

# Frequently Asked Questions

## Community, Rights and Gender and the 2017-2019 Funding Cycle

October 2016

This list of frequently asked questions can be used by applicants and partners who support them as they prepare their funding requests to the Global Fund for the 2017-2019 funding cycle.

### 01 Human Rights

#### 1. Why do human rights matter to the Global Fund?

The Global Fund recognizes that evidence-based programs to remove human rights barriers increase the reach and impact of our grants by empowering those most affected by HIV, TB and malaria to come forward, take up, and adhere to health services. Our understanding draws on substantial evidence that health-related human rights violations – ‘human rights barriers’ - fuel the spread of the three diseases by driving people away from life-saving services.

For people living with or at risk of HIV, human rights barriers include, but are not limited to, stigma and discrimination, gender inequalities, unjust laws, law enforcement and policies, and violence, including gender-based and intimate partner violence.

Similarly, we aim to remove human rights barriers that limit access to TB services, including stigma and discrimination, punitive laws and policies that lead to the involuntary detention of people with, or suspected of having TB, and inadequate access to treatment in detention settings and for criminalized populations, such as people who use drugs.

Finally, we acknowledge that many factors increasing vulnerability to malaria arise from people’s inability to realize their human rights. For instance, gender norms and gender-determined roles that restrict women’s autonomy may affect how effectively bed-nets are used within a household, and whether pregnant women access intermittent preventive therapy.

#### 2. What duties do our human rights commitments place on funding applicants and recipients?

Firstly, the Global Fund is committed to increasing investments in programs to remove human rights and gender-related barriers to accessing services. Under our ***Sustainability, Transition***

**and Co-Financing Policy**,<sup>1</sup> funding requests must include programs that respond to key and vulnerable populations, human rights and gender-related barriers and vulnerabilities in all countries, regardless of income level. As concerns human rights, applicants are strongly recommended to take the following steps:

1. Identify who is living with or at risk of HIV, TB and malaria, and what programs are needed to remove human rights barriers limiting their access to health services;
2. Design all programs using a human rights-based approach<sup>2</sup>, and;
3. Request funding for programs to remove human rights barriers to health services.

Secondly, the Global Fund aims to ensure that the programs we support do not infringe human rights. We require program implementers to comply with five minimum human rights standards that are embedded in all Global Fund grant agreements. Principal Recipients of Global Fund grants must disclose any known risk(s) which could lead to a breach of these standards, and to develop a mitigation strategy with the relevant country team(s). These standards demand that implementers:

1. Grant non-discriminatory access to services for all, including people in detention;
2. Employ only scientifically sound and approved medicines or medical practices;
3. Do not employ methods that constitute torture or cruel, inhumane or degrading treatment;
4. Respect and protect informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered, and;
5. Avoid medical detention and involuntary isolation, which, consistent with WHO guidance, are to be used only as a last resort.

Anyone who has either experienced or personally witnessed a violation of one or more of these standards by a Global Fund grant recipient may contact the Office of the Inspector General (OIG), an independent body which reports directly to the Global Fund's Board.<sup>3</sup>

## 02 Gender

### **3. Why is addressing gender-related risks and barriers to health services critical for making strategic investments?**

Gender-related risks and barriers to services significantly undermine efforts to end the three diseases. Women, girls, and gender non-conforming communities bear the overwhelming burden of gender-related inequities. Addressing these inequities to health risks and access to health services is a critical investment strategy that requires the collection, analysis and use of sex and age disaggregated data, as well as documented gender and human rights-related barriers to services. This type of analysis can reveal where there are gendered differences in health status, as well as the socio-economic and cultural influences that enhance or hinder access to health services based on gender identity.

### **4. How will grant-making tools be different in the 2017-2019 funding cycle?**

As part of the Global Fund efforts to increase investment in effective programs, we are updating grant making and guidance tools to take more gender considerations into account. Issues of gender and gender equality will be integrated into all grant making tools. The Global Fund will ensure that

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<sup>1</sup> The Global Fund, 2016. *The Global Fund Sustainability, Transition and Co-financing Policy* [GF/B35/04 – Rev. 1], pp.6, 11-12. Available [online](#);

<sup>2</sup> For a summary of a human rights-based approach to health, please see WHO and OHCHR, 2008: *A Human Rights-Based Approach to Health*. Available [online](#).

<sup>3</sup> For further information on how to report human rights violations to the Office of the Inspector General, please visit: <http://www.theglobalfund.org/en/oig/reportfraudabuse/>. Complaints can be filed anonymously, and no personal details will be communicated without the complainant's prior consent;

all policies, processes, procedures and structures reflect its commitment to gender equality, and addressing gender-related barriers to services.

## **5. Why are adolescent girls and young women a focus in the new strategy?**

In many contexts in sub-Saharan Africa, adolescent girls and young women are disproportionately affected by HIV because of gender- and age-related inequalities that fuel risk while at the same time leaving them without access to appropriate health and social services. Without a focus and rapid scale-up of prevention of HIV transmission in adolescent girls and young women in sub-Saharan Africa, accelerating progress towards epidemic control will become increasingly intangible, and gains made in the fight against HIV in the past 15 years may be threatened.

## **6. What gender-related issues are featured for TB and malaria in the new strategy?**

Whilst women, girls and gender non-conforming communities around the world bear the brunt of gender inequality, gender-related barriers to services negatively impact everyone. Gender norms and behaviors are often a strong factor in determining health risks, barriers to services, as well as how people need to receive services. In many contexts, notions of masculinity mean that men are less likely to seek health services, and often health services are not designed to meet their needs. In most parts of the world, more men than women are diagnosed with tuberculosis and die from TB-related causes. Men are more likely to be exposed to risk factors associated with TB, such as smoking, and are more likely to be exposed to TB in the work place such as mines.

In malaria, the Global Fund makes significant investments to ensure that malaria services are available for pregnant women. There are dimensions of the malaria response that may benefit from better understanding gendered dimensions, such as household decision making. The Global Fund is working with technical partners to develop an information note on human rights and gender considerations in the context of malaria.

## **7. What gender-related barriers and gender equality issues are important for key populations?**

In some cases, by definition, key populations are facing extreme risks and barriers to care due to their gender identity, as is the case for transgender individuals. However, gender has an impact on the risk and service needs/access of all communities, and should be a key consideration in the investment and programming strategies of the Global Fund. Too often, sex workers are assumed to be female or the gendered dimensions of being male, female, and transgender sex workers are not taken into consideration. The same applies to male, female and transgender individuals who use drugs. Criminalization, discriminatory laws, lack of trained and sensitized health providers, coercive medical procedures, and intimate partner and gender based violence are examples of gender-related barriers and gender equality issues that significantly affect key populations and prevent them from accessing quality health services.

## **03 Key Populations**

## **8. Why is addressing the needs and rights of key and vulnerable populations critical for making strategic investment?**

In 2015, over a third of new HIV infections occurred among key populations and their sexual partners globally. However, HIV prevention for key populations in low- and middle-income

countries only account for under 10% of total resources for prevention and relies heavily on external funding.<sup>4</sup>

In the context of HIV, key populations such as sex workers, people who inject drugs, gay men and other men who have sex with men and transgender people often experience significant stigma, discrimination and violence. Fear of discrimination and possible legal consequences due to harmful laws that criminalize on the basis of sexual orientation, age, sex work or drug use means that many are reluctant to seek HIV testing and further care. This results in late diagnosis, which has a negative impact on their own health and the health of their sexual partners. Adolescent key populations also face higher risks and start having sex or engaging in risky behaviors at a younger age, but there is a clear lack of global data and research on this group.<sup>5</sup> Additional policy and legal barriers, such as age of consent, limit their access to these essential services, including harm reduction services.

In the context of TB, overcrowding in prisons contributes greatly to the spread of TB, with the risk of TB in prisons on average 23 times higher than in the general population. Those who are resistant to first-line drugs require longer with more expensive second-line drugs to treat multidrug-resistant tuberculosis.

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.

There is a clear need to ensure investment focused on evidence-informed and rights-based testing, prevention, treatment and care programs that address the specific needs of key and vulnerable populations, whilst at the same time, ascertain that domestic resources are mobilized for such programs to ensure sustained efforts to effectively respond to the epidemics of HIV, TB and malaria.

Most importantly, addressing the needs and rights of key and vulnerable populations requires acknowledgement of the key role key populations can play by providing valuable insights, guidance, and oversight to implementing organizations and to the Global Fund – as Board Members, staff, grant recipients, technical assistance providers and beneficiaries – due to their direct experience, first hand technical expertise, and personal investment in the response to the three diseases.

## **9. Who are universally recognized as key and vulnerable populations in the context of the three diseases?**

The Global Fund relies on the definition of key and vulnerable populations as provided in the Key Populations Action Plan 2014 – 2017 which was developed through a consultative process involving technical agencies, civil society and community groups.

Key populations are people who are at heightened risk of HIV, TB and malaria due to a range of factors and who face reduced access to services, and criminalization, marginalization or human rights violations. In the context of HIV, key populations include, gay, bisexual and other men who have sex with men, people who inject drugs, sex workers, transgender people, people in closed settings and people living with HIV. For TB, prisoners, people living with TB/HIV co-infection,

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<sup>4</sup> UNAIDS. Prevention Gap Report, 2016. Accessed at [http://www.unaids.org/sites/default/files/media\\_asset/2016-prevention-gap-report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf)

<sup>5</sup> Baggaley R et al. Journal of the International AIDS Society 2015, 18(Suppl 1):19438 Accessed at <http://www.jiasociety.org/index.php/jias/article/view/19438>.

migrants, refugees and indigenous populations and those who survived TB are also recognized as key populations. Key populations in the context of malaria are less defined but may include refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas and those who survived malaria.

Those who fall outside of the above definition of key populations, but experience a greater vulnerability to and impact of HIV, TB and malaria, such as adolescent girls and young women in East and Southern Africa, are considered vulnerable populations.

## **10. What are the lessons learned from the implementation of the current Global Fund's policies/action plans<sup>6</sup> focusing on key populations?**

In 2016, the Community, Rights and Gender Department of the Global Fund undertook a Rapid Review of policies and action plans in relation to gender and key populations: [Results, Gaps and Lessons From the Implementation of Strategies and Action Plans](#).<sup>7</sup> The Rapid Review highlights that while significant progress has been made, major concerns were expressed with respect to translating these foundations – either at a large enough scale or fast enough – into more/better programming on gender equality and key populations. On-going challenges still persist in the collection and understanding of relevant and disaggregated data.

Furthermore, during the allocation period 2014 – 2016, there are still some specific gaps in: a) securing meaningful engagement and attention of key and vulnerable populations throughout Global Fund-related processes; b) translating increased attention to key populations and gender issues into prioritized programs and investments in signed grants; and c) ensuring sustainability of engagement and investment for key populations in countries that will transition from Global Fund support.

The review recommends that the Global Fund integrates actions on gender equality and key populations into the operational plan with specific accountability measures as well as addressing specific bottlenecks with regard to strategic data gaps (e.g. access to treatment for key populations living with HIV), strengthening support in areas least engaged (e.g. NSP development, grant-making and implementation) and supporting key and vulnerable populations to engage in transition preparedness and monitoring. The review also calls for greater capacity development within the Global Fund Secretariat and for more clearly defined strategic relationship with technical, civil society and community partners to maximize existing tools/expertise and to strengthen concepts and practices for gender equality and vulnerable populations within TB and malaria responses.

## **11. What policies have been/are being put in place by the Global Fund to promote greater engagement from and investment in key and vulnerable populations?**

To ensure countries develop an effective response, the Global Fund mandates the inclusion of key populations in CCMs. [CCM Eligibility requirements and minimum standards for key affected populations and people living with diseases](#)<sup>8</sup> continue to be enforced. At the time of submitting a funding request, the Global Fund requires CCMs to demonstrate that a country dialogue, a process that engages key stakeholders, is robust, inclusive, and includes key populations to identify needs

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<sup>6</sup> (e.g. Sexual Orientation and Gender Identity Strategy, Gender Equality Strategy, Gender Equality Action Plan 2014 – 2016, Key Populations Action Plans 2014 – 2017)

<sup>7</sup> The Global Fund. Gender Equality and Key Populations: Results, Gaps and Lessons from the implementation of strategies and action plans, 2016. Accessed at [http://www.theglobalfund.org/documents/publications/other/Publication\\_GenderEqualityKeyPopulations\\_Review\\_Report\\_en/](http://www.theglobalfund.org/documents/publications/other/Publication_GenderEqualityKeyPopulations_Review_Report_en/)

<sup>8</sup> <http://www.theglobalfund.org/en/ccm/guidelines/>

and the most effective health interventions. CCMs are required to carry out a CCM Eligibility and Performance Assessment and produce a complete diagnostic, which includes facilitating the self-assessment and evaluating CCM compliance levels with Eligibility Requirements and Minimum Standards to determine the level of functionality of the CCM.

In order to ensure greater strategic investment in key and vulnerable populations, application focus requirements, previously part of the Global Fund Eligibility Policy, are now part of the [Sustainability, Transition and Co-financing Policy](#).<sup>9</sup> As a feature of this policy, at least 50 percent of funding requests must be on scaling-up interventions for key and vulnerable populations for lower middle-income countries, and 100 percent for upper-middle income countries. The requirements also aim at ensuring that as countries move closer to transition, they take up key programs, such as interventions for key and vulnerable populations, and that investments are focused on removing roadblocks to eventual sustainability.

## **12. How can the Global Fund and partners continue to promote scale-up of evidence-informed, rights-based programs for key and vulnerable populations across the three diseases?**

The Global Fund relies on multi-stakeholder partnerships at a country level that develops and submits grant proposal to the Global Fund based on priority needs at the national level. Technical partners support country stakeholders to develop and scale up comprehensive programs for key and vulnerable populations using the existing tools and guidance and based on evidence and internationally recognized best practices. This means that, for instance, in the context of HIV, the Global Fund expects countries to invest in scaling up rights-based and evidence-informed comprehensive package of interventions comprising both the clinical interventions and critical enablers required for successful implementation of programs for key populations as recommended by the [2014 WHO Consolidated Guidelines on Key Populations](#).<sup>10</sup> The Global Fund's tools and information materials are aligned with the *HIV Key Populations Implementation tools* (e.g. Sex Workers Implementation Tool ([SWIT](#))<sup>11</sup>, Men who have Sex with Men Implementation Tool ([MSMIT](#))<sup>12</sup>, Transgender Implementation Tool ([TRANSIT](#))<sup>13</sup> and forthcoming Injecting Drug Users Implementation Tool (IDUIT)), all of which highlight the importance of investing in community empowerment, addressing violence against key populations, promoting community-led services and provision of other support services in a more integrated way, amongst others.

Similarly for TB, the Global Fund encourages partners to support the design and scale-up of people-centered programs that take into account the specific needs of TB key populations as described in [the Stop TB Partnership Key Populations Technical briefs](#)<sup>14</sup>.

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<sup>9</sup> [http://www.theglobalfund.org/documents/board/35/BM35\\_04-SustainabilityTransitionAndCoFinancing\\_Policy\\_en/](http://www.theglobalfund.org/documents/board/35/BM35_04-SustainabilityTransitionAndCoFinancing_Policy_en/)

<sup>10</sup> WHO Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2014 access at: <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>

<sup>11</sup> Implementing comprehensive HIV/STI programmes for and with sex workers: Practical approaches from collaborative interventions, 2013. Accessed at:

[http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf)

<sup>12</sup> Implementing comprehensive HIV/STI programs with men who have sex with men: Practical guidance for collaborative interventions, 2015. Accessed at: <http://www.who.int/hiv/pub/toolkits/msm-implementation-tool/en/>

<sup>13</sup> Implementing comprehensive HIV/STI programs with transgender people: Practical guidance for collaborative interventions, 2016. Accessed at: [https://www.unfpa.org/sites/default/files/pub-pdf/TRANSIT\\_report\\_UNFPA.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/TRANSIT_report_UNFPA.pdf)

<sup>14</sup> Stop TB Partnership. 7 key population briefs, 2016. Accessed at: [http://www.stoptb.org/news/stories/2016/ns16\\_018.asp](http://www.stoptb.org/news/stories/2016/ns16_018.asp)

In addition, given the political, social and restrictive funding context, the Global Fund relies on support from technical partners to provide technical assistance, broker political space for key and vulnerable populations as well as ensure that key and vulnerable populations can engage in an on-going country dialogue in a safe and meaningful way.

Lastly, as creating enabling environments for key and vulnerable populations requires adequate investment in community systems and responses and in removing human rights barriers to services, the Global Fund encourages all partners to mobilize greater investment in strengthening community systems and responses as well as in advocacy and human rights programs aimed at removing barriers to services.

## 04 Community Responses

### **13. What does “strengthening community responses and systems” mean practically in terms of what the Global Fund will fund?**

The Global Fund recognises that most of the services and interventions that make up effective responses to the three diseases can be delivered more effectively and efficiently when communities are involved. So, evidence-based interventions that are delivered by community organisations or workers are eligible for funding in the same way as those delivered by health professionals or facilities.

In addition, community groups play an important role in holding services accountable so the Global Fund will also support independent community monitoring, observatory or feedback mechanisms, as well as advocacy. Finally the Global Fund will support capacity building and organisational strengthening of community organisations and workers.

### **14. How should applicants include community systems and responses in their funding requests?**

If support is being requested for community led service delivery, the request should be included under the given module or intervention. For instance, many countries conduct HIV testing both through health facilities and through community organisations. Both should be included under the HIV testing module. Similarly community adherence support for AIDS, TB or malaria programmes should be included under the given treatment module. A number of interventions across the three diseases refer to community mobilisation and community demand creation and therefore requests for funding for these should be included in the relevant intervention.

Support for advocacy, community monitoring, coordination and capacity building of community responses should be included under the “Community Systems Strengthening module” which falls under “Resilient and Sustainable Systems for Health.”