

## 35th Board Meeting

# Community, Rights and Gender Report 2016

GF/B35/15

Board Information

This is the second annual report to the Global Fund Board on activities taking place in the Secretariat to advance the Fund's strategic commitments to human rights and gender equality, to address the needs of key populations in policies and programming and to strengthen community systems, responses and engagement.



# I. Executive Summary

The work described in this report reflects increasing capacity, commitment and collaboration with regard to community, rights and gender (CRG) issues at the Global Fund, involving contributions from many teams in the Secretariat, Board committees, the Office of the Inspector General and partner organizations. The Community, Rights and Gender department has led or served as the focal point for much of this work.

Increased capacity and collaboration over the last two years have enabled a strong focus on CRG issues in the rollout of the new funding model. By early 2016, CRG advisers had worked with country teams to provide some form of direct support to 83 of the 113 countries receiving funding under the new funding model and to 20 of the 32 regional concept notes submitted in 2014 and 2015.

This work has been complemented by a wide range of information notes, assessment tools and other guidance developed by the Secretariat and partners to support concept note development and country dialogues. The CRG Special Initiative has played an important role by providing funding for technical assistance to support the participation of civil society and key populations in the new funding model and to strengthen global, regional and national key population and other civil society networks. While these efforts have led to more participatory processes and improved gender and human rights analysis in concept notes, more work is needed to translate these gains into comprehensive programming and impact against the three diseases in coming years.

Engagement of civil society and key populations in the development of the Global Fund's new strategy for 2017-2022 was a high priority in 2015. The consultations on the strategy framework were among the most extensive ever conducted by the Global Fund. The strategy significantly strengthens the Global Fund's commitments in the area of community responses, human rights, gender equality and programming for women, girls, key and vulnerable populations. The strategy also includes a new focus on adolescents and young adults.

The Secretariat facilitated contributions from civil society to policies related to the new strategy, including key performance indicators that will more effectively measure progress on scaling up CRG-related programming, the new allocation methodology, the policy on challenging operating environments and the policy on sustainability, transition and co-financing. Effective country transitions from Global Fund financing are essential to ensure that programs of crucial importance to key and vulnerable populations and programs to reduce human rights-related barriers to services are maintained.

A significant effort has been made by the Secretariat in 2015 to conduct baseline reviews of Global Fund investments in CRG-related programming across the portfolio and to develop tools that will enable more effective tracking of these investments in the future. Reviews have been undertaken of the CRG Special Initiative, the Gender Equality Action Plan 2014-2017 and the Key Populations Action Plan 2014-2016 to help guide future action by the Global Fund in these areas.

In the area of human rights, work has continued in 2015 on efforts to mitigate and prevent human rights risks across the portfolio, including the launch of a complaints mechanism and related campaign by the Office of the Inspector General and increased attention to human rights-related risks as part of the Secretariat's approach to risk management. An ambitious program of work is now commencing to scale up programs to reduce human rights barriers to accessing health services and to build the evidence base for the impact of such programs.

Improving the quality of country data that are disaggregated by sex and age has been a key focus of the Secretariat in the area of gender equality over the last year. More attention has also been paid to addressing the gender aspects of TB and malaria and to issues for adolescents and youth, especially the need to scale up programming for women and young girls and to effectively align the Global Fund with partner initiatives in this area. A new internal management project known as SAGE (Strategic Actions for Gender Equality) has been established to ensure strong cross-Secretariat coordination and collaboration on priorities such as promotion of the Global Fund's contribution to women's and girl's health as part of the 2016 Global Fund replenishment process and strengthening the Secretariat's capacity to support countries in scaling up programming for women and girls and to address gender inequality, with a focus on high-burden countries in sub-Saharan Africa.

In work related to key populations, the Secretariat is conducting a comprehensive review of all HIV and HIV/TB grants approved under the new funding model to assess levels of investment in key population-specific programs. Data from this assessment will form a baseline for ongoing analysis throughout the period of the next strategy. Additionally, an in-depth analysis of a range of contexts is also underway to better understand the factors that may contribute to increases or decreases in funding for key populations. The Board approved Special Initiative for Country Data Systems has directly funded programmatic mapping and size estimations for key populations in 15 high impact/TERG focus countries, with fieldwork completed in seven countries and on-going in those remaining. The Special Initiative also leveraged resources from Global Fund grants and partners to undertake similar exercises in some 50 additional countries. It has helped to increase attention to key populations in participating countries and has provided validated denominators to inform program scope and design. Efforts are also continuing to support the participation of key populations in Global Fund processes, including Country Coordinating Mechanisms, and to build the capacity of country teams to support the implementation of programming for key populations. The Global Fund also continues its work to promote and support harm reduction through initiatives such as an updated analysis of the Global Fund's investments in harm reduction and collaboration with partners through the Global Fund Harm Reduction Working Group.

The inclusion of community "responses" in the language of the new Global Fund strategy is an important acknowledgement that communities are composed of people undertaking a wide range of activities that need to be better linked with or integrated into health systems and funded as part of comprehensive approaches to the three diseases. Activities in the Secretariat over the last year to support and strengthen community systems and responses included a consultation on community-based monitoring to increase the impact of grants and the accountability of grant recipients, the development of tools to assess community responses, analysis of funding mechanisms for community responses and of the current levels of support included in concept notes and approved grants, and a range of efforts to strengthen community engagement, including in the forthcoming replenishment process.

This report shows that investments in strengthening the capacity of the Secretariat to address community, rights and gender have contributed strongly to the rollout of the new funding model. The new Global Fund strategy positions the Global Fund to build upon these gains and translate them more consistently into better programming in countries and increased impact in the years ahead.

Paying attention to community, rights and gender is now an integral part of the way the Global Fund works.



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## II. Introduction

1. The Global Fund has made longstanding strategic commitments and efforts to engage communities, strengthen community responses and engagement, promote gender equality and human rights and address the needs of key populations in its policies and processes and in the programming that it supports. Close attention to community, rights and gender (CRG) issues is now clearly understood to be essential to achieving maximum impact of Global Fund investments.
2. At the 32<sup>nd</sup> Board Meeting in November 2014, a request was made for the submission of a report at the next Board Meeting to update the Board on CRG-related activities taking place across the Global Fund Secretariat. The report was submitted and discussed during the 33<sup>rd</sup> Board Meeting in March 2015 and a request was then made for the submission of such a report on an annual basis.
3. This second annual Community, Rights and Gender Report to the Board provides an overview of major activities undertaken across the Global Fund Secretariat and with partners to address human rights, gender equality, community responses and engagement and key populations in Global Fund processes and programming over the last year.
4. The work described in this report reflects increasingly strong commitment to and collaboration on CRG-related issues involving many teams in the Global Fund Secretariat and Board committees, including the Community, Rights and Gender department, the CCM Hub, the Policy Hub, the Grant Management division, the Legal department, the Access to Funding department, the Technical Advice and Partnerships department (including the Monitoring, Evaluation and Country Analysis Unit, Disease Advisers and the Technical Assistance Hub), the Sourcing department, the Programme Finance department, the Treasury Team, the Communications department, the External Relations division (including the Political and Civil Society Advocacy department and the Donor Relations department), the Office of Board Affairs, the Technical Review Panel, the Strategic Investments for Impact Committee and the Office of the Inspector General. The Office of the Executive Director has provided strong leadership and support.
5. Section III of this report provides a broad overview of CRG-related activities in the Secretariat related to the rollout of the new funding model.
6. Section IV discusses CRG issues related to the development and content of the new Global Fund strategy for 2017-2022.
7. Section V summarizes CRG-related contributions to major policy initiatives in 2015 to support implementation of the new Global Fund strategy.
8. Sections VI to IX presents highlights of specific activities undertaken over the last year and ongoing in 2016 to promote and support, respectively, human rights, gender equality, key populations, and community responses and engagement.

### III. Community, Rights and Gender in the Rollout of the New Funding Model

9. The establishment of the Community, Rights and Gender department in late 2013 substantially increased the Secretariat's technical capacity in the areas of community responses and engagement, human rights, gender and key populations. The department has served notably as the focal point for and convener of a Secretariat-wide effort to increase capacity and collaboration on CRG issues in the rollout of the new funding model. By early 2016, the department's seven CRG Advisers had reviewed a total of 98 concept notes from 60 countries and had provided technical support to 23 grants during the grant-making process. Overall, the advisers have worked with country teams to provide some form of direct support to 83 of the 113 countries receiving funding under the new funding model. They have also made technical contributions to 20 of the 32 regional concept notes submitted in 2014 and 2015.

10. Technical support to countries and country teams has been complemented by other efforts to support concept note development, including updated information notes and assessment tools developed in collaboration with a wide range of partners. Significant work to ensure civil society participation in country dialogues and key population participation in Country Coordinating Mechanisms has also been undertaken over the last two years. Taken together, these efforts are broadly appreciated across the Secretariat as having made an important contribution to the rollout of the new funding model and have helped to raise awareness and build capacity and commitment to community, rights and gender issues more broadly at the Global Fund and in implementing countries.

#### 01 Community, Rights and Gender Special Initiative

11. The CRG Special Initiative has played a valuable role in strengthening community and civil society contributions to the rollout of the new funding model. The US\$15 million initiative was approved by the Board in 2014 to strengthen the engagement of civil society and key population networks in the design, implementation and monitoring of Global Fund-supported programs and to ensure that technically sound interventions addressing human rights barriers to accessing health services, gender equality and community responses are included in Global Fund concept notes and grants.

12. The Special Initiative consists of three mutually reinforcing components. Component 1 provided up to US\$6 million for technical assistance to support civil society engagement in Global Fund processes. By February 2016, the Secretariat had received 105 requests for technical assistance which has been performed by 34 prequalified civil society providers (most of which are also based in implementing countries) under the Special Initiative; a number of requests for technical assistance came from community groups, often via country teams. Approximately US\$3.5 million has now been obligated for 70 assignments, including support to 12 regional concept notes, as well as a targeted civil society intervention in the Middle East North Africa region with Stop TB and a meeting on "Engaged Communities, Effective Grants" held in Bangkok in August 2015. Most technical assistance assignments have involved a focus on key populations and many have had an expanded scope of work on human rights, community responses, youth and gender. Examples of assistance provided include concept note development, program design, participation in country dialogues, community consultations, desk reviews of critical documents such as national strategic plans, mock Technical Review Panels, mapping of legal and human rights contexts and training of TB advocates to conduct gender assessments. The project has employed innovative approaches to south-south cooperation and helped to address a longstanding, unmet need for resources and capacity development for civil society organizations seeking to engage more effectively with national and regional processes related to the Global Fund. Looking ahead to the next allocation period and based on emerging demands, up to US\$500,000 will be used in 2016 to proactively support community engagement in sustainability and transition planning. Additional funds will be earmarked to support closer engagement of communities working in TB and malaria.

13. Component 2 is providing up to US\$5 million for long-term capacity development of eight global and regional key population networks to support their constituencies in engaging with the Global Fund at the country level, in partnership with the Robert Carr Civil Society Networks Fund. The grantees are undertaking a wide range of capacity development activities in over 40 countries and all regions.

14. Component 3 is providing up to US\$4 million for the establishment of six regional civil society and community coordination and communication platforms to enhance the knowledge of civil society and community groups about the Global Fund, facilitate access to technical support and strengthen civil society and community knowledge and awareness to effectively participate in national processes. The six hosts have now been selected, contracts have been signed and the platforms have been launched.<sup>1</sup> A Regional Platform Coordinator has been appointed to support this component of the initiative, beginning with the development of platform workplans.

15. Surveys of users, providers and country teams are being conducted to gather quality assurance data on the technical assistance component of the project, and a set of case studies will be developed by mid-2016 to highlight best practices and lessons learned. In January 2016, a request for proposals was issued for an evaluation of the Special Initiative. This process, conducted by an independent consultant, is using data analysis, case studies and stakeholder interviews to assess results and lessons from each of the three components of the initiative, as well as the contribution of the initiative as a whole to engagement in and implementation of the new funding model. The inception report for the evaluation has now been finalized and the final report will be available in November. The latter will inform Global Fund decision-making about continuation and/or modification of the Special Initiative in 2017 and beyond.

## 02 Toward greater impact

16. The impact of this work to date on the quality of funding applications under the new funding model is beginning to be seen. More countries have demonstrated improved analysis of gender and human rights-related barriers to accessing health services in concept notes and some concept notes have included budget allocations for interventions to remove legal barriers. More countries are using sex- and age-disaggregated data in their analyses and are including at least some data on key population sizes, and some countries are beginning to implement high-quality, rights-based and gender-responsive programming.

17. Surveys of country dialogue participants in Windows 1 to 8 show perceived improvements in and high levels of satisfaction with the Global Fund's participatory processes since the introduction of the new funding model. For example, 84 percent of the more than 2,000 survey respondents had good or very good experiences of country dialogues and found the new application process better than the previous rounds-based system. Eighty-five percent of respondents found that the participation of civil society and key populations in concept note development was good or very good, and 89 percent found that the Global Fund's increased focus on inclusiveness had encouraged stronger engagement of key stakeholders in their country.

18. However, as the Global Fund's new strategic framework for 2017-2022 recognizes and as this report shows, more work will be needed to translate these gains into more effective and comprehensive programs in countries and additional impact against the three diseases in the coming years.

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<sup>1</sup> The six hosts are Eastern Africa National Networks of AIDS Service Organizations (EANASSO) (Anglophone Africa); International Treatment Preparedness Coalition (ITPC-MENA) (Middle East and North Africa); Asia Pacific Council of Aids Service Organization (APCASO) (Asia Pacific); EECA Consortium (Eastern Europe and Central Asia); Réseau Accès aux Médicaments (RAME) (Francophone Africa), and Centro Regional de Asistencia Técnica para Latinoamérica y el Caribe – CRAT (Via Libre) (Latin America and the Caribbean).

## IV. Community, Rights and Gender in the Global Fund Strategic Framework 2017-2022

19. Development of the new Global Fund strategy for 2017-2022, Investing to End Epidemics, was a major priority for the Secretariat in 2015. Significant efforts have been made by the Secretariat and partners to ensure that the strategy reflects the needs of communities affected by the three diseases and contributes to increased impact of Global Fund investments. Consultations on the strategy were among the most extensive ever undertaken by the Global Fund, including consultations with civil society and community organizations from all regions, such as the civil society and community pre-meetings coordinated by the Secretariat in advance of each of the Global Fund Partnership Forums in Addis Ababa in May, Bangkok in June and Buenos Aires in September. Additional consultations were held with key populations, youth and women's groups. Other civil society groups and Secretariat-supported reference groups - including the Human Rights Reference Group, CRG Advisory Group and the Harm Reduction Working Group - submitted position statements or provided other inputs into the draft strategic framework.

20. The Global Fund's commitments to community, rights and gender will be significantly strengthened under the new strategy. Strategic Objective 3 (Promote and protect human rights and gender equality) clearly focuses the Global Fund's human rights work on scaling up programming to reduce human rights-related barriers to accessing health services (3c), while also retaining the Global Fund's broad commitment to rights-based approaches throughout the funding cycle (3d).

21. Strategic Objective 3 builds upon the Global Fund's previous strategy and action plan to promote gender equality by explicitly recognizing the need to scale up programs to support women and girls in the response to the three diseases (3a), including closer integration of disease programs with those that support sexual and reproductive health and rights, and commits the Global Fund to more proactively addressing gender- and age-related disparities (3b), which will require further efforts to strengthen data collection, disaggregation and analysis. Strategic Objective 2(b) recognizes the Global Fund's important role in supporting women's, children's and adolescent health and promoting integrated platforms for the delivery of disease-specific and other health services to these populations.

22. Strategic Objectives 1(e) and 3(e) recommit the Global Fund, respectively, to focusing investments in key and vulnerable populations in order to maximize their impact, and to the meaningful engagement of these populations in Global Fund-related processes.

23. Strategic Objective 2(a) specifically recognizes the role played by community responses and systems in contributing to the overall resilience and sustainability of systems for health, and the need to invest in strengthening these areas.

## V. Major Policy Initiatives to Operationalize the New Strategy

24. This section discusses a number of key policy initiatives undertaken in the last year – several of which will be discussed by the Board at this meeting – that are of major importance to advancing the work of the Global Fund on community, rights and gender.

### 01 Key Performance Indicators

25. Developing a new set of key performance indicators that is aligned with and measures the Global Fund's performance under the new strategy from 2017 was a major undertaking in 2015 and early 2016. Between December 2015 and March 2016, the Secretariat held extensive constituency consultations on a proposed set of new key performance indicators, including meetings with civil society and NGO Board constituencies, two gender key performance indicator webinars, a review of potential gender equality indicators conducted by the Karolinksa Institute, two partnership calls facilitated by the CRG department involving more than 100 participants and virtual and face-to-face meetings of the CRG Advisory Group. CRG Advisers in the Secretariat have also provided significant inputs into the key performance indicator development process.

26. With regard to CRG issues, the proposed new key performance indicator framework aims to strengthen the previous key performance indicator on human rights by changing the focus from reported human rights violations to measuring progress in reducing human rights barriers to services, increasing programming for key populations and for programs to reduce human rights barriers in middle-income countries and measuring the extent to which programming for key populations and human rights are increasingly funded by domestic and private sources in countries that are transitioning from Global Fund support.

27. The proposed new key performance indicator on key populations will shift focus from population size estimates to actual coverage of prevention and treatment services for key populations in selected countries.

28. A new key performance indicator related to reducing gender and age disparities will be introduced, measuring HIV incidence in women and girls aged 15-24 in a sub-set of selected countries. Working groups established to design operational indicators for commitments related to gender equality across the three diseases will also consider whether it is feasible to elevate an indicator on TB to the corporate level.

29. The consultations highlighted several issues of concern to civil society organizations that the Secretariat has taken into consideration while developing the new key performance indicators, including the need to measure treatment coverage for key populations in addition to prevention and a suggested high-level key performance indicator on community responses; the latter would require further work to define these responses in different countries and contexts.

### 02 Allocation methodology

30. The new strategy requires that the Global Fund update the model that it uses to allocate funding, with a view to achieving greater impact and adopting innovative approaches that are better differentiated to country needs. Recommendations on the elements of an updated allocation methodology developed by the Secretariat and the Strategy, Investment and Impact Committee in 2015 and 2016 will be considered by the Board at this meeting. The CRG department and civil society constituency groups have been closely engaged in discussions around the new methodology, with a particular focus on highlighting the allocative priorities needed to end the three epidemics, including the need to sustain gains made in countries with higher economic capacity and where HIV burden among key populations is disproportionately high. Civil society constituencies have also emphasized the continued need for funding streams within the allocation approach that more effectively address critical challenges not adequately addressed through country allocations.

### 03 Sustainability, transition and co-financing policy

31. Significant work has been undertaken in the Secretariat over the last year to develop the policy framework on sustainability, transition and co-financing that the Board will consider at this meeting. The policy aims to promote sustainability by more closely aligning Global Fund financing with national health, disease-specific and health financing strategies; to ensure that Global Fund financing is implemented through country systems, and that adequate advance planning is undertaken and support provided to countries that are transitioning from Global Fund financing to financing from domestic or other sources. The full and meaningful engagement of community and civil society is critical to all these processes and the Secretariat has indicated its willingness to facilitate them whenever possible. The sustainability and transition policy is now coordinated with co-financing requirements on the basis that transitioning countries should progressively assume responsibility for their own programming.

32. Planning for transition in the future will include an assessment of legislative and policy environments, including the capacity of countries to contract directly with civil society and community organizations, as well as sociopolitical contexts for key populations. Resourcing and support to effect positive change in such environments will form a critical component of programming as work to ensure transition readiness progresses.

33. As in the case of the allocation methodology, the CRG department and civil society constituencies provided inputs into the development of this new policy, noting in particular the failure of previous transitions in which programming for key and vulnerable populations in contexts no longer eligible – notably for harm reduction - has been discontinued following the withdrawal of Global Fund support. The CRG department has also led a process to facilitate dialogue with partners, starting with Open Society Foundations, on optimal approaches to ensure successful transitions, such as by building sustainability and transition planning into grants and exploring other sources of transition support.

34. A refined focus of eligibility requirements is also being proposed to the Board at this meeting. This includes requirements for inclusion of programs that address human rights- and gender-related barriers in access to services and clarified language with respect to the necessary focus of programs for key and vulnerable populations.

### 04 Policy on challenging operating environments

35. Consistent with the new Global Fund strategy's emphasis on more differentiated approaches to funding and grant management based on country context, the Board will also consider at this meeting a policy that aims to provide country teams with additional operational flexibilities in the case of challenging operating environments. Papers commissioned by the Strategic Investment for Impact Committee and the Technical Evaluation Reference Group and a partner consultation convened by the Global Fund in September 2015 have all noted how the promotion of human rights and gender equality needs to be an integral part of ensuring impact of Global Fund grants in these settings.

36. In late February 2016, the CRG department, together with the Grant Management division and Policy Hub, convened a consultation with partners to explore what kinds of human rights and gender equality interventions and participatory approaches with respect to the three diseases are needed in challenging operating environments, and, conversely, what interventions are not realistic or needed, and why. The consultation included a particular focus on responses to gender-based violence and access to justice in challenging operating environments and examined examples of successful implementation of human rights- and gender-based interventions in challenging operating environments in several countries. It provided clear evidence of how rights-based and gender-responsive approaches contribute to impact and sustainability of Global Fund grants in both emergency and non-emergency challenging operating environments. The next step will be development of clear guidance about how to do this in practice.

## 05 Rapid Review of Gender Equality and Key Populations Action Plans

37. The Gender Equality Strategy (2008) and Sexual Orientation and Gender Identities Strategy (2009) were the Board's first formal, strategic commitments to addressing these areas within the Global Fund's policies and investments. In January 2016, the CRG department commissioned a review of the current frameworks for implementation of these strategies: the Gender Equality Action Plan 2014-2016 and Key Populations Action Plan 2014-2017. The review focused on the role of the Global Fund Secretariat and was informed by over 40 key stakeholder interviews and 50 resources and data analyses.

38. The review was completed in April 2016 and found that the Secretariat has led or mobilized significant progress within the context of the new funding model, and that critical building blocks are now in place in terms of policies, processes, portfolio analyses and coordination on CRG issues across the Secretariat. The review also identified concerns about the extent to which these efforts have translated into more and better investments in gender equality and key populations. This partly reflects ongoing challenges in the collection of relevant and disaggregated data providing a clear picture of what is being funded. It also reflects challenges reported in the operationalization of the new funding model, including the fact that, in some countries, gender equality issues for key populations are not given meaningful attention. In other countries, while attention to these issues has increased, this is poorly translated into programs and budgets in signed grants. The review also highlighted concerns about the sustainability of engagement and investments for key populations in countries that will transition away from Global Fund support.

39. The review recommended action in four key areas to advance commitments to CRG issues in the new Global Fund strategy: the development of a CRG operational plan and related annual reports; cross-Secretariat bottleneck analysis to identify obstacles to progress on gender equality and key populations within the new funding model; further strengthening of Secretariat capacity to address gender equality and key populations, especially in the Grant Management division, and clearer definition of strategic relationships with technical partners, especially to develop work on gender equality and key populations within TB and malaria responses. The full report from the review will be available in May 2016.

## VI. Promoting and Protecting Human Rights

### 01 Mitigating and preventing human rights risks

40. Consistent with the emphasis of the current Global Fund strategy 2012-2016, a major focus of the Secretariat's work in the last two years has been to implement processes and procedures to ensure that the Global Fund does not contribute to human rights violations through the programs that it supports. This work included the introduction of minimum human rights standards in all grant agreements in 2014 and the launch by the Office of the Inspector General of a complaints mechanism in May 2015, which includes the possibility of making complaints about human rights violations by Global Fund grant recipients, such as discrimination in or denial of the provision of services and breaches of privacy and confidentiality.

41. The CRG Department and the Office of the Inspector General undertook significant work in 2015 to publicize the new mechanism, including at the Partnership fora and at meetings of regional key population networks. To date, only three complaints received have been considered eligible for resolution under procedures established for breaches of the Global Fund's minimum human rights standards. These have either been referred to the Secretariat for risk management or subsequent review verified that proportionate responses were already in place to mitigate the concerns. An independent assessment of the complaints mechanism has been proposed after its first year of operation.

42. The Secretariat's Risk department has increasingly recognized the risks posed by human rights violations and the absence of programming to reduce human rights-related barriers to services to the effectiveness of Global Fund-supported programming. Since 2012, it has been tracking the risk of "poor access and promotion of equity" through the grant-specific risk assessment tool (QUART) that is used by country teams in high-impact countries and high-risk grants. In 2015, this risk area was updated to include contributing factors that relate specifically to human rights risks, which include reports of human rights violations, attacks on health services, laws and policies that facilitate human rights violations in the context of the three diseases, harmful police practices with regards to key populations, harmful gender norms, stigma and discrimination. By the end of 2016, risk management tools will be further integrated into routine grant processes, which should further increase the effectiveness of such assessments. To further strengthen risk assurance in grants, the Risk department and the CRG department are collaborating to pilot community-based monitoring in selected countries (See Section 8).

## 02 Scaling up programming to address human rights barriers

43. Support from CRG Advisers to country teams in reviewing concept notes from a human rights perspective has continued in 2015, as have efforts to build capacity across the Secretariat in rights-related issues. Nevertheless, despite an increasing trend in concept note budget allocations for human rights programming measured by the current key performance indicators, many grants still do not contain any of the key programs to address human rights barriers to accessing treatment and prevention for the three diseases. Where they are included, such programs are rarely brought to scale, reach only a small number of people in need and are inadequate to achieve national-level impact. Most human rights programming relates only to HIV and almost never addresses barriers to TB and malaria services. Several recently approved regional grants do have substantial human rights components, but these are focused on advocacy to change harmful laws and policies and, while important, are likely to take many years – possibly well beyond the terms of the grants – to achieve results. The strong emphasis in the new Global Fund strategy on scaling up programming to address human rights barriers reflects the urgency of including such approaches in country grants to increase the impact of the grants in the short- and medium-term, even in the absence of legislative change.

## 03 Reviewing and promoting the evidence base for human rights interventions

44. Political barriers and other factors contribute to the lack of inclusion of human rights programming in proposals to the Global Fund. At the same time, there remains a widespread lack of appreciation and understanding of the available evidence to show that human rights interventions improve program performance and efficacy. This evidence has often not been presented in ways that are user-friendly and compelling for policy-makers, program managers and donors; this is especially true of qualitative results vis-à-vis quantitative data on which program evaluations frequently rely. To address this key challenge, the Secretariat is holding an expert consultation on human rights evidence related to HIV, TB and malaria programs in mid-April 2016. The consultation aims to:

- Review the existing evidence of the impact of well-defined efforts to reduce human rights barriers to HIV, TB and malaria services on health outcomes and programs;
- Review and learn from ongoing efforts to increase the existing evidence base, such as work supported by Open Society Foundations and UNAIDS; and
- Discuss efforts that can be undertaken both to increase and to more effectively communicate the evidence base.

## 04 In-depth assessment of programs to reduce human rights barriers in focus countries

45. To further build the evidence base, the Global Fund is currently consulting with partners to identify 15-20 focus countries with particular needs and opportunities for scaling up human rights programming that will be selected for in-depth studies over the life of the new Global Fund strategy. In these countries, baseline studies will be undertaken to examine specific human rights barriers to services and existing interventions, and an assessment will be made of the cost and potential impact of bringing human rights interventions to scale. From 2017 to 2022, a major effort will be undertaken to scale up human rights programs. This will be monitored regularly, including through routine programmatic monitoring. Further studies will be undertaken after three to five years. The objective is to build a longitudinal evidence base on a scale not previously attempted to draw lessons from and measure the impact of the scale-up of human rights programming on access to health services. The April consultation described above will engage a wide range of partners in the development of this initiative and a subsequent meeting of research experts will begin work to develop the methodology.

## 05 Support for modeling the health impact of scaling up human rights programming

46. To complement this work and better understand the impact of bringing human rights programs to scale, the Secretariat is collaborating with the law enforcement and public health program at the University of Melbourne to model the impact of an enabling environment - and specifically the impact of scaling up the interventions to remove human rights barriers - for key populations in countries with concentrated epidemics. This will include modeling in eight sites and a report on the science of the enabling environment, as well as a special issue of *The Lancet* to be launched at the World Economic Forum in Davos and major AIDS conferences in 2017. In addition, the Secretariat is exploring how human rights and gender issues could be inserted into broader modeling efforts, so that they more accurately reflect human rights and gender-related barriers to impact.

## 06 Revision of Removing Legal Barriers module for Global Fund concept notes

47. The Removing Legal Barriers component of the modular template used by applicants to submit Global Fund concept notes has been inconsistent with the seven key programs to address stigma and discrimination and increase access to justice recommended and costed by UNAIDS. Because this has created some confusion in countries, the Secretariat is reviewing the modular template to ensure that it is consistent with the UNAIDS-recommended interventions. These are:

- Access to justice and legal services;
- “Know your rights” or rights literacy activities;
- Reform or elimination of laws and policies that are barriers to services;
- Reduction of stigma and discrimination;
- Elimination of gender discrimination and disparities;
- Training of health workers in human rights and gender-sensitive approaches; and
- Training of police in human rights and gender issues relevant to health services.

48. Planning has also begun on work with partners to develop separate guidance and modules for TB and malaria and to explore other opportunities for better integration of human rights programs across the three diseases and in health and community systems strengthening.

49. The Secretariat is currently exploring potential changes to the “monitoring and evaluation framework for Global Fund grants with insufficient coverage indicators” that is used to guide monitoring and evaluation of programs to reduce human rights-related barriers to services, notably in the case of regional grants that focus on advocacy activities to change harmful laws and policies. A project being undertaken in early 2016 to develop baseline program indicators for the Removing Legal Barriers and community systems strengthening modules of the Global Fund grant to Open Health Institute in Russia may also inform the development of standardized indicators for these modules in the future.

## VII. Promoting gender equality and scaling up programming for women and girls

50. This section provides highlights of major activities undertaken in the Secretariat in 2015 and early 2016 to further promote gender equality and the implementation of the Global Fund Gender Equality Action Plan (2014-2017).

### 01 Strategic information and data for investments

51. Since the introduction of the new funding model, gender assessments of national HIV responses have been conducted in more than 40 countries, leading to stronger gender analysis in concept notes, as noted by the Technical Review Panel. As a result, investments in some gender-responsive interventions are increasing. For example, the number of Global Fund-supported countries implementing programming to address gender-based violence is estimated to have increased from fewer than ten to around 30 under the new funding model.

52. A review of eight new funding model grants conducted by AIDS, Strategy, Advocacy and Policy (ASAP) in 2015 highlighted the commitment on the part of the countries studied to analyzing the gender dimensions of their epidemics and responses, as well as a number of high-quality gender-responsive programs, including programs to address gender-based violence.<sup>2</sup> However, the review also found that gender analyses do not always have the depth required to lead to meaningful action, that gender-responsive activities often receive a minimal proportion of the total budget and that gender-based programming remains far from comprehensive.

53. Significantly more attention is also being paid by countries to disaggregation of data by sex and age, in part because Global Fund investments in health information systems have progressively strengthened their capacity in this area. To further support such efforts, the Monitoring and Evaluation, Country Analysis department in the Secretariat is currently leading a focused initiative to monitor the impact of updated core Global Fund indicator disaggregation categories in a sub-set of high HIV and TB burden countries in sub-Saharan Africa.

### 02 Investment tracking

54. A wide range of interventions may make direct or indirect contributions to increasing gender equality, and there is currently no baseline assessment available of the level of investment in gender-responsive interventions or interventions specifically targeting women and girls in the Global Fund portfolio. In 2015, the Secretariat conducted a tracking exercise of more than 90 grants across 28 countries that account for approximately 75 percent of Global Fund grants approved under the new funding model in order to ascertain the overall level of Global Fund investment in three thematic areas (gender-based violence, prevention of mother-to-child HIV transmission and male circumcision) and four complementary areas of analysis (female condoms, comprehensive sexuality education, couples HIV testing and counseling and male involvement).

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<sup>2</sup> AIDS Strategy, Advocacy and Policy, December 2015. Country responses to gender barriers under the Global Fund’s new funding model: A review of 8 grants.

## 03 Addressing gender aspects of TB and malaria

55. In 2015, the Secretariat worked with Stop TB and UNAIDS to update the UNAIDS gender assessment tool for HIV to jointly assess TB and HIV national responses. Training in the use of the tool was provided to 35 consultants and community TB advocates. The tool is the first of its kind to address the gender-responsiveness of TB programs and it has now been piloted in four countries.

56. Recognizing that gender analysis of malaria responses is significantly less advanced, the Secretariat has begun discussions – including during a technical presentation by the U.S. President’s Malaria Initiative at the Global Fund in December 2015 – on gender aspects of malaria responses. In December 2015, the Secretariat and the Women for the Global Fund network held a workshop in Harare for gender and HIV advocates to enhance their capacities to address gender dimensions of malaria, TB and health systems strengthening. The development of technical guidance on gender and human rights in the context of malaria is currently being explored with partner organizations.

## 04 Youth and adolescents

57. The cross-Secretariat Youth and Adolescent Working Group established in 2014 has promoted thinking about how the Global Fund can more effectively support programming for young people, especially for adolescent girls and young women, and about how to align the work of the Global Fund with partner initiatives such as All In, led by UNICEF and UNAIDS, and DREAMS, led by PEPFAR. The Global Fund is starting to fund cash transfer programs in several countries to help adolescent girls remain in school. In 2015, the Secretariat worked with partners to develop a policy brief on youth and adolescents based on an assessment in six countries. The brief includes recommendations about how Global Fund processes can better address the needs of adolescents. The Secretariat has also worked with WHO to develop an information note on adolescents in the context of the three diseases for use as a reference tool in concept note development.

## 05 Project SAGE

58. The iterative review process under the new funding model and the grant-making process itself have provided increased opportunities for the Secretariat to work with partners to expand the quality and scale of interventions to promote gender equality and programming for women and girls at country level. The CRG Special Initiative has also supported the efforts of gender advocates and women’s groups to improve program design through engagement in country dialogues and concept note writing. To build upon these gains, the Secretariat launched Project SAGE (Strategic Actions for Gender Equality) in February 2016 as an internal management structure to coordinate cross-Secretariat action in three key workstreams to support the further scale-up of programming to address gender equality and programs for women and girls, driven by effective leadership, policies and procedures.

### *Communications on women, girls and gender equality*

59. Gender equality and scaling up programming for women and girls will be a key theme of the Global Fund replenishment in 2016. Two advocacy documents to highlight the Global Fund’s contributions in this area have been produced<sup>3,4</sup> and will form part of a package of communications materials to engage civil society and other key constituencies during the replenishment process. The Global Fund regularly posts blogs and materials about its work in this area, and launched a video and related materials on its website for International Women’s Day in March 2016. A number of events in 2016 will provide an opportunity to highlight key focus areas for the Global Fund in the new strategic framework, including the scale up of programs for women and girls and addressing gender- and age-related inequities. These events include the New African Women Forum (March), the Women Deliver Conference (May), and the International AIDS Conference (July) and the High-Level Panel on Education and Health (September).

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<sup>3</sup> Global Fund, December 2015. Maximizing impact through strategic investments: Improving the health of women and girls.

<sup>4</sup> Global Fund, 2015. Focus on women and girls.

### *Strengthening data and grant management systems*

60. More intensive work will be undertaken to develop or refine operational key performance indicators, grant-making tools, policies and technical guidance to support scale-up of programming for gender equality, including data systems that respond effectively to the need for disaggregation by sex and age and enable effective measurement and analysis of investments. As already noted, grant making tools and guidance will be developed on gender equality in the context of TB and malaria. Work is underway with technical partners to define the methodology for measuring incidence in a sub-set of countries that meet agreed criteria.

### *Scaling up programming for women and girls in sub-Saharan Africa*

61. HIV is still the leading cause of death worldwide for women aged 15 to 44, and in sub-Saharan Africa, young women 15 to 24 years of age are twice as likely as young men to be living with HIV. In 2015, the Secretariat conducted a baseline analysis of Global Fund investments in programming for adolescent girls and young women in the ten PEPFAR DREAMS countries in Eastern and Southern Africa. Work is now underway to define how the Global Fund will scale up and measure commitments to gender equality in the new strategic framework 2017-2022, including increased investments for women and girls.

62. The Secretariat is also working with partners to immediately increase services for adolescent girls and young women in high-burden settings. The Grant Management division has led on the design of country and regional grant-making and implementation workshops with country partners in order to define the most effective interventions for adolescent girls and young women, and to ensure alignment with other national and bilateral programs. In some countries in Eastern and Southern Africa, this involves promoting cross-sectoral approaches and coordination and collaboration across ministries. The Secretariat is also working with technical and country partners to develop meaningful but realistic indicators, based on sex and age disaggregation. Additional discussions are underway about the integration of operational research into grants to better understand qualitative aspects of implementation and contribute to the increasing knowledge about what programming works best to address HIV incidence for women and girls, particularly in high-burden settings.

## VIII. Addressing the Needs of Key Populations

63. This section provides highlights of major activities undertaken in the Secretariat in 2015 and early 2016 to further the implementation of the Global Fund Key Populations Action Plan (2014-2017).

### 01 Investment tracking

64. In 2015, the Secretariat developed an investment tracking tool to enable more systematic and ongoing assessment of levels of investment in key populations in the context of HIV and TB/HIV. In order to determine a baseline level of these investments, the tool is being used to conduct an analysis of all HIV and TB/HIV grants approved under the new funding model. The review involves a line-by-line analysis of detailed, signed grant budgets to identify activities that target either men who have sex with men, transgender people, sex workers or people who inject drugs, and is systematically categorizing each budgeted intervention to align with those recommended under the 2014 WHO Consolidated Guidelines HIV Prevention, Diagnosis, Treatment and Care for Key Populations. The data from this analysis will provide a baseline of Global Fund investment in responses for men who have sex with men, transgender people and sex workers, as well as an update of an analysis of investment in programs for people who inject drugs conducted earlier under the rounds-based model. These baselines will be used to track and measure progress in implementation of the new Global Fund strategy.

65. As a “whole of portfolio” analysis, full results will not be available until all HIV and TB/HIV grants have been signed. At the time of writing, over 100 grants have been reviewed, with a total value of approximately US\$3.5 billion. Preliminary analysis has commenced and will be made available over the next three months. While definitive results will not be known until a greater proportion of grants have been reviewed, early indications are positive and suggest an increase in investment for evidence-informed interventions for key populations relative to total grant size and in contexts where burden among key populations is disproportionate.

66. As a baseline for harm reduction programs exists, analysis in this area is most advanced. Findings confirm that the Global Fund remains the largest funder of harm reduction globally, although funding levels for harm reduction remain far below what is needed. At the country level, the iterative new funding model process has contributed to the funding of more effective interventions, such as more needle and syringe programming.<sup>5</sup> There has also been a significant increase in funding requests for harm reduction from African countries, although the amounts requested have mostly been small. Notably, the review found that there have been increases in the amounts of approved programming in some countries, while in others, these investments have decreased.

67. To understand the reasons for such changes with regard to Global Fund investments in key populations more broadly, the key population investment tracking exercise will include a “deep dive” analysis in six to eight countries. This will examine the influence on changes in the level of investments of factors such as actions by the Secretariat, country dialogues, the iterative new funding model application process, key population representation, the availability or lack thereof of strategic information, policy and legal frameworks and the provision or absence of adequate technical assistance.

68. Discussions are underway with the Stop TB Partnership on developing a methodology for tracking Global Fund investments in key populations in the context of TB.

## 02 Special Initiative for Country Data Systems

69. In 2014, the Board allocated US\$17 million to the Special Initiative for Country Data Systems, including US\$6 million for programmatic mapping and size estimation for key populations in high-impact countries. Of the 15 country proposals funded, fieldwork and draft or final reports have been completed in seven countries, with the remainder to be completed by the end of the year. Teams across the Secretariat and partners, led by the Monitoring, Evaluation and Country Analysis team, have collaborated to support the development and screening of proposals, engage communities and ensure that ethical and human rights considerations are taken into account. The Special Initiative not only leveraged additional resources from the Global Fund grants and partners in some 50 other countries to undertake similar exercises, but catalyzed an effective partnership in this area with UNAIDS, WHO, UNDP and PEPFAR. The Special Initiative has further helped to increase attention to key populations in countries and has provided denominators to inform program design. Further work will be needed to ensure that the data has a positive impact upon programming in the participating and countries and beyond.

70. To inform disbursement decisions, the special initiative has also supported the development of internal technical guidance on how to measure and report programmatic coverage of preventive services for key populations in Global Fund-supported programs using routinely collected programmatic data. The guidance provides information on defining and tracking defined packages of preventive intervention services or single services, methods to avoid double counting, how to set targets and how to track progress in Global Fund performance frameworks.

71. A preliminary qualitative analysis now underway will explore issues such as how funding from the special initiative has influenced the availability, quality and use of data programming for key populations in participating countries, how community-based organizations and key population groups have been engaged in

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<sup>5</sup> Global Fund, 13 November 2015. Analysis of Global Fund investments in harm reduction: Frequently asked questions.

planning and implementation of the initiative, and use of data for planning and advocacy, especially in constrained legal environments.

### 03 Regional grants

72. Of the ten regional grants that had been approved by the Board under the new funding model by March 2016, seven focus on key populations and people living with HIV; of these seven, one has a specific focus on harm reduction. Of the 15 regional concept notes submitted in the most recent funding window in January 2016, ten were focused on key populations and people living with HIV; four of these focused specifically on harm reduction. Significant technical support has been provided by the Secretariat in both 2014 and 2015 to support the development of regional proposals addressing key populations, including concept note development and review, regional dialogues, addressing Technical Review Panel comments and defining monitoring and evaluation frameworks.

### 04 Inclusion of key populations

73. The Secretariat continues its efforts to support the inclusion of key populations in Country Coordinating Mechanisms. For example, a new, modular induction package for Country Coordinating Mechanism members being developed with PEPFAR and USAID and due to be finalized in June will include four one-hour modules on community, rights, gender and key populations. The Secretariat also provides support for the participation of key population groups in relevant fora, such as a pre-conference hosted by African Men for Sexual Health and Rights, the African Sex Workers Alliance and other key population networks prior to the International Conference on AIDS and STIs in Africa in December 2015.

74. Initial work has been undertaken to more clearly define key populations in the context of TB through collaboration with Stop TB on a discussion paper on this issue and Secretariat participation in a TB and key populations meeting in November 2015 and the 46th Union World Conference on Lung Health in December 2015. Increased attention is also being paid to how the Global Fund can promote gendered approaches to key populations, such as collaboration with the International Network of Women Who Inject Drugs to strengthen information notes and other key documents that address the intersection between gender and injecting drug use.

### 05 Capacity building at the Global Fund

75. Several partner organizations have developed tools that offer practical advice on implementing programs for key populations, including the sex worker implementation tool (SWIT, 2013) and the men who have sex with men implementation tool (MSMIT, 2015). In October 2015, the Secretariat, together with the Global Network of Sex Worker Projects, UNAIDS and WHO, held a workshop to promote use of the SWIT by country teams in the Secretariat and at the country level. A similar workshop to introduce the MSMIT to country teams was held with the Men who have Sex With Men Global Forum in November 2015. The workshops specifically aimed to promote peer-to-peer exchanges in which country teams learn from each other's experience in supporting sex worker- and MSM-led programs and interventions and promoting greater investment in rights-based programming for these populations. Similar workshops will be held on the use of implementation tools for transgender people (TRANSIT) and drug users (DUIT) that are currently being developed by partner organizations.

76. Other capacity-building initiatives in 2015 included the inclusion of harm reduction in induction training for new Global Fund staff, development of a clearinghouse of normative guidance and other key materials on harm reduction to support country teams that is available on SharePoint, and briefings for the Technical Review Panel on adolescents and youth, and prisons and pre-trial detention.

## 06 Other collaborations

77. The Secretariat undertook several other collaborations with partners in 2015 on policy development and promotion of effective approaches to programming for key populations. For example, it worked with UNAIDS on a “Q&A” document that highlights good practices in key population programming and is collaborating with PEPFAR on the LINKAGES project in Malawi to undertake an analysis of the HIV service cascade for key populations.

78. The Global Fund continues to convene a Harm Reduction Working Group that includes WHO, UNODC, PEPFAR, the International Drug Policy Consortium, the International Network of People who Use Drugs and Harm Reduction International. In 2015, this group contributed to work led by the Procurement department of the Secretariat on the development of policy guidance on low dead-space needles and the role of key population user preferences in the procurement of commodities. The Global Fund also participates in a range of other high-level working groups and task teams, including the UN Strategic Advisory Group on HIV and Injecting Drug Use.

## IX. Strengthening community responses and engagement

79. The Global Fund has a longstanding commitment to supporting community systems strengthening and a specific community systems strengthening module is included in the modular template that is used by countries when preparing concept notes under the new funding model. Strategic Objective 2 of the new Global Fund strategy for 2017-2022 (Building resilient and sustainable systems for health) specifically recognizes the role played by community “responses and systems” in contributing to the overall resilience and sustainability of health systems. The inclusion of community “responses” in the language of the strategy is an important acknowledgement that communities are composed of people undertaking a wide range of activities that need to be better linked with or integrated into health systems and funded as part of comprehensive approaches to the three diseases. A forthcoming article in the *Journal of the International AIDS Society* - to which Global Fund staff contributed - aims to help advance thinking and advocacy on these issues.

### 01 Investment monitoring and analysis

80. Because types of community systems and responses vary widely, not all Global Fund investments in such activities are consistently categorized or captured as “community systems strengthening” in Global Fund grants. An analysis of 50 grants currently underway will help to provide a more accurate picture of the uptake of different community systems strengthening interventions across the Global Fund portfolio. An additional analysis due to be completed in March will examine the different approaches to funding community interventions taken by Global Fund implementers in countries, for example, through sub-recipients and sub-sub-recipients working at the local level. This work will help the Global Fund to further define its role in this area and ensure that the support provided to community systems and responses is more accurately and consistently reflected in Global Fund funding policies, modules, investment tracking and approaches to grant management. This work will also inform a consultation on optimizing community responses to be hosted by UNAIDS in May 2016.

### 02 Community-based monitoring

81. An effort is being undertaken across the Secretariat and with partners to explore and integrate community-based monitoring principles and approaches into risk management and grant implementation and management. Community-based monitoring refers to a variety of approaches through which service users or other members of the community gather and use information on service provision or barriers to services. Such approaches have also been used to monitor and address stigma and discrimination, human rights violations and the use of financial resources. Community-based monitoring can be an important means of ensuring local ownership and accountability, increasing program quality and impact, and managing risks that communities

perceive. Less than 20 percent of country concept notes in Windows 1 to 7 of the new funding model requested funding to support community monitoring. The Global Fund will explore opportunities to increase uptake of community-based monitoring in its grants and seek other sources of support for this important approach.

82. In October 2015, the Secretariat convened a consultation to strengthen its understanding of different community-based monitoring models and assess how the Global Fund can better support such activities. A paper was commissioned from the London School of Economics to inform the consultation. The outcomes of the meeting will help to guide work across the Secretariat to support community-based monitoring in areas such as risk management, IT platforms, technical guidance for concept note development and grant monitoring and management.

### 03 Tools to track and assess community responses

83. Draft tools developed in 2015 with the Fremont Center and Southern African AIDS Trust to track and assess community responses to the three diseases at the country level will be tested by technical assistance providers prequalified under the CRG Special Initiative. The Secretariat is also supporting the development and inclusion of tools to assess community responses and services in health facility assessment methodologies.

### 04 Strengthening community engagement

84. Since the creation of the Global Fund, the Secretariat has undertaken a wide range of efforts with many partner organizations to enable meaningful engagement of communities in its policy development and other processes. Sub-objective 3(e) of the new Global Fund strategy 2017-2022 ensures that the Global Fund will remain strongly committed to the meaningful engagement of key and vulnerable populations in order to increase the impact of its investments. Three current initiatives to support community engagement are described below.

#### *Community engagement study*

85. The Secretariat has received support from the Ford Foundation to undertake a study that will explore what further work needs to be done to support implementation of this sub-objective. Potential issues to be explored include strengthening the engagement of malaria communities; accountability of and support for community representatives in Global Fund processes; best practices of community engagement; leveraging the influence of Country Coordinating Mechanisms in other national processes, and strengthening community engagement in transitioning countries. While the methodology and objectives are still being developed, one potential concrete outcome of the study could be to develop minimum standards for community engagement in Global Fund processes. The study will be completed by August 2016.

#### *Involving communities affected by malaria*

86. The limited participation of malaria advocates and civil society groups in national responses - including Country Coordinating Mechanisms and other Global Fund processes - remains a challenge in many countries. Due to organizational challenges experienced by Roll Back Malaria, its work to mobilize and strengthen the engagement of civil society in malaria control activities as part of the broader partnership agreement between the Global Fund and WHO has experienced limited success, such as some work with civil society organizations in the greater Mekong region. The Global Fund is reassessing this initiative and exploring other potential opportunities to advance its objectives, such as possible regional malaria grants that would focus on advocacy and capacity building, as well as other potential forms of support to civil society networks, for example, through the CRG Special Initiative.

### *Engaging communities in the Global Fund replenishment*

87. Preparations for the next Global Fund replenishment in 2016 began in early 2015. The Global Fund Advocates Network (GFAN) is a key vehicle for community engagement and advocacy related to the replenishment process. GFAN now includes nearly 450 individuals and more than 240 member organizations representing 76 countries, with a significant increase in membership occurring over the last year. The Secretariat has worked with the GFAN Secretariat and network – and with advocacy partners such as Friends of the Global Fund groups and other national, regional and international NGOs – on numerous activities related to the replenishment, including the following:

- Coordination of civil society inputs into the 5th replenishment strategy and the new investment case for the Global Fund;
- GFAN replenishment strategy meetings in April and September 2015 and January 2016;
- Using key mobilizing moments and strategic opportunities for advocacy related to the replenishment, including the Financing for Development Conference (July 2015); UN General Assembly (September 2015); regional conferences, such as the International Conference on AIDS and STIs in Africa (December 2015) and forthcoming events in 2016, including the World Bank Spring meetings (April); Women Deliver Conference (May), High Level Meeting on HIV (June), International AIDS Conference (July), and the Tokyo International Conference on African Development (August), as well as other events in key donor and implementing countries.
- Work by the Africa Civil Society Platform for Health and the GFAN Africa and Asia Hubs on domestic funding for health and the replenishment;
- The launch during the UN General Assembly in September 2015 of the GFAN speakers bureau, a register of advocates and community champions who can speak about the impact of the Global Fund on their lives, and
- The work of national civil society organizations and networks, whose continuous pressure plays an essential role in increasing or maintaining the level of pledges, and well as turning pledges in contributions between replenishment campaigns.

## X. Conclusion

88. Work in the Secretariat to promote human rights, gender quality and community responses, and to address the needs of key populations, has gained significantly increased traction across the Secretariat in the last year. The level of internal and external collaboration reflected in this report shows that this work is now seen as crucial to achieving increased impact against the three diseases. Work to strengthen the participation of affected communities in Global Fund processes and the quality of CRG-related content in concept notes under the new funding model continued and matured with experience in 2015. In 2016, increased attention is being paid to the scale-up of programming in countries to reduce human rights barriers to health services and address the needs of women, girls, key populations and other affected communities. Development of more effective systems to track and monitor the impact of such investments is also a high priority. Overall, attention to community, rights and gender issues has become an integral part of the way the Global Fund works.

