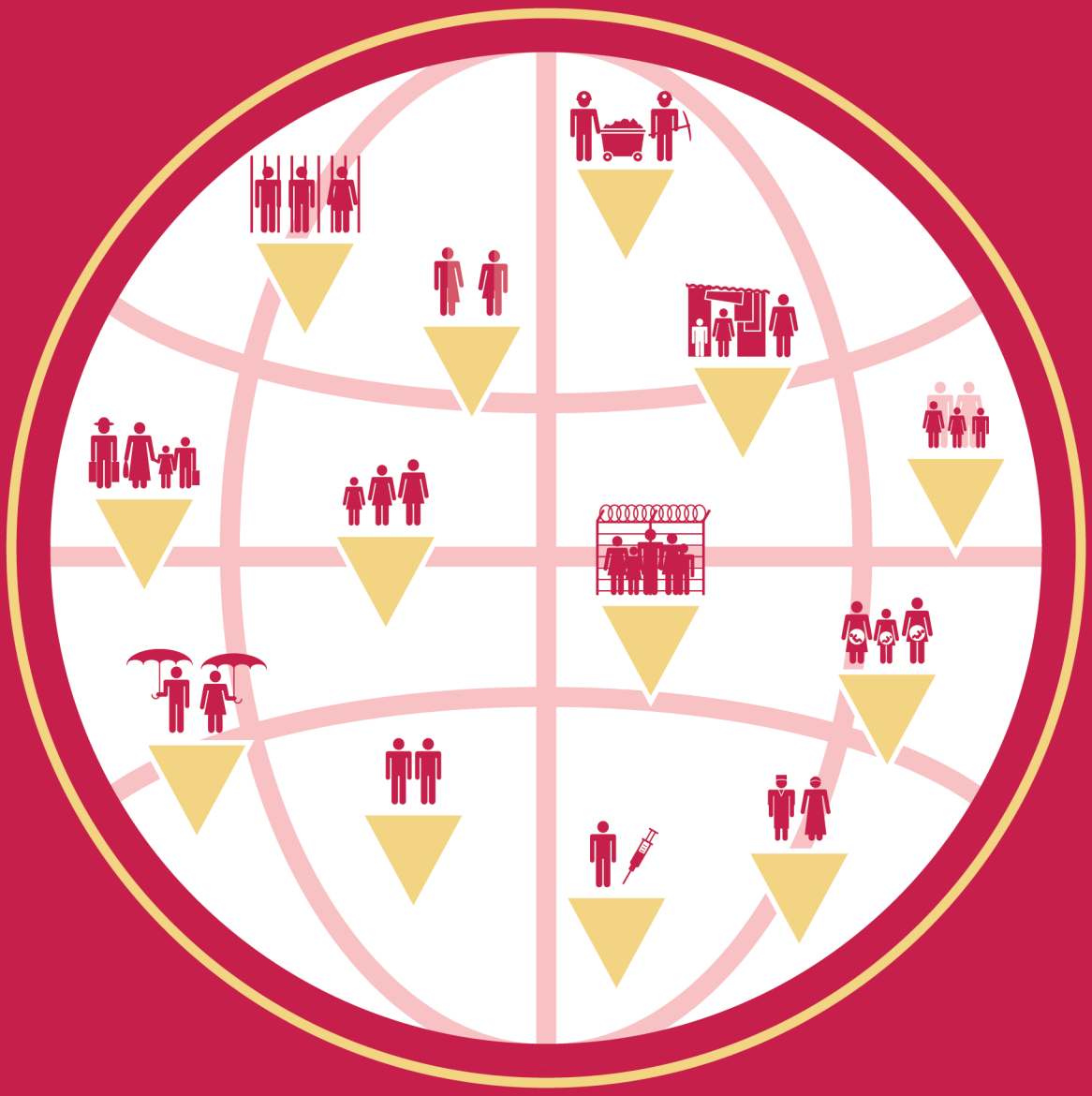


Key Populations and the Global Fund: Delivering Key Results

Contents

Key Populations and the Global Fund: Delivering Key Results[1]

Why key and vulnerable populations need a fully funded Global Fund and why the Global Fund needs their leadership

Since its inception in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has played a critical role in mobilizing and securing resources to invest in programs that serve key and vulnerable populations.

In the HIV response, key and vulnerable populations vary according to the local situation based on the social and epidemiological context, but they normally include women and girls, men who have sex with men (MSM), people who inject drugs (PWID), transgender people, sex workers, prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children, and populations of humanitarian concern. In the response to tuberculosis, key and vulnerable communities include nine groups: prisoners, urban and rural poor, mobile populations, PWID, children, and miners. For the malaria response, vulnerable groups vary depending on the region and include mobile and migrant populations (both internal and cross border), ethnic minorities, forest goers, pregnant women, and children (see Annex 1 for additional details).

Key and vulnerable populations are present in all continents, despite continuing official denial of their sheer existence in some regions and countries. Science has taught us that addressing their needs is not only a human rights obligation but also a requirement from an epidemiological and public health point of view. Ending the epidemics will not be possible if we do not increase service coverage among these groups. This requires engagement, empowerment, and mobilization of communities, which is where networks and organizations of key and vulnerable populations are the most effective leaders, and vital Global Fund partners.

This briefing paper, sponsored by the Global Fund Advocates Network (GFAN) and the Free Space Process (FSP) partnership, with support from ICSS and ICASO, makes the case for why a fully funded Global Fund is critical and how key and vulnerable population networks are key to achieving the results essential to reaching the people most in need and ending the epidemics.[2 3]

This paper has five key messages:

1. **Investment in key and vulnerable populations is needed now more than ever**
2. **The Global Fund invests in rights- and evidence-based interventions for key and vulnerable populations**
3. **The Global Fund plays a catalytic role in improving national responses**
4. **The Global Fund amplifies key and vulnerable population voices and leadership**
5. **The Global Fund places key and vulnerable populations at the heart of its work**

Investment in key and vulnerable populations is needed now more than ever. It is essential to meeting global commitments on HIV, TB, and malaria. We will not achieve the Global Fund Strategy or the SDGs without the scale up of programming by and for key and vulnerable populations.

Investments in key and vulnerable populations are not an 'optional extra', but rather a fundamental factor to ending AIDS, TB and malaria. Without scaled-up, evidence-based programs for those most marginalized and vulnerable to the three diseases, the Global Fund will not achieve the objectives in its Strategy for 2017-2022. It will also not be possible to meet the goals of global partners, including those set out in the UNAIDS Strategy 2016-2021, the Stop TB Partnership Strategy 2016-2020, and the Global Technical Strategy for Malaria 2016-2030.

Investment in key and vulnerable populations is central to the commitments that frame global health and development agendas. Notably, the United Nations Sustainable Development Goals (SDGs) will not be achieved through medical interventions alone. Meaningful engagement and leadership from networks and organizations led by key and vulnerable populations and focusing on human rights and gender equality have long been the cornerstone of the response to the three epidemics. The courage, leadership, and dedication of these groups have to be nurtured and fully supported; otherwise, the goals of global health and development agendas will not be met.

"The Global Fund cannot end the epidemics in isolation; we will only be successful if we embrace partnerships with community leaders among gender, human rights, and key population organizations and networks. A fully funded replenishment will allow us to continue and strengthen our engagement with the true heroes in the fight."

Mark Dybul, Executive Director of the Global Fund

These global strategies hinge on the epidemiological imperative to reach key and vulnerable populations now, more than ever. It's not only that the epidemics won't end without appropriate investment – additionally, the gains will be reversed and there is risk of a resurgence in the epidemics

Female sex workers are 14 times more likely to be living with HIV than other women.[4] Transgender women are 49 times more likely than the general population to live with HIV.[5] In some of the highest burden countries, adolescent girls are eight times more likely to become infected with HIV than their male peers. MSM are both more likely to live with HIV than the general population and less likely to access treatment and prevention services.

UNAIDS reports that more than 90% of new HIV infections in central Asia, Europe, North America, and the Middle East and North Africa in 2014 were among people from key populations and their sexual partners. However, the design and delivery of HIV prevention services are limited by a reluctance to reach out to key populations. In many countries, they are pushed to the fringes of society by stigma and the criminalization of same-sex relationships, drug use, and sex work. This marginalization limits their access to HIV services.[6]

The median annual incidence rate for TB is 23 times higher in correctional facilities than among the general population.[7] TB is also the leading cause of death among the world's prisoners, with conditions such as poor ventilation and overcrowding fueling TB transmission and reactivation. People working in the gold mines of South Africa have the highest rates of TB infection in the world, with 3,000-7,000 per 100,000 population.[8] This burden is between four and seven times higher than the general population of South Africa.

"Support for interventions aimed at high-risk populations in many middle-income countries comes mostly from the Global Fund because stigma and discrimination has stood in the way of national authorities being willing to fund these programs. Without the Global Fund as a fall back, these communities will be left behind."

Peter Piot, former Executive Director of UNAIDS (1995-2008), Professor of Global Health at the London School of Hygiene & Tropical Medicine and Co-Chair of the UNAIDS–Lancet Commission: Defeating AIDS – Advancing global health

Malaria remains a leading cause of morbidity and mortality among refugees and internally displaced people, with inhumane living conditions and poor nutrition exacerbating susceptibility. Pregnant women and young children are also at high risk, with pregnant women being roughly four times more likely to acquire malaria than other adults. In Asia, one of the most vulnerable groups are men and women working as laborers in forests or on plantations. As migrants, they have limited rights and access to services (see Thailand case study below and in full in Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes [Supplementary Report]).

If we do not act to reach these populations, we not only risk delaying the end of the epidemics, but the gains to date will be reversed and the epidemics will resurge.

In order to achieve the UNAIDS Fast-Track targets, modelling shows we need to reach an additional 6.9 million MSM, 2.2 million PWID, and 4.9 million sex workers with a comprehensive package of services.[9] Partnering

Raks Thai Foundation

In the Greater Mekong Subregion (GMS), the groups most vulnerable to malaria are mobile and migrant workers who travel to work in plantations and forests in the region. Due to the fact that these workers are often undocumented, they are reluctant to seek medical attention for fear of drawing attention to themselves with the local authorities and risking deportation. As a local NGO sensitive to the needs of vulnerable groups, Raks Thai provides trusted support to men and women at risk of malaria due to their working conditions. The foundation is a sub-recipient of the Global Fund grant in Thailand and a partner in the multi-country Regional Artemisinin-resistance Initiative (RAI). They work with local volunteers to link migrants to health services in the border areas. In the areas where they work, they report a decrease in malaria cases and a higher level of cure due to following patients through their full drug regime.

Reaching out to key populations to improve their access to malaria care is a sound investment. Without this targeted support, artemisinin resistance strains will migrate to other parts of the world and control efforts will be much more costly.

This case study and others can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

"Most governments in West Africa are unwilling to acknowledge and provide services to MSM due to punitive laws and societal stigma. Governments do not directly support programs targeting MSM; this means that the only source of support for them and other key populations is through the Global Fund and this support is saving a lot of lives. The country dialogue process has put human rights on the agenda. The process has forced our health authorities to look at the evidence and acknowledge that supporting programming geared to MSM and other key populations is essential in ending the HIV epidemic.

Challenges remain including strengthening the capacity of key populations-led groups and organizations to advocate for their rights. It will take a lot to change the attitudes and laws that entrench homophobia and stigma, but the Global Fund is a crucial partner in the struggle in Ghana and elsewhere when it comes to delivering friendly health services for MSM and other key population groups."

Mac-Darling Cobbinah is the Executive/National Director for the Centre for Popular Education and Human Rights, Ghana (CEPEHRG), an LGBT/MSM organization that addresses the sexual and reproductive health and rights needs of gay, lesbian, bisexual and transgender people.

Mac-Darling's full quote can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

and fully engaging with key and vulnerable populations is fundamental for the scale-up needed to end the epidemics for good. To achieve the Fast-Track targets, outreach to key and vulnerable populations in low- and middle-income countries for HIV prevention and links to HIV testing and treatment must grow from 5% in 2014 to 7.2% of total investment by 2020.[10] In nominal terms, this means that outreach and services to sex workers, MSM, PWID and transgender people must increase from $1.86 billion in 2016 to over $2.6 billion by 2020 if we are to end AIDS by 2030.[11] Scaling up services for women and girls – with a focus on activities such as addressing gender-based violence and promoting sexual reproductive health and rights – are also essential priorities as articulated by the Global Fund in its 2017-2022 Strategy.

The UNAIDS Fast-Track initiative costing exercise shows that spending on sex worker outreach, MSM outreach, PWID outreach, drug substitution for PWID, programs for transgender populations, programs for prisoners, cash transfers for young girls, and pre-exposure prophylaxis (PrEP) for key populations must all increase over the next five years (Figure 1, Table 1 on page 9). For most of these interventions, spending must continue

to increase towards 2030 in order to end the epidemics. However, for drug substitution for PWID and cash transfers for young girls there will be long-term cost-savings after a front-loading of investments. Anything less than a fully funded Global Fund replenishment will undermine the scale-up needed.

Similar analysis is not yet available to track the resource needs for key and vulnerable populations in the TB and malaria response. The Stop TB Partnership has begun a mapping exercise and this information will begin to inform country prioritizations.

"The world is facing an immediate need for increased financing to tackle the HIV epidemic. Front-loading of investments over the next 2-3 years is essential if we are to get on the Fast-Track to ending the AIDS epidemic as a public health threat by 2030. Our primary goal is fully funding the AIDS response in the Fast-Track period and beyond. We must not abandon any person or group, wherever they live. Reaching those most affected must be the hallmark of our approach, and this means adequate global resources to ensure key populations benefit from significantly scaled up services, in all countries. A fully funded Global Fund will be critical to achieving this goal."

Michel Sidibe, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Figure 1: Resource needs for key populations to end AIDS by 2030 (US $millions)[12 13]

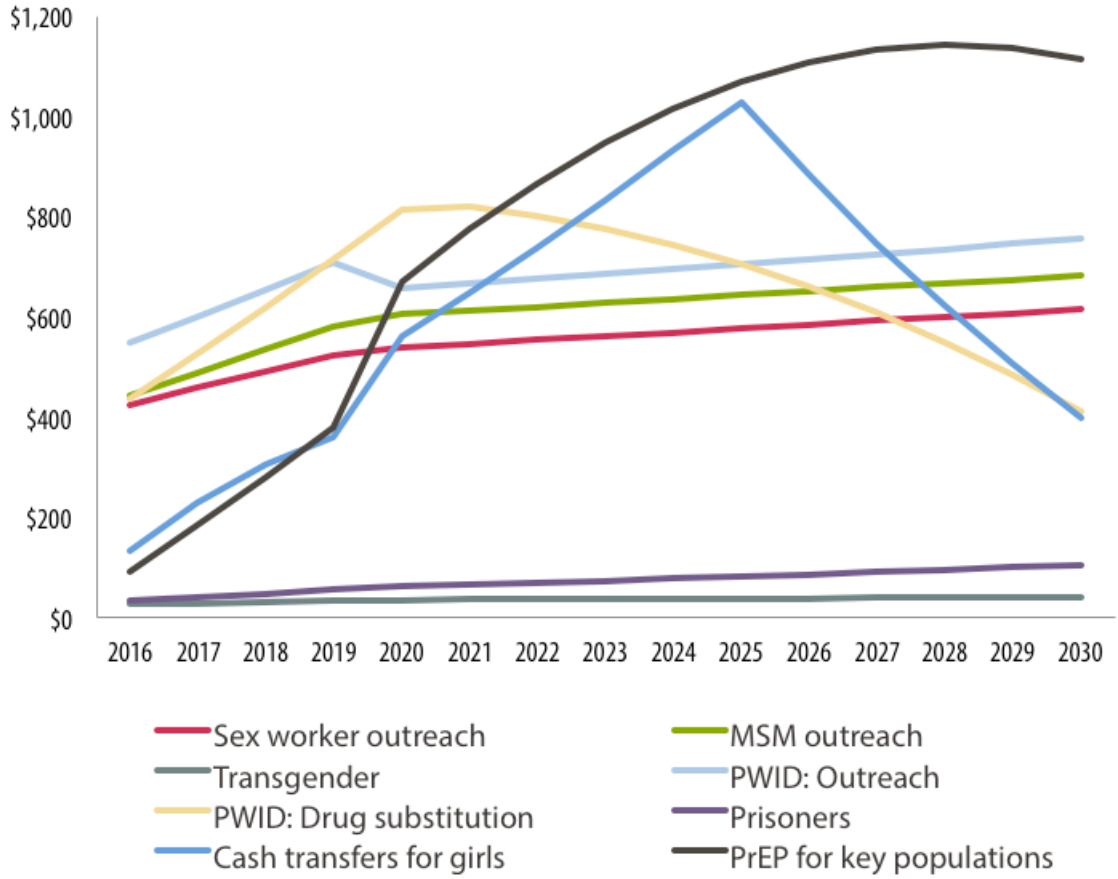


Table 1: Resource Needs for Key Populations to end AIDS by 2030 (millions of US$)[14]

Key Populations	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Sex worker outreach	$422	$454	$487	$519	$536	$543	$550	$558	$565	$573	$581	$588	$596	$604	$612
MSM outreach	$440	$486	$532	$577	$603	$610	$618	$626	$633	$642	$649	$657	$665	$673	$681
Transgender	$25	$28	$30	$32	$34	$34	$35	$35	$36	$36	$37	$37	$38	$38	$39
PWID: outreach	$546	$596	$649	$706	$653	$663	$672	$682	$692	$702	$712	$722	$732	$742	$753
PWID: Drug substitution	$435	$526	$618	$714	$812	$819	$799	$774	$742	$704	$659	$607	$548	$482	$409
Prisoners	$33	$40	$46	$53	$60	$64	$68	$72	$76	$80	$85	$89	$93	$98	$102
Cash transfer for girls	$130	$229	$305	$360	$560	$645	$737	$833	$931	$1,027	$882	$747	$622	$506	$397
PrEP for key populatinos	$90	$183	$278	$377	$669	$772	$864	$945	$1,012	$1,067	$1,107	$1,132	$1,141	$1,135	$1,112

The Global Fund plays a unique role in investment for key and vulnerable populations. It supports countries to scale-up high quality interventions for these populations that are rights- and evidence-based, in line with good practice and normative guidance.

The Global Fund has always encouraged applicants to include key and vulnerable populations in their proposals, being clear that it supports evidence-based interventions aimed at ensuring key and vulnerable populations have access to HIV prevention, treatment, care, and support. In the past, the Global Fund has created dedicated funding reserves for HIV proposals that focused on PWID, MSM, sex workers, and transgender people.

As a result of the Global Fund's emphasis on key and vulnerable populations, funding for evidence and rights-based interventions

"Ending the epidemics today is not only a biomedical and financial challenge, but it is also a social, political, and human rights issue. Having the Global Fund in Belize has meant that the voices of key populations are being taking into account through the Belize CCM. This platform allows debate for the first time of some of the drivers of the epidemic including Belize's "sodomy law" (Section 53, Criminal Code) and discrimination against transgender people, men who have sex with men, and sex workers.

We value the Global Fund support, but fear that when the Global Fund funding comes to an end civil society – and particularly key populations – will be left behind with the inevitable consequence that the epidemics will rebound. We count on the Global Fund to make sure transitions are done in a way that leaves no one behind so we can maintain the gains and save lives."

EriKa Castellanos is the Executive Director of the Collaborative Network for Persons Living with HIV (CNET+) – Belize, which provides psychosocial support, peer education, and activities to fight stigma and discrimination.

EriKa's full quote can be found in the Supplement to this report Key populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

for these groups has grown dramatically, particularly in places where it otherwise might not have. Swaziland's most recent TB/HIV concept note requested over $255,000 for prevention programs, including peer education and treatment literacy among MSM and sex worker networks. This was the first time Swaziland has ever included programming specifically for these key populations in a Global Fund proposal. The new funding model (NFM) has also prompted several countries to include harm reduction components in their grants for the first time, including Benin, Burkina Faso, Burundi, Chad, Democratic Republic of Congo, Djibouti, Senegal, Sierra Leone, and South Sudan.

Preliminary results from an ongoing resource tracking initiative led by the Community, Rights and Gender (CRG) department at the Global Fund Secretariat indicate that approximately $1 in $10 of all funds allocated to HIV and joint HIV/TB programs has been directed towards programs for key populations. This varies per country depending on countries' willingness or ability to prioritize these investments. In some countries, this proportion is much higher. In Indonesia, for instance, approximately $43 million out of the country's $116 million Global Fund HIV grant was for key populations – a significant increase in investment from previous years. Importantly, due to decreased funding or complete withdrawal of almost all other donors in Indonesia, the Global Fund is the only channel to reach key and vulnerable populations in the country, making a fully funded Global Fund all the more vital.

In South Africa, more than one-third of the country's $314 million Global Fund grant is

"Global Fund funding has allowed PKNI to support programming focusing on PWID in Indonesia. In addition to harm reduction programming in 75 centers, PKNI is also able to offer a suite of human rights interventions such as paralegal support for PWID, research on stigma, and programming to address legal barriers to accessing services. The Global Fund is unique in calling for and supporting innovative human rights initiatives.

Many of the former donor countries in Indonesia have stopped funding projects, which has reduced the funding available for key and vulnerable populations. Given these reductions, the Global Fund's support is even more critical. PWID would be left behind and gains made so far will be undermined if the Global Fund leaves and this programming is not transitioned adequately."

Edo Agustian and Suhendro Sugiharto (Ebbe) work for the Indonesian Drug Users' Network (PKNI), which is a sub-recipient of a Global Fund grant to Spiritia Foundation.

The full quote can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

directly for HIV prevention programs among young women and girls, sex workers, MSM, and PWID, and for TB programs among prison inmates and mining communities. This makes the Global Fund the single biggest investor in key and vulnerable populations in the country.

Data on harm reduction suggest that the Global Fund remains the single largest donor for this kind of programming. One analysis conducted from 2002 to 2014 found that 151 grants for 58 countries, plus one regional proposal, contained activities targeting PWID, for a total investment of $620 million. Moreover, the Global Fund's investments in harm reduction have promoted increased compliance with normative guidance. Two-thirds of that $620 million was for interventions in the UN-defined "comprehensive package".[15] With the NFM, this trend continues to grow. Over 75% of harm reduction programs resourced via Global Fund grants are now allocated to comprehensive packages, compared to 60% in 2010.

Global Fund data show that as of 2015, 55-60% of Global Fund spending was directed to women and girls, compared to 46% in 2010. This translates to a total investment of $15-16 billion since 2002. For the next allocation period (2017-2019), sub-Saharan African countries with the highest HIV infection rates in women and girls will receive about 30% more money in their country envelopes from the Global Fund, based on the revised allocation methodology.

The revised Global Fund allocation methodology will also result in a 25% increase over 2017-2019 to the top 28 countries with the highest burden of multi-drug resistant TB (MDR-TB). In many of these countries, key and vulnerable populations are disproportionately affected by TB drug resistance due to limited access to services and related treatment adherence challenges. There will also be more than a 10% increase to sub-Saharan countries for malaria, where many countries face extreme malaria burdens among refugee and migrant populations.

The Global Fund's Unfunded Quality Demand (UQD) register is revealing in terms of some of the funding gaps for key and vulnerable populations and is also a potentially powerful tool for attracting greater investment in these areas. The UQD register contains interventions from country concept notes that the Global Fund has deemed technically sound and worthy of investment, but which cannot be funded due to lack of resources. Some of the largest UQD for key populations is around scale-up of programming for PWID: for example, in the UQD register, Russia has a $44.17 million funding gap of which nearly $42 million is needed for scale-up. Vietnam needs $18.7 million to address HIV in PWID. There is another $10.6 million in UQD to reach MSM, sex workers, and internally displaced persons in Sudan, as well as $4 million of UQD to reach sex workers and their clients in Sierra Leone. If countries express a willingness to implement and scale-up technically sound key population focused interventions, then funding to do so must be made available.

A successful Global Fund replenishment in September 2016 is needed to begin to close some of these existing gaps for key and vulnerable populations and expand access to high-quality, evidence-based programming that will keep us on track to end the epidemics.

Beyond its investments, the Global Fund has a crucial catalytic role – mobilizing domestic funding for key and vulnerable populations, supporting the transition to local ownership, and improving the legal and policy environment.

The Global Fund investment in programming led by key and vulnerable populations is often able to achieve tremendous results. This is related to the Global Fund's catalytic role in close partnership with in-country leaders among key and vulnerable population networks and organizations. Some examples include:

Catalytic outcome 1 – Sources of additional domestic funding are identified

There are several examples to show that Global Fund investment has leveraged increased domestic funding for key and vulnerable populations. The Global Fund policy whereby countries must demonstrate increasing levels of domestic investment by co-financing Global Fund-supported programs is referred to as the willingness-to-pay policy (WTP). Countries must meet minimum requirements for WTP (depending on their income level) in order to access the full amount allocated to their country. In a recent analysis of 13 upper-middle income countries, it was found that the Global Fund's WTP policy had a positive impact on domestic funding commitments towards key populations.[16] The analysis found that nine out of the 13 countries dedicated some or all of their WTP commitments towards key and vulnerable population programming. Countries were especially likely to dedicate WTP commitments to these populations if they were transitioning from being eligible for Global Fund grants.[17]

Costa Rica illustrates an example of Global Fund investment that has leveraged additional domestic funding for key populations. The country is currently implementing its last HIV grant before it transitions from Global Fund support. For Costa Rica's WTP commitment, the country pledged $11.2 million towards its social protection board, a funding mechanism for local HIV non-governmental organizations (NGOs).[18] Further, additional domestic resources will go towards developing a key populations prevention policy and encourage the social protection board to specifically prioritize support for organizations serving MSM and transgender women (see Costa Rica case study on page 14).

Similar to Costa Rica, Romania has dedicated some of its WTP commitments to ensuring civil society organizations are able to reach key populations. Romania is currently implementing its last TB grant before it transitions. The country allocated $12.2 million from its domestic resources towards funding TB NGOs, particularly for case detection and treatment initiation in homeless adults and street children.

An Inclusive and Participatory Country Dialogue, Costa Rica[19]

The HIV concept note from Costa Rica offers a good example of how interventions under the removing legal barriers module can be designed and included as a comprehensive package to ensure historically marginalized key populations access Global Fund-supported programs. An inclusive and participatory country dialogue process – in which representatives of key populations actively participated – led to a clear human rights situational analysis. The analysis identified human rights and other structural barriers that hamper the access to services by MSM, transgender women and undocumented migrants who are most affected by HIV in the country.

The concept note addressed these challenges through interventions that aim to comprehensively assess the legal and policy context that affect access to services by key populations, to raise awareness on human rights, legal instruments, and available human rights support in country, and to support communities to monitor and document human rights violations and engage in human rights advocacy. In addition, the country dialogue process opened up the discussion on the right to access health care by undocumented migrants who are MSM or transgender women. This process has been catalytic in moving towards the free provision of HIV services to these highly affected communities in the country.

This case study and others can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

Other examples of domestic funding for key and vulnerable populations leveraged through willingness-to-pay include:

- Suriname will invest $18.4 million to build and fund a clinic that specifically meets the HIV, TB and malaria needs of migrant populations in the mining areas (see Suriname case study on page 15).
- Botswana will provide $68 million for antiretroviral treatment (ART) for all sex workers who test positive.
- Bulgaria will invest $14.5 million in active case findings among TB key populations.
- Iran will spend $77.4 million for harm reduction programming through the state welfare organization, supporting service provider personnel in prisons, as well as funding prison organization training programs.
- Mauritius will provide $4.7 million for opioid substitution therapy (OST) as part of harm reduction programs. Ukraine will invest $124.1 million in OST and HIV and TB prevention and case detection focusing on key populations (see interview with Anton Basenko, Alliance, Ukraine on page 16).

Engaging a Hard-To-Reach Population Affected by Malaria, Suriname[20]

The development of Suriname's concept note offers a good example of how to engage a hard-to-reach population affected by malaria.

Migrant gold miners, the vast majority from Brazil, work in the border region of the Dutch-speaking Latin American country. A knowledge, practices, and attitudes study was conducted, focusing on these hard-to-reach workers as well as treatment providers. A technical agency disease adviser, who could communicate in Portuguese with the mineworkers, facilitated their engagement. With workshops, surveys, and interviews, the study ultimately identified key challenges facing the region. A final report then helped guide the development of the concept note.

In addition, the CCM proactively engaged a range of groups in the mining areas to gain insight into the activities of the miners, as well as to form partnerships for grant implementation. Active groups, such as Brazilian churches and shopkeepers working in the region, provided a forum to discuss malaria control and will participate in the implementation of the grant.

Additional efforts to increase cooperation with the countries bordering the mining region were also described in the concept note. Discussions related to engaging with neighboring countries are ongoing, demonstrating a commitment to continue inclusive country dialogue throughout the grant.

In addition, Suriname has committed additional resources from its domestic budget to provide HIV, TB, and malaria services at a health clinic in Lawa Tabiki, an important mining area. The clinic will lead malaria control in the area using an approach of integrated primary care for mobile and vulnerable populations. Funding for this work is part of Suriname's willingness-to-pay commitment and a good example of how the Global Fund has been able to leverage for key and vulnerable populations from domestic budgets.

This case study and others can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

Global Fund investment is promoting the roll-out of evidence-based interventions for key populations in South Africa. In the preface to the country's new National Sex Worker HIV Plan for 2016-2019, it is specifically stated that the securing of Global Fund investments for sex workers is what will enable the core of the program to scale up rapidly.[21] The plan includes offering immediate ART to all sex workers with HIV, regardless of CD4 count, as well as providing at least 3,000 HIV-negative sex workers with PrEP. The plan will also support the delivery of four complementary rights-based packages for sex workers: a psychosocial services package, a human rights package, a social capital building package, and an economic empowerment package.

This is yet another example of how Global Fund investment in key populations can promote improved policy and planning for these groups by their local health authorities and governments.

There are other ways through which Global Fund investments leverage additional domestic funding. In South Africa, the recently signed TB/HIV grant includes a financing mechanism called a social impact bond. The Global Fund is one of the few financing institutions that promote such innovative mechanisms.

Catalytic outcome 2 – Policies ensure support for key and vulnerable populations programming is maintained as countries transition away for Global Fund support

The Global Fund technical evaluation reference group (TERG) reports that programming focusing on key and vulnerable populations was not always continued when the Global Fund grants came to an end. In Romania, for example there was a spike in HIV infections among PWID after the Global Fund departed in 2010. In 2013, about 30% of new HIV cases were

"The Global Fund is nothing short of a miracle for injecting drug users (IDU) in Ukraine. Before the Fund began supporting work in 2004, there was a lack of services and prevalence among IDU stood at 41% (30% among recent IDU). With a rapid increase of needle exchange and opioid substitution therapy throughout the country, prevalence has dropped to 21% and even lower (3.7%) among recent IDU. The Global Fund even supports our organization to continue providing support of life-saving services and vital treatment to the annexed areas in our country (Crimea) and territories where the war conflict is ongoing (Donbas region).

It is not just the financial support that is important to us. Community systems strengthening activities were enhanced through Global Fund grants and contributed to building community leadership and capacity to support a sustainable response to HIV. According to the new strategy 2017-2022, the Global Fund committed to support our activism to protect the rights of people who use drugs, which will allow it to argue on our behalf at the highest levels. Anything less than a fully funded Global Fund will put our progress at jeopardy and all our gains may be lost."

Anton Basenko is Senior Program Officer for the Alliance for Public Health (Ukraine). Alliance is a principle recipient for Global Fund programs focusing on support to provision of prevention and treatment services among people who use drugs and other key and vulnerable populations.

Anton's full quote can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

linked to injecting drug use compared with 3% in 2010.[22] In the northern part of Mexico – where injecting drug use is a common risk factor for HIV – the distribution of needles and syringes fell by up to 90% following the exit of the Global Fund in 2013.[23]

In other countries, some HIV-related services are transitioning comparably better. In Serbia, OST was available at 26 centers nationwide largely as a result of Global Fund investment. Since the transition in 2013, all but three centers remain open and have proven sustainable so far. The government has also assumed responsibility for HIV prevention in 12 prisons previously supported by the Global Fund. For needle exchange programs, the transition in Serbia has been less seamless – the government has not yet stepped in to fill the gap left by the Global Fund, which had previously supported access to safe injecting equipment to more than 4,000 clients in four major cities.[24]

Learning and evolving as a result of these challenges, the Global Fund has put polices in place to ensure transitions are smoother and do not threaten key and vulnerable population programming. The policy on sustainability, transition, and co-financing approved by the Global Fund board in April 2016 encourages greater prioritization of key and vulnerable populations within the context of transition. In the future, all eligible upper-middle-income countries must focus 100% of their funding requests on interventions that maintain or scale up evidence-based interventions for key and vulnerable populations.

New co-financing requirements also incentivize countries to increase their domestic funding for key and vulnerable populations, ensuring that they are assuming ever-greater responsibility for interventions as they move closer to transitioning. There is also support provided

Increasing Local Government Support for Malaria Programming, Zambia[25]

Until 2012, earmarked government contributions to the malaria program were limited to the allocation of operating expenses of the National Malaria Control Centre. The introduction of a budget line for procurement of malaria drugs and commodities resulted in a dramatic increase in government contributions to the malaria program from around $0.4 million in 2012 to $26 million in 2014, with the government's share of total malaria spending increasing from under 1% to the current level of about 40%.

As was observed in Zambia, once these specific budgets are established, commitments are generally expected to increase incrementally over time, improving the sustainability of the programs.

This case study and others can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

if needed to help countries improve the legal and policy environment. This could include identifying changes in terms of national plans and guidelines and structural reforms that will be essential to embed progress and allow domestic funding to key and vulnerable populations led initiatives (see Zambia case study on page 17).

It is important to note that a successful replenishment means more funds to invest in carrying out transitions responsibly. By the same token, a less than full replenishment will mean less money to support successful transitions and result in inadequate funds available to support programming for key and vulnerable populations.

Catalytic outcome 3 – key and vulnerable population programming is prioritized in the new funding model (NFM)

In regions where legal and policy environments are less conducive for key and vulnerable populations to access services, inclusion of programming for these groups in Global Fund proposals is often lower. Out of all Global Fund proposals submitted by Southern African countries between Rounds 1 and 10, only three included targeted interventions for MSM, one included PWID and 10 had programming designed specifically to reach sex workers.[26] As a result, analyses have found that in countries with generalized epidemics, like those in

"The Global Fund has gone beyond a simple HIV response to a comprehensive program that seeks to protect life in all its complexity. As a sex worker, HIV prevention and care is always an issue, but it's not the only one: I listen and respond better when a program recognizes and empowers me to respond to other fears including violence, police arrests, and stigma. The NFM has been sensitive to sex workers' needs beyond a biomedical response.

The Global Fund has empowered communities. The implication of trusting and directly supporting communities to run a program as sub-recipients is huge. "Owning the epidemic" has been taken literally, with positive response. We plan, strategize, and invent at a community level to ensure that we achieve our targets and impact our communities.

The Global Fund has a unique approach that is yielding results."

Peninah Mwangi is the Director of the Bar Hostess Empowerment and Support Programme (BHESP), which represents sex workers in Kenya, and is a CCM member.

Peninah's full quote can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

Southern Africa, roughly 2% of total Global Fund investments in HIV prevention were allocated to sex workers[27] and only 0.07% went towards MSM and transgender communities in Namibia, Botswana, Zimbabwe, Zambia, Malawi and Swaziland[28] – but the situation has improved dramatically.

From a 2011 analysis, the proportion of funded proposals that included prevention activities aimed at the transgender population grew from 6% in Round 8, to 20% in Round 9, and to 22% in Round 10.[29] In Botswana's latest TB/HIV concept note, the country requested $3,079,174 for MSM, transgender people, and sex worker programming, representing 7% of the country's total funding request.[30] This far exceeds the regional average in previous rounds. Further, with support from the Global Fund's Community, Rights and Gender (CRG) Special Initiative, through long-term capacity building to Robert Carr civil society Networks Fund grantees, key populations networks themselves were able to successfully advocate during grant-making to increase the funding proportion for key populations programming in Botswana to 26% of the country's grant. This progress in persuading countries to prioritize key populations in their funding requests is the result of collective efforts to ensure key populations are part of Global Fund governance at country level, are sitting on CCMs, and have policy support through initiatives such as the Global Fund's SOGI Strategy and Key Populations Action Plan (see interview with Peninah Mwangi, BHESP, Kenya on page 18).

No other agency is as effective as the Global Fund in using its investments and technical support in catalyzing scale up of high quality interventions for key populations. A fully funded Global Fund replenishment will ensure this progress will continue.

The Global Fund amplifies the voices of key and vulnerable populations, providing unique opportunities to engage and lead in national governance structures, program development, and implementation.

As a multi-lateral financing institution, the Global Fund has played a unique role in mobilizing and securing investment for key and vulnerable populations. Its resources fill strategic gaps – funding responses to the three diseases that lack adequate scale-up or support from other sources. However, it is more than a funder: from the start, it has placed communities, rights, and gender center stage, emphasizing the need to advocate for legal and policy changes needed to end the epidemics. Examples about how the Global Fund puts key and vulnerable populations at the center of the response include:

Governance

The Global Fund's commitment to key and vulnerable populations is evident throughout its governance and decision-making structures, which demonstrates the Global Fund's strong intention to revolutionize the governance dynamics in health at global and country levels. At the global level, the board includes voting seats for three civil society delegations, including one of communities living with HIV and affected by TB and malaria. At the country level, changes to the eligibility requirements and minimum standards[31] mean that Country Coordinating Mechanisms (CCMs) must now "show evidence of membership of people that are both living with and representing people living with HIV, and of people affected by and representing people affected by tuberculosis and malaria as well as people from and representing key affected populations, based on epidemiological as well as human rights and gender considerations". CCMs

"When you reflect on my past from using drugs in the streets and you compare it to my current position as a key populations representative at the Global Fund platforms I feel like I have gone from zero to hero because when I was on the streets I was hopeless but now I am member of the CCM voicing the issues of people who use drugs."

Maziabi Salum is former drug user and a founding member of the Tanzanian Network of People who Use Drugs (TaNPUD), launched in 2013.

Maziabi's full quote can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

must also now have equal representation of men and women. As a result, by 2016, 61 countries reported having at least one representative from key population groups on their CCM, compared to 53 in 2014; and, by 2015, the proportion of female members of CCMs had risen to 40%, compared to 34% in 2010.

Engagement in concept note development and grant-making

In April 2016, the CRG department reported that improved participation in country dialogue is linked to improved content in concept notes on key population issues. Surveys of participants in country dialogue processes report perceived improvements in quality of engagement and high levels of satisfaction with the Global Fund's participatory processes. Eighty-five percent of respondents found that the participation of civil society and key populations in concept note development was good or very good. As a result, more countries are including data on key populations to guide and inform their funding requests, however, there continues to be a gap between identifying needs and finally including key and vulnerable population-focused projects in grant budgets.[32]

"Many PLHIV in Nigeria owe their lives to Global Fund. It is only at Global Fund-supported facilities, for example, that PLHIV are not made to pay for services.

Nigeria ranks 10th among the 22 high-burden TB countries in the world and 4th in Africa. I work for Hygeia Foundation, which is a sub recipient to Global Fund. Our goal is to ensure that the strong community engagement in the HIV response is replicated in TB programming. As a member of the CCM, I have been pushing for greater TB and HIV integration and have had some success. We also participated actively in the country dialogue process and were very happy that the process forced a dialogue with the government about key populations and finally MSM are featuring in the programming priorities. "

Ibrahim Umoru has been living with living positively with HIV for over 15 years. He is the National Secretary of African Civil Society for the Treatment, Care and Support of TB Patients in Nigeria (ACT! Nigeria) and works for Hygeia Foundation as the Community Services Manager. As a sub recipient to the Global Fund, Hygeia supports TB and HIV integrated care in 15 secondary health facilities and 75 Primary Health Centers in three states.

Ibrahim's full quote can be found in the supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

The Global Fund's Technical Review Panel (TRP) believes that countries could be prioritizing key and vulnerable populations even more in their proposals, but key and vulnerable populations, groups and networks and civil society advocates in general believe we need to make sure that those requests can be funded. This is only possible with a fully funded Global Fund. According to the TRP's report on the first two windows of concept notes submitted as part of the NFM, "concept notes included activities related to critical enablers on human rights and key populations, but there was often no budget associated with these activities; others correctly identified these issues, but did not connect them to key populations and appropriate activities."[33] This was reiterated in the TRP's report on windows 3 and 4: "Key populations and programmatic challenges are identified in many concept notes, but the concept notes lack corresponding interventions to address the programmatic challenges."[34]

"In Sierra Leone we have succeeded in bringing together 15 organizations working in malaria, TB and HIV to advocate jointly for the rights of key affected populations. Our voices are stronger together through the Consortium to Advance the Rights of Key Affected Populations (CARKAP).

We also continue to advocate for expanding the reach of programming. It's estimated that only one quarter of our population can access basic TB diagnosis and care, which leaves 5 million people with nothing. More support from the Global Fund is needed to fill the gap and expand services.

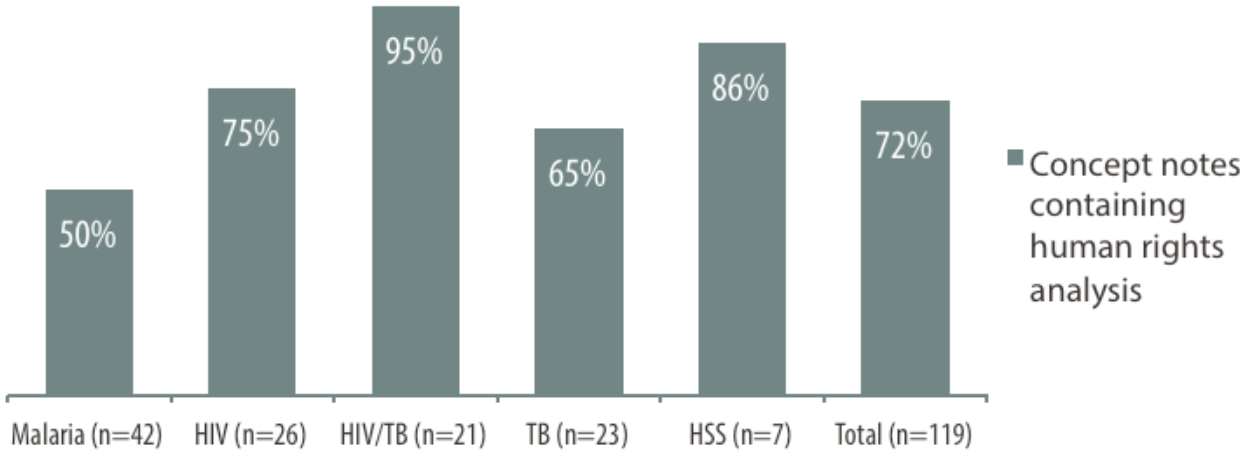
We participated actively in the country dialogue for the Global Fund grants to Sierra Leone but we have been disappointed that many of the activities we recommended that target communities and key populations did not make it into the budget and the grant agreement. While some community outreach is supported we feel strongly that it needs to expand significantly and more comprehensively to include children and prisoners. "

Abdulai Abubakarr Sesay is a TB survivor, Executive Director of Civil Society Movement Against Tuberculosis-Sierra Leone (CISMAT-SL) and the TB representative on the Sierra Leone CCM. The organization promotes the involvement of civil society groups in TB campaigns to increase advocacy the prevention, early diagnosis, and treatment of TB in Sierra Leone.

Abdulai's full quote can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

A comprehensive analysis of 119 concept notes submitted in the first five windows shows that countries are indeed identifying human rights barriers that impede key and vulnerable populations' access to services (Figure 2). However, advocates must ensure that countries also request funding to address these barriers and that when they do, a fully funded Global Fund is able to support such rights-based approaches.

Figure 2: Proportion of concept notes submitted in the first five windows, which contain human rights analysis [35]



As a learning organization, the Global Fund is committed to find ways to address the gap between human rights, gender, and key population priorities identified in concept notes and what is eventually funded. The strong key performance indicators in the new Global Fund strategy on human rights and engagement of communities in the responses will help to ensure that progress can be made. Steps to address these problems will cost money, which is another reason why the Global Fund needs to be fully funded (see Botswana case study on page 24).

Strategic litigation in Botswana[36]

In a recent court victory, the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) and the Southern Africa Litigation Centre (SALC) successfully challenged the government of Botswana's policy of refusing HIV treatment to non-citizen prisoners. BONELA is a Global Fund sub-recipient, leading Botswana's work on removing legal and human rights barriers to access. SALC is a sub-recipient of a regional Global Fund grant (which includes Botswana) and focuses entirely on removing barriers to accessing treatment and prevention services for HIV in Africa.

With the previous policy, citizen prisoners in Botswana were entitled to free HIV treatment but non-citizens were not.

While 87% of people in Botswana who know their HIV status are currently taking ART – very close to the 90-90-90 target – foreign prisoners make up more than 14% of Botswana's prison population and were being
left behind.

As a result of BONELA's strategic litigation alongside two foreign prisoners and with the support of SALC, on 22 August 2014, the High Court in Gaborone ruled that denying treatment to foreign prisoners living with HIV violated their constitutional rights. On 26 August 2015, the Botswana Court of Appeal dismissed an appeal against that decision. Removing legal barriers to treatment access is vitally important if we are to reach the 90-90-90 targets. Global Fund investment to remove legal barriers to access has been essential for advocacy and human rights groups in Africa to begin tearing down these barriers.

This case study and others can be found in the Supplement to this report Key Populations and the Global Fund: Delivering Key Results – Case Studies, Interviews and Quotes (Supplementary Report).

The Global Fund places key and vulnerable populations at the heart of its work – providing a 'package' of supportive strategies, policies, and processes.

The Global Fund does not just 'talk key and vulnerable populations'. It has, over time, developed a comprehensive and holistic package of strategies, policies, and processes that enables its commitment to key and vulnerable populations to become a reality. The support includes technical assistance through six Regional Communication and Coordination Platforms, tailored key population-specific technical assistance from the CRG department, or through mechanisms such as the Robert Carr civil society Networks Fund (RCNF) and the Community Leadership and Action Collaborative (CLAC). Supportive policies concerning key population participation in CCMs and concept note development are in place and CCMs are monitored for compliance on a regular basis. The Global Fund works with technical partners to develop and publish guidance material specific to the diseases and population groups. It also convenes human rights, gender, and key population advisory networks. The comprehensive package of supporting mechanisms that the Global Fund invests in for key and vulnerable populations is outlined in Annex 2.

"Tuberculosis has a disproportionate impact on poor and vulnerable communities. The Global Fund puts these communities at the center of the TB response. We will never end the TB epidemic without engaging key and vulnerable populations and the best way to get there is through a successful Global Fund replenishment of at least $13 billion."

Lucica Ditiu, Executive Director of the Stop TB Partnership

Conclusion

As this paper has suggested, additional investments will save lives and a full replenishment is needed to provide key and vulnerable populations with scaled-up interventions, community strengthening, ways to address stigma and discrimination and a role in decision-making. Further, for every US$100 million contribution to the Global Fund, we can:

- Save up to 60,000 lives through programs supported by the Global Fund;
- Avert up to 2.3 million new infections across the three diseases;
- Support partners in domestic investment of US$300 million toward the three diseases;
- Spur US$2.2 billion in long-term economic gains.

Agencies and networks led by key and vulnerable populations or those working in human rights and gender acknowledge the vital role played by the Global Fund in supporting their work. While improvements are needed, the Global Fund has proven to be responsive and adaptive to new challenges. For this reason, the organizations led by key and vulnerable populations are committed to seeing a fully funded Global Fund. Without a fully funded Global Fund programming for and run by key and vulnerable populations will not be sufficiently supported and the gains made in ending the epidemics could be reversed.

Key Messages

- **Investment in key and vulnerable populations is needed now more than ever. It is essential to meeting global commitments on HIV, TB, and malaria. We will not achieve the Global Fund Strategy or the SDGs without the scale-up of key population programs.**
- **The Global Fund plays a unique role in investment for key and vulnerable populations. It supports countries to scale-up high quality interventions for key populations – those that are rights- and evidence-based, responding to globally agreed upon good practice and normative guidance.**
- **Beyond its investments, the Global Fund has a crucial catalytic role – mobilizing domestic funding for key and vulnerable populations, supporting the transition to local ownership, and improving the legal and policy environment.**
- **The Global Fund gives key and vulnerable populations a voice, providing unique opportunities to engage in national governance structures and all stages of the New Funding Model.**
- **The Global Fund places key and vulnerable populations at the heart of its work – providing a 'package' of supportive strategies, policies, and processes.**

Annex 1

Key and vulnerable populations

The Global Fund maintains that defining key and vulnerable populations is often context-specific. In general, key and vulnerable populations will have the following characteristics:

- the population experiences increased risk or burden of disease due to a combination of biological, socio-economic, and structural factors;
- access to health services that prevent, diagnose, treat, or care for these diseases is lower than for the general population; and
- the population experiences human rights violations, systematic disenfranchisement, social and economic marginalization, and/or criminalization.[1]

The Guidelines and Requirements for Country Coordinating Mechanisms indicate that key and vulnerable populations include: women and girls, men who have sex with Men (MSM) people who inject drugs (PWID), transgender people, sex workers, prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children, and populations of humanitarian concern.[2]

UNAIDS uses the term 'key populations' to refer to communities most likely to be living with HIV or those disproportionately affected by HIV when compared with the general population. It is important to acknowledge that the key population groups defined for a particular setting will depend on the epidemic and social dynamics. The engagement of key populations is critical to a successful and meaningful HIV response: they are key to the epidemic and key to the response.[3] Gay men and other MSM, PWID, sex workers, and transgender people worldwide are socially marginalized and face a full range of human rights abuses at every level, making them more vulnerable to HIV. Depending on the country-specific situation, key and vulnerable populations also include people with disabilities, entertainment workers, incarcerated people, and mobile populations.

In addition to higher HIV risk, mortality, and/or morbidity when compared to the general population, access to or uptake of relevant services is significantly lower than that of other groups. It is especially important to recognize the needs of women and girls who work as sex workers, inject drugs, and/or are transgender. In a number of settings, women and girls, as well as adolescents and other young people, experience substantial, and in some cases disproportional, impacts of the epidemic and may be considered key and vulnerable populations.

In the response to TB, key and vulnerable communities include nine groups including prisoners, urban and rural poor, mobile populations, PWID, children, and miners[4], and those defined by the following conditions:

- People who have increased exposure to TB bacilli due to where they live or work such as healthcare workers, household contacts of TB patients, workplace or educational facilities contacts, people living in urban slums and shared living facilities such as orphanages and retirement homes. They are at risk of increased exposure to TB bacilli for a range of reasons including poor living and sanitary conditions, poor ventilation, overcrowding, and

malnourishment, among others. Overcrowding in healthcare facilities and congregate settings – especially prisons and mines – increases exposure to the TB bacilli and risk of developing TB.

- People who have limited access to health services due to gender, geography, limited mobility, limited financial capacity, legal status, and stigma such as the elderly, the mentally or physically disabled with limited mobility and support, remote populations such as fishermen and miners, the homeless, migrants, refugees, the internally displaced, ethnic minorities, and indigenous people who suffer stigma and discrimination. Also included are incarcerated people who may have limited access to health services.
- People at increased risk of TB because of biological and behavioral factors that compromise immune function such as people living with HIV, people with diabetes, people suffering from silicosis and lung disorders, those on long term therapeutic steroids, those on immune suppressant treatment, and people who are malnourished are vulnerable to TB. Their compromised immune systems are less able to fight infection. Certain lifestyle activities including smoking and harmful use of alcohol and drugs also increase their risk of TB infection.

For the malaria response, vulnerable groups vary depending on the region and include refugees, mobile, migrant, and cross boarder populations, indigenous people and tribal people, ethnic minorities, men and women who work legally and illegally in the forest for their livelihood, and children under five and pregnant women particularly in the lowest quintile and in rural areas.

[1] The Global Fund to Fight AIDS TB and Malaria (2014). Community Systems Strengthening Information Note. Online at http://www.theglobalfund.org/documents/core/infonotes/Core_CSS_InfoNote_en/

[2] The Global Fund to Fight AIDS TB and Malaria (2014). The Guidelines and Requirements for Country Coordinating Mechanisms. Online at http://www.theglobalfund.org/documents/ccm/CCM_Requirements_Guidelines_en/

[3] UNAIDS (2012). Guidance for partnerships with civil society, including people living with HIV and key populations. Online at http://www.unaids.org/sites/default/files/media_asset/JC2236_guidance_partnership_civilsociety_en_0.pdf

[4] Stop TB Partnership (May 2016). Key Population Briefs. Online at http://www.stoptb.org/resources/publications

Annex 2

Global Fund comprehensive package of support strategies, policies and processes[37]

The comprehensive package of support for key and vulnerable populations includes the following:

Strategies

The Global Fund's commitment to key and vulnerable populations is powerfully articulated in its Strategy for 2017-2022. It states that the institution will: "scale up evidence-based interventions with a focus on…key and vulnerable populations disproportionately affected by the three diseases" (Strategic Objective 1.a); "promote and protect human rights and gender equality…" (Strategic Objective 3); "scale up programming to support women and girls…" (Strategic Objective 3.a); "invest to reduce gender and aid disparities in health…" (Strategic Objective 3.b); and ensure the "meaningful engagement of key and vulnerable populations and networks in the Global Fund-related processes…" (Strategic Objective 3.e). The Global Fund's Key Populations Action Plan 2014-2017 sets out the institution's specific priorities and approaches in this area. A recent independent review found that the Action Plan provides a strong framework for structuring and mobilizing relevant action.[38]

Funding Model

The Global Fund's commitment to key and vulnerable populations has, since 2014, been further enhanced through the implementation of a revised, iterative New Funding Model (NFM) that regularizes opportunities for input from technical partners in supporting project development. Multiple studies by civil society organizations – such as the International Community of Women Living with HIV (ICW)[39], Eastern Africa National Networks of AIDS Service Organisations (EANNASO)[40], and IRGT: A Global Network of Transgender Women and HIV[41] – credit country dialogue and concept note processes for unprecedented opportunities for engagement by communities, especially those traditionally excluded from national planning. The Communities Delegation to the Board of the Global Fund cites the "catalytic role" of the NFM's requirements for key and vulnerable population engagement[42], while African Men for Sexual Health and Rights (AMSHeR)[43] notes the "substantive progress" in the participation of such stakeholders.[44]

In some countries, key and vulnerable population engagement has been enhanced through intensive support from the Global Fund's Secretariat and technical and civil society partners. Examples include: a pilot program to strengthen and systematize key and vulnerable population engagement in NFM processes in 10 countries, evaluated by the International Council of AIDS Service Organizations (ICASO)[45]; and, in 2014, the provision of targeted support to 10 countries to ensure the inclusion of PWID in country dialogues and attention to evidence-based harm reduction in concept notes.

Policies and requirements

Within the NFM, the Global Fund's work

on key and vulnerable populations has been supported through the introduction or modification of a number of policies. For example, it is now a formal requirement that all concept notes specify the human rights and gender inequality barriers that might impede people's access to health services, and that they are developed with the documented engagement of key and vulnerable populations.[46] In addition, country grant agreements include specific human rights commitments.

Tools and good practice

The Global Fund now provides an unprecedented set of tools – developed in collaboration with technical and civil society partners – to support country/regional stakeholders to develop concept notes that address key and vulnerable populations. Examples include: a modular template (application form), which provides guidance on addressing relevant issues within disease proposals; and information notes, which provide 'how to' guidance on relevant areas, such as on harm reduction[47] and sex work, MSM, and transgender people[48]. These tools have been supported by the increasing availability and use of normative guidelines[49] and good practice guidance developed by the Global Fund and its partners. Examples of the latter include a series of implementation tools – such as the Sex Workers Implementation Tool (SWIT), Transgender People implementation tool (TRANSIT), and MSM Implementation Tool (MSMIT)[50] – developed by global key and vulnerable population networks and UN technical agencies. A comprehensive suite of tools relevant to key and vulnerable populations has also been developed through support by the RCNF grants.[51]

Data and evidence

The Global Fund's work on key populations has been enhanced through a growing wealth of evidence and data analysis. Examples include an investment tracking exercise addressing all HIV and HIV/TB grants approved under the revised NFM until late 2015. This identifies interventions and budgets targeting MSM, transgender people, sex workers, and PWID, and categorizes them according to WHO's Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations (2014). Its results will provide a baseline that can be used to monitor implementation of the Global Fund Strategy 2017-2022. Under the special initiative on data, approved by the Global Fund Board in 2014, size estimates and programmatic mappings on key populations are being conducted to support evidence-based programming and advocacy in 15 high-impact countries, while national data systems have been improved in 50 additional countries. While data collection concerning key populations is improving, there is more work required and a fully funded Global Fund will ensure progress in the area continues.

Capacity and expertise

The Global Fund's work on key and vulnerable populations has been enhanced through a range of capacity-building efforts to enhance relevant knowledge and skills among Global Fund stakeholders. Examples have included: establishment of a Community, Rights and Gender (CRG) Department, including specialist key and vulnerable population advisors; provision of training of 24 CRG focal points in the Global Fund Secretariat, including for

the Technical Review Panel (TRP) and Grant Management Division (GMD); sensitization sessions for staff, such as on MSM communities by the Global Forum on MSM & HIV (MSMGF); development of a CCM induction package that includes four one-hour CRG modules; and inclusion of CRG issues – including relating to key and vulnerable populations – in the formal training of Global Fund staff and in the job descriptions of Fund Portfolio Managers.[52]

Such efforts are complemented by the Global Fund Secretariat providing tailor-made reviews and technical inputs into country and regional proposals. By early 2016, provision of some form of direct support from the CRG Department and Country Teams to mobilize investment in key and vulnerable populations, country systems strengthening (CSS), and human rights programs was provided in 83 of the 112 countries funded under the revised NFM. This included support to: review concept notes; design country dialogues; address TRP comments; and define monitoring and evaluation frameworks. In turn, other key bodies within the Global Fund – such as the TRP – are now able to provide increasingly nuanced comments to improve the key and vulnerable population-related aspects of applications, including clear messages for countries to better reflect the identified needs of key and vulnerable populations in their final concept notes and budgets.[53]

These efforts have also been complemented by the CRG Special Initiative – a $15 million civil society-led and focused technical program approved by the Global Fund board. The special initiative has three components:

1. Short-term technical assistance for country dialogue and concept note development, resulting in many of the over 70 assignments focusing on engagement and interventions for key and vulnerable populations;
2. Grants, through the Robert Carr civil society Networks Fund (RCNF), for long-term capacity development of eight key population networks, including PWID, MSM, transgender people, sex workers, and young key populations[54];
3. Six regional coordination and communication platforms, serving as forums for gender, human rights, and key population organizations to access Global Fund information and connect to broader health advocacy; and
4. Support for the establishment of the Community Leadership and Action Collaborative (CLAC), an innovative coalition of networks working with key populations.

Partnerships

The quality of the Global Fund's investment in key and vulnerable populations has been significantly strengthened by working with technical partners (including United Nations agencies) and civil society partners at country, regional, and global levels. These partnerships have included: Global Fund working groups (such as on harm reduction); external working groups (such as the Inter-Agency Working Group on Key Populations); and multi-agency collaborations.

An example of the latter is participation on the board of PEPFAR's LINKAGES and collaborating with others in the program to develop indicators to address the cascade

of services for key populations and conduct joint program assessment country visits in 20 countries.

The Global Fund has also implemented disease-specific collaborations, such as with the Stop TB Partnership to more clearly define key and vulnerable populations in the context of TB, including contributing to: an international meeting on key and vulnerable populations and TB (2015); the development of briefings on key and vulnerable populations and TB[55]; the 46th Union World Conference on Lung Health (2015); and the conceptualization of a methodology to track investments in TB-related key and vulnerable population programming.

Accountability

The Global Fund has taken increasing measures to incorporate key and vulnerable population issues within its formal processes and procedures relating to accountability. In May 2015, the Office of the Inspector General launched a complaints procedure for human rights violations experienced by grant recipients. The OIG continues to track the risk of "poor access and promotion of equity" through the Qualitative Risk Assessment Tool (QUART) used by country teams in high-impact countries and with respect to high-risk grants. In 2015, QUART was updated to include factors related to human rights, such as stigma and laws that harm human rights, including of key and vulnerable populations. In 2016, the Risk Management and CRG Departments are piloting community-based monitoring in selected countries.

The Global Fund's accountability to key and vulnerable populations has also been strengthened: in 2014, a CRG advisory group was established, which brings together key and vulnerable population networks and other civil society leaders to inform the Secretariat's policy and strategy development.

Notes

[1] This report was written for GFAN and FSP by Michael O'Connor, an independent consultant and Senior Advisor for ICASO, and Dr. Gemma Oberth, Technical Support Consultant to the Regional Platform for Communication and Coordination for Anglophone Africa, hosted by EANNASO, as part of the Global Fund's Community, Rights and Gender Special Initiative

[2] The Global Fund Advocates Network (GFAN) was established in 2011 to unite voices and efforts from all over the world to support a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria. GFAN builds on and brings together existing structures, expertise, and experience that has been developed and gathered since 2002 in support of the Global Fund, working with advocates, activists, and affected communities in the South and the North, as well as Friends of the Fund organizations.

[3] The Free Space Process (FSP) partnership supports scale-up and a quality improvement of civil society's response to HIV/AIDS by providing space for strategic thinking, creating added value by sharing each other's expertise and infrastructures and addressing key capacity gaps on all levels – but particularly the country level – of the civil society architecture. The participating organizations are the Global Network of People Living with HIV/AIDS (GNP+), HIV Young Leaders Fund (HYLF), Global Action for Trans* Equality (GATE), the International Community of Women Living with HIV/AIDS (ICW), the International Council of AIDS Service Organizations (ICASO), the International Treatment Preparedness Coalition (ITPC), the International HIV/AIDS Alliance (the Alliance), the Ecumenical Advocacy Alliance (EAA), the International Network of People who Use Drugs (INPUD), the Global Network of Sex Work Projects (NSWP) and the MSM Global Forum (MSMGF).

[4] Baral S et al. (2012). Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. Lancet Infectious Diseases 12, 538-549.

[5] UNAIDS (2014). The GAP Report. Page 217.

[6] UNAIDS (2016). Global AIDS Update 2016. Pages 9-10.

[7] Baussano, I., Williams, B. G., Nunn, P., Beggiato, M., Fedeli, U., & Scano, F. (2010). Tuberculosis Incidence in Prisons: A Systematic Review. PLoS Medicine, 7(12), e1000381.

[8] Fitzpatrick, S., Jakens, F., Kuehne, J. & Mabote, L. (2013). Tuberculosis in South Africa's Gold Mines: A United Call to Action. Results UK and ARASA. Page 4.

[9] UNAIDS (2016). Fast-Track: Update on Investments Needed in the AIDS Response. Page 7.

[10] UNAIDS (2016). Fast-Track: Update on Investments Needed in the AIDS Response. Page 10.

[11] Computed from raw data from Stover, J., Bollinger, L., Izazola, J. A., Loures, L., DeLay, P., Ghys, P. D., & Fast -Track modeling working group (2016). What Is Required to End the AIDS Epidemic as a Public Health Threat by 2030? The Cost and Impact of the Fast-Track Approach. PLOS ONE, 11(5), e0154893.

[12] Ibid.

[13] For the Fast-Track Modeling, "Resource Needs" for AIDS are forecast along the following budget lines: Condom promotion, Key populations (Sex worker outreach, Men who have sex with men outreach, Transgender, PWID: Outreach, PWID: Drug substitution, Prisoners), Behavior change programs (Cash transfers for girls), PMTCT, Medical male circumcision, Post-exposure prophylaxis (PEP), Pre-exposure prophylaxis (PrEP) (PrEP for key populations, PrEP for discordant couples, PrEP for adolescents), Treatment, care and support (Testing and counseling, Pre-ART care, ART), Program Enablers, Social Enablers and Development Synergies.

[14] Computed from raw data from Stover, J., et al. (2016).

[15] Bridge J., Hunter BM., Albers E., Cook C., Guarinieri M., Lazarus JV., MacAllister J., McLean S., and Wolfe D. (2016). The Global Fund to Fight AIDS, Tuberculosis and Malaria's investments in harm reduction through the rounds-based funding model (2002-2014). International Journal of Drug Policy. Jan(27), 132-137.

[16] Oberth, G. (2016). The "fair share" of shared responsibility: A case study analysis by Aidspan of how The Global Fund's willingness-to-pay policy leveraged additional government resources in the new funding model. Aidspan. Online at http://www.aidspan.org/sites/default/files/publications/WTP%20Report%20FINAL%20REVISED%202016-02-04_1.pdf

[17] Transition refers to the situation where a country's GDP increase makes it ineligible for Global Fund funding. Countries are encouraged to assume responsibility for projects previously supported by the Global Fund including programming targeting human rights, gender, and key populations.

[18] Oberth, G. (2016). Page 17.

[19] Ibid.

[20]Funding model case studies: Windows 1-8. Produced by Access to Funding in conjunction with CRG, TAP, SI and country teams.
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[51]RCNF support materials include:

- NSWP developed and published The Smart Sex Workers Guide to The Global Fund in five languages and developed a community-led workshop which enables a better understanding of the Global Fund structures, the New Funding Model, and the Global Fund strategies that impact upon key populations.
- The Consortium of MSM Networks gathered best practices related to country engagement and is developing easy-to-read documents to explain the Global Fund NFM and prepare MSM and transgender advocates to engage further in national AIDS planning processes.
- The Asia-Pacific Transgender Network (APTN) developed a learning guide for transgender communities in Asia, Strengthening Transgender Knowledge on the Global Fund for AIDS, Tuberculosis, and Malaria. This learning guide served as a training tool, but it has also been a helpful tool for increasing APTN's knowledge on the NFM.
- Youth LEAD developed The Youth Guide to the Global Fund and a facilitator toolkit to implement the youth guide.
- ICW publishes a weekly bulletin distributed via a listserv, informing women living with HIV on important announcements and decisions made by the Global Fund and mobilizing them to become involved in the consultative processes.
- The Consortium of MSM Networks, Positive Network Consortium (PNC+), ICW, and ITPC-ARASA Consortium facilitate and promote knowledge-sharing through provision of community platforms and using social media.

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