

Fighting Pandemics and Building a Healthier, More Equitable World

Overview of the 2023-2028 Global Fund Strategy

September 2022

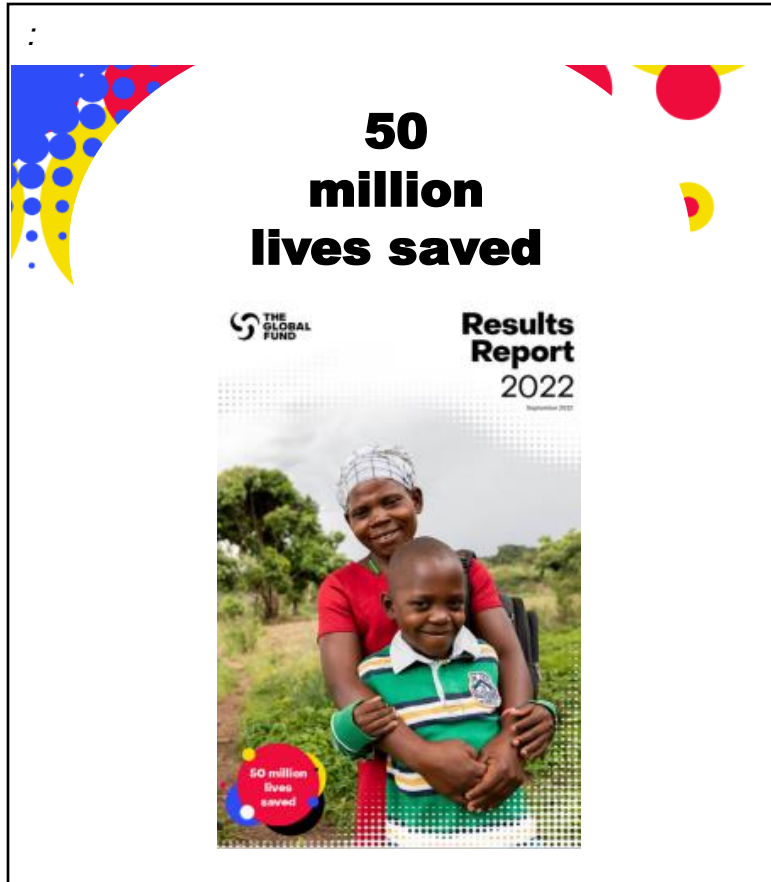
Port-of-Spain

**What is in the new Global
Fund Strategy?**

How can it be implemented?

Background

Our Progress



Where we are now

We are off track to meet the **Sustainable Development Goal (SDG) 3 targets.**

3 GOOD HEALTH
AND WELL-BEING



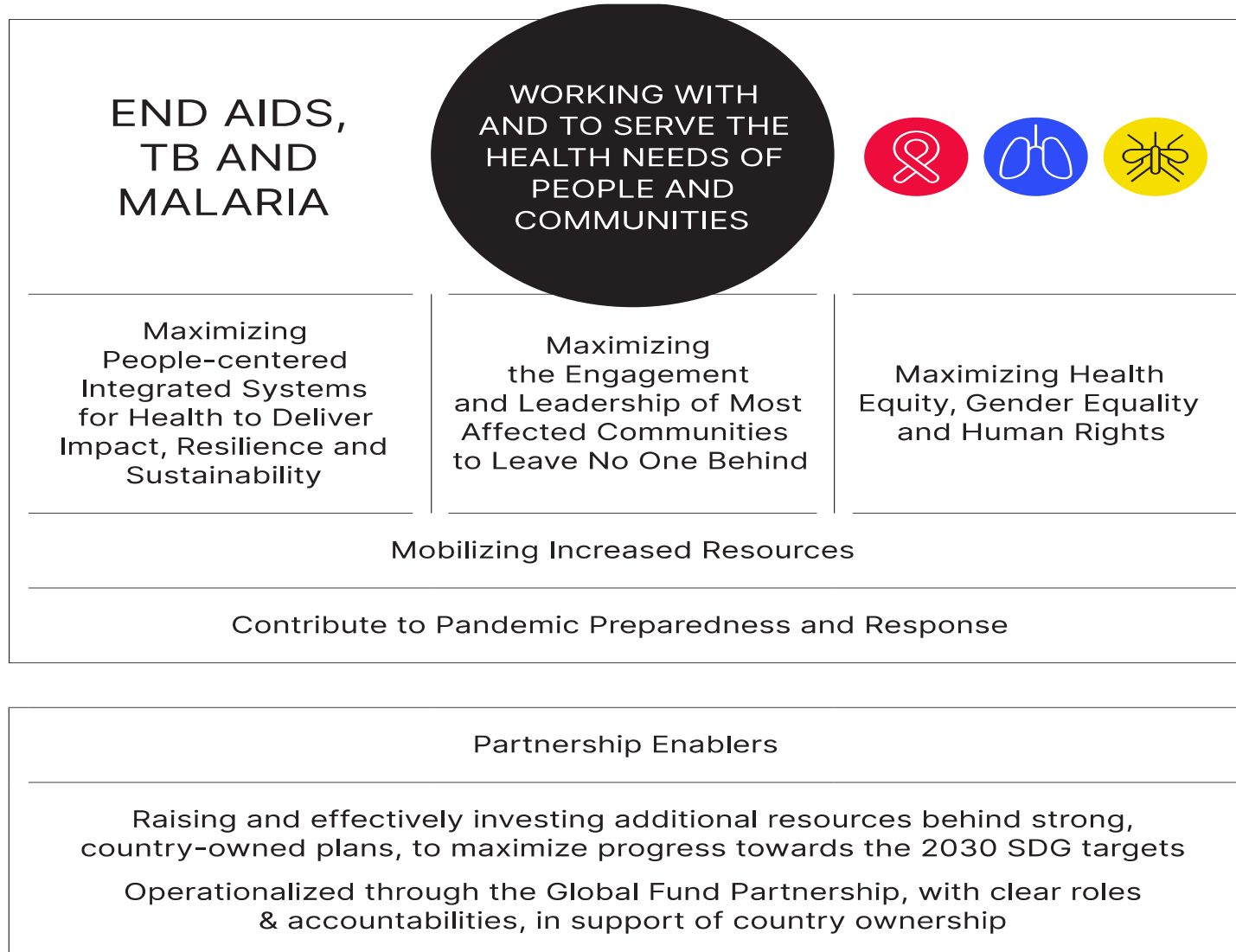
Our Future

New Global Fund Strategy to accelerate impact toward the 2030 horizon.



The Global Fund Strategy Framework

Communities at the Center



What is different about this new Strategy?

1	Across all three diseases, an intensified focus on prevention .	6	Greater emphasis on programmatic and financial sustainability .
2	Greater emphasis on integrated, people-centered services .	7	Greater focus on accelerating the equitable deployment of and access to innovations .
3	A more systematic approach to supporting the development and integration of community systems for health .	8	Much greater emphasis on data-driven decision-making .
4	A stronger role and voice for communities living with and affected by the diseases.	9	Explicit recognition of the role the Global Fund partnership can and should play in pandemic preparedness and response .
5	Intensified action to address inequities, human rights and gender-related barriers .	10	Clarity on the roles and accountabilities of Global Fund partners across every aspect of the Strategy.

Communities at the Center of the 2023 – 2028 Strategy

The 2023 – 2028 Strategy Framework & Narrative commit to putting **communities at the center** of the Global Fund's work

- Partnership must continue to work with the communities living with and affected by the three diseases to jointly serve their health needs
- Recognition that it is communities themselves that are best placed to guide and often lead the implementation of programs tailored to address their needs
- Commitment to removing barriers to the meaningful engagement of communities in all Global Fund related processes
- Commitment to listening to those most affected by the three diseases and leveraging their expert insights

Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind is one of the Strategy's four 'Mutually Reinforcing Contributory Objectives'

A stronger role and voice for communities living with and affected by the diseases is also highlighted as one of the ten aspects of the new Strategy that will “change our work to accelerate the pace of implementation”

Stronger focus on community leadership and engagement

- Contributing to **CCM decision making** to ensure programs are best positioned to **deliver the Strategy's priorities** and **meet the needs of communities**, incl. key and vulnerable populations and under-represented populations.
- **Leading programs** where communities or civil society are best positioned to meet individuals' needs – at PR, SR, SSR and grassroots levels.
- Highlighting the **importance of community-led monitoring** and **technical support provided by communities and civil society** in guiding effective program implementation.
- **Strengthening community systems** and partnering with government, private and other healthcare providers to **integrate services** and provide **people-centered care**.
- Supporting **collaboration across sectors** and **addressing harmful laws, policies and practices** to tackle structural determinants of HTM outcomes, including human rights barriers, gender-related barriers and inequities, and promoting **youth/ young-KP responsive programs**.
- **Building new community and civil society partnerships** to deliver the Strategy, incl. with **disability and mental health communities**, those integral to **pandemic preparedness**.



Stronger focus on human rights and gender

Sub-objectives under
*Maximizing Health
Equity, Gender
Equality and Human
Rights*



1

Scale comprehensive programs and approaches to remove [human rights and gender-related](#) barriers across the portfolio

2

Support [comprehensive sexual and reproductive health and rights programs](#) and their strengthened integration with HIV services for women in all their diversity and their partners

3

Advance [youth-responsive programming](#), including for adolescent girls and young women and young key and vulnerable populations and their partners

4

Deploy [quantitative and qualitative data](#) to identify drivers of inequity and inform targeted responses, including by gender, age, geography, income and for KVPs

5

Leverage the Global Fund's [diplomatic voice](#) to challenge laws, policies and practices that limit impact on HIV, TB and malaria

TB5

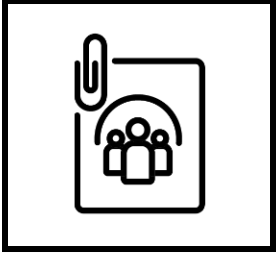
Promote [enabling environments](#), in collaboration with partners and affected communities, to reduce TB-related stigma, discrimination, human rights and gender-related barriers to care; and advance approaches to address catastrophic cost due to TB

One sub-objectives
under the Primary Goal
of *Ending TB*



**How will the Strategy be
implemented in the next
funding cycle (NFM4)?**

What's New?



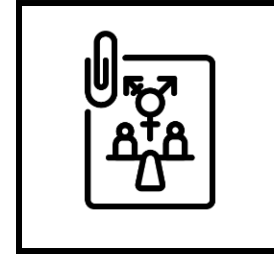
Funding Priorities from Civil Society and Communities Annex

- Identify community priorities during country dialogue and funding request development.
- Required for all applicants.



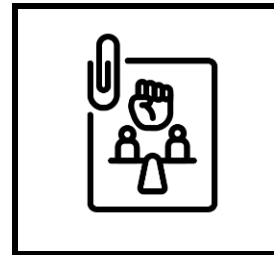
Sexual Exploitation Abuse and Harassment (SEAH) Risk Assessment

- Identify and mitigate SEAH related risks in Global Fund-financed programs.
- If available, one SEAH Risk Assessment is requested with each FR submitted.



Gender Assessment (Gender Equality Marker)

- Measure progress towards gender-equality
- If available, separate assessment per component requested.



Human Rights Assessment

- Assess current programming to address human rights-related barriers.
- If available, assessments for HIV, TB, and HIV/TB components requested. For malaria, applicants should use qualitative assessments (e.g., Malaria Matchbox).

Gender Equality Marker (GEM)

Score	Global Fund Minimum Criteria
Not targeted (score 0): Any funding request not meeting <i>Significant</i> or <i>Principal</i> criteria	It is strongly recommended that all funding requests are informed by gender analysis so <u>at a minimum</u> the Global Fund investment does no harm and does not reinforce gender inequalities
Significant (score 1): Gender equality is not the principal reason for undertaking the project/programme but is an important and deliberate part of the intervention	A gender assessment relevant to each disease component in the funding request has been conducted The findings of the gender assessment have informed the funding request The funding request includes at least one intervention explicitly contributing to advancing gender equality Data and indicators are disaggregated by sex and/or gender where applicable A commitment to routinely collect and analyze sex and/or gender disaggregated data to inform program design, adaptation and understanding of performance
Principal (score 2): Gender equality is a contributory objective of the project/programme and is fundamental in its design and expected results	A gender assessment relevant to each disease component in the funding request has been conducted The findings of the gender assessment have informed the funding request The funding request includes at least three interventions that explicitly contribute to the advancement of gender equality; at least one is specific to transgender populations One of the main ambitions of the Global Fund investment is to advance gender equality Performance for the majority of interventions is being measured with sex and/or gender disaggregated indicators A commitment to routinely collect and analyze gender disaggregated data to inform program design, adaptation and understanding of performance

Countries submit FR as normal in line with requirements in FR materials. They are notified about GEM but not required to self-assess



TRP assess funding request against GEM criteria and assign score



All scores + budgets combine, giving % of all gender-equality focused spend



Identify strengths, weaknesses and trends, broker support and capacity building to adapt and strengthen approach to gender equality

New focus on Equity



- The Global Fund's 2023-2028 Strategy embraces a focus on equity
- **New requirements in the application form:** Applicants need to demonstrate how the Global Fund supported program will maximize health equity.
 - Where are the greatest health inequities in relation to service access and health outcomes (equity dimensions such as place of residence, ethnicity, occupation, gender, sex, religion, education, socioeconomic status and social capital)?
 - What the underlying causes of the inequities are, and how the program will address them?
- **New Key Performance Indicators:** Countries will need to identify priority areas of focus within their grant (building on the equity analysis above) in which they want to reduce inequities for certain marginalized populations.
 - KPI will measure performance in reaching marginalized populations and whether the gap between marginalized population and general population is decreasing. *Note – KPI approval pending*

Minimum Expectations of community engagement at three stages across the grant life cycle

Minimum expectations for community engagement (CE) at three stages across the grant life cycle intend to respond to multiple assessments which have shown that **CE across full grant life cycle remains variable** with weaknesses more pronounced during grant making & implementation oversight. The three expectations are:

1. **Funding Request:** A transparent and inclusive consultation process with populations most impacted by HTM (across Gender and Age) during FR development resulting in an Annex of Funding Priorities of Civil Society and Communities Most Affected by HTM as an output
2. **Grant-Making:** Community and civil society representatives on the CCM have timely access to information on status of grant negotiations and changes to the grant to support their involvement in oversight
3. **Grant Implementation:** Community and civil society representatives on the CCM have timely access to information on program implementation

Information notes (HIV, TB and Malaria) available



Understand:

- Continue to know your epidemic and updated resource needs.
- People-centered framework helps to facilitate systematic approach to country-led, people-centered planning & prioritization.
- Tailored interventions are crucial to achieve impact in COEs. GF's [Operational Policy Note on COE](#) provides guidance on adaptive engagement.



Deliver

- Ensure high quality and efficient service delivery for optimal coverage
- Applicants are recommended to consider the Protection from Sexual Exploitation, Abuse & Harassment (PSEAH) in planning & design of program interventions. [PSEAH Guidance Note](#).



Design:

- Develop a mix of interventions that maximize impact and sustainability.
- Value for money continues to be a key principle guiding GF investments to maximize equitable health outcomes & impact. Refer to the [Value for Money Technical Brief](#).



Sustain

- Strengthen the sustainability of health and community systems
- GF strongly encourages all countries to incorporate sustainability considerations throughout the grant life cycle.
- [Sustainability, Transition & Co-Financing \(STC\) Policy](#).

Quiz time!

1. Name three areas of stronger focus in the Strategy.

2. Name one new requirement for applicants.

• 3. What is the GEM?





Thank you

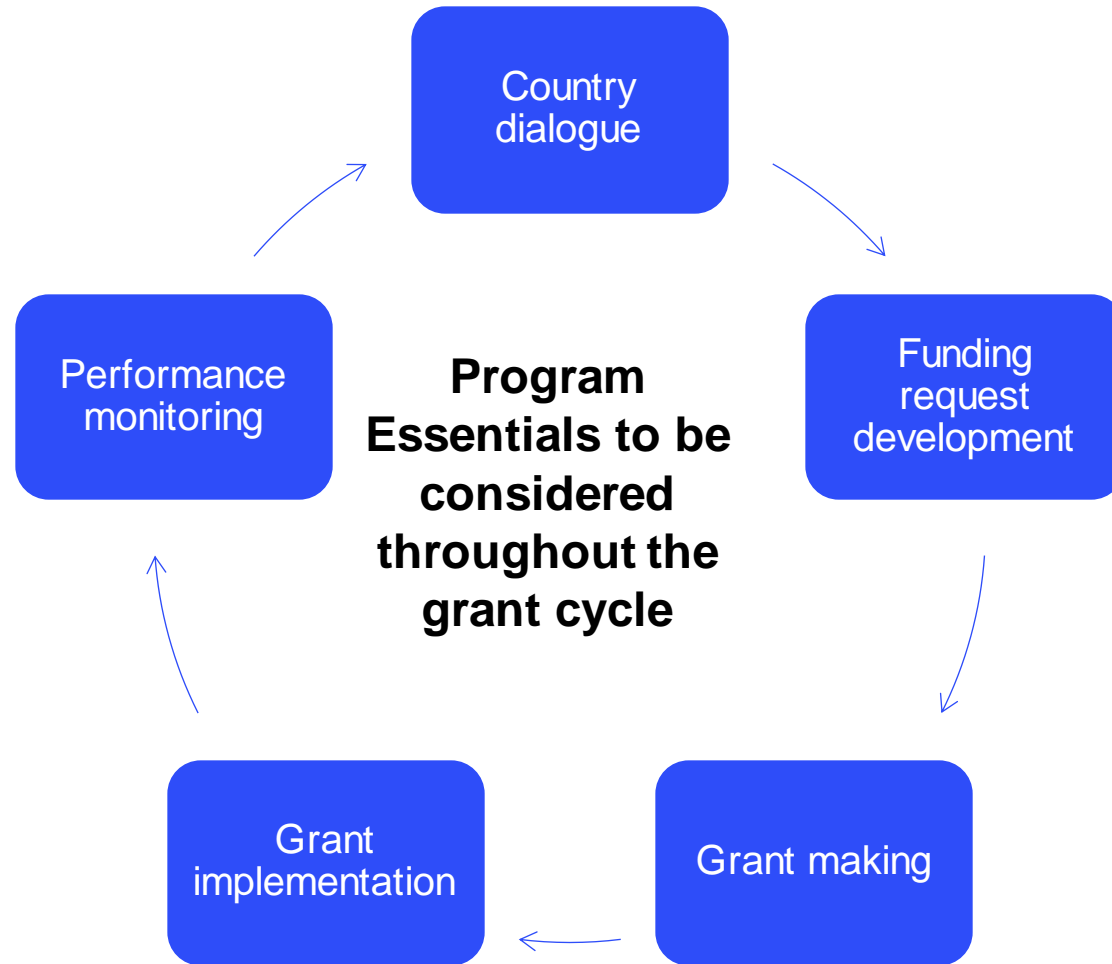


The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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theglobalfund.org

Back up slides

Program Essentials (under discussion)



- As a new requirement, applicants will outline in their funding requests how advanced the country is in implementation of each program essential.
- In situations where program essentials have been prioritized, the Global Fund will support countries throughout the grant lifecycle in achieving and sustaining them.

Accelerating the evolution of CCMs and community-led platforms to strengthen inclusive decision making, oversight and evaluation throughout Global Fund-related processes

1.1. Ensure enhanced community engagement on CCMs by further strengthening their capacity to facilitate inclusive processes that deliver high quality and equitable funding requests and robust oversight of investments

- Minimum expectations for partnership-wide engagement in country dialogue
- CCM sub-committees for key populations
- Guidance around long-term engagement of non-CCM members, and annual reviews of CCM composition and representation
- CCM Ethics Focal Point role will be strengthened to safeguard human rights and non-discrimination
- Learnings of CCM Evolution will be leveraged

1.2. Support CCMs and community representatives to access, analyze and deploy granular strategic information

- Expanded public availability/accessibility of granular programmatic & financing data from national programs, GF grants
- Building community and civil society capacity to analyze and use data to influence GF-related processes and decision making

1.3. Catalyze more equitable access to and use of technology and virtual tools to facilitate community engagement, improve efficiency and transparency, mitigate unequal power dynamics, and strengthen CCM functioning

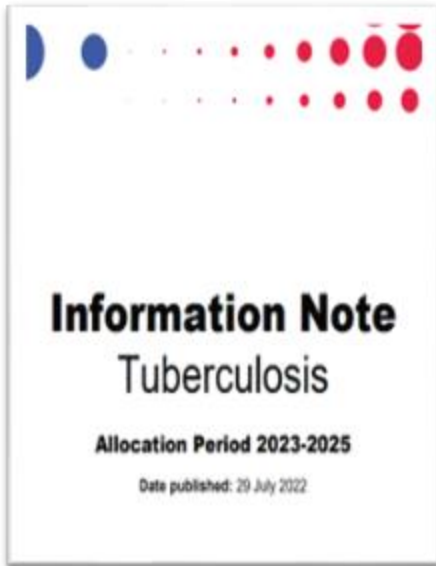
1.4. Innovate and adapt current approaches to supporting community and civil society engagement to strengthen country-level outcomes

- More sustainable approaches to capacity building for KP networks and technical support for communities, strengthening CRG Regional Platforms
- Leveraging partnerships to engage underserved populations and sub-populations
- Supporting countries to develop minimum standards for community engagement in NSP development and oversight

Driving toward...

More robust and consistent inclusion of the priorities and expertise of most affected communities in GF grants

Key changes/ new emphasises in disease-specific technical areas provide unique opportunities for engagement: TB



- Focus on understanding **KVPs, barriers to services and interventions** (CRG assessment and CRG costed action plans)
- Shift to decentralised, ambulatory (incl. DR-TB), community and home-based care services: explicitly calls out **community-led and community-based orgs who serve as an entry point for screening and testing people.**
- Digital tools for treatment adherence
- Scale up of newer, shorter regimens for TPT, incl. addressing **hesitancy**
- Rapid scaling of screening of all household contacts, PLHIV and KVPs
- **Emphasis on strengthening the institutional capacity and leadership of TB community-based/led organisations, incl. TB ‘survivors’**
- **Continued emphasis on equity, human rights and gender**

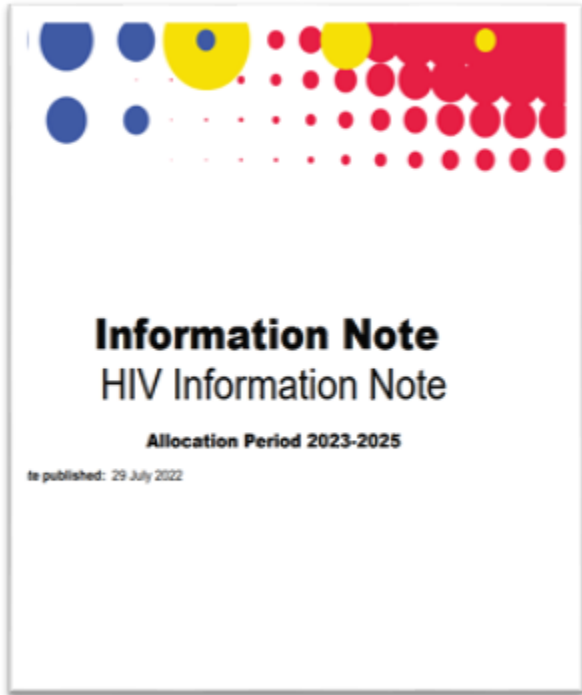
Modular framework:

- **Key and vulnerable populations** at modular level -> people in prison, mobile population, mining/mining communities, children and adolescents, people with co-morbidities, urban poor/slum dwellers AND other KVPs
- **Collaboration with other providers and sectors** -> community-based TB/DR TB care

Indicators:

- **8 new indicators**-> 2 for prevention, 1 for TB/HIV, 1 for collaboration with other providers and 4 for DR-TB
- **Revision to the definition** of some aligning with technical partners
- **Disaggregation categories** of 21 indicators (age, gender, type of regimens, HIV status, type of facilities: NGO, private for profit) – relevant to the indicators

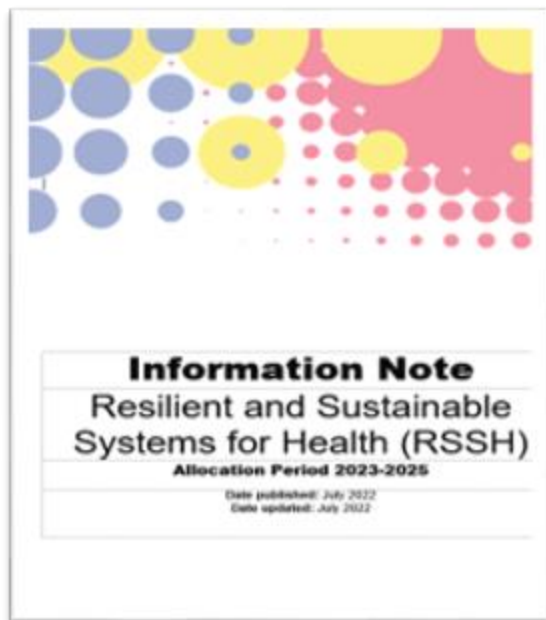
Key changes/ new emphasises in disease-specific technical areas provide unique opportunities for engagement: HIV



- **Intensified focus on HIV prevention**, differentiated for scale, expanding coverage and improving quality
- **Integration of SRH/STI and HIV services (bi-directional)**
- **Strengthened platforms for delivery** to expand options (PrEP, condoms, DPV rings) AND service delivery modalities, incl. community-led/community-based, virtual, pharmacy approaches)
- **Prioritize people living with HIV across their life-course and populations with the highest risk and vulnerability to HIV, incl. triple elimination**
- Greater emphasis on data for decision-making, incl. community participatory needs assessment, PSEs, measurement of outcomes, community-led monitoring
- Move away from “behavioral intervention” to health communication and demand creation
- Addressing chemsex

Continued emphasis on community-led, community-based programmes, addressing human rights- and gender-related barriers to services (incl. issues with security of clients and CSO/CBO implementers, KP-specific services (e.g. gender affirming healthcare) and CSS

Key changes/ new emphasises in technical areas: RSSH



- **Community-led programming** is essential part of disease objectives, i.e. incidence reduction and addressing equity, human rights and gender
- **Integrated community health strategies** as part of national disease responses by strengthening linkages between the public, private and community sectors
- **Support policy advocacy, reform and innovative sustainability mechanisms** to enable community-led groups and networks to provide peer-led services, particularly in contexts where KVP face substantial barriers to accessing services
- **Scaled, integrated CHW programmes** using CHW programmatic gap tables for landscape analysis
- Change of interventions to be more people-centered with explicit emphasis on community-led e.g., community-**led** monitoring; community-**led** research and advocacy; community engagement, linkages and coordination (previously social mobilization); capacity building and leadership development
- **More tailored activities in the design**, including: differentiated capacity building across a maturity spectrum; support for legal registration and safe operations of community-led organisations; emphasis on institutionalising CLM data/feedback for data driven decision making

Strategy delivery: gender equality

Action from the Secretariat to prepare for the next funding cycle

