting on managing human rights risk in Global Fund grants. The meeting brought together over 60 experts in health and human rights, technical partners, representatives of key population networks and people living with HIV, donors, grant recipients, civil society organizations, Global Fund Board members and staff. The workshop reviewed research on challenging operating environments, with a focus on prisons and conflict settings, discussed punitive laws that affect key populations, and reviewed efforts to address human rights risk in programs supported by the World Bank and the European Investment Bank. Meeting participants made a number of operational recommendations to the Secretariat.[xx] They also urged the Global Fund Board to make a clear statement with regard to the Global Fund's policy on funding health programs in compulsory drug detention centres, sex worker rehabilitation facilities and programs that aim to change sexual orientation.

107. The Global Fund's Qualitative Risk Assessment, Action Planning and Tracking (QUART) tool provides a potential framework for the Global Fund to systematically monitor and manage human rights-related risks. Using QUART, Global Fund Portfolio Managers and Country Teams periodically rate 19 risks in four broader categories. When a risk is identified, various options to address it are specified. QUART currently includes "poor access and promotion of equity and human rights" as one of the 19 risks, under the broad category of "Health Services and Products Risks". However, the

contributing factors described for these risks in the tool focus broadly on equity considerations and are different from the human rights standards now used in Global Fund grant agreements. Analyses of the QUART tool by the UN Office of the High Commissioner for Human Rights and other external experts have recommended several changes to the tool, including:

- Mainstreaming human rights criteria into other risk categories beyond "health services and health products quality risk";

- Aligning the list of contributing risk factors with international human rights standards, and

- Revising the definition of severity to focus on human rights impacts that cause the gravest harm to people, the number of people impacted at present or in the future, and other changes.

108. Country Teams have consistently expressed the need for more effective tools and training to help them monitor and manage human rights risks. The CRG Department is collaborating with the Risk Management Department to update the QUART tool - including expanding or revising the contributing factors and severity ratings - so that it consistent with minimum human rights standards in grant agreements.

Human rights portfolio review

109. In late 2013, the Secretariat conducted an assessment of human rights-related activities being funded across the Global Fund portfolio, with the goal of evaluating the amount of money that had been invested in activities related to human rights in the period 2010 to 2012 and establishing a baseline for future evaluation purposes.[xxi]

110. The review found that past guidance on human rights published by the Global Fund did not specify clear priorities or activities for investment. It also showed that the Global Fund's previous system of indicators and service delivery areas used to measure investments and manage grant performance contained few that related to human rights. Because human rights activities tended to be grouped in a wide range of service delivery areas, the overall scope of activities and budgets related to human rights were often difficult to determine. The review was able to identify 34 countries – concentrated in Latin America and the Caribbean - with a total of 42 grants that included at least one human rights-related activity in the period 2010 to 2012. Most related to HIV grants; only three TB grants included human rights activities and none could be identified in malaria grants. The most common activities identified were training for police, health officials and health workers; legal aid services, and legal literacy programming. No funding for legal environment assessments or law reform was identified.

111. While recognizing the difficulties of identifying total investments, the review estimated that the Global Fund had invested approximately $4.3 million in service delivery areas that included human rights-related activities in 2010 to 2012. Of this amount, an estimated $3.2 million was actually spent on addressing human rights barriers to accessing health services in the three-year period under review.

112. Overall, the review highlighted both the inadequacy of human rights-related funding over the three-year period preceding the introduction of the new funding model, and major deficiencies in the Global Fund's ability to track such investments.

New funding model

113. Major activities and achievements to support integration of human rights into the new funding model over the last 18 months have included:

- Developing internal capacity and knowledge, including human rights as an element of a three-day CRG training for 24 regional CRG focal points in the Grant Management Division, and periodic brown bag lunches for Secretariat staff on human rights-related topics;

- Development of a new information note on human rights for HIV, TB, malaria and health systems strengthening grants;

- Preparing a paper that analyzes human rights in the context of malaria, presented to Roll Back Malaria, key population representatives and the Human Rights Reference Group;

- Convening the Global Fund's first workshop on human rights in the context of TB to better identify human rights barriers and interventions;

- Incorporation of human rights considerations into concept notes as part of country context. Applicants are required to identify key human rights barriers, including those relating to gender inequalities that may impede access to health services and existing programs that address these constraints.

- Incorporation of the Removing Legal Barriers (RLB) module in the new funding model template, based on the guidance in the information note, and consisting of five elements: legal environment assessments and law and reform; legal literacy and legal aid; training for police, officials and health care workers, policy advocacy on legal rights and community-based human rights monitoring. The module will make it significantly easier in the future for the Global Fund to track the number of human rights programs and the amount invested in them, both by funding stream, and across the portfolio, consistent with a new operational KPI (OKP13);

- Working with the TERG Thematic Review to assess barriers to funding health-related human rights interventions, and reviewing existing monitoring and evaluation indicators for these activities, leading to the development of new guidance and tools for monitoring and evaluation of RLB and community systems strengthening activities;

- Contributions to country profiles for use by Country Teams and the TRP, and

- Review of concept notes from selected priority countries, and interaction with the TRP and countries to refine human rights elements in proposals.

114. A recent review by the CRG Department of 119 concept notes approved by the TRP has shown that 72% of proposals identified human rights barriers to access, but a mere 10% included a funding request in the RLB module.[xxii] RLB requests were most common in HIV, HIV/TB and health systems strengthening components. More than $8 million in RLB investments was requested in indicative funding and more than $9 million was requested in above-indicative funding. The majority of requests in indicative funding were focused on two interventions: legal assessment/law reform, and legal literacy/legal aid. The majority of investments in above-indicative funding were focused on legal literacy/legal aid and community-based monitoring. While these amounts indicate an increase on past estimated investments, persistent focus in this area is required to ensure this trend continues. It is noteworthy that 50% of malaria concept notes and 65% of TB concept notes identified human rights barriers, but none of them included interventions in the RLB module. TRP comments on the first four windows of the new funding model broadly confirm these findings.

4.3 Ensuring that the Global Fund does not support programs that infringe human rights

115. In the last 18 months, the Global Fund has clarified its policies with regard to certain human rights violations and created a new reporting mechanism for human rights complaints. In the long-term,

ongoing and effective due diligence and human rights risk management by the Secretariat, Principal Recipients, partner organizations, human rights monitoring bodies and civil society groups will all be essential to ensuring that the Global Fund does not contribute to human rights violations.

Policy on funding services in compulsory detention centres

116. In October 2014, based on the commitment to minimum human rights standards in grant agreements, the Strategy, Investment and Impact Committee of the Global Fund Board approved a decision point on compulsory treatment programs and centers, which provides that:

- The Strategy, Investment and Impact Committee (the "SIIC") acknowledges the Secretariat's recommendations with respect to compulsory treatment programs or facilities, as set forth in GF/SIIC13/09, which recognizes the operational challenges in ensuring access to health services for persons detained in these facilities and the Global Fund's commitment to the closure of compulsory treatment programs and to avoid financing or supporting programs that infringe human rights.

- Accordingly, the SIIC decides the Global Fund shall not, as a general principle, finance any activities in or related to compulsory treatment programs or facilities where:
  o Individuals are detained without due process, such as legal representation and judicial review;
  o Medicines and treatment regimens are not scientifically sound or approved; or
  o There is torture or cruel, inhuman or degrading treatment, as understood under international law.

- However, consistent with the Global Fund's commitment to address gaps in life-saving treatment for key populations, the SIIC decides the Global Fund may finance scientifically sound medical testing, treatment, treatment services, and treatment monitoring for detainees of such compulsory treatment programs or facilities in exceptional circumstances, such as ensuring access to life-saving treatment to detainees in voluntary, community-based treatment programs located outside of such facilities. Such exceptions may be determined by the Secretariat, in consultation with relevant partners, provided that sufficient measures can be implemented and maintained to oversee and verify the conditions and utilization of such financing.

- The SIIC requests the Secretariat to periodically report to the SIIC on the implementation of this decision point and funding determinations made in the exceptional circumstances set out in paragraph 3 of this decision point.

The Secretariat will update its guidance to applicants to reflect this important decision.

Human rights complaints procedure

117. Individuals using Global Fund-financed services may now file a complaint with the Global Fund if the services do not meet the minimum human rights standards contained in grant agreements. Considerable work was undertaken in 2014 by a Complaints Procedure Working Group – comprising staff from the Office of the Inspector General (OIG), CRG Department, Legal Department and Grants Management Division - to develop this new human rights complaints procedure, which has been operational since November 2014.

118. The procedure enables complaints alleging a human rights violation related to a Global Fund grant to be filed with the Global Fund via the OIG whistleblower hotline. If a complaint is received by the Secretariat, staff members are encouraged to inform the complainant that she/he may use the whistleblower hotline. A complaint will be eligible for OIG investigation if the following criteria are satisfied:

- The complaint is about a Global Fund Principal Recipient, Sub-Recipient or Sub-Sub-Recipient;

- The complaint was submitted by an individual or group of people who were either directly affected by or who witnessed the alleged human rights violation; OR the complaint was submitted by another organization that supplies a signed authorization letter from those directly affected;

- The complaint potentially indicates non-compliance with one or more of the five human rights standards set out in the Global Fund Framework Agreement,

- The complaint is not solely about an employer-employee dispute; and

- The complaint is not solely about an alleged violation of other Global Fund procedures.

119. If the PR is a UN agency, the OIG will refer the complaint to the relevant UN audit office.

120. There may be occasions where a complaint is eligible for OIG investigation, but it is not feasible for the OIG to take further action (for example, due to security reasons). In such cases, with the consent of the complainant, the OIG may choose to share the information in the complaint with the relevant UN human rights mechanisms (such as the UN Special Rapporteur on the Right to Health).

121. If the OIG determines that a complaint is eligible for investigation, it will notify the complainant that an investigation into the complaint has been initiated. The OIG may also inform relevant Secretariat staff. The OIG will conduct its investigation in accordance with its standard procedures. This may involve conducting witness interviews, collecting relevant documentation and other evidence, and discussing activities with partner agencies.

122. If the investigation indicates that a Principal Recipient, sub-Recipient or sub-sub-Recipient failed to comply with the minimum human rights standards in Global Fund grant agreements, the OIG will consult with the Secretariat to create an agreed set of follow-up actions.

123. If the complaint is not eligible for investigation by the OIG, but does identify a potential barrier to access that may affect the performance of a Global Fund grant, the OIG will inform the complainant that the case is not eligible for investigation and that it has forwarded the complaint to the Secretariat. Further action will be led by the Country Team, which may decide to treat the matter as a critical grant management issue and recommend a specific course of action to address it. This could include raising the issue with senior government leaders, and/or implementing specific interventions funded by a grant that can be captured as new grant Management Actions or Conditions. The Country Team may also decide to seek partner advice, arrange for appropriate technical assistance or, if appropriate, work with senior Global Fund management and the Communications Department to issue a public statement.

124. In November 2014, the Canadian HIV/AIDS Legal Network held a three-day training for staff members in the OIG on human rights standards and investigative techniques to guide implementation of the new procedure. Further trainings and information sessions will take place for staff of the OIG, Legal Department and Grant Management Division in 2015.

125. The complaints procedure will be publicly launched by the Secretariat in the second quarter of 2015. Later in 2015, the OIG plans to launch a pilot campaign – to be called *Speak up!* - in a small number of countries to increase awareness of its complaints procedures.

Key Performance Indicator on human rights

126. In November 2013, the Global Fund Board approved a new Key Performance Indicator (KPI) Framework to align the organization's performance assessment with the Global Fund Strategy 2012-16. The framework was updated in November 2014. KPI 12 requires the Global Fund to track the

"percentage of human rights complaints against Global Fund-supported programs that are successfully identified through risk assessment tools and resolved through Secretariat policies and procedures". The indicator reflects a consensus developed during consultations in favor of focusing the indicator on managing the risk of human rights violations. The measure will compare risk of rights violations in supported programs against complaints successfully managed and resolved through Secretariat policies and procedures. The Secretariat and OIG will supplement data provided to the Board on KPI 12 with a narrative report. The longer-term impact of human rights protection on access to services by key populations has been incorporated into KPI 2 as a coverage measure focusing initially on the availability of population size estimates for key populations. As the KPI framework evolves, a service coverage measure may be adopted.

127. A baseline assessment undertaken in late 2014 found that the Global Fund handled 16 human rights-related cases in the period January 2013 to June 2014, prior to the implementation of the OIG complaints procedure. Of these, 10 were complaints that would have been eligible for OIG investigation under the complaints procedure approved in November 2014, and seven were investigated by the OIG and either resolved or closed. Because only three of the seven relevant country teams identified related human rights risk using risk assessment tools, the baseline KPI rating is around 30%. While the number of complaints resolved may be expected to improve as a result of the new complaints procedure, additional measures will be needed to help Country Teams assess human rights-related risks as a routine part of grant management.   –

128. A more detailed report on the Global Fund's historical management of human rights-related complaints is currently being developed.

Ethical sourcing of commodities

129. The Sourcing Department has recently begun an effort to examine issues related to the sourcing of commodities financed by the Global Fund. The assessment is examining issues such as the age of workers and environmental and safety risks in manufacturing facilities, and will provide a baseline for possible future work, such as improving the environmental and social profile of supply chains, strengthening codes of conduct for suppliers or implementing other due diligence requirements for manufacturers and suppliers.

V.   Strategy and policy processes

130. The CRG Department is participating in and/or keeping CRG constituencies informed about major strategy and policy processes currently underway, two of which are highlighted in this section.

5.1   Strategy development and discussions on the development continuum

131. In November 2014, the Secretariat hosted a discussion on the next Global Fund Strategy and the development continuum. The Discussion involved over 30 representatives of community and civil society organizations and networks, including those involved in the CRG Advisory Group, Human Rights Reference Group and Joint Civil Society Action Plan Task Team.

132. The discussion's objectives were 1) to get participants "up to speed" on Global Fund strategic processes over the next 12 months, particularly relating to the development continuum and the next Global Fund Strategy; 2) to identify key questions (from the perspective of communities and civil society) to be addressed within these processes, with attention to countries in transition and challenging

operating environments; and 3) to identify a roadmap and set of principles to take this work forward, ensuring meaningful involvement of communities and civil society.

Key issues identified in the discussion included:

- The need for the Global Fund to refine its approach to countries with high disease burdens that are transitioning to middle-income status and where there is limited political willingness to support interventions for key populations;

- The need for clearer definitions and more refined Global Fund approaches to supporting programs in challenging operating environments and fragile states, including the importance of support for civil society in these settings;

- Processes and support needed for the meaningful involvement of civil society in discussions on the new Global Fund Strategy, the effective use of existing Global Fund and civil society platforms for these consultations and ensuring that civil society inputs and concerns are used and addressed;

- The need to refine and differentiate the Global Fund's approach to key populations across the three diseases.

133. The CRG Department, relevant Board delegations and partner organizations will help to support ongoing civil society participation in and sharing of information about the strategy development process, including planning and supporting civil society/community consultations at and around the Global Fund Partnership Forum and the development of issues briefs on key strategy discussion areas. A fundamental issue to address will be how to define the Global Fund's future CRG work in the new strategy, whether as part of an expanded human rights objective, by the integration of CRG issues across the strategy, or through a mixture of these approaches.

5.2 Equitable Access Initiative

134. The Global Fund is participating in the Equitable Access Initiative, an effort launched in early 2015 to better inform international decision-making processes on health and development, explore new strategies to measure a country's health needs and capacities, and to help ease the transition of countries from low-income to middle-income status. The initiative is a collaboration between GAVI, the Global Fund, UNAIDS, UNICEF, UNDP, UNFPA, UNITAID, WHO and the World Bank. The CRG Department, in collaboration with the Executive Office, is keeping civil society constituencies informed about this initiative.

VI. Conclusions

135. A substantial body of work has been undertaken in the Secretariat over a relatively short period of time to increase attention to community, rights and gender at the Global Fund and to embed CRG principles into Global Fund policies and practices. Strong commitment to CRG-related issues and a desire to advance the Global Fund's strategic objective on human rights are evident across the Secretariat, as shown by the enthusiastic participation of many Secretariat teams in CRG-related activities. The close collaboration between the CRG Department, Grant Management Division, the Legal Department and the Office of the Inspector General has been particularly important. There has also been strong support from the Executive Office and the Strategy, Investment and Impact Committee of the Board, and from several Board delegations.

136. The CRG-related activities described in this report are making important contributions to achieving the objectives set out in the Global Fund strategy for 2012-2016, notably, to increase the Fund's focus on high-impact interventions that address gender, key populations and communities, and the promotion and protection of human rights. Addressing CRG-related issues and implementing the new funding model are mutually reinforcing. On the one hand, CRG activities are helping in significant ways to realize the full potential of the new funding model and establish it as the one of the most dynamic and inclusive approaches in global health financing. At the same time, the new funding model has provided an important platform to advance work on community, gender and rights in countries. The Global Fund's intensified focus on CRG issues is also helping to strengthen and expand the Global Fund's range of partnerships, particularly with civil society.

137. The creation of the CRG Department as a focal point for this work has been critical, and staff across the Secretariat recognize and appreciate the Department's added value, leadership role and technical capacity. It is noteworthy that, to date, the CRG Department provided extensive pre-concept note inputs into 100 components and 12 regional grants and reviewed 70 of the 141 country concept notes and 10 of the 16 regional concept notes submitted. The new CS Hub coordinated by the CRG Department has significantly strengthened coordination, information exchange and alignment of activities undertaken with civil society across the Secretariat.

138. CRG-related work since mid-2013 has focused largely on "getting things moving" by strengthening Secretariat capacity, knowledge and coordination, developing basic tools for use by applicants under the new funding model, implementing new policies and procedures, and strengthening partnerships. Initial analysis suggest that these efforts have already had impact in terms of improved CRG analyses in concept notes and increased participation in Global Fund processes at global, regional an country levels. Whilst increased investment is also evident, realizing significant improvement in funding requests for CRG-related activities and strengthened country programming will take time and a persistence in focus.

139. Addressing these key challenges, realizing the full impact of the work to date and further institutionalizing CRG at the Global Fund will not be achieved by a single department in a single year. It will require a sustained effort at all levels of the organization, adequate resources, effective monitoring and strong partnerships with civil society in the years ahead.

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