

41st Board Meeting

Community, Rights and Gender Report

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Board Information

Purpose of the paper: This is the Global Fund's fifth Annual Report to the Board to update on activities undertaken by the Secretariat in collaboration with partners to advance human rights and gender equality, address the needs of key and vulnerable populations in policies and programming and strengthen community systems, responses and engagement in line with the Global Fund's Strategy 2017-2022.

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I. Executive Summary

As the Global Fund reaches the mid-point of its current strategy and prepares for the 2020-2022 allocation period, this report reflects on progress made and challenges that remain in its efforts to advance human rights and gender equality, meet the needs of key and vulnerable populations in policies and programming and strengthen community systems, responses and engagement for impact in countries.

The report highlights Global Fund contributions in achieving equitable access and its commitment to 'leaving no one behind' in responses to HIV, TB and malaria. It outlines the thought leadership and work of the organisation in promoting and supporting the scale-up of community-based and -led responses as core elements of resilient and sustainable systems for health. This work has included a concerted effort to promote and facilitate effective collection and use of data and evidence to inform programming and decision-making.

Throughout 2018, the Global Fund's approaches to identifying and managing gender- and human rights-related risks has evolved, as have its internal processes to coordinate Secretariat-wide responses to human rights crises.

In preparation for the next funding cycle, in a process coordinated by the Community, Rights and Gender (CRG) Department, the Secretariat is systematically reflecting on how the Global Fund can apply a community, human rights, gender and key populations lens to all aspects of its work. This requires sustained, differentiated and systematic efforts to fully leverage human and financial resources across the Secretariat and through innovative and wide-ranging partnerships, especially with regard to malaria and TB and to advance the universal health coverage agenda.

The examples highlighted in the report aim to demonstrate progress in countries working in partnership with the Global Fund and others to achieve equitable and sustainable access to people-centred, rights-based and evidence informed services that place communities affected by the three diseases at the center of health and development responses.

Despite significant achievements to address equity and rights issues in the 2017 – 2019 Global Fund allocation period, major challenges remain. Gender and rights-related barriers to critical services persist across the diseases, and yet many national responses to them remain inadequate, particularly for TB and malaria. In too many countries, key and vulnerable populations remain underserved, unheard, subject to violations of their rights, and without adequate access to comprehensive, quality prevention, treatment and care. A sustained effort will be needed to tap the full potential of community-led responses as critical contributions to ending the HIV, TB and malaria epidemics.

II. Leaving no one behind: Towards equitable access to health services

The Global Fund's strategic focus on addressing gender- and human rights-related barriers to services - particularly for people who are under-served – has a key role to play in advancing and reinforcing Universal Health Coverage (UHC) and progress towards the Sustainable Development Goals (SDGs). A key aspect of this work is supporting the development and uptake of tools to assess equity gaps and other barriers to access and working across sectors to identify solutions and programmes to address them. Community engagement and leadership are critical factors in the success and sustainability of these efforts. As more data become available from the rollout of tools and initiatives such as the Malaria Matchbox tool, the TB CRG assessments, UNAIDS Gender Assessments, Key Population program assessments, and the human rights Breaking Barriers Initiative, more opportunities arise for the Global Fund and partners to focus investments in the right places for the right people so that no one is left behind.

Niger: Taking an equity approach to malaria elimination

The malaria response in Niger highlights the value of an equity-focused approach. Malaria is endemic in Niger, with an estimated 7.7 million cases in 2017 and 17,000 deaths. The Global Fund continues to support Niger's malaria response with a EUR 60 million grant for the period 2018-2020, and the country has increasingly adopted a community, rights and gender lens to sharpen its strategy. In 2018, Niger piloted the Malaria Matchbox, an equity assessment tool developed by the CRG Department and partners, and funded through the CRG Strategic Initiative. Working with Malaria No More and local communities, the National Malaria Control Program used the tool to collect data in Niamey and Maradi regions to identify gaps in service coverage. The analysis identified specific populations - such as pregnant women, migrants, and women and children in rural areas – that face unique barriers to accessing health services. As a result, the country has created an action plan to better reach these populations and integrate community participation in the malaria response.

South Africa: Integrated, multi-sectorial responses for adolescent girls and young women

Aligning closely with PEPFAR/DREAMS, the Global Fund has a focused effort in 13 sub-Saharan African countries to reduce new HIV infections among adolescent girls and young women (AGYW). South Africa's HIV programme has AGYW as a top priority, with matching funds having been made available for both AGYW and human rights. More than US\$ 78 million (21% of the total allocation) is allocated for combination prevention targeting in- and out-of-school adolescents and youth aged 15 to 24 years. By the end of year 3, the program aims to reach 188,000 adolescent girls and young women aged 15-24 years in 12 priority sub-districts with a defined core package of services. The package of interventions includes life skills for in-school and out-of-school boys and girls, community mobilization and economic empowerment, as well as innovations such as PrEP for AGYW and self-testing for at-risk young men. In addition, school management structures will be strengthened to better support the delivery of HIV prevention programs.

The program also builds on synergies between programs for adolescent girls and young women, community systems strengthening and programs to reduce human rights-related barriers, including building the capacity of AGYW-led and community-based organizations working on access to and quality of services.

Tanzania: TB activists connecting communities to national responses

In Tanzania, the African Coalition Against TB (ACT), a CRG Strategic Initiative partner, undertook advocacy that led to a stronger partnership between the National TB and Leprosy Program (NTLP) and community-based TB advocates. This included the formulation and validation of a community action plan to address policy, program and data gaps identified in the human rights and gender assessments, carried-out in 2017; the development of an advocacy strategy to tackle stigma and discrimination, diagnostic and treatment constraints, as well as to support the implementation of the TB workplace policy; and the establishment of the "Community and TB Care Technical Working Group", endorsed by the NTLP to define models of interventions that bring TB services closer to the communities.

Breaking down barriers: A 20-country initiative to reduce human rights-related barriers to access

Substantial progress has been made in the last year in the Global Fund's five-year initiative to reduce human rights-related barriers to HIV, TB and malaria services through the provision of intensified technical support. Baseline assessments have been completed and countries are beginning to develop and scale up plans to comprehensively address human rights-related barriers to services. More detailed information appears in Annex I.

In **Ukraine**, the Global Fund is supporting prevention, treatment and care programs for people who use drugs, gay and other men who have sex with men (MSM), trans women, sex workers and people in detention, as well as the broader community of people living with HIV. Sustainability of such services is envisaged with a government commitment to gradually assume program costs from domestic resources, with 80% to be covered by the end of the grant. Increased investment in programs to remove human rights-related barriers to TB and HIV services is critical to the effective implementation and sustainability of these programs. Ukraine was one of the first countries to commit to a comprehensive response to stigma and discrimination and other human rights-related barriers to HIV and TB services, and has developed a Strategy for a comprehensive response until 2030, and a strategic plan for its implementation for 2019-2022. The strategy was developed through a multi-stakeholder consultative process coordinated by the Country Coordinating Mechanism (CCM), which will provide oversight for its implementation. The Public Health Center, the main government entity coordinating the HIV and the TB responses, has committed to institutionalize the Working Group that developed the Strategy and plan under its auspices, and to apply lessons learned from removing human rights-related barriers to Universal Health Coverage.

In **Mozambique** and in other countries, a multi-stakeholder meeting held as part of the 20-country initiative provided a forum in which communities - including people who inject drugs, sex workers and men who have sex with men - and government openly discussed for the first time the human rights-related access barriers to HIV and strategies and programs to address them. With Global Fund funding, Mozambique is now expanding peer-para legal programs, 'Know your rights' programs, strengthening free legal aid provided by the Ministry of Justice, and programs to reduce stigma and discrimination, all with the aim of increasing uptake of testing, prevention and treatment services.

Mozambique is also pioneering human rights-based initiatives for miners and their families in Gaza province, who experience high rates of TB. Despite progress achieved through the implementation of the TB in the Mining Sector (TIMS) Program, several challenges persisted. In response, the African Coalition Against TB (ACT Africa), funded through the CRG Strategic Initiative, partnered with a local miners' organization to formulate a community mobilization and advocacy plan. Inputs to the advocacy plan were collected through a community consultation that engaged more than 40 TB advocates and peer educators drawn from miners and ex-miners. The plan will address key human rights barriers hampering the effectiveness of TB interventions, such as lack of awareness about available health services, health seeking behaviours that favour traditional healing, and lack of cross-border referrals to enable continuation of treatment between health facilities.

In **Tunisia**, where the HIV epidemic is concentrated among key populations, criminalization of drug use, homosexuality and sex work, as well as discrimination against and abuse of key populations by health care workers and police, prevent many of people at risk of HIV from seeking services. As part of the Global Fund's 20-country initiative, Tunisia conducted a baseline assessment in 2018 to better understand human-rights related barriers to services and how to address them. The country is now developing a comprehensive package of interventions to reduce human-rights related barriers to accessing HIV services. In the latest grant, this included programs to address stigma and discrimination, document and monitor human rights violations, and provide key populations with human rights training and legal support. Global Fund financing allocated to programs to reduce human rights-related barriers to services in Tunisia has increased more than 200% from the previous allocation cycle, representing 13% of the overall allocation in the country's recent funding request. This increase in investment demonstrates the country's growing commitment to reduce human rights-related barriers and shows the positive impact of Global Fund support, including the catalytic effect of matching funds.

Partnering to advance Universal Health Coverage

The Global Fund and partners such as the RBM Partnership to End Malaria (RBM) and Civil Society for Malaria Elimination (CS4ME) have been promoting equity and a person-centred approach for malaria programming, as a pre-condition to the achievement of UHC, in part by developing appropriate messages around human rights and gender equality at high-level events. Recent milestones include the World Malaria Congress; the “Right to Health” side-event held at the 40th Session of the Human Rights Council in Geneva; the launch of the 2018 World Malaria Report in Maputo; and the 2019 high-level World Malaria Day event in Paris in April 2019.

The CRG department has also worked with global community and civil society organizations, as well as technical partners (Aidsfonds, the Free Space Process, Frontline AIDS, International Council of Aids Service Organizations (ICASO), MPact, Stop TB Partnership, UNAIDS and WHO), to develop a discussion paper on community responses for health to inform and contribute to discussions around UHC and the evolving global health architecture. The paper confirmed that there is a growing number of evidence-based examples of the concrete and significant impact of community responses and emphasizes that community responses should be recognized as critical to achieving the SDGs. In Samrong, Cambodia, for example, improved TB treatment outcomes have been achieved through interventions by health volunteers, some of whom have themselves had TB. The volunteers seek out people affected by TB and organize village gatherings to teach communities about the disease and its prevention. This approach has improved community members’ access to TB services, raised awareness and reduced stigma related to the disease.¹

Through active engagement with other global health entities as well as community and civil society partners, including through the Global Action Plan, Accelerator 3 Working Group, and using the opportunity of events such as the Berlin World Health Summit, the Africa Health Agenda International Conference (AHAIC 2019) in Kigali, and the upcoming UHC2030 Multi-Stakeholder Hearing, the Global Fund continues to leverage best practices and lessons learned from HIV, TB and malaria and use its position globally and in countries to advocate for leaving no one behind, and to strengthen efforts towards [“The UHC that we want”](#)².

Supporting high-level political commitment to the TB response

2018 was a historic year for the TB community with the convening of the first-ever UN General Assembly high-level meeting on tuberculosis. Major TB networks (Global Coalition of TB Activists (GCTA), ACT, TB People, and TB Europe Coalition (TBEC) funded through the CRG Strategic Initiative contributed to mobilizing and elevating community voices in a coordinated global advocacy effort to influence the Political Declaration on TB. These contributions ranged from sharing information and securing inputs from civil society, mentoring people with or who have had TB to participate, direct advocacy with government officials and Heads of State, and engagement in the finalization of the multisectoral accountability framework.

III. Person-centered systems for health: In pursuit of quality, responsiveness and accountability

Community engagement and action are recognized as integral to improving health outcomes. Despite global frameworks such as the SDGs; international commitments on specific diseases such as the 2016 UN Political Declaration on HIV/AIDS; and strategies of key global institutions such as the WHO Framework on Integrated People-Centered Health Services, community systems and responses remain under-utilized.

¹ <https://www.theglobalfund.org/en/community-responses-systems/>

² <https://apcaso.org/wp-content/uploads/2017/12/v1-Final-UHC-AP-Statement-for-UHC-Forum-2017.pdf>

Breaking down silos: Building stronger systems for health

The Global Fund recognizes that resilient and sustainable systems for health (RSSH) that are able to respond to emerging epidemics and provide integrated, people-centered health services³ are fundamental to fostering healthy, prosperous and stable communities. This is clearly articulated in the Global Fund 2017-2022 Strategy and is critical to achieving both disease-specific goals and broader health outcomes, including UHC. Systems for health, differently from health systems, do not stop at a health facility, but run deep into communities and enable health services to reach the most vulnerable and marginalized.

Seeking to broaden the discussion on how to better plan for resilient and sustainable systems for health, the Global Fund organized a workshop on “Meaningful Partnerships for Health: the Role of Communities” at the Global Symposium on Health Systems Research in Liverpool in October 2018, in partnership with MPact Global Action for Gay Men’s Health and Rights, Pediatric-Adolescent Treatment Africa, Frontline AIDS, Indian National Health Systems Resource Centre, WHO and UNICEF. The event highlighted how health responses are often designed without the meaningful engagement of communities, which are subsequently left to define their own priorities and work in silos. Bio-medical and health system-centric models under-acknowledge the impact of social determinants of health and restrictive environments in countries where the space for civil society engagement remains limited, especially for marginalized, excluded and criminalized communities. Discussions at the workshop acknowledged that the way formal health systems are structured, power dynamics and limited access to predictable resources all limit the ability of communities to engage effectively. Opportunities were identified to advance inclusive processes and governance, develop metrics on community engagement and build partnerships that actively address power inequalities. Additional opportunities were discussed at district and health facility levels where models of clinic-community collaboration and pooling of data for decision-making provide good examples of community engagement

The Global Fund continues to encourage strategic thinking around diverse types of community responses, ranging from approaches that are closely linked with the formal health system, such as community health workers, to those that are self-directed, such as key population networks. A publication examining these issues, ‘[Focus On: The Crucial Role of Communities](#)’, was published in April 2018.⁴ In 2019, ongoing work to encourage recognition of the full range of community responses and the different systems strengthening required to support them will be coupled with a greater focus on community-led and community-based organizations and incorporated into guidance for the next allocation cycle.

Kenya: building a holistic approach to community, rights and gender across populations

In Kenya, an estimated 1.5 million people are living with HIV, and there are more than 50 000 new infections each year. ART coverage has reached 80 percent. Consultation and partnership with affected communities are a critical part of the country’s approach as it works towards its goal of eliminating new HIV infections and ensuring universal access to treatment. For example, the current grant provides key population matching funds to strengthen existing key population networks, increase access to services, and support a legal literacy campaign and monitoring of human rights violations. These funds also enable the tailoring of services for those most at risk within key population groups such as prevention and outreach for young key populations, support groups for MSM living with HIV, and differentiated testing for women who inject drugs. In addition, Kenya has taken a holistic approach to addressing the unique vulnerabilities of adolescent girls and young women. Kenya also involved young people, parents, community leaders and others in designing a youth strategy and building the capacity of youth organizations to act as sub-recipients. The country is now implementing a core package of interventions in five counties that includes behavior change, sexuality education, gender-based violence prevention, and other essential elements of HIV-related prevention, treatment, care and support. One county is also

³ <https://www.who.int/service-delivery/safety/areas/people-centred-care/en/>

⁴ https://www.theglobalfund.org/media/7263/publication_communityresponses_focuson_en.pdf?u=636825488930000000

implementing a cash transfer program to help keep girls in school. Kenya has put in place solid groundwork to better support young people's health and rights well into the future.

Community-based monitoring for quality, responsiveness and accountability

The Global Fund continues to advocate for community-based monitoring (CBM) as a cost-effective approach to improving the quality and responsiveness of programs, as well as oversight and accountability. In July 2018, the CRG department co-organized a Regional Community-Based Monitoring Workshop with Alliance Cote d'Ivoire. Participants from 10 countries in West Africa came together with support from International Treatment Preparedness Coalition West Africa (ITPC-WA), Réseau Accès aux Médicaments Essentiels (RAME), Expertise France, Médecins Sans Frontières (MSF), Malaria No More and Stop TB Partnership. During the workshop, participants discussed key success factors and challenges faced by community observatories in data collection and use of data for advocacy at local, national and regional levels.

The CRG Department is convening cross-departmental discussion in the Secretariat on how to further integrate CBM into Global Fund processes for improved oversight, risk mitigation, and greater community ownership and engagement in Global Fund grants. As a result, there has been increased collaboration with the CCM Hub and Risk Team to highlight the added value of CBM, as well as to coordinate efforts to better link data being generated with CCM oversight mechanisms. Welcoming the recommendation from the TERG Thematic Review on RSSH to scale-up CBM, as well as the Technical Review Panel (TRP) recommendations for the inclusion of CBM in grants, the CRG Department continues to work collaboratively across the Secretariat, with the regional CRG Strategic Initiative regional platforms and with other partners to prioritize and leverage further support for CBM.

Integrated TB, HIV and malaria programs in Ghana

With support from the CRG Department and the Country Team, Ghana has developed comprehensive and integrated human rights, key populations and community system strengthening programs for HIV, TB, and malaria in its current Global Fund grant. Matching funds for human rights and key populations support comprehensive key populations programs by enabling peer educators to deliver programs and raise awareness about human rights. The aim of the grant is to increase access to justice through integrated legal programs, such as 'Know your rights', peer paralegals and a 'hotline' service linked to rapid legal aid through local human rights organizations. To ensure successful implementation of these programs, community systems strengthening interventions support capacity building of community organizations and key population networks on disease responses as well as TB and HIV community-based monitoring for stigma, discrimination, breaches of medical confidentiality and other human rights violations as part of service quality monitoring.

IV. Communities at the heart of Global Fund processes: “Nothing about us without us”

The principle of empowering people most impacted by HIV, TB and malaria at every entry point in the grant, strategy, and replenishment cycles is central to the Global Fund model. Much of the progress made to promote this approach over the last 12 months has been achieved through the Community, Rights and Gender Strategic Initiative, as well as in the context of CCM Evolution and the work of the Civil Society and Political Advocacy Department, working hand-in-hand with the Global Fund Advocates Network.

Recognising the unique expertise that lies within communities and civil society, the Global Fund Secretariat has worked with various national, regional and global community and civil society networks and organisations to enable the delivery of support to constituencies across a range of critical issues. For example, consistent with the Board and Secretariat's focus on sustainability and transition, and the critical need for communities and civil society to fully participate in related processes, the Global Fund supported its regional community network partner in the Middle East and North Africa (MENA) region (International Treatment Preparedness Coalition Middle East and North Africa (ITPC-MENA)) to bring representatives together from Morocco, Pakistan, Jordan, Tunisia, Algeria, Egypt, Pakistan and

Lebanon to facilitate south-to-south knowledge exchange in response to sustainability and transition challenges facing the region.

In Montenegro, the Country Team, the Eastern Europe and Central Asia region (EECA) Sustainability, Transition and Co-Financing Specialist, and CRG advisors have worked to leverage technical assistance to support local community implementors to develop and design an innovative outreach program for key populations. This program will be funded using Global Fund resources made available via a social contracting pilot. The initiative has gained the attention of actors across the sub-region with Serbia now considering a similar approach.

Costa Rica: Putting communities at the center of sustainability and transition planning

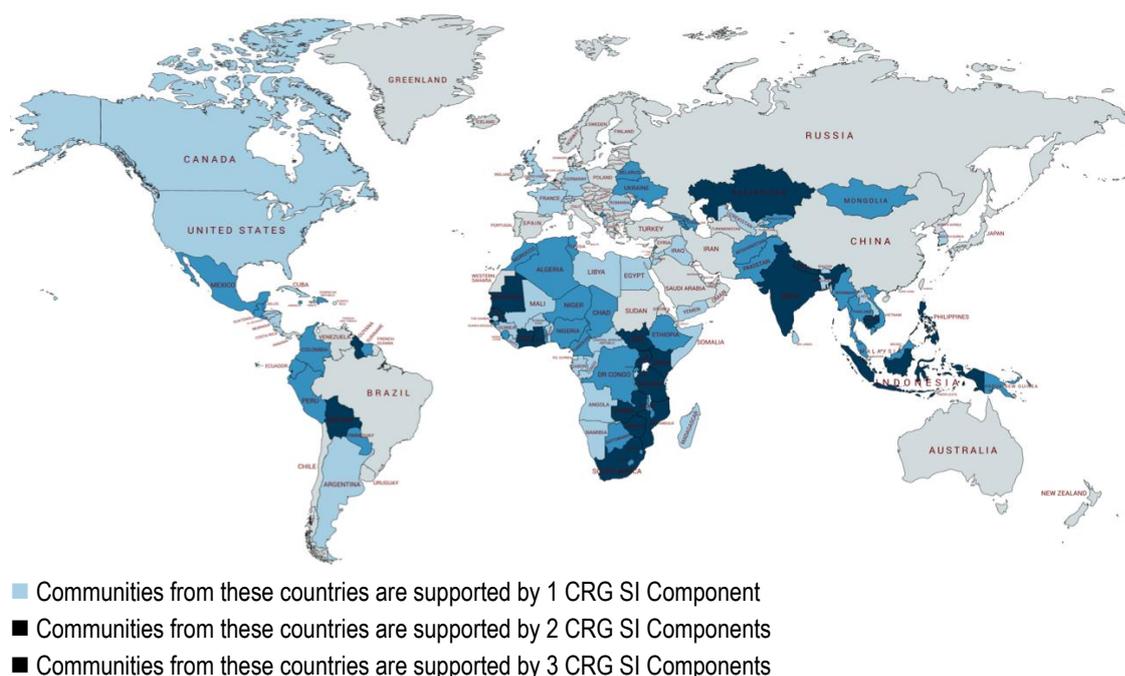
Costa Rica is in the process of transitioning away from Global Fund financing of its HIV response. Currently, the entire grant is directed towards key population services, human rights and related systems development. To support smooth transition planning, the country has drawn on the expertise of key populations, such as men who have sex with men (MSM) and trans women. These communities have contributed consistently to the country’s planning process, including the development of a national sustainability strategy and the latest Global Fund funding request. As a result, Costa Rica’s sustainability and transition plans have the support of communities affected by HIV, ensuring that the country is better positioned for long-term success. The country’s sustainability and transition workplan includes specific programs to ensure that key populations continue to receive comprehensive health services, such as funding key population organizations to provide prevention services.

CRG Strategic Initiative: Mid-point in implementation

The Global Fund continues to work with community and civil society partners to align, collaborate, and leverage work across the three components of the CRG Strategic Initiative to ensure meaningful and engagement in Global Fund-related processes. Similarly, through the Coordination Mechanism, the CRG Strategic Initiative shares updates with other donors (Initiative 5% (France), Gesellschaft für Internationale Zusammenarbeit (GIZ, Germany)), technical partners (UNAIDS, Stop TB, RBM), and Secretariat teams (CCM Hub, STE SI) to identify opportunities for further synergy. The CRG Strategic Initiative launched a robust monitoring, evaluation, and learning (MEL) framework in May 2018 to capture its diverse work and wide reach through regular partner reporting.

As of December 2018, communities from 108 countries are involved in Global Fund related processes through the Strategic Initiative (Figure 1).

Figure 1: Reach of CRG Strategic Initiative



A snapshot of progress across the three Components is outlined below, and a more comprehensive update can be found in Annex II.

Component 1: Demand driven, community responsive, short-term technical assistance

Since the start of the CRG Strategic Initiative in July 2017, 65 TA assignments related to HIV, TB, malaria and systems for health have been delivered. Some countries have requested multiple TA assignments. For example, Guinea-Bissau had two assignments, the first of which led to the design of the first National Plan to support HIV prevention for AGYW, with strong engagement from civil society organizations. The second assignment is rolling out the Malaria Matchbox tool to assess program gaps affecting the dynamics between underserved populations and primary health care services for malaria control.

Component 2: Longer-term capacity strengthening

Key population regional and global network partners are strengthening the capacity and advocacy abilities of 36 key population organizations/networks and their sub-partners operating in 66 countries in all six Global Fund regions. Key population organizations, their sub-partners and community constituents engaged in more than 17 advocacy campaigns informed. Topics covered included Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) funding cycle factors, human rights violations, stigma and discrimination, social contracting, watchdogging, development of national strategic plans, CCM representation, transition and sustainability, and strengthening the evidence base.

From June to December 2018, seven TB and malaria community partners implemented activities in 24 countries in all six Global Fund regions (see CS4ME below and section II).

In Nigeria, ACT Africa collaborated with local partners to organize a civil society consultation to the UN high-level meeting on TB. The meeting strengthened the capacity of people affected by TB and national and regional networks of TB activists to effectively engage in TB programs, and mobilized a pool of African regional and national TB advocates in TB financing, advocacy, community systems, human rights, and gender. The meeting also helped to improve the level of TB constituency representation on various national platforms including the CCM, and led to development of an Advocacy Roadmap. ACT Africa and its constituents are now working on a UN high-level meeting on TB post-event to domesticate the political declaration and ensure effective and timely implementation of actions. Outcomes of consultations and the UN high-level meeting include renewed motivation for civil society and TB-affected communities to undertake advocacy efforts on domestic financing and better policies for TB, as well as improved communication and coordination among civil society and TB-affected communities.

Addressing the data gaps for trans communities

In Belize and Peru, with support provided through the CRG Strategic Initiative, GATE conducted two workshops in late 2018 to increase knowledge and understanding among 30 transgender activists to better engage in monitoring and oversight of Global Fund processes, using their *Monitoring and Oversight Tool for Transgender Communities*. During these workshops, GATE facilitated mock CCM sessions, providing participants with the opportunity to gather information, strategize, and present the needs of the transgender community to mock CCM "members". The lack of data on the situation of transgender communities was a consistent theme, and participants committed to seeking funding for research and TA to design and implement research studies to fill data gaps that continuously lead to neglect of transgender persons in HIV, TB and malaria responses. Collaborating with the LAC Regional Platform host Via Libre, two TA requests were developed out of these workshops and submitted to the CRG Strategic Initiative in early 2019.

Component 3: Regional Coordination and Communication Platforms

Regional Platform activities supported communities in 98 countries where the Global Fund invests to engage in Global Fund-related processes.

For some topics, such as human rights and gender, there was an identified need to skill-up consultant capacities by bringing together those with specific implementation expertise and those with human rights proficiency. As a result, funding from the Strategic Initiative and Initiative 5% (France) enabled

RAME to convene a five-day human rights and gender training in Burkina Faso in November 2018. The training allowed the 30 participants to apply new skills and knowledge to strengthening human rights and gender elements of Global Fund-supported programming in their countries. Participants from Madagascar returned home to combine human rights elements into the service package they deliver, while a participant from Niger trained community treatment observatory data collectors on issues of data security and confidentiality. A participant from Cameroon integrated human rights and gender components into advocacy for access to care and treatment for lesbian and transgender women.

Jamaica: Striving for a sustainable response

Jamaica is part of the Global Fund initiative in 20 countries to scale up programs to reduce human rights-related barriers to health services, and has received key population and human rights matching funds. Through the human rights baseline assessment and multistakeholder meeting, country partners prioritized programs for a comprehensive human rights response, resulting in a 400% increase in funds allocated to programs to address human rights-related barriers during the grant-making process. To ensure sustainability of the programs to address human rights-related barriers and the response for key populations as a whole, country stakeholders and the Global Fund Country Team will support Jamaica to include costed and comprehensive human rights programs in the National Strategic Plan for Sexual and Reproductive Health and HIV.

Making HER Voice heard: Meeting young women and girls on their own terms

To strengthen engagement and participation of adolescent girls and young women in decision-making spaces across the Global Fund cycle and in national policy-making processes, the Global Fund established a “meaningful engagement fund”, known as HER Voice, that is managed by civil society aims to address administrative, logistical and communication barriers to engagement of this specific population. Some 200 small grants have been awarded to community-based groups, networks and organizations working on issues for young women and girls’ across 13 countries with high HIV incidence among adolescent girls and young women.

CCM improvement and evolution: prioritizing community engagement

The CCM Evolution assessments of 18 CCMs showed that, in relation to engagement, 11% of CCMs are “Working Towards Functional”, 78% “Functional” and 11% “Engaged”. CCMs lack engagement of key stakeholders, especially participation of community and civil society representatives in critical processes such as data-driven discussions, program revisions, and grant-making. As a result, the CCM Hub and CRG department are working to strengthen leadership and capacity of CCM civil society representatives to engage in Global Fund processes. Through the CRG Strategic Initiative, TA has been provided to nine of the 18 CCM Evolution countries, and the Secretariat is working closely with GIZ to coordinate support to community partners for CBM-related activities supporting the CCM Evolution process.

CCM Composition

CCMs should reflect the diversity of communities affected with and responding to the diseases, including gender parity. In 2018, 43% of CCM membership globally identified as female, and 1% as transgender. Some sectors are better at ensuring women’s participation: 46% of civil society CCM members were women, while faith-based representation is 24% female. Notable progress has been made in the participation of transgender people in CCMs. In 2015, 21 people self-identifying as transgender were sitting on 17 CCMs, either in Latin America or Asia, while 35 transgender people were sitting on 23 CCMs across regions by the end of 2018, including in Africa (Lesotho, Liberia, Mozambique, Malawi, Mauritius) and Eastern Europe (Belarus). Improved data collection on trans issues, visible organizing efforts by trans advocates and Global Fund support for prioritizing key population have contributed to this increased engagement.

Building momentum for change among malaria civil society organizations

During the Malaria Congress in Melbourne in June 2018, the first Network of Malaria civil society organizations was created: CS4ME (Civil Society for Malaria Elimination). The network is comprised of national, regional, and global civil society and community organizations working in malaria, with the aim of jointly advocating for more effective, sustainable, people-centered, rights-based, equitable and

inclusive malaria responses. Over the last year, CS4ME has been supported through the CRG Strategic Initiative and the Civil Society and Political Advocacy Department in the Secretariat (see section VII).

V. Managing risk: Charting new territory while doing no harm

Managing grants in a human rights crisis: A cross-Secretariat-and-OIG approach

In 2018, the Secretariat developed guidance on ‘Managing Grants in a Human Rights Crisis’. A collaboration between the CRG, Grant Management, Policy Hub, Risk, Legal, and Political and Civil Society Advocacy departments, as well as the OIG, this practical guide is designed to clarify how the Global Fund can and should respond during a human rights crisis. It sets out definitions and objectives to provide a common understanding of the Global Fund’s organizational protocols and guidance on managing situations internally and with partners. The guidance clarifies internal Global Fund definitions, objectives, protocols, and specific considerations for the management of grants during periods of human rights crisis. The Global Fund’s primary objectives during periods of human rights crisis are focused on protecting the safety of communities, implementing partners, staff and volunteers, as well as safeguarding continuation and accessibility of Global Fund services and programs, while noting that continuing service delivery can in some circumstances place people at risk.

Given the sensitive nature of human rights crisis and the need to preserve the Secretariat’s flexibility when responding to them, much of which necessarily happens in a non-public manner, the guidance will be maintained as an internal resource.

Gender inequality and human rights risk appetite

Responding to the Strategy Committee’s request to consider developing a risk appetite approach to gender and human rights, the Risk and CRG Departments undertook an exercise to determine if a risk appetite is feasible and desirable. Based on a detailed exercise, the Strategy Committee and CRG agreed that determining a risk appetite at this time would not positively impact Strategic Objective 3 because more work is needed to operationalize and systematize the approach to mitigating gender inequality risk. The focus will therefore be on mainstreaming sex- and age-disaggregated data in grant design and reprogramming to improve quality. The Global Fund already has a robust risk management plan in place for human rights, and setting a risk appetite for human rights is not desirable given that the Global Fund does not countenance denial of access to services on human rights grounds in any context.

VI. Walking the talk: Reinforcing internal capacities

The Global Fund has committed to better addressing sex and age disparities in its investments. Ensuring that available data are accessible is therefore critical to support decision making. The Global Fund has partnered with the WHO to provide tailored training on how the Health Equity Assessment Tool (HEAT) which can be used to understand how gender, wealth, age, geography and other dimensions of equity relate to disease and health outcomes, and how this knowledge can be translated to investment strategies.

Having committed to a 58% decline in HIV incidence amongst AGYW in 13 countries, the Global Fund and partners are supporting countries to define national packages of services, together with targets. To ensure that Global Fund investments are aligned with technical guidance and national priorities, the Bill and Melinda Gates Foundation supported three AGYW Advisors to work directly with implementers and Global Fund Country Teams. This intensive support has been critical to ensure quality in Global Fund investments and promote sustainable plans to address AGYW at country level.

In preparation for the next funding cycle, the CRG Department is undertaking an effort to reflect and consider how the Global Fund can best deliver on its mission to end AIDS, TB and malaria as epidemics, through the lens of communities, human rights, gender and key populations. The effort is focused on determining ways in which the Global Fund can be more focused, differentiated and systematic in fully leveraging resources within the Secretariat and in the broader global health ecosystem. CRG has mapped out its contributions across the Global Fund’s processes, with the aim of streamlining and

refocusing efforts to more systematically deliver where there is the greatest opportunity for impact. CRG and Grant Management Division (GMD) leadership are identifying ways in which CRG can best support country needs through expertise, brokering TA and partner engagement.

The CRG Department is also developing a community, rights and gender capacity development strategy for the Secretariat. This includes taking stock of gaps in knowledge and capacity within the Secretariat through one-on-one interviews with staff in Risk, Technical Advice and partnerships (TAP), and GMD. CRG is committed to creating a capacity development strategy that embeds CRG expertise within GMD; systematizes access to CRG expertise; is results-orientated; mobilizes commitment to CRG across the Secretariat; focuses on prioritized, targeted and applied trainings for different staff members; is supported by human resources to further institutionalize accountability; follows innovative practices, and is informed by experiences and lessons to date.

VII. Partnerships: Working together for impact

The Global Fund partnership landscape has continued to evolve over the last 12 months, with many partners collaborating and contributing to advancing gender equity, addressing human rights-related barriers to access, expanding services and uptake for key and vulnerable populations, and strengthening community systems and responses across the three diseases. A selected set of joint achievements are described in this section.

Community and civil society and partnerships

Civil society and community organizations play a pivotal role in the Global Fund replenishment process. A wide range of CSOs and NGOs is playing an important role in increasing or maintaining the level of pledges and helping to turn pledges in contributions. The Global Fund Advocates Network (GFAN), which includes Africa and Asia & Pacific Hubs, is particularly active in organizing strategy meetings with the Secretariat; contributing to the Replenishment Strategy; developing campaigns, calls to actions and key messages; amplifying the voice of communities through the GFAN Speakers Bureau; and identifying key mobilizing moments for advocacy, including for domestic financing. On Valentine's Day, GFAN Asia Pacific organized a "sweet campaign" in which CSOs delivered thank you letters and flowers to embassies of donor countries. In Cameroon, for example, CSOs met with the French Ambassador and German parliamentarians.

The global HIV key population networks, together with the more recently formed TB and Malaria networks, technical partner observers, and other key populations groups, have continued to be an important sounding board for the CRG Department and the Global Fund Secretariat more broadly through their participation on the CRG Advisory Group. The Advisory Group met in November 2018 and provided expert advice on strengthening key populations, community system and responses, and human rights programming, as well as leveraging investments for adolescents. It also provided input into the replenishment plan, allocation methodology, CCM evolution, and Global Fund approach to responding to human rights crises.

Since early 2018, the CRG and Political and Civil Society Advocacy Departments have increased their focus on malaria, working with local, regional and global civil society and community-led organizations. From September to December 2018, with the support of funds provided by the CRG Strategic Initiative, the newly-established CS4ME network established an interim implementation body and developed its operational plan for 2018-19; mobilised and secured community buy-in; and secured institutional support from technical partners such as RBM, the President's Malaria Initiative (PMI) and WHO. CS4ME's first year has been concentrated in Asia Pacific and Francophone Africa. In both regions, it has convened regional meetings, each with the participation of around 20 civil society organisations, as well as of representatives from the Global Fund, RBM and WHO regional offices. Both meetings led to the start of mapping and mobilizing processes that have already reached 200 civil society organisations. CS4ME is also supporting Cameroon, Congo and Gabon to establish "malaria CSOs working groups" to monitor commitments and targets for malaria elimination. In Congo, CS4ME recognised the Vice

President as a CS4ME Champion, after the government commitment to increase the health budget to 10% as requested by the CSO working group.

The civil society network **Women 4 Global Fund** (W4GF) works with the Global Fund as an interface with women, girls and transwomen constituencies. In 2018 and 2019, W4GF worked with the Secretariat to organize a monthly webinar series, allowing community members to give feedback directly to the Secretariat and to hear updates on relevant policy and program issues. The organization also aims to hold the Global Fund accountable to the quality of its programs for women and girls through community-based monitoring using the W4GF Accountability Toolkit.

The Global Fund is coordinating with Aidsfonds, Frontline AIDS and the Robert Carr Civil Society Fund (RCF) to align on HIV key population investments and programming across a number of countries covered by the Dutch-funded programs Bridging the Gap and PITCH, as well as across RCF grantees, including support to key population-led global networks.

Technical and bilateral partnerships

UNAIDS continues to provide global and in-country leadership and support for the 20-country Breaking Barriers initiative as well as facilitating TA to strengthen community and CSO engagement, including through CRG Strategic initiative and the UNAIDS Technical Support Mechanism. Provision of technical guidance is helping to strengthen data quality and strategic information on key populations. UNAIDS' work to develop and revise technical guidance on HIV surveillance and population size estimates is critical to better guide Global Fund investments. A joint partners (WHO, UNAIDS, Global Fund) consensus workshop to update key population size estimate validations was convened in January 2019.

PEPFAR and the Global Fund coordinate closely at global and country levels. The Global Fund is an active member of the Stay Free Working Group co-chaired by PEPFAR and UNICEF. The Working Group is part of a broader global effort to build momentum around a shared, ambitious agenda to build on progress achieved under the Global Plan Towards the Elimination of New HIV Infections among Children And Keeping their Mothers Alive. At the country level, the Global Fund compliments investments by PEPFAR along the prevention and treatment cascade. The Global Fund also participates in PEPFAR COP processes and PEPFAR has been represented in Global Fund processes at country level, including funding request development and grant-making. The Global Fund utilizes evidence and best practices from PEPFAR/DREAMS to inform Global Fund investments that aim to reduce new HIV infections among adolescent girls and young women, and has worked closely with PEPFAR to strengthen country capacity through joint learning and problem-solving. DREAMS implementers have participated in various experience-sharing and learning workshops with Global Fund-supported implementers. The Global Fund and PEPFAR's technical teams hold regular meetings to provide updates on each other's work.

The cooperation between the **Stop TB Partnership** and the CRG Department, guided by a joint action plan, has included collaboration on the rollout of Stop TB CRG assessments in priority countries. In seven countries, strong efforts were made to align Global Fund human rights baseline assessments and the Stop TB CRG assessment processes. In Ukraine and South Africa, the Stop TB Partnership and the Global Fund jointly supported the development of comprehensive country action plans to address community, rights and gender-related barriers to accessing TB services.

The **RBM Partnership to End Malaria** has become a key partner in three priority areas, outlined in an evolving collaboration plan beginning in September 2018: 1) Strengthening the advocacy capacity of community actors within the malaria response, where both the Global Fund and RBM have been providing support for the establishment of CS4ME; 2) Improving knowledge and understanding about the dynamics between malaria services and the most vulnerable populations, with a strong focus on the promotion of the Malaria Matchbox Toolkit among technical partners and Heads of States in the Sahel region (see section II); and 3) Promoting equity and a person-centred approach for malaria programming as a pre-condition to achieve Universal Health Coverage (see section II).

In priority countries, the Global Fund and **USAID**, through LINKAGES, coordinate joint workplans to broker technical support for Global Fund principal and sub-recipients, including both government stakeholders and civil society partners. As a Secretariat-wide priority, Grant Management, CRG, and

Monitoring, Evaluation and Country Analysis have worked in partnership with colleagues at LINKAGES to identify critical activities, including building capacity to analyze, interpret and use data to strengthen key population program design, implementation and effectiveness.. This partnership is one of several that the Secretariat has formed with multilateral and donor agencies to strengthen key population program implementation and data, including arrangements with **PAHO**, which will be providing such support across Latin American and the Caribbean.

Under the Memorandum of Understanding (MoU) with **UNICEF**, funded through the RSSH Strategic Initiative, TA has been delivered in a sub-set of AGYW focus countries, a multi-country experience sharing workshop was held, TA roadmaps were developed for 2019 in a sub-set of countries, and a principal recipient peer learning workshop is being planned. Work under the MoU with **WHO**, also funded through the RSSH Strategic Initiative, includes strengthening implementation of AGYW programs supported by the Global Fund, more effective approaches for national delivery of HIV and reproductive health services for AGYW, and a contribution to reducing HIV incidence in 15-24 year-old girls.

Expertise France sits on the CRG Strategic Initiative Coordination Mechanism to ensure alignment, coordination and leveraging of joint TA financing. Global Fund staff engage in efforts by Expertise France to advance discussions around TA, including the annual *Seminaire Experts* meeting. In November 2018 the CRG Strategic Initiative partnered with Expertise France and GIZ to co-fund a training to strengthen the capacity of community human rights experts convened by the Francophone West Africa Communication and Coordination Platform.

Collaboration with **UNDP** has included provision of technical support and promoting political leadership in countries to ensure that evidence-informed programs to address human rights-related barriers are incorporated in Global Fund funding requests, and are well implemented. Webinars and information sessions with UNDP regional and country offices have been conducted and UNDP representatives have participated in several multi-stakeholder meetings to address human rights barriers to Global Fund-supported services.

Foundation and private sector partnerships

Ongoing collaboration with the **Bill and Melinda Gates Foundation** in the area of AGYW has included support from the Foundation's support for three AGYW Advisors embedded in GMD to assist with program design, quality improvement and stakeholder coordination across multiple sectors. Through its Positive Action programs, **ViiV Healthcare** (ViiV) supports community-led responses around the world to tackle the HIV epidemic in their local communities. As a HER Voice partner, ViiV will co-invest up to GBP 3 million over a three-year period for financing and capacity building among AGYW groups to improve programmatic effectiveness, strengthen participation in Global Fund country processes and build the capacity of organizations and networks of young women, primarily in partnership with the HER Voice Fund. ViiV will also mobilize networks of community-based organizations to engage in Global Fund processes at country level and encourage youth-led innovations to increase uptake of HIV and sexual and reproductive health and rights (SRHR) services.

Engagement with **Open Society Foundations** has included, among other activities, two grants to support "Breaking Down Barriers", with a specific focus on scaling up programs to increase access to justice in Sierra Leone, Ukraine, Kenya, South Africa and Nepal. The **Ford Foundation** also supported "Breaking Down Barriers" through a grant towards the baseline assessments in a number of countries.

Cross-sector partnerships to advance TB and human rights

Together with Stop TB Partnership and Open Society Foundations, and in collaboration with UNAIDS & the O'Neill Institute for National and Global Health Law, the Global Fund organized a side event on TB and human rights preceding the UN General Assembly high-level meeting on ending TB in September 2018. Participants spoke about the need to remove human rights-related barriers, including legal barriers, to TB services. They called for vastly increased efforts to address these barriers, and

suggested what governments, donors, and civil society can contribute to such efforts. A short background paper was prepared for the event.⁵

Cross-sector partnerships to advance harm reduction

In Sub-Saharan Africa, where injecting drug use is a relatively recent phenomenon, the Global Fund Country Teams and CRG Department are working closely with organizations of people who inject drugs in Nigeria, South Africa and Benin. In Nigeria, an assessment was conducted to identify bottlenecks to the implementation of harm reduction in the country, as well as a workshop to catalyze support and develop a strategic plan for the introduction of harm reduction pilots in three sites by the third quarter of 2019. In Benin, a CRG assessment identified challenges in service delivery models for key population programs, including harm reduction. These challenges are now being addressed to ensure that differentiated service delivery models would help address low coverage. In South Africa, CRG is assisting in the development of clinical guidelines for the methadone maintenance program. In Asia, the Global Fund continues to work closely with harm reduction organizations implementing the Asia regional harm reduction advocacy grant to advocate for better drug policies. Global and in-country partners such as WHO, UNAIDS, United Nations Office on Drugs and Crime (UNODC), International Network of People Who Use Drugs (INPUD), Harm Reduction International (HRI) and Frontline AIDS also play a critical role in moving this work forward. The Global Fund also sits as an Observer on the UN Strategic Advisory Group on Injecting Drug Use and HIV.

VIII. Measurement matters: Reporting and analyses

Sex- and age-disaggregated data

The Global Fund is continually working to improve country capacity to know their epidemics through investments in Health Management Information Systems (HMIS) and encouraging the use of sex- and age-disaggregated data. The Global Fund has set a target for 70% of 51 High Impact and Core countries to have 80% of health facilities reporting a combined set of sub-indicators and have a functional HMIS by 2020 (KPI 6d). At the end of 2018, 13 (25%) of these countries had a fully deployed and functional HMIS which met the 2018 target. The Global Fund has also set a target to ensure that countries are reporting on the required sex and age disaggregation across the three diseases (KPI 6e). At the end of 2018, 43% or 22 of the 51 cohort countries were able to report all required and relevant sex- and age-disaggregated data meeting the KPI target. This improves the ability of countries and the Global Fund to know which populations are at increased risk of HIV, TB and malaria and to invest accordingly.

Data use for action and improvement

In 2019, the Global Fund developed a *Strategic framework for data use for action and improvement at county level*. The framework emphasizes the importance of quality data and analyses for decision-making at national, sub-national and health facility/community levels during all stages of the program cycle. Under this framework, the Global Fund aims to invest in HIV service cascade analysis, case-based surveillance and monitoring (for treatment), integrated bio-behavioral survey (IBBS), sentinel surveillance, key population service coverage monitoring and other tools to help understand the specific needs of sub-populations within key populations. Through partnerships with technical agencies and the Global Fund Strategic Initiative on data, the Global Fund will continue to building the capacity of its implementers to collect, analyze, interpret and use programmatic and survey data, including those that are sex-disaggregated. In addition, by investing in community-led needs assessments to highlight additional vulnerabilities of key populations, conducting risk profiling and segmentation, Global Fund implementers will be able to design a comprehensive package for key populations and ensure that delivery approaches are appropriate for those in need.

Strategic KPI reporting

Tracking and reporting on progress against key performance indicator (KPI) targets continues to be an important element of the Global Fund's work to ensure progress against its strategic priorities with

⁵ https://www.theglobalfund.org/media/7783/tb_2018-09-24-tuberculosisandhumanrights_paper_en.pdf.

regard to gender, human rights, key populations and community systems and responses. A summary of main areas of progress under the relevant KPIs is provided in Annex III.

Quantitative and qualitative analyses

In addition to reporting against the KPI targets, the CRG Department has conducted several analyses to further refine the Global Fund's approach to reaching its strategic objectives. These included several gender-related analyses including gender-based violence programs in challenging operating environments; a gender analysis of funding requests (18 components reviewed); and a qualitative review on health and education, specifically on Global Fund-supported programs for comprehensive sex education and keeping girls in school. Regional and Global Key Population Program Assessment reports were finalized and key recommendations were endorsed by technical, civil society and community partners in April 2019. Together with the 65 country-specific analyses, these reports are informing efforts to strengthen Global Fund-supported key population programming. Additional analysis was undertaken on the inclusion of programs for key populations and human rights in TB in grants. The key population analysis highlights the difficulty of tracking investments relative to specific key populations in TB, and how little these programs are tailored to the specific needs of key populations. The recommendations are informing a revision of the modular framework and grant guidance in preparation for the 2019 – 2021 allocation period. The human rights analysis tracks investments in signed TB grants in 56 countries and showed that an estimated \$14 million has been invested in programs to address human rights-related barriers to TB services, including stigma and discrimination. This constitutes 0.9% of the total TB allocations in those countries.

Measuring the impact of programs to reduce human rights-related barriers: An M&E framework

In the 20 countries covered by the Breaking Down Barriers initiative, a rigorous M&E framework is being developed to capture the impact of scaling up programs to reduce human rights-related barriers on communities on the ground, as well as access to, uptake of, and retention in services, with a view to ultimately measuring program comprehensiveness. This includes defining what a comprehensive response to human rights-related barriers looks like, and key metrics across the pathways of change. The CRG Department has worked with the Monitoring Evaluation & Country Analysis (MECA) team to develop an approach to human rights M&E, so that lessons learnt can be applied beyond the 20 countries.

Thematic reviews

In 2019, thematic reviews are planned on AGYW and community health. The thematic review on community health will focus on identifying and documenting successes and challenges in the planning, implementation and monitoring of community health care in selected countries. This will include assessing partnerships and linkages between health facilities and communities for strengthening referrals and retention in care, and will build on the work done by the Technical Evaluation Reference Group (TERG) Thematic Review to assess the current approach to investments in RSSH). The thematic review on AGYW will measure sexual behavioral and structural outcomes in a subset of the 13 countries where the Global Fund is supporting AGYW programs; build capacity of program staff to collect outcome indicators; and include a qualitative analysis of national AGYW programs with regard to the package of AGYW interventions and the quality of services provided by different implementers.

IX. Conclusion

The Global Fund Secretariat continues to work with multiple country, regional and global partners across health, development and other sectors to advance robust and sustainable national health responses that address underlying gender and human rights related barriers to services, while also strengthening effective and inclusive community responses within broader systems for health.

Relationships with Global Fund partners continue to evolve in countries, regions and globally, with clearer accountabilities and stronger joint advocacy for smarter programming, resource mobilization and leveraging of domestic financing, informed by better use of data. Meanwhile, the Secretariat's internal efforts aims to promote a better understanding of specific country and community contexts across the three diseases, including through increased uptake of and learning from assessments and data generation to understand gaps and inform decision making. Within the 2017-2019 allocation there have been notable improvements in addressing equity and rights issues within grants – particularly in relation to key and vulnerable populations. However, much remains to be done. More attention is particularly needed to address gender-related barriers to effective responses across the three epidemics through into costed and funded programs, particularly for TB and malaria.

Efforts to advance human rights and gender equality, and access to evidence-based services for key and vulnerable populations, will remain a priority for the Global Fund in the coming 12 months as it prepares for the next funding cycle, drawing on the many successes and lessons learned over 2017-2019.

Annex I – Breaking Down Barriers 20 Country Initiative

All baseline assessments have been completed with the exception of Kenya, which is underway. 19 reports are in final draft form and have been shared widely. The assessment reports informed multi-stakeholder meetings in 11 countries where all stakeholders, including the communities and key populations, civil society, government and technical partners got together to discuss the best practices and strategies to address human rights-related barriers to HIV and TB services.

Efforts continue to support countries to develop quality and comprehensive human rights responses funded through matching funds and country allocations. This includes provision of implementation support TA, funded through the Human Rights Strategic Initiative that was created in June to support two components that are critical to the success of *Breaking Down Barriers*: long-term implementation support TA and the mid-term assessments of progress made and results and impact.

All 20 matching fund applications are TRP-approved resulting in US\$ 42.7 million in matching funds being invested in programs to address human rights-related barriers. In addition, these countries have allocated US\$ 34.6 million from within their allocation to programs to address human rights-related barriers to services, for a total of over US\$ 77 million (compared to about US\$ 10 million in 2014-2016 allocation period). A few of these are yet to be GAC and Board-approved, so the investment level may still change slightly.

In the 20 countries, work is ongoing towards the development of longer-term, country-owned, strategic plans to address human rights-related barriers to services. This is one of the most exiting outcomes of *Breaking Down Barriers*, as it indicates that what started as a Global Fund initiative is indeed leading to much greater commitment of countries to reducing the barriers, and adoption of evidence-based plans to do so. Part of the effort is the development of rigorous M&E frameworks that will capture the difference the scale up of programs to reduce human rights-related barriers makes on the lives of communities on the ground, on the access, uptake, and retention in services and ultimately for the overall impact of our grants. We have defined what a comprehensive response to human rights-related barriers looks like, and key metrics across the pathways of change, enabling better monitoring and evaluation. We have also worked with MECA to develop an approach to human rights M&E, to apply some of the lessons we learn from *Breaking Down Barriers* across the full Global Fund portfolio.

Annex II – Strategic Initiative Update

The CRG Strategic Initiative has accomplished a great deal at this halfway point in implementation. The CRG Strategic Initiative continues to work with our community and civil society partners to align, collaborate, and leverage the work happening across the three components to ensure impactful meaningful engagement. Similarly, through the Coordination Mechanism, the CRG Strategic Initiative shares updates with other donors (Initiative 5%, GIZ), technical partners (UNAIDS, Stop TB Partnership, RBM), and Secretariat teams (CCM Hub, STE SI) to identify areas of further synergy. The CRG Strategic Initiative also launched a robust monitoring, evaluation, and learning (MEL) framework in May 2018 to capture the diverse work and vast impact of the Strategic Initiative through regular partner reporting.

Below please find just a small sample of the impact the CRG Strategic Initiative is having around meaningful engagement of communities in Global Fund-related processes.

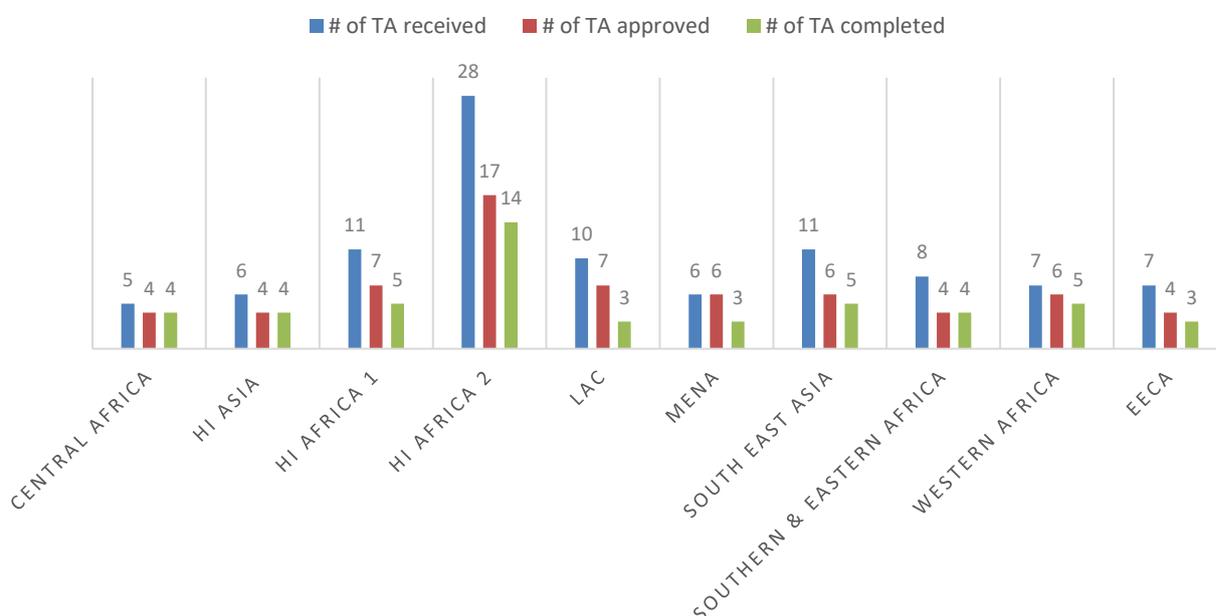
Component 1: Demand driven, community responded short-term technical assistance

From July 2017 through December 2018 the CRG Strategic Initiative TA Program received 99 TA requests and completed assignments directly in 31 countries, and reached an additional 26 countries through TA support to multi-country grant making in LAC, EECA, and ASIA. Of the 99 TA requests received, 76 met eligibility criteria, and 50 were deployed and completed, and 15 are still at various stages of delivery.

Out of 99 TA requests received, 59 were received from Africa (including 5 from Central Africa, 39 from High Impact [HI] I and II Africa portfolios), 8 from Southern and Eastern Africa, and 7 from West Africa), 17 from Asia (including 11 from Southeast Asia, and 6 from HI Asia portfolios), 10 from Latin

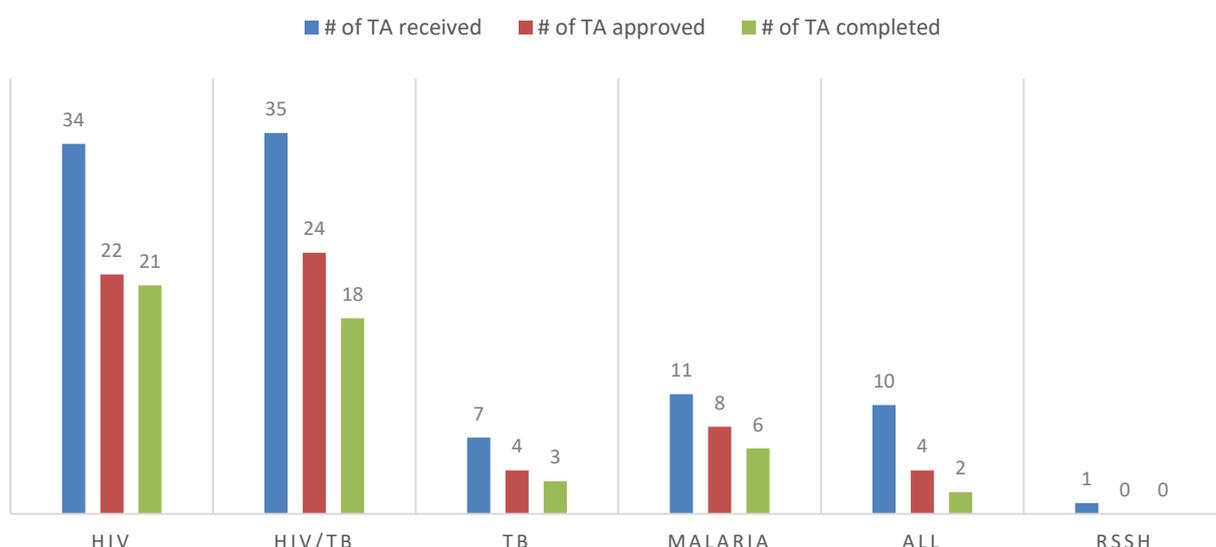
America and the Caribbean (LAC), 7 from Eastern Europe and Central Asia (EECA), and 6 from the Middle East and North Africa (MENA).

Figure 1: TA Requests Received, Approved, and Completed by Global Fund Region (July 2017 – December 2018)



Requests spanned all 3 disease components as well as systems for health. This includes 34 for HIV (22 approved and 21 completed), 35 for TB/HIV (24 approved and 18 completed), 7 for TB (4 approved and 3 completed), 11 for malaria (8 approved and 6 completed), 10 for all categories (4 approved and 2 completed), and 1 for resilient and sustainable systems for health (RSSH).

Figure 2: Number of CRG TA Requests Received, Approved, and Completed by Disease Component (July 2017 – December 2018)



Component 2: Longer-term Capacity Strengthening

Key population global and regional network partners are strengthening the capacity and advocacy abilities of 36 sub-partners operating in 66 countries in all 6 Global Fund regions. HIV KP sub-partners and community constituents engaged in more than 17 advocacy campaigns informed by at least 16 resources on KP engagement and application of Global Fund-related policies. Topics ranged from

Global Fund and PEPFAR Country Operational Plan (COP) funding cycle factors, human rights violations, stigma and discrimination, social contracting, watchdogging, NSP development, CCM representation, transition and sustainability, and strengthening the evidence base. More than 725 constituents, including CCM representatives, participated in capacity strengthening and strategy-related activities to reinforce their safe and secure engagement in Global Fund-related processes. Over 700 constituents utilized and/or contributed to national, regional, and global peer learning and sharing fora. Additionally, community constituents globally and in at least 15 target countries engaged in advocacy campaigns on KP engagement and application of Global Fund-related policies at national-to-global levels.

From June to December 2018, seven TB and malaria community partners implemented activities in 24 countries in all 6 Global Fund regions. TB and malaria partners reached over 818 community members (advocates, key stakeholders, and constituents). TB and malaria partner capacity and knowledge strengthening activities included facilitating and/or participating in around 76 activities including a) meetings, trainings, and workshops, both convened and participated in; b) technical support and mentorship; c) webinars and competitions; d) press releases, letters, and distribution of information boxes; e) studies, tools, and plans; f) technical and normative guidelines, and g) support towards CRG Strategic Initiative TA requests. Partners also supported network creation, advanced the collection of gender and human rights data, promoted community engagement, facilitated linkages and networking between local governments and national and regional stakeholders, and researched and published studies.

Furthermore, during the Malaria Congress in Melbourne June 2018, the first Network of Malaria CSOs was created, calling themselves ‘CS4ME’ (Civil Society for Malaria Elimination). With CRG Strategic Initiative (US\$ 50,000) support, CS4ME, comprised of national, regional, and global civil society and community organizations working in malaria, aims to “jointly advocate for more effective, sustainable, people-centered, rights-based, equitable, and inclusive malaria responses.” An interim working group was established, and the first regional meeting took place in India in October 2018.

Component 3: Regional Coordination and Communication Platforms

Regional Platform activities supported communities in 98 countries where the Global Fund invests to engage in Global Fund-related processes. For communities in 31 of these countries, the Regional Platforms are the primary mechanism of CRG Strategic Initiative engagement support. By the end of December 2018, Regional Platforms were reaching 9,731 subscribers through their regular email newsletters and alerts. Mapping exercises and collection of attendance registers at partner events increased their collective communication reach by +105% in the past 12 months alone.

Regional Platform efforts to expand access to TA are also contributing to a more diverse set of countries requesting and receiving TA. Regional Platforms disseminated current and relevant information on TA and capacity strengthening opportunities to a wide audience of prospective communities through the various communications platforms and at workshops and trainings. Further, TA needs assessments gathered information from 33 countries, studies related to TA covered 16 countries, and coordination forums reached TA providers 14 countries. Communities in 47 countries and 4 multi-country approaches were linked to Global Fund-related TA opportunities. A joint case study collected information from community respondents in 62 countries.⁶

Platforms also either directly convened or supported the convening of 32 learning and sharing exchange spaces in 2018—17 were directly convened by hosts, and 15 were convened by partners with catalytic Regional Platform support. In 2018, the Regional Platforms helped convene 1,429 community participants from 112 countries (including strategic partners and TA providers from countries not eligible for Global Fund investments). Further, to gauge the impact of engagement spaces, they gathered survey feedback from 146 respondents towards the joint case study.

⁶ <https://apcaso.org/apcrg/wp-content/uploads/2019/04/Joint-Regional-Platform-Case-Study-March-2019-Final.pdf>

Annex III – Key Performance Indicators

KPI 5: A 65-country assessment of the design, implementation and monitoring of HIV intervention packages for key populations, across countries and regions was completed in April 2018. The Global Fund solicited input from technical partners (UNAIDS, WHO), USAID, the USAID/LINKAGES program, as well as, global key population-led networks in the finalization of the global and regional reports summarizing trends, key lessons learned and recommendations. Countries were assessed on whether they are able to report against each of these dimensions with respect to the scope, scale and comprehensiveness of key-population related programs. As of July 2018, 24 countries were able to report on coverage of comprehensive service package with 18 countries partially able to do so. In response to the findings, TA is being deployed both through the Global Fund as well as through partners such as PAHO.

KPI 8: Amongst AGYW, from 2015-2017, HIV incidence has reduced in all 13 countries in the cohort ranging from 7% to 30% per country, with a combined incidence reduction of 16%. If recent trends continue, about three-quarters of the expected decline is likely to be achieved by 2022 (42% compared to the 58% strategy target).

KPI 6e: There is continued improvement in data availability: **43%** of High Impact/Core countries are able to provide results fully **disaggregated by age / gender** for relevant indicators (up from 26% at end-2017), which is on track to reach the target of 50% by end-2019.

KPI 9a: Human rights baseline assessments are finalized in 19 countries, with Kenya underway. In 11 countries, nationally-led multi-stakeholder meetings have endorsed findings & established working groups to develop country-owned plans. Frameworks to assess programs to reduce human rights-related barriers are being developed.

KPI 9b: For Board-approved grants as of end 2018 in the 2017-2019 allocation, 3.4% (target: 2.85%) and average of 36.4% (target: 39%) of HIV grant budgets in Middle Income Countries (MICs) invested in programs to remove human rights-related barriers and in key populations programs, respectively. Investments in programs to reduce human rights-related barriers to TB services in 13 selected high-burden MICs is 0.72% (target: 2%) of TB budgets). While this falls short of achieving the KPI 9b target of 2% human rights investment in the TB grants in the 13 countries, this is an 800% increase from previous grant cycle, reflecting the intensive efforts to increase awareness on human rights-related access barriers to TB services and practical programs to address such barriers have yield a notable increase in investments on human rights programs.

KPI 9c: 83% of assessed countries report on domestic resources in KPs and 47% report on domestic resources in HRts (target: 100%). Target has been ambitious and will not be met, in part due to lack of co-financing requirements for human rights. Cohort includes 17 of 35 Upper Middle Income Countries (UMIC) – those with Board-approved grants as of end 2018.