Addressing human rights and gender related barriers, scaling up comprehensive programmes for key and vulnerable populations, and strengthening community responses to HIV, tuberculosis and malaria in Global Fund grants

Overview

1. Human rights, gender equality, key populations and community responses in the Global Fund strategy

2. Scaling up programmes to remove human rights barriers

3. Reducing gender inequalities and scaling up programmes for women and girls

4. Scaling up comprehensive programmes for key and vulnerable populations

5. Strengthening community responses and systems

6. Further guidance and support

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Global Fund Strategy 2017-2022: Investing to end epidemics

Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics

a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases

b. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs

c. Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money

d. Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships

e. Support sustainable responses for epidemic control and successful transitions

Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics

a. Strengthen community responses and systems

b. Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery

c. Strengthen global and in-country procurement and supply chain systems

d. Leverage critical investments in human resources for health

e. Strengthen data systems for health and countries' capacities for analysis and use

f. Strengthen and align to robust national health strategies and national disease-specific strategic plans

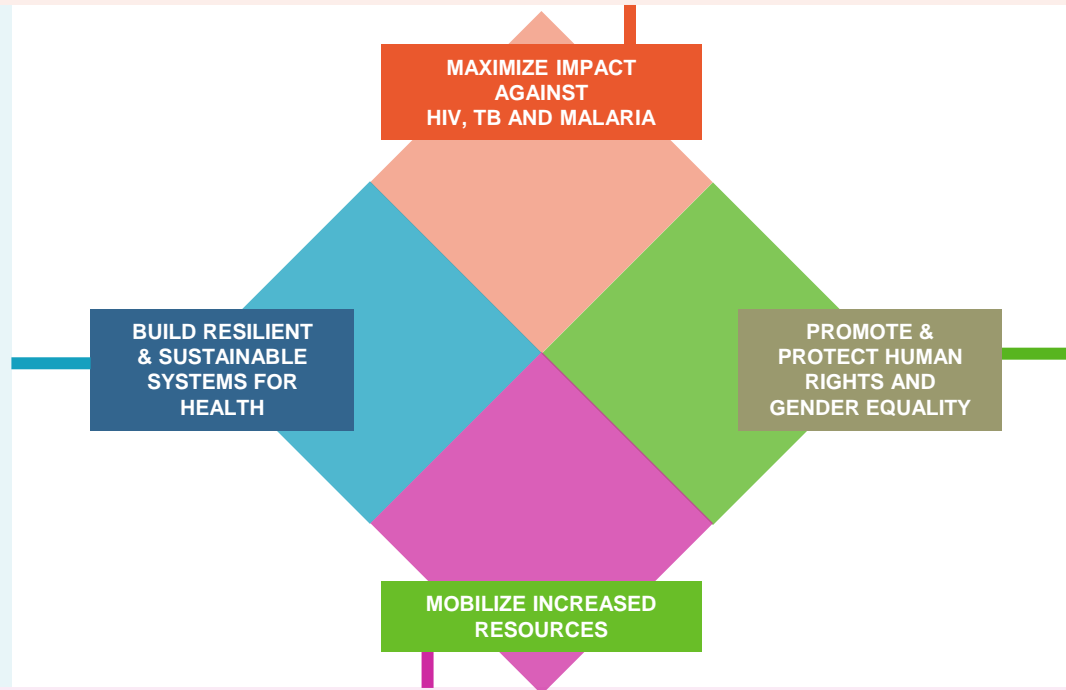g. Strengthen financial management and oversight

Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics

a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

b. Invest to reduce health inequities including gender- and age-related disparities

c. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
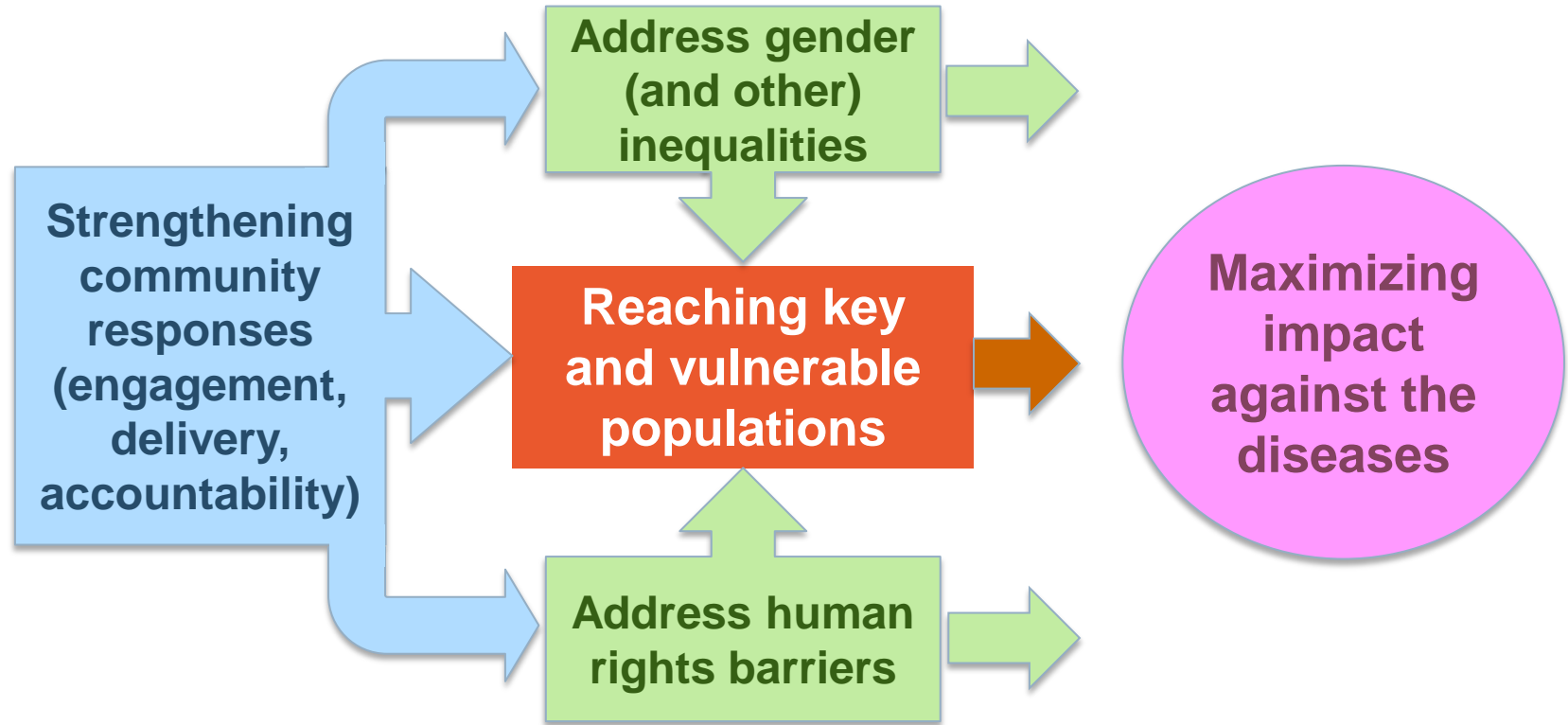
d. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes

e. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA

BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH

PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY

MOBILIZE INCREASED RESOURCES

Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics

a. Attract additional financial and programmatic resources for health from current and new public and private sources

b. Support countries to use existing resources more efficiently and to increase domestic resource mobilization

c. Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies

d. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models

Global Fund Strategy 2017-2022: Investing to end epidemics – detail

1. MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA	2. BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH	3. PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY	4. MOBILIZE INCREASED RESOURCES
1a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases	2a. Strengthen community responses and systems 2b. Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery 2e. Strengthen data systems for health and countries' capacities for analysis and use	3a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights 3b. Invest to reduce health inequities including gender- and age-related disparities 3c. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services 3d. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes 3e. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes	4d. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models

The links between addressing human rights and gender inequality, reaching key populations, and community responses

Strengthening community responses (engagement, delivery, accountability)

Address gender (and other) inequalities

Reaching key and vulnerable populations

Address human rights barriers

Maximizing impact against the diseases

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Human rights in the Global Fund Strategy

Two specific operational objectives:

- **Introduce** and **scale-up programs** that remove **human rights barriers** to accessing HIV, TB and malaria services, and
- Integrate **human rights considerations** throughout the grant cycle and in policies and policy-making processes.

To implement these objectives, the Global Fund now requires that:
(1) all grants include programs to reduce human rights and gender-related barriers to services, appropriate to the country context
(2) all health service provision meets **5 human rights standards** as outlined in the grant Framework Agreement.

Including programmes to remove human rights barriers in funding requests	
Section 1	Description of human rights related barriers and how they affect the impact of efforts against each disease
Section 2	Inclusion of programmes to address the identified barriers (includes completing the performance framework)
Section 3	Implementation arrangements that include qualified partners to implement human rights programmes
Section 4	Discussing sustainability of investments to address human rights barriers
NB:	- Match funding for scaling up human rights programmes in certain countries - Ensure community representatives, including key and vulnerable populations, are engaged in all steps

Human rights in the Performance Framework

✓ Applicants in this cycle will complete a Performance Framework.

✓ Human rights integrated in different parts of the Framework, for instance:

	HIV	TB	Malaria	RSSH
Module	Comprehensive prevention programs for men who have sex with men	TB Care and Prevention	Vector Control	Community responses and systems
Intervention	Addressing stigma, discrimination and violence against men who have sex with men	Removing human rights and gender-related barriers	Removing human rights and gender-related barriers	Community-led advocacy
Activities e.g.	Documenting violence and other human rights violations; Legal support and legal literacy	Reduction of stigma against TB patients; access to justice	Activities to be defined by applicants	Advocacy on issues related to human rights

Human rights in the Performance Framework (2)

✓ The HIV component of the Performance Framework also includes a specific human rights module based on the UNAIDS 7 key human rights programmes:
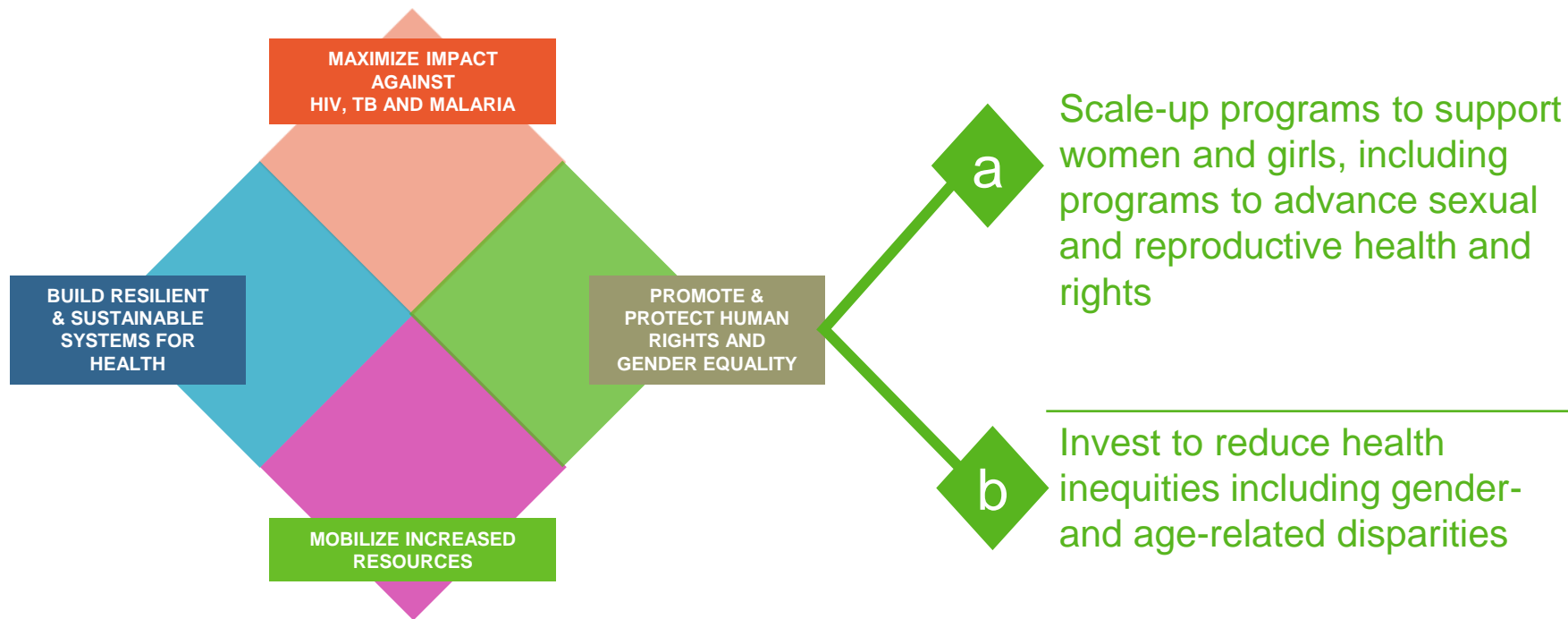
	HIV
Module	Programs to reduce human rights-related barriers to HIV services
Interventions	- Stigma and discrimination reduction - Legal literacy ("know your rights") - Training of health care providers on human rights and medical ethics related to HIV and HIV/TB - HIV and HIV/TB related legal services - Sensitization of lawmakers and law enforcement agents - Improving laws, regulations and policies related to HIV and HIV/TB - Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

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Gender equality in the Global Fund Strategy

Two specific objectives:

MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA

BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH

PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY

MOBILIZE INCREASED RESOURCES

a Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

b Invest to reduce health inequities including gender- and age-related disparities

Including gender-responsive programmes and addressing gender inequalities in funding requests

Section 1	Description of gender inequalities, negative gender norms and gender and age related risks to disease and barriers and how they affect the impact of efforts against each disease
Section 2	Programmes to address the identified barriers ✓ Improving sex and age disaggregated reporting ✓ Addressing gender inequalities with community mobilization and communications ✓ Adapting core services so that they are accessible to different age/gender groups
Section 3	Implementation arrangements that include programs to address gender barriers and qualified partners to implement
Section 4	Discussing sustainability of investments to address gender inequalities and barriers

Some sections of the Performance Framework explicitly define interventions related to gender inequalities or gender targeted interventions, for instance:

Module - HIV	Intervention	Scope and Description
Prevention Programs for General Population; comprehensive Prevention Programs for Key Populations; Prevention programs for adolescents and youth, in and out of school	Gender-based violence prevention and treatment programs; addressing stigma, discrimination and violence against key populations	Includes activities that directly respond to gender-based violence, such as: • Prevention of gender-based and intimate partner violence; • Post-violence care, including violence counseling; • Crisis response services; • Gender, gender-based violence, and sexuality analysis in HIV programs
Prevention programs for adolescents and youth, in and out of school	Linkages of HIV, RMNCH, and tuberculosis programs for adolescents, girls, and young women	Includes linkages and/or integration of HIV programs for adolescent and young women with broader health and development programs, such as: • Comprehensive sexual and reproductive health services • TB services • Health and comprehensive sexuality education
Prevention programs for adolescents and youth, in and out of school	Keeping girls in school	Education subsidies; Teacher training; Community-based training; Parenting programs; Cash transfers; • Educational supplies

Addressing gender inequality and including gender responsive programmes in the Performance Framework

✓ All programmes should be "gender responsive" (cf previous slide).

	Module	Intervention	Gender Blind	Gender Responsive
HIV	Prevention Programs for General Population	Condoms as part of programs for general population	Distributing condoms at health centers	Peer-led behavior change communication and social mobilization of women's decision making on condom uses; distribution of male and female condoms
TB	TB Care and Prevention	Case Detection and Diagnoses	Passive TB case finding (in health facilities)	Active TB Case Finding strategies with female Community Health Workers at household level
Malaria	Vector Control	Removing human rights- and gender related barriers to vector control programs	National mosquito net distribution through health facilities	Targeting males in the Mekong Delta at occupational exposure risk to malaria with mosquito net distribution through work place sites

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Key and vulnerable populations requirements and guidance

Areas	Related policy/ guidance documents	Key requirements and considerations
Application focus and co-financing requirements	Sustainability, Transition and Co-financing	At least 50% of **funding requests** must be on scaling-up interventions for key and vulnerable populations for lower middle-income countries, and 100% for upper-middle income (UMICs)
		UMICs: minimum 50% **domestic contributions** (co-financing requirement) focus on key & vulnerable populations and systems to address roadblock to transition
Programme design	HIV and TB information note, Technical briefs on HIV key populations	Revised to fully align with technical partners' guidance
Engagement	CCM Funding guidelines	15% of CCM Funding is now dedicated to key and vulnerable population engagement
	CCM Eligibility requirements and minimum standards	Inclusion of key and vulnerable populations on the CCM (unchanged but process for Eligibility Performance Assessment has been differentiated)
	CCM Eligibility requirement 1	Inclusion of key and vulnerable populations in the development of funding request and throughout country dialogue (unchanged)

Alignment of HIV application materials to Key Populations Implementation Tools

Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men
PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS

Implementing Comprehensive HIV/STI Programmes with Sex Workers
PRACTICAL APPROACHES FROM COLLABORATIVE INTERVENTIONS

Implementing Comprehensive HIV and STI Programmes with Transgender People
PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS

Figure 2. Structure of the tool

Starting, managing, monitoring and scaling up a programme —from centralized and community perspectives

2 Addressing Violence

Community mobilization and structural interventions

6 Programme Management

1 Community Empowerment

3 Condom and Lubricant Programming

5 Using Information and Communication Technology

4 Health-Care Service Delivery

Approaches to improving the continuum of HIV prevention, care and treatment

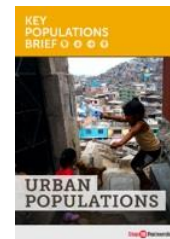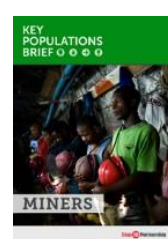*The Implementation Tool for People Who Inject Drugs is in progress

TB Key and Vulnerable Populations

Focus on **patient centered, rights based approach to TB**

The Stop TB Partnership:

- Developed technical briefs with recommendations to address key populations specific programming needs
- Developed a framework and tool to estimate the size and burden of TB in key populations
- Technical briefs are available in English, French, Russian and Spanish: http://www.stoptb.org/communities/.

Including programmes for key and vulnerable populations in funding requests

Section 1	Description of the epidemiological context and identification of key and vulnerable populations; disease strategy and; identification of human rights and gender related barriers
Section 2	Inclusion of programmes designed to reach key and vulnerable populations The response in this section builds on the gap analyses outlined in the *Programmatic Gap Tables and Funding Landscape Tables*, align with indicators and targets in the *Performance Framework* and with costing of modules and interventions in the *Budget*
Section 3	Describing implementation arrangements, focusing on a few aspects, including; participation of communities, representatives of women's organizations, key and vulnerable populations and people living with the disease(s) in implementation and oversight Key implementation risks, for instance, those related to human rights, sustainability, data and program quality and safety-related risks of key and vulnerable populations in accessing services, may also be highlighted
Section 4	Discussing sustainability of investments in programmes for key and vulnerable populations

*Some countries are eligible for a match funding for scaling up programmes for key populations (HIV), and finding missing cases (TB)

Key and vulnerable populations in the Performance Framework

✓ Human rights and gender interventions are also relevant for key and vulnerable populations
✓ The Performance Framework for each disease explicitly defines interventions related to key and vulnerable populations, for instance:

	HIV	**TB**	**Malaria**	**RSSH**
Module	Comprehensive prevention programs for people who inject drugs and their partners	All	All	Community systems and responses
Intervention	All	Key populations – prisoners/ and others	Removing human rights and gender-related barriers	All – purposed to supporting excluded groups

✓ Under HIV, key populations are already defined
✓ For malaria and tuberculosis, some key and vulnerable populations are defined but applicants should identify others based on context analysis

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From Community Systems Strengthening (CSS) to Community Responses and Systems: a shift for the new cycle

- Ensure greater impact of grants through the inclusion of high quality, efficient community responses that reach neglected or excluded key populations

- Community responses and systems seen as part of broader "resilient and sustainable systems for health" strategy

- A platform for delivering on commitments to key populations, women and girls and scaling up programmes to address human rights and gender barriers

Including community responses and systems in new funding requests (1): program delivery

- As with human rights, gender, and key and vulnerable populations, community systems should be described in all sections of the application form.

- Particularly important to describe community systems under the questions on "resilient and sustainable systems for health" and to describe the role communities and community organisations will play under Implementation Arrangements (Section 3).

- Applicants should identify the role that the different parts of the system will play in achieving targets for each module or intervention.

- Grants should budget for support to community organisations for these roles including for any training, guidelines development, equipment needed.

Examples of how community responses can enhance delivery:

Module	Intervention	Activity	Plan and budget may include:
Comprehensive programs for sex workers and their clients	HIV testing services for sex workers	Community-based testing	• Testing commodities • Equipment (e.g. mobile testing) • Training for peer testers • Guidelines • Referral and M&E tools
TB care and prevention	Key affected populations – others	Community based TB care and prevention	• Relevant commodities and equipment • Training for community agents/adherence supporters • Referral and M&E tools
Malaria Vector Control	IEC/BCC	Community level awareness and sensitization	• Training of community workers/volunteers • Production of communication materials

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Including community responses and systems in new funding requests (2): community systems strengthening

Funding requests should include investments in community systems strengthening (CSS) in order to :

- Ensure community organizations are capacitated to fulfil the program delivery roles discussed on previous slides
- Enable community responses that address more than one of the diseases and health more generally
- Enable stronger local level accountability by supporting community led monitoring, local feedback loops between service users and providers, and advocacy

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New Information Notes and Technical Briefs

HIV
- Information Note: HIV
- Technical Briefs:
  - Addressing Gender Inequalities and Strengthening Responses for Women and Girls
  - Harm Reduction for People Who Use Drugs
  - Adolescent Girls and Young Women in High-HIV Burden Settings
  - Addressing People who Sell Sex, Men who have Sex with Men, Transgender People, People who Use Drugs and People in Closed Settings in the Context of the HIV Epidemic
  - Human Rights and HIV

Tuberculosis
- Information Note: Tuberculosis
- Technical Brief: Tuberculosis, Human Rights and Gender

New Information Notes and Technical Briefs (cont.)

Malaria
- Information Note: Malaria
- Technical Brief: Malaria, Human Rights and Gender

Resilient and Sustainable Systems for Health / cross-cutting information notes and briefs
- Information Note: Building Resilient and Sustainable Systems for Health through Global Fund investments
- Technical Briefs:
  - Maximising impact by Strengthening Community Systems and Responses
  - Strategic Investments for Adolescents in HIV, Tuberculosis and Malaria Programs
  - Strengthening Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health in Funding Requests to the Global Fund
- Modular Framework Handbook

Available at: http://theglobalfund.org/en/applying/funding/resources/

CRG Strategic Initiative

- The Board approved $15 million for continuation of strategic investments in community, rights and gender from 2017-2019

- Short-Term Technical Assistance will now be available throughout the grant cycle:
http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/communityrightsgender/

- Long Term Capacity Building for TB and malaria communities will be strengthened

- There will be a specific focus on contexts that are undergoing transition planning

Thank you