

Background note to thematic discussion on human rights

49th Board Meeting

For Input

GF/B49/06

10 – 11 May 2023, Ha Noi, Viet Nam

Thematic Discussion on Human Rights

Questions to guide our discussion & strategic thinking...

- 1 **Where we've been:** Our shared history, priorities, approaches & results
- 2 **Where we're going** in our partnership ambition, Strategy delivery & focus
- 3 **What this looks like** with country examples & managing risk



1. How can the Global Fund Partnership **further scale up and support quality implementation of programs to reduce human rights-related barriers**, across the three diseases?
2. How can we **better articulate roles and responsibilities** across the Partnership, mobilize partners and hold partners to account for **their role in eliminating stigma, discrimination, criminalization and other human rights barriers**?
3. How can the Partnership best **work together in human rights crisis situations**, such as when safety and security of clients and implementers of KP and human rights programs are at risk or when there is a threat that even more restrictive and harmful laws are adopted?

Where we've been

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Since its founding, human rights has been a core pillar of the Global Fund's approach and continues to evolve

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|-------------|---|
| 2001 | Human rights embedded in Framework document: <ul style="list-style-type: none">• “The Global Fund will support public health interventions that address social and gender inequalities.”• “(The Global Fund) aims to eliminate stigmatization of and discrimination against those infected and affected by HIV/AIDS, especially for women, children and vulnerable groups.”• “(The Global Fund) will strengthen the participation of communities and people, particularly those infected and directly affected by the three diseases, in the development of proposals.” |
| 2012 | Human rights embedded in the Global Fund Strategy 2012-2016 |
| 2014 | Five Human Rights Minimum Standards included in the Global Fund Grant Agreement |
| 2015 | Human Rights Complaints Procedure established |
| 2016 | Human rights elevated as a priority in the Global Fund Strategy 2017-2022, with three KPIs (9a,b,c) |
| 2017 | “Breaking Down Barriers” (BDB) starts in 20 countries, with \$45 million matching funds (MFs) & support by Human Rights SI (established in 2018) |
| 2020 | “Mid-term” assessments in BDB countries start; response to OIG Advisory on human rights released; \$41 million MFs secured for 2020-22 allocation (for HIV and, for the first time, also TB); “new” Human Rights SI includes malaria component |
| 2022 | Human rights further elevated, as part of both primary (disease-specific) and contributory objective in the Global Fund Strategy 2023-2028. Programs to reduce human rights-related barriers become “Program Essentials” for HIV and TB |
| 2023 | “Breaking Down Barriers” expands to 24 countries, second round of BDB progress assessments, to inform GC 7 funding requests |

“The Global Fund, in line with our new Strategy, is committed to expanding and intensifying our support of interventions to address human rights and gender-related barriers to health services. This is critical to defeating HIV, TB and malaria, to building truly inclusive systems for health that leave no one behind, and to enabling everyone, everywhere to realize their right to health and wellbeing.”

Peter Sands (foreword to the Breaking Down Barriers MTA Report, July 2022)

Where we've been

1

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

THE GLOBAL FUND STRATEGY 2012-2016: INVESTING FOR IMPACT

With the fight against the three pandemics at a crucial juncture in the lead-up to the 2015 Millennium Development Goals deadline, and now with a challenging financial context, the world faces a stark choice between losing momentum or maintaining and accelerating the progress made to date. The Global Fund, by virtue of its scale and track record, is an essential partner in this battle. The focus and priorities it decides to adopt for the next five years will make a fundamental difference.

In its 2012-2016 Strategy, the Global Fund commits to work with countries and partners, and transform itself, to sustain and accelerate the existing gains through substantial contributions to ambitious international goals. To achieve this, it will shift to a new model of "investing for impact": it will invest strategically in areas with high potential for impact and strong value for money; it will provide for funding in more proactive, more flexible, more predictable and more effective ways; and it will become more engaged in supporting grant implementation success.

This Strategy will transform the Global Fund into a more effective and efficient funder, improving its attractiveness to donors as a vehicle in which to invest for impact.

The 2012-2016 Strategy objective on human rights had three sub-objectives:

- Integrate human rights throughout the grant cycle
- Increase investment in programs that address human rights barriers to health services
- Ensure the Global Fund does not fund programs that infringe human rights.

Much progress was achieved, but investment in programs remained too low, at 0.7% of the HIV and 0.08% of the TB allocation.



THE GLOBAL FUND
STRATEGY 2017-2022
Investing to end epidemics

The Global Fund

In the **2017-2022 Strategy**, we focused on increasing investment in programs to reduce human rights barriers, to **increase access to services & impact of investments**. We have taken a **pragmatic & programmatic approach**, focusing on **where we can make the greatest difference & have a comparative advantage**.

- Providing intensive support, including Human Rights Matching Funds, to 20 **“Breaking Down Barriers”** countries **(KPI 9a)**
- **Increasing investment in programs** to reduce human rights barriers, first only in **MICs** (2017-19), then **across the portfolio (KPI 9b)**
- **Increasing domestic spending** on programs to reduce human rights barriers to services & on KP prevention programs **(KPI 9c)**
- Strengthening **integration across the grant cycle** remained a priority, as did greater focus on **TB & malaria**.

Where we've been: results to date

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What's **working** for amplification & potential replication

- **Breaking Down Barriers (BDB)** has produced impressive results:
 - vastly increased funding, including in NFM3 thanks to increased funding **from within allocation**
 - multi-stakeholder engagement
 - multi-year, country-owned, costed strategic plans
 - better quality, integrated programming
- **Progress assessments** demonstrate **results** and **impact** and are informing GC 7 funding requests.
- Lessons learned from BDB have informed approaches across the portfolio.
- As of last reporting in the fall of 2022, we were **achieving KPI 9b targets**, despite limited progress in some high impact portfolios.

Opportunities for **increased, collective focus**

Despite our best efforts, the ambitious **KPI 9a targets** (comprehensive programs to remove barriers) **will not be achieved**. Reasons include the impact of COVID-19 and the war in Ukraine, one of the countries that had been performing best.

Efforts to increase domestic spending on programs to reduce human rights barriers and on KP prevention programs have stalled and the ambitious targets under **KPI 9c** will not be reached, primarily because few countries report reliably into the Global AIDS Monitoring tool, but also because of the difficult economic environment.

Where we're going: our ambition for 2023-2024

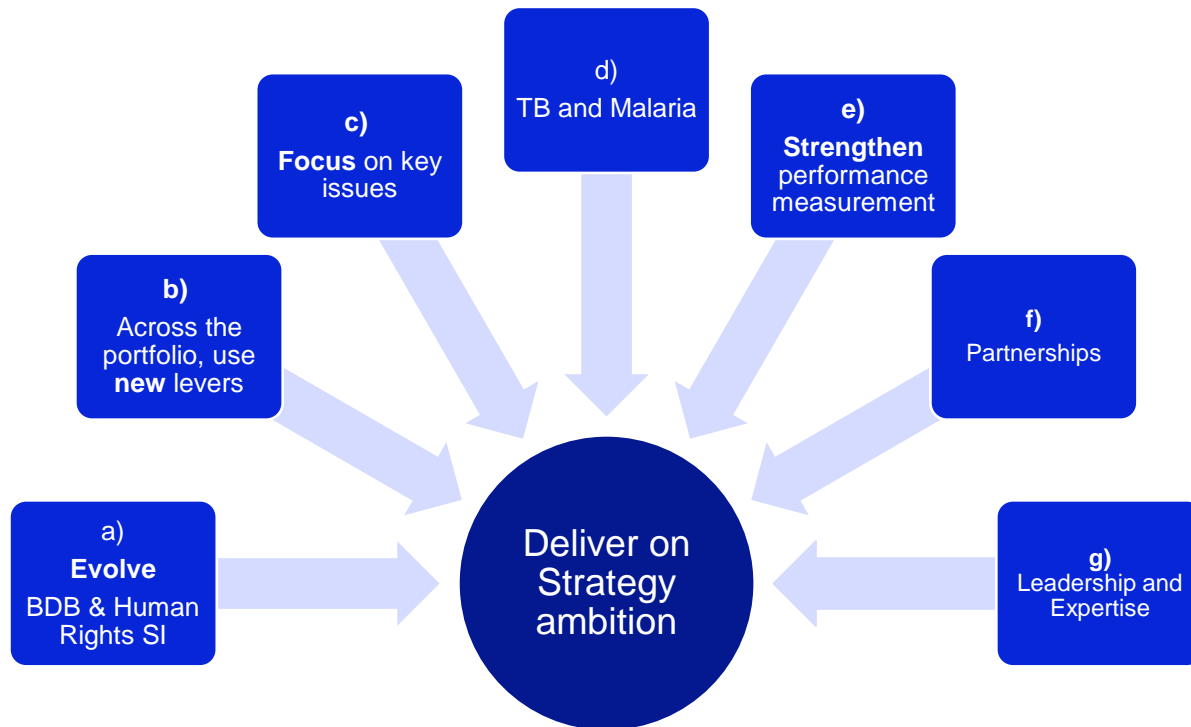
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- With reduced human rights catalytic investments, we focused our ambition on expanding BDB to 24 countries (instead of 35), without dedicated TB resources.
- In other portfolios, leveraging new requirements (such as Program Essentials) will be important.
- By the Strategy's mid-point (3 years), our ambition is to see progress in **three main areas**:

- ① Further **progress and impact on HIV, TB and malaria** in continuing **BDB countries**, and progress in **all new BDB** countries.
- ② Greater, quality investments **across the portfolio**, with **greater focus in priority areas** (including stigma and discrimination and harmful laws), contributing also to **prevention, gender equality & equity**.
- ③ Clear **roles, responsibilities, and accountability** and greater capacity in the Secretariat, and **increased coordination and collaboration**, with clearly defined roles, with Partners.

Where we're going: Strategy Delivery

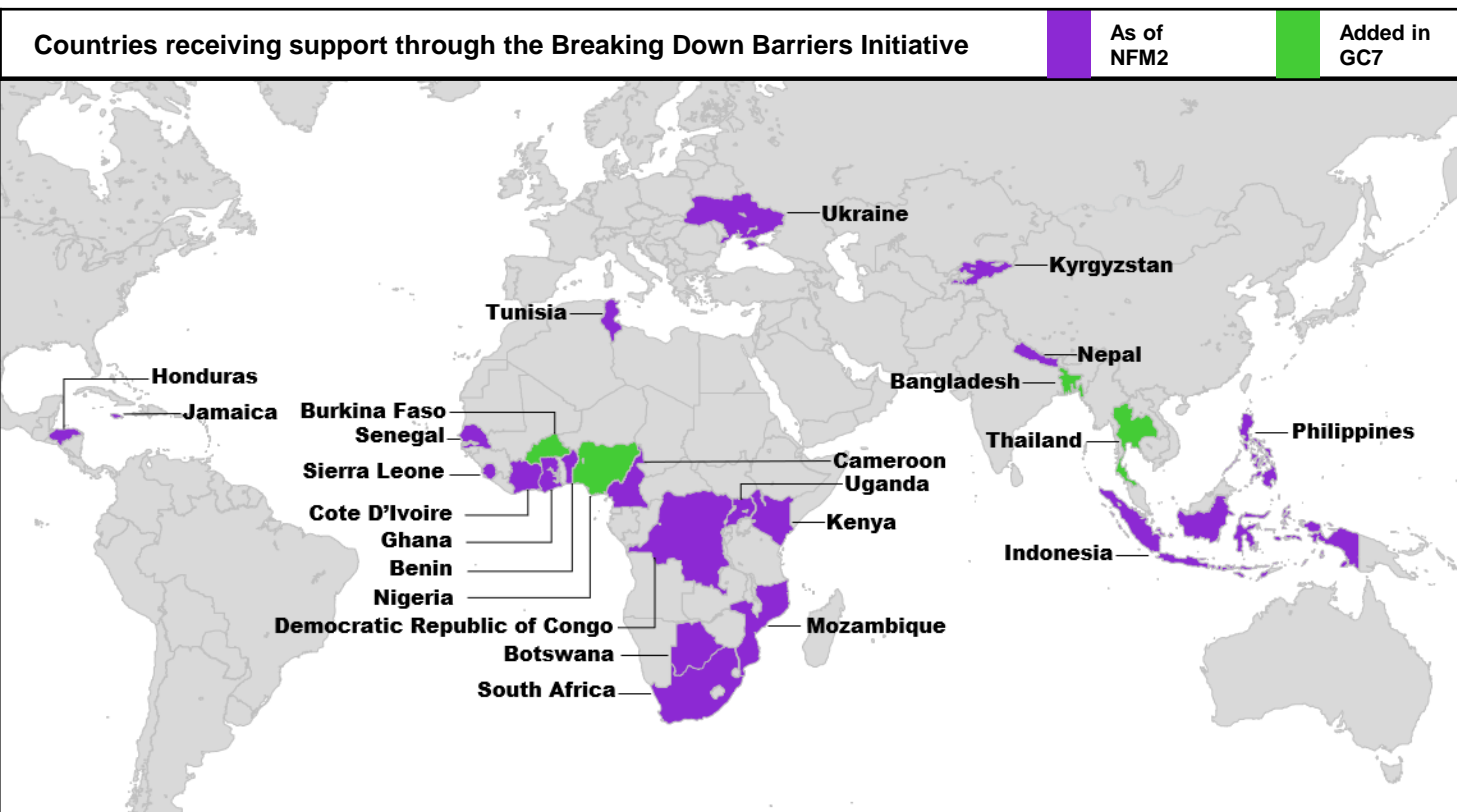
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To deliver on the ambition in the Strategy, we need to:

- build on the lessons learned and the strong foundation of work already underway
- expand and evolve existing approaches, including in TB and malaria
- put greater focus on key issues such as harmful laws & policies & the need for community-led programs
- continue to build capacity at all levels
- invest in greater collaboration and coordination with partners.

Where we're going: evolving BDB & the Human Rights Strategic Initiative



BDB evolves

- Bangladesh, Burkina Faso, Nigeria, Thailand added to cohort.
- The amount of MFs was reduced (exception: Ukraine), with more stringent financial conditions.
- Strict programmatic conditions, with focus on key areas.

The Human Rights SI evolves

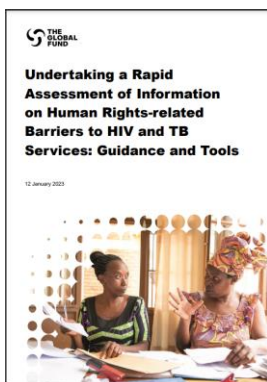
The SI continues to support progress and learning in BDB countries and to promote equitable responses in malaria. Innovations in the next cycle include:

- An even greater focus on strengthening expertise in the Global South to provide long-term support for the delivery of quality programming.
- As part of an **expanded partnership with Thomson Reuters Foundation**, supporting young leaders from 2023 to 2026, as they challenge harmful laws, policies and practices and fight stigma and discrimination.

Where we're going: leveraging new levers

For countries outside the BDB cohort, efforts over the last year have focused on further **embedding human rights across the grant cycle**. Key levers include:

1. **Human Rights Program Essentials**
2. Guidance and tools for **rapid assessment** of existing programs to reduce human rights barriers to HIV & TB
3. Human rights investments will continue to be tracked and reported as part of complementary insights



Program Essentials for HIV

- Integrate interventions to reduce human rights- and gender-related barriers into prevention and treatment programs
- Stigma and discrimination reduction activities in health care and other settings
- Legal literacy & access to justice activities for PLHIV & KPs
- Support is provided to efforts, incl community-led efforts, to reform criminal & other harmful laws, policies and practices

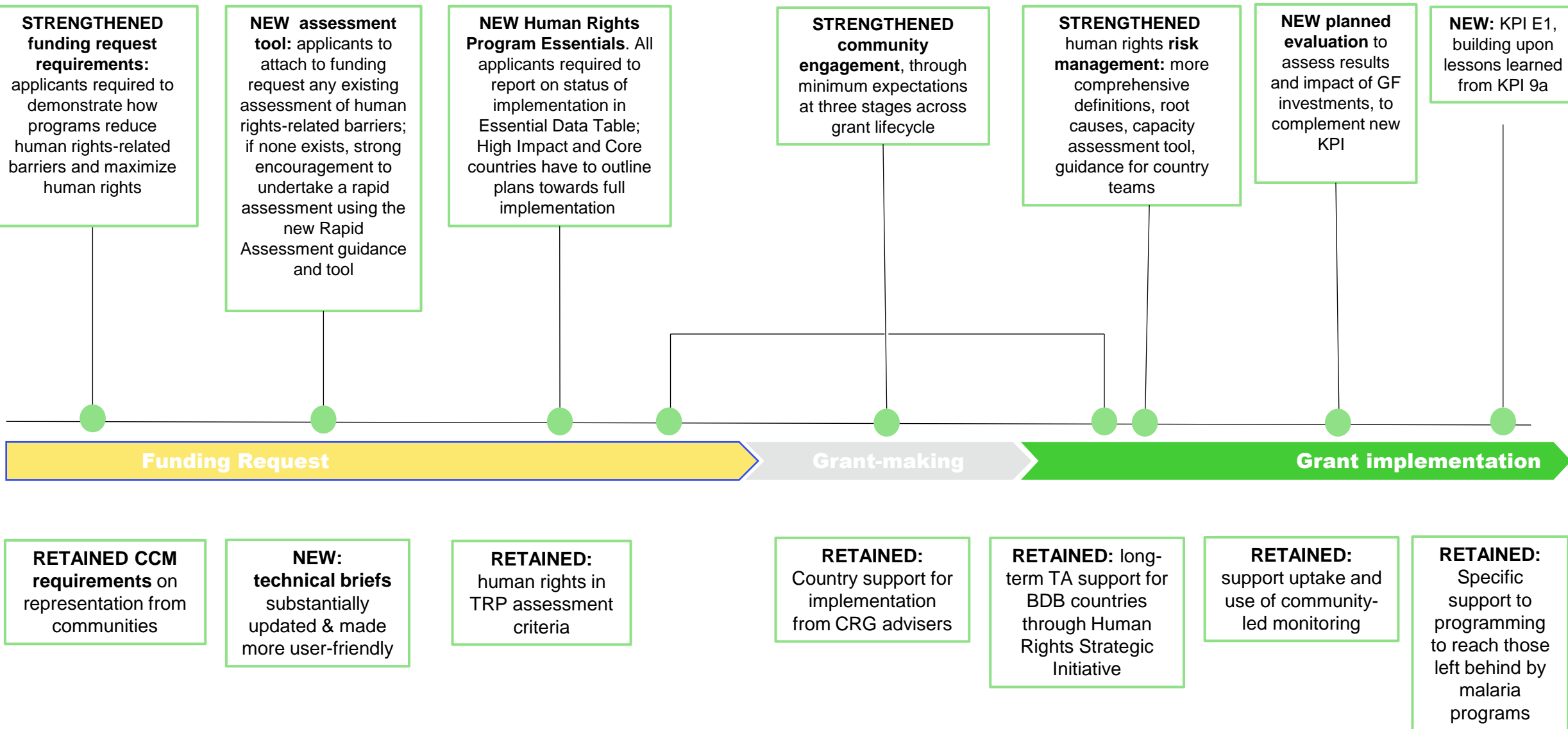
Program Essentials for TB

- Human rights-based, gender-responsive programming
- Stigma & discrimination reduction activities
- Legal literacy and access to justice activities
- Support for community mobilization and advocacy and CLM for social accountability

Program Essentials for malaria

- Sub-nationally tailored planning considers factors beyond epidemiology, such as equity- human rights-, gender barriers & the sociocultural, economic & political factors influencing risk, & access & engagement with health services.

Where we're going *across* the grant lifecycle



Where we're going: focusing on key issues

Example of harmful laws & policies, including criminalization

Why: Harmful laws, policies & practices, including criminalization, increase vulnerability & create formidable barriers. The Global AIDS Strategy and Global Fund Strategy both include strong commitments to greater action.

What we are facing: A multi-faceted issue

- The president of country A declares in January 2023 that he plans to enact a range of laws criminalizing same sex behavior (that is currently legal).
- Country B in Southern Africa decriminalized same-sex behavior 10 years ago, but MSM continue to report discrimination & harassment and efforts to form associations are being blocked.
- In country C, drug use is illegal, but harm reduction efforts are allowed. Implementers & clients fear for safety & security.
- In country D, under 21-year-olds report they cannot access services because they need parental consent.

What we are doing: 1. In-depth analysis to identify challenges & opportunities & inform funding requests; 2. Efforts to reform harmful laws & policies, including community-led efforts, are a Program Essential; 3. Always listen to communities first; 4. Strengthen collaborations & partnerships; 5. Use our diplomatic voice

Where we're going: focusing on TB and malaria

TB

- 13 of 20 BDB countries have received intensive human rights support on TB since 2017. While human rights investment in TB-priority countries reached 2%, among BDB countries, investment reached 3.9%.
- Intensive efforts to strengthen community legal empowerment, stigma and discrimination reduction efforts, and access to justice for TB communities will continue through:
 - **Expanding the TB component of BDB**
 - **Stronger guidance to applicants-** Human rights programs are part of TB Program Essentials
 - **Stronger collaboration with Stop TB Partnership and WHO,** to ensure community engagement & increased focus on TB community systems strengthening.

Malaria

- **The new malaria component of the Human Rights SI** generated momentum and greater efforts to assess and address equity barriers.
- **Partnership with RBM** has been essential to promote equitable responses in malaria that address human rights & gender barriers.
- **Malaria Matchbox tool** implemented in 19 portfolios to assess equity barriers, demonstrating increased interest and engagement in equity, human rights and gender equality.
- **Stronger human rights focus in guidance**, including the Malaria Info Note and Human Rights Technical Brief.
- **Elevating community voices** through CE SI TA.
- **KPI E1:** for the first time, will track scale up of malaria human rights programs in 2 countries, Kenya and Uganda.

Where we're going on strengthening performance measurement

- BDB progress assessments demonstrate the importance and the complexity of monitoring and evaluating progress in removing human rights-related barriers.
- Assessments are invaluable not only to document results and impact, but also for funding request development and for learning.
- Moving forward, we will further strengthen performance measurement, using three interconnected approaches:

1. KPI E1: An evolution of former KPI 9a, it will assess increases in scale of programs to address human rights barriers. It is **aligned with the new Human Rights Risk indicators** and will be informed by annual, **participatory reviews** of progress, to inform program scale up & quality & **increase country ownership**.

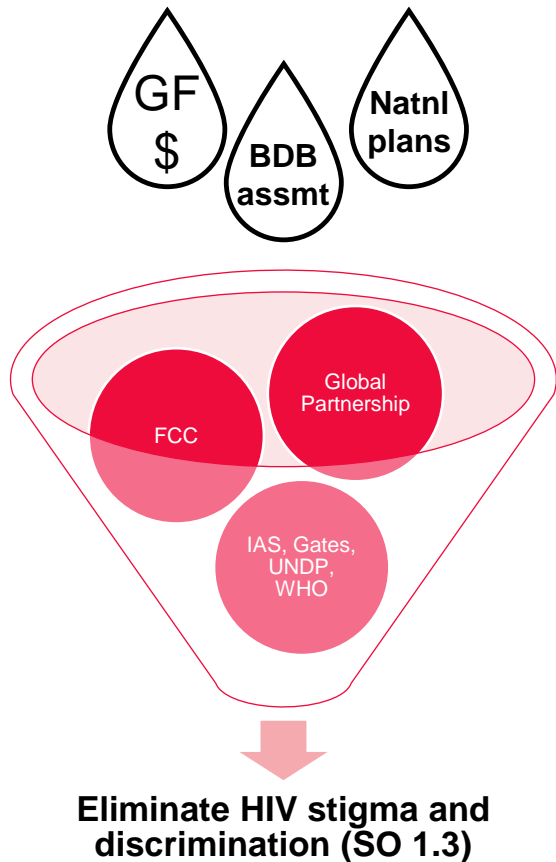
2. Enhanced monitoring and oversight: New **human rights indicators**, aligned to Global AIDS Monitoring framework, are **part of core indicators**. Oversight mechanisms, such as LFA & management actions, used to improve quality and delivery.

3. Evaluations: KPI will be complemented by **(mid- and end-term) evaluations** of the extent to which human rights barriers are reducing in selected countries, both inside and outside the BDB cohort.

4. Management information: GF will continue to provide data on level of investment in programs to reduce barriers.

Where we're going on strengthening coordination, planning & alignment²g

Focus on stigma and discrimination reduction



GF investments and results of BDB are informing stronger partnerships that in turn are key for achieving GF Strategy results:

- **2018:** Global Partnership for action on all forms of HIV-related stigma and discrimination launched, prioritizing BDB countries and building upon BDB work
- **2019:** First private sector partnership for BDB starts, with Thomson Reuters Foundation
- **2020:** Global Fund invited to co-convene Global Partnership
- **2021:** Launch of Focal Countries Collaboration (FCC) with UNAIDS & PEPFAR (including NIH, CDC, USAID) in support of reduction of stigma and discrimination
- **2022:** Collaboration with IAS and Gates, resulting in focus of "Heart of Stigma" initiative on supporting Global Partnership, FCC and BDB work
- **2023:**
 - PEPFAR funds UNDP/UNAIDS initiative in support of global 10-10-10 targets. GF on steering committee
 - Participation in WHO consultation to inform its work on stigma and discrimination reduction in health care settings
 - Greater engagement with GNP+, HIV Justice Worldwide
 - GF BDB progress assessments and analysis of programs to eliminate stigma and discrimination inform partnerships and GC7 applications

Where we're going: strengthening cross Secretariat leadership & expertise

Creating the impact required, we need increased knowledge, awareness and accountability across the Secretariat and with countries & partners.

Opportunity is *now* within the Secretariat to move towards

- ✓ **Strengthened technical expertise** across Secretariat, and achieving greater understanding of the link between human rights and disease outcomes and allocative efficiency
- ✓ **Embedded formal responsibility and accountability** mechanisms across all relevant Departments
- ✓ **Updated structure and capacity of CRG** and other Departments, to reflect strategy ambition

What this looks like in managing risk

Aggregated Human Rights Risk remains high, and the direction of travel is steady

Risk rating

| Residual Risk (calculated across grants) | Post adjusted organisational risk (ORR) | Board approved Risk Appetite | Direction of travel Q4-2022 |
|--|---|------------------------------|-----------------------------|
| Moderate | High | N/A | Steady → |

Background

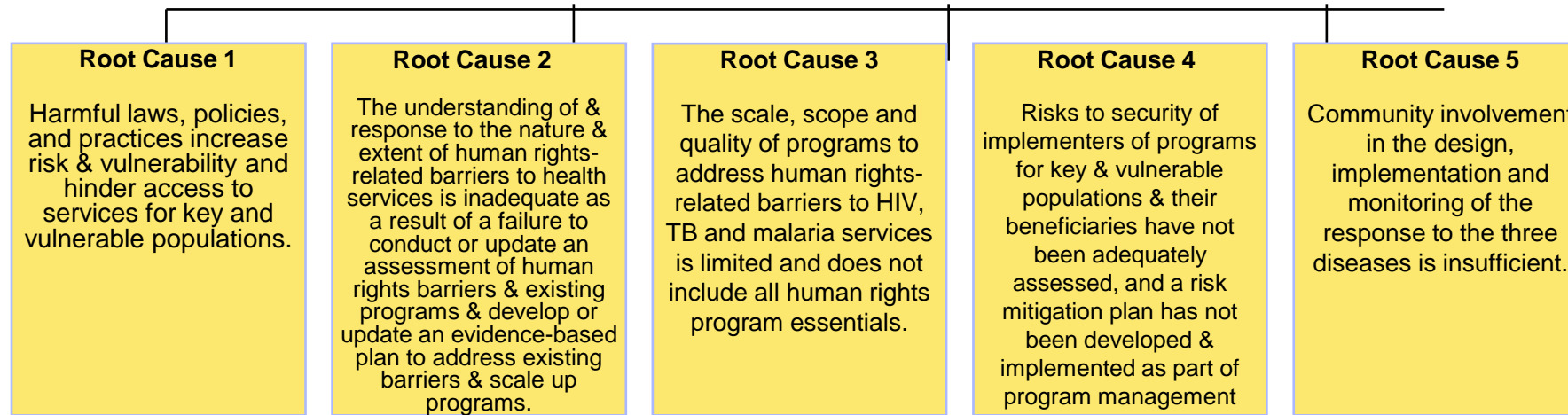
- The broader human rights environment is challenging & has been affected by COVID-19.
- In many settings, this has impacted security of implementers of KP & human rights programs.
- At the same time, quality & scale of programs to reduce human rights barriers has increased. Activities to remove harmful laws or reduce their impact are also being scaled up.
- Secretariat continues to monitor evolution of risks & take mitigating actions as part of its grant oversight function. Country Portfolio Reviews & in-depth portfolio risk reviews completed for over 70% of countries in 2022, with others upcoming.

Strengthening systems, tools, processes, and mitigations

- The Integrated Risk Management (IRM) Tool has been revised to align with the Global Fund Strategy priorities.
- As part of the IRM2.0 update, the **human rights risk assessment guidance and tool** were finalized, including clearer definition of human rights risk, root causes, indicators, and mitigation actions.
- Revisions are expected to **facilitate robust assessment of HR risks and prioritization of mitigating actions**.
- Upcoming trainings on Risk Management and Human Rights Risk, as part of IRM2.0 rollout.

What this looks like in managing risk: Snapshot of revised human rights risk definition and assessment guidance

Risk definition: Human rights related barriers, including stigma and discrimination, increase risk and vulnerability, limit access to HIV, TB and malaria-related health services for key, vulnerable and/or underserved populations, and worsen health outcomes.



Principal Recipient Capacity Assessment questions

1. Does the organization have a demonstrable record of implementation of programs to address human rights-related barriers to HIV, TB and malaria services as defined in the Global Fund technical briefs?
2. Has the organization assessed its capacity to design and implement programs to reduce human rights-related barriers? Has it taken adequate steps to address capacity gaps identified (ie, hired staff with experience designing and implementing human rights programs as defined in the Global Fund technical briefs, developed a partnership with an organization that has that experience, conducted training for staff, set up mentorship arrangements, engaged technical assistance)?
3. Does the organization provide its staff with training on stigma and discrimination reduction, and the promotion of human rights, including the obligations under the five human rights standards in Global Fund grant agreements?
4. Does the organization have internal policies or regulations that hinder it from funding a full range of evidence informed programs for key and vulnerable populations (eg: legal empowerment of sex workers or people who use drugs; advocacy to change laws criminalizing key populations)? If yes, why does it have such internal policies or regulations and what effects does this have on Global Fund grant implementation?
5. Does the organization have a policy/protocol/SOP that requires it to undertake and regularly update assessments of safety and security issues that may affect implementation of key population and/or human rights programming and to develop and regularly update and implement plans to prevent, mitigate and respond to risks identified? Does the policy/protocol/SOP specify how it will support any SRs and/or SSRs implementing such programs to undertake such assessments and develop and update and implement such plans?

What this looks like where it matters most – in countries

Ukraine: Successful scale up and adaptations to war needs

Context

- At mid-term, Ukraine had made the most progress towards comprehensive programming to reduce human rights barriers to HIV (and to some extent, TB) services of any of the 20 BDB countries. Another progress assessment has recently shown that, up to February 2022, Ukraine continued to make significant strides towards comprehensive programs
- Despite the war's inevitable disruptions to programming early on, most human rights programs continued operations in government-controlled areas, with implementers making appropriate adaptations to keep programs running, showing significant resilience of these programs.
- Faced with the major impact of the war on the humanitarian, economic, social, legal, and other needs of the populations they serve, community organizations implementing human rights programs showed remarkable ability and creativity in adapting programs to ensure they continue to meet the constantly changing needs of clients.

Key Results

- During the war, demand for services of human rights programs increased significantly as they served as a first port of call and resource for members of key and vulnerable populations seeking to overcome challenges accessing HIV and TB prevention and treatment services.
- Substantial numbers of people have been able to remain adherent to HIV and TB services, at least in part due to human rights programs, such as hotlines, paralegals, and community advocates.
- During the war, integration of human rights & service delivery programs increased as stakeholders collaborated more closely to prevent disruptions in access to services.

Lessons Learned and Next Steps

- Investments in human rights programs represents good value for money and have delivered a significant return during the war. Continued investment in these programs is essential in GC7, both for responding to war-related needs and for the effectiveness of the eventual recovery:
- The war has increased both the vulnerability of key and vulnerable populations and the impact of pre-existing legal and gender barriers to HIV and TB services. It may well increase their numbers as economic distress and war trauma may increase sex work and drug use.

Philippines: Progress in a difficult environment

Context

- Both in NFM2 and NFM3, the Philippines received \$1 million in human rights matching funds (MFs). Significantly, in NFM3, the country contributed an additional \$2 million from within the HIV and TB allocations, compared to only \$200,000 in NFM2.
- Following the Breaking Down Barriers multi-stakeholder meeting, the Philippines National AIDS Council (PNAC) adopted a Roadmap to Address Rights-related Barriers to Accessing HIV and AIDS Services in July 2021.
- In GC7, the Human Rights MF amount been reduced to 750k, with more stringent MF conditions. An assessment of progress made is being finalized, to inform the funding request.

Key Successes

- Global Fund supported civil society-led advocacy efforts that led to the passage of a rights-based HIV law in 2018.
- There are strong programs, especially by community-led organizations, but they remain at relatively low scale. These include city-level advocacy for support for people who use drugs and on sexual orientation and gender identity and expression issues.
- Another example are legal literacy trainings and so-called Community Access to Redress and Empowerment (CARE) programs that support stronger and more resilient communities and address breaches of confidentiality and stigmatizing treatment in health care settings.
- Human rights programming for TB has significantly expanded since 2020, particularly for community-led TB organizations. The Philippines Alliance to Stop TB (PASTB), est. in 2021, currently operates in 6 regions and aims to expand to all 17 by December 2023.
- CLM is being piloted and it is planned to be rolled out national wide.

Lessons Learned and Next Steps

- Results achieved demonstrate that even in challenging legal and policy environments, practical human rights activities – community legal empowerment, access to justice, and localized legal and policy reform efforts- can be implemented and scaled up & support & strengthen communities.
- DoH UHC integration efforts present many challenges but also opportunities. UHC agenda can be an opportunity to ensure integration of human rights in the SOPs and monitoring implementation at the facility level.
- Moving forward, one of the activities that needs strengthening is supporting efforts to increase the security of implementers.

Cote d'Ivoire: Collaboration yielding high impact programs

Progress

- Cote d'Ivoire has taken significant steps to expand programs to reduce human rights barriers to HIV and TB services. Since the start of the Breaking Down initiative, it has established, among others, strong stigma and discrimination reduction and paralegal programs that have now achieved national coverage, including in regions where PEPFAR supports the HIV and TB response.
- Programs that engage police focal points for gender-based violence and train them alongside members of key and vulnerable populations have had powerful results in multiple parts of the country, including strong partnerships between community advocates and law enforcement officers to protect the rights of key and vulnerable populations and address human rights-related barriers to HIV and TB services.

Challenges

- Programs operate in a challenging context where key and vulnerable populations remain highly criminalized and stigmatized, as evidenced by the major backlash against a proposal to include sexual orientation in anti-discrimination legislation and stalled legislation on reproductive and sexual health.
- National leadership in addressing human rights-related barriers to HIV and TB services remains a significant challenge, despite active engagement of the ministries of justice and health at working level. Cote d'Ivoire remains the only country in the BDB cohort that has yet to formally adopt its multi-year human rights plan.

Lessons Learned

- Strong collaboration between UNAIDS and the Global Fund—and more recently PEPFAR—around stigma and discrimination and community-led monitoring has significantly benefited the quality, reach and impact of these programs.
- Some of Cote d'Ivoire's successful BDB programs built human rights approaches, such as community empowerment, legal literacy, and community-led advocacy, into traditional public health interventions, thus creating models of integration of services and human rights programs.

Questions for the Board

No actor can do this alone – the partnership model is key. We look forward to a dialogue on our shared opportunities & ambition in 2023 and beyond

1. How can the Global Fund Partnership **support progress**, in BDB countries and outside, **to ensure further scale up and quality implementation of programs to reduce human rights-related barriers**, across the three diseases?
2. How can we **better articulate roles and responsibilities** across the Partnership, mobilize partners and hold partners to account for **their role in eliminating stigma, discrimination, criminalization and other human rights barriers**?
3. How can the Partnership best **work together in human rights crisis situations**, such as when safety and security of clients and implementers of KP and human rights programs are at risk, or when there is a threat that even more restrictive laws and policies are adopted?

Annex

1. What have we learned from BDB?
2. **Assessments demonstrate** results and **impact**
3. **At mid-term, progress was being made in all countries and all program areas**
4. Progress was also being made in TB
5. **Investments in BDB countries have increased more than 10-fold**
6. KPI 9b: Investments in programs to reduce barriers to HIV have increased substantially across the portfolio
7. KPI 9b: (TB) target achieved following a 74.9% **increase in funding** from NFM2 to NFM3 for programs to reduce human rights-related barriers to TB across the 11-country cohort

What have we learned from BDB?

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| Results & impact | Progress is possible in all settings but takes time. |
| Incentives | Providing an incentive (MFs) is critical, unless Global Fund policy is revised to require investment in human rights programs. |
| Evidence-base | Undertaking assessments, with recommendations on how to improve & scale up programming is essential. They can be less complex than BDB baseline assessments but should always be participatory, involving in-country stakeholders. |
| Broadening the range of stakeholders | Multi-stakeholder meetings have been critical, leading to engagement with findings & involvement of much broader range of stakeholders. They can be done virtually. |
| Country ownership | Building & increasing country ownership requires planning, time & effort, but is critical; including establishing & nurturing working groups & development & implementation of national plans, with M&E component |
| Leadership | Highlighting importance of sustained work to reduce human rights-barriers as Secretariat priority, through communications & establishment of SteerCo has been critical, but effort needs to be sustained. |
| Capacity within CRG & GMD | Requires recognizing need for dedicated, specialized support & support for & implementation of a learning agenda. |
| Capacity in country | Capacity to implement quality human rights programs remains weak in many contexts, as does advocacy & communications capacity. Efforts to strengthen them, and to build capacity of national consultants, remain a high priority. |
| M&E | Demonstrating results & impact on uptake of & retention in services is essential. Lessons learned through mid-term assessments have informed M&E efforts moving forward. |
| Human Rights Strategic Initiative | Has been essential to support efforts. |
| Advancing gender equality | Human rights work, particularly in BDB countries, contributes to reducing gender inequalities, but more can be done. Efforts have started, including issuing guidance on how to ensure all programs are gender-responsive. |

Assessments demonstrate progress and impact

Mid-term Assessments (2020/21)

Objective

- To assess whether and how countries are scaling up to comprehensive, quality, sustainable, programming that reaches a majority of those affected, to remove human rights-related barriers.
- Document emerging evidence of impact
- Align with KPI 9a

Domains of Enquiry:

- National ownership and enabling environments
- Scope, scale and quality of programs

Highlight

- Countries demonstrated significant progress between baseline and mid-term for both HIV and TB-related programs
- All mid-term assessments have been finalized and used to inform current and future efforts and investments in human rights programming.



Progress Assessments (2022/23)

Objective

- To assess whether and how countries are scaling up to comprehensive, quality, sustainable, programming that reaches a majority of those affected, to remove human rights-related barriers.
- Identify impacts of human rights programs on access, uptake and retention in HIV, TB and malaria services.
- Align with KPI 9a and KPI E1

Domains of Enquiry:

- National ownership and enabling environments
- Scope, scale and quality of programs
- Perceptions of key populations and affected communities
- Community-led responses and engagement
- Gender responsiveness
- COVID-19 impact and innovations
- Value for money

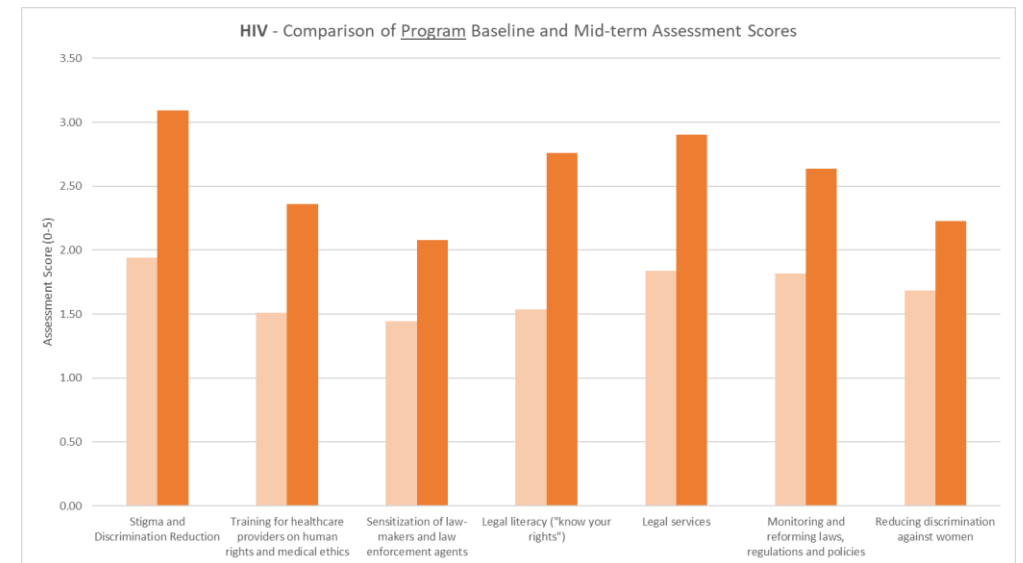
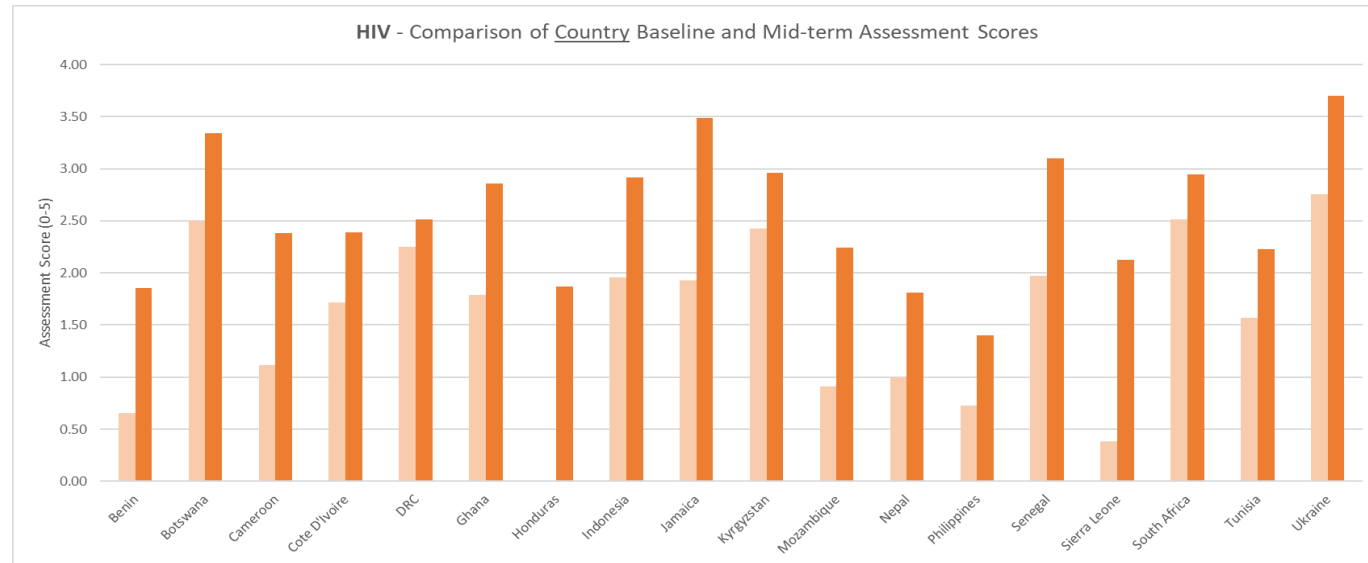
Highlights

- Progress assessments being rolled out alongside the development of GC7 Funding Requests to allow for timely use of findings and recommendations

At mid-term, progress was being made in all countries and all HIV program areas

HIV-related human rights programs progressed, on average, from 1.7 (one-off activities) to 2.6 (ongoing, small-scale activities).

- Activities focused on stigma and discrimination were implemented at a sub-national level covering most of KPs, with legal services and legal literacy programming progressing well toward sub-national coverage. Conversely, programs to reduce gender-based discrimination and programs targeting lawmakers and law enforcement lagged behind other areas.
- More significant gains were made between baseline and mid-term in cases where baseline scores represented little to no identified human rights activities, while countries starting at a higher baseline increased scores to a lesser degree, highlighting the challenge to continue scaling up activities toward comprehensiveness as programs expand coverage

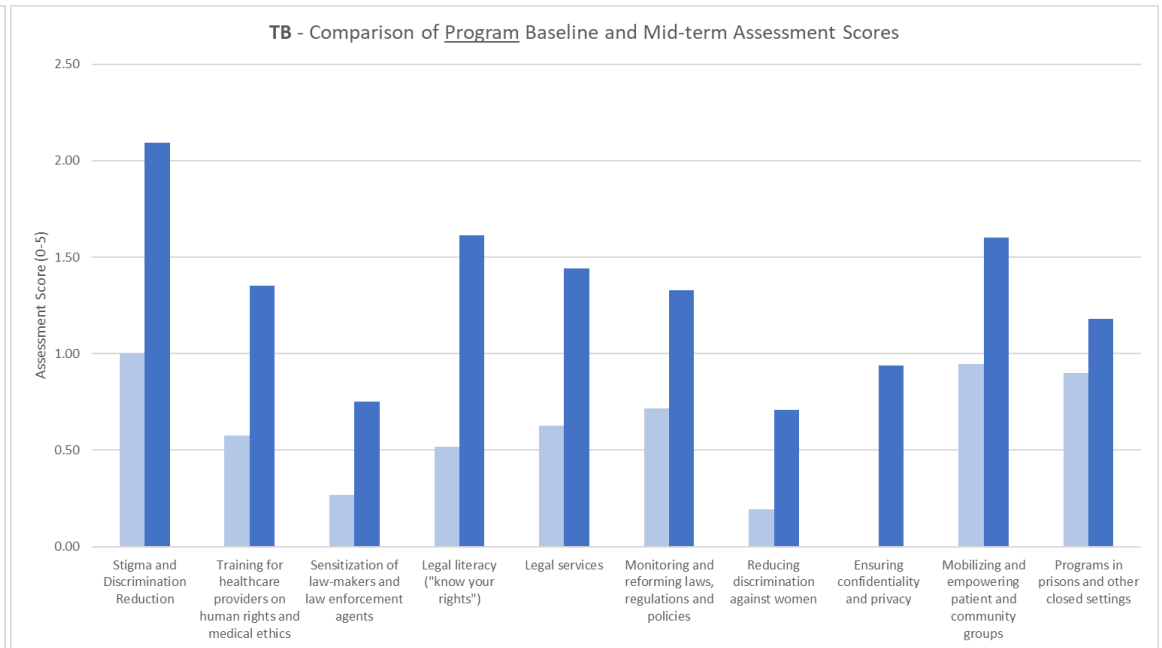
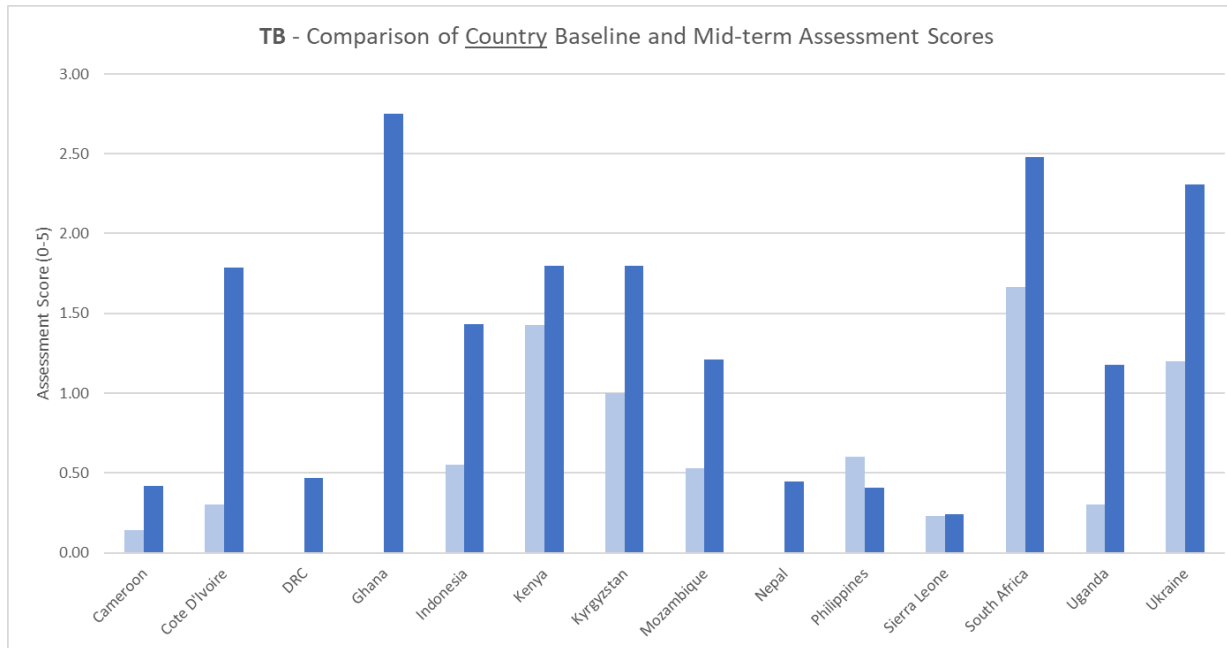


0 – no programs present 1 – one-off activities 2 – small scale 3 – subnational level 4 – national level (>50% of geographic coverage) 5 – national level (>90% geographic coverage + >90% population coverage)

Progress was also being made on TB

Human rights programs for TB have shifted from 0.6 (no programs to one-off activities) to 1.3 (one-off activities to small scale programs).

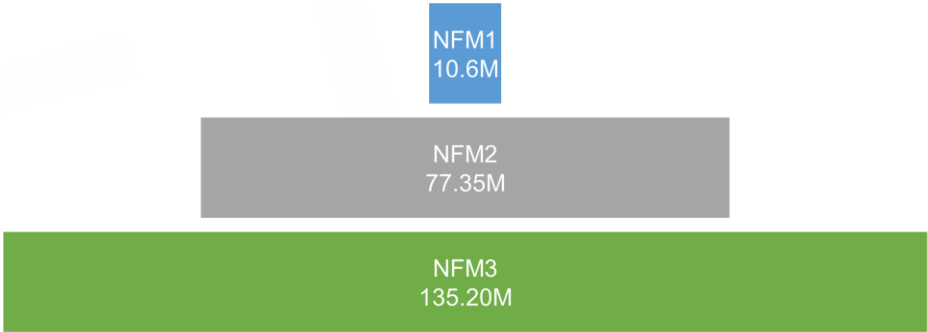
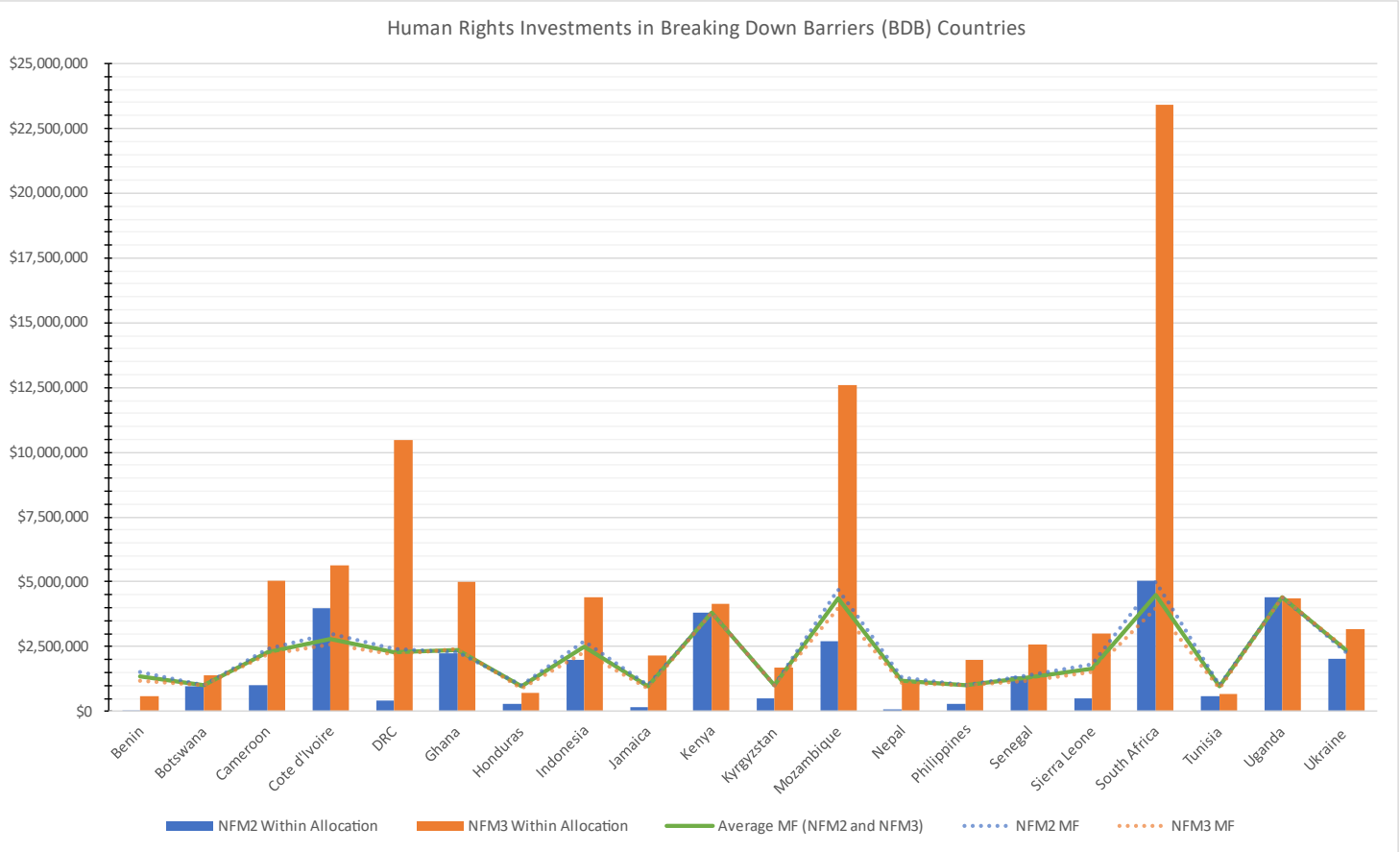
- Results for TB mirrored those for HIV, with activities focused on stigma and discrimination similarly demonstrating the best performance
- Although TB programs continue to fall behind the scale and scope of HIV program areas, the average gain made between baseline and mid-term is greater than for HIV. Progress can be attributed, in part, due to greater integration with HIV efforts, but continue to fall behind HIV programs' scale and scope.
- Legal literacy programs showed the most improvement; programs in prisons & closed settings the least.



0 – no programs present 1 – one-off activities 2 – small scale 3 – subnational level 4 – national level (>50% of geographic coverage) 5 – national level (>90% geographic coverage + >90% population coverage)

Investments have increased more than 10-fold

Global Fund investments in programs to reduce human rights-related barriers have **increased more than 10-fold in BDB countries**. 10.6 million were allocated in the 2014-16 allocation cycle, increasing to 77.4 million in 2017-2019, and further increasing to **135.2 million in 2020-2022, despite a decrease in matching funds.**



Graph (above): Comparison between total NFM1, NFM2 and NFM3 human rights investments in 20 BDB countries. Total investments include Matching Funds and investment from within allocation

Graph (left): NFM2 and NFM3 human rights investments from within allocation in the 20 Breaking Down Barriers initiative countries

KPI 9b: Investments have increased substantially across the portfolio

HIV

Budget

KPI 5a – Investment in Key Populations

KPI 9b – Grant funding for Human Rights (1/2)

| Measure | Mid-2022 Result | Key takeaways | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------|-----------|---------------|------|------|-------------------|------|------|--------------|-----------|-----------|------------|------|------|---------------------|------|------|---------------------|------|------|--|
| % of HIV and HIV/TB grants budget dedicated to programs to reduce human rights-related barriers | Human Rights HIV: 3.46% | <ul style="list-style-type: none">The Strategic Objective 3 of the GF Strategy 2017-2022 and its focus on scaling up programs to reduce human rights-related barriers, as well as availability of catalytic funding, have driven progress towards KPI 9b HIV and TB targets.The increase in absolute terms between 2017-2019 Allocation Period and 2020-2022 Allocation Period in the countries included in this reporting has almost doubled for HIV: \$207,752,203 in 2020-2022 compared to \$111,245,055 in 2017-2019 Allocation PeriodAlthough the target is largely met overall, non-BDB as well as low-income countries report a share of human right investments below 3%.Human Rights Matching Funds have proven to be effective in stimulating increased investments, including from within allocation. The cross-cutting nature of Matching Funds in 2020-2022 Allocation Period has served as a significant lever to increase both HIV and TB investments in programs to reduce human rights-related barriers.Reprogramming and portfolio optimization can affect HIV and TB investment levels adversely. The Matching Funds cannot be reprogrammed away from the respective priority area, this intending to safeguard investment focus. Upcoming decisions on portfolio optimization should be in line with the Global Fund’s strategic priorities, including the renewed focus on Human Rights in the new Strategy. | | | | | | | | | | | | | | | | | | | | | |
| | Target | | | | | | | | | | | | | | | | | | | | | | |
| | Human Rights HIV: 3.00% | | | | | | | | | | | | | | | | | | | | | | |
| Share of HR investments by Breaking Down Barriers cohort and allocation period | Share of HR investments by income level and allocation period | | | | | | | | | | | | | | | | | | | | | | |
| <div><div>Target</div><table><caption>Share of HR investments by Breaking Down Barriers cohort and allocation period</caption><thead><tr><th>Cohort</th><th>2017-2019</th><th>2020-2022</th></tr></thead><tbody><tr><td>BDB Countries</td><td>4.5%</td><td>6.3%</td></tr><tr><td>Non-BDB Countries</td><td>0.8%</td><td>1.7%</td></tr></tbody></table><table><caption>Share of HR investments by income level and allocation period</caption><thead><tr><th>Income Level</th><th>2017-2019</th><th>2020-2022</th></tr></thead><tbody><tr><td>Low Income</td><td>1.6%</td><td>2.6%</td></tr><tr><td>Lower Middle Income</td><td>2.0%</td><td>3.0%</td></tr><tr><td>Upper Middle Income</td><td>6.0%</td><td>6.0%</td></tr></tbody></table><div>■ 2017-2019 ■ 2020-2022</div></div> <div></div> | | Cohort | 2017-2019 | 2020-2022 | BDB Countries | 4.5% | 6.3% | Non-BDB Countries | 0.8% | 1.7% | Income Level | 2017-2019 | 2020-2022 | Low Income | 1.6% | 2.6% | Lower Middle Income | 2.0% | 3.0% | Upper Middle Income | 6.0% | 6.0% | |
| Cohort | 2017-2019 | 2020-2022 | | | | | | | | | | | | | | | | | | | | | |
| BDB Countries | 4.5% | 6.3% | | | | | | | | | | | | | | | | | | | | | |
| Non-BDB Countries | 0.8% | 1.7% | | | | | | | | | | | | | | | | | | | | | |
| Income Level | 2017-2019 | 2020-2022 | | | | | | | | | | | | | | | | | | | | | |
| Low Income | 1.6% | 2.6% | | | | | | | | | | | | | | | | | | | | | |
| Lower Middle Income | 2.0% | 3.0% | | | | | | | | | | | | | | | | | | | | | |
| Upper Middle Income | 6.0% | 6.0% | | | | | | | | | | | | | | | | | | | | | |

Investments in programs to reduce barriers to TB have also increased

TB

Budget

KPI 5a – Investment in Key Populations

KPI 9b – Grant funding for Human Rights (2/2)

| Measure | Mid-2022 Result | Key takeaways |
|---|---|---|
| % of TB grants budget in selected countries with highest TB disease burden dedicated to programs to reduce human rights-related barriers | Human Rights TB: 2.15% | <ul style="list-style-type: none">For TB, in the 11 countries included both in the NFM2 and NFM3 cohort, investment increased from \$13,645,678 to \$23,871,620, representing a 74.9% increase.Although the target is also largely met for TB, non-BDB as well as lower middle-income countries report a share of human right investments significantly below 2%.The new Global Fund Strategy has a significant focus on human rights, including as part of its ending HIV and TB objectives. Though KPI 9b is being discontinued as a KPI, regular investment analysis will have to be undertaken to continue to shine a light on the importance to invest significantly and consistently in programs to remove human rights-related barriers.Analyzing attrition between amounts budgeted and expenditures is an important additional analysis needed to paint a fuller picture of HIV and TB investments in programs to reduce human rights-related barriers. |
| | Target | |
| | Human Rights TB: 2.00% | |
| Share of HR investments by Breaking Down Barriers cohort | Share of HR investments by income level | |
| <div><div></div><div>Target</div><div><div><div>3.9%</div><div>BDB Countries</div></div><div><div>0.8%</div><div>Non-BDB Countries</div></div><div><div>4.1%</div><div>Low Income</div></div><div><div>1.2%</div><div>Lower middle Income</div></div><div><div>7.0%</div><div>Upper middle Income</div></div></div></div> | | |