



Key Populations and the Global Fund: Delivering Key Results



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

Mark Dybul, Executive Director of the Global Fund

Key Populations and the Global Fund: Delivering Key Results

Organizations and networks led by key and vulnerable populationsⁱ acknowledge the vital role played by the Global Fundⁱⁱ in supporting their work. While improvements are needed, the Fund has proven to be responsive to their needs.

Key and vulnerable populations have been recognized as essential to ending AIDS since the beginning of the response. More recently the scientific and advocacy communities that seek to end tuberculosis and malaria have acknowledged how key and particularly vulnerable communities impact those epidemics as well.

This summary is an advance look at a publication by the Free Space Processⁱⁱⁱ partnership and the Global Fund Advocates Network, supported by ICSS and ICASO, that examines the evidence of the role key and vulnerable communities play in ending the

epidemics and the unique role they play in advancing results through investments in the Global Fund.

The global commitments to end AIDS, TB and malaria will never reach their ambitious targets without enhanced and effective partnerships with key and vulnerable populations. In advance of the September 2016 replenishment of the Global Fund, the UN High Level Meeting on HIV and AIDS and the International AIDS Conference in Durban present an opportunity to examine the relationship between investments in key and vulnerable populations and results. For the world to be successful in ending AIDS, TB and malaria the critical role of key and vulnerable populations in leading the responses needs to be strengthened and the Global Fund needs to be fully funded in September.



“Community networks and key population networks are uniquely situated to lead by accurately identifying needs and reacting to them quickly, engaging with affected groups, and interacting with communities to sustain programs in the long term. **Their contributions toward leading the fight against AIDS, TB and malaria and toward saving lives cannot be understated.** Strong community systems are needed to advocate for the specific needs of communities and different population groups, as well as to engage in the design, management, implementation and monitoring of effective and strategic programs.”

(Global Fund Technical Review Panel: Report of the TRP on Concept Notes Submitted in the Third and Fourth Windows of the Funding Model)

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

Investment in key and vulnerable populations is not an ‘optional extra’, but rather a fundamental factor to ending AIDS, TB and malaria.

Without scaled-up, evidence-based programs for those most marginalized and vulnerable it will not be possible to meet the United Nations Sustainable Development Goals (SDG), nor the goals set out in the UNAIDS Strategy 2016-2021, the Stop TB Partnership Strategy 2016-2020, and the Global Technical Strategy for Malaria 2016-2030.

Key and vulnerable populations are present in all continents (despite continuing ‘official’ denials of their sheer existence) and addressing their needs is not only a human rights obligation: science has taught us that this is a critical requirement from an epidemiological and public health point of view. Strategic investments in groups focusing on gender equality, women and girls, and human rights are equally vital. Anything less than a fully funded Global Fund replenishment will therefore undermine the scale-up needed.



“Over the past few years, especially since the implementation of the Global Fund’s New Funding Model, AMSHeR has been working with its members to ensure effective civil society engagement within country processes and to demand accountability and transparency in the process. So much has been achieved, but a lot more needs to be done.”

Kene Esom, AMSHeR

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

Since its inception in 2002, the Global Fund has encouraged countries to include key and vulnerable populations in their proposals, being clear that it supports evidence- and rights-based interventions aimed at ensuring that key populations have access to HIV prevention, treatment, care, and support.

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

Preliminary results from an ongoing resource tracking initiative led by the Community, Rights and Gender (CRG) department at the Global Fund Secretariat indicate that approximately 1 in 10 dollars of all funds allocated to HIV and joint HIV/TB programs has been directed towards programs for key populations. This varies per country depending on countries' willingness or ability to prioritize these investments.

A comprehensive analysis of 119 proposals to the Global Fund by the Technical Review Panel however revealed that the link between recognizing key population issues and needs, and actually requesting funding to address them is too often missed. The Fund's new 2017-2022 strategy seeks to address this through increased emphasis on the critical role of key and vulnerable populations in achieving results.



“Having the Global Fund in Belize has meant that the voices of key populations are being taken into account through the Belize country coordinating mechanism (CCM). This platform allows debate for the first time of some of the drivers of the epidemic including Belize’s “sodomy law” (Section 53, Criminal Code) and discrimination against transgender people, men who have sex with men, and sex workers.”

EriKa Castellanos, Belize

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

The Global Fund investment in programming led by key and vulnerable populations is often able to achieve more than expected due to the catalytic role it plays in close partnership with in-country leaders. Some examples include:

Leverage domestic resources

There are multiple examples that show how Global Fund investment has leveraged increased domestic funding, including for key populations as for example outlined in the Zambia case study. The Global Fund is also one of the few financing institutions that promotes innovative financing mechanisms to leverage additional domestic funding as was the case in South Africa which initiated a ‘social impact bonds’ to support programming for sex workers.

Ensure better transition

The Global Fund has put policies in place to ensure transitions of countries that can no longer access the Fund’s support due to their increased GNI, are smoother and do not threaten key populations programming. The new co-financing requirements also incentivize increased domestic funding for key populations as they move closer to transitioning.

Scale up

No other agency is as effective as the Global Fund in leveraging its investments and technical support to catalyze scale up of high quality interventions for key populations, also in countries that showed very low levels of programming for key and vulnerable populations before. Costa Rica for example has committed US \$11.2 million towards a social protection board funding mechanism for local HIV NGOs that specifically prioritize support for organizations serving men who have sex with men (MSM) and transgender women.

Improved legal and policy environment

By strongly encouraging the inclusion of key and vulnerable populations in the Country Coordination Mechanism through its policies, the Global Fund has played a significant role in improving policy environments for national plans and strategies as well as promoting legal changes that create improved and supportive legal environments for key and vulnerable populations. (See case study on strategic litigation in Botswana)



Zambia

Until 2012, earmarked government contributions to the malaria program were limited to the allocation of operating expenses of the National Malaria Control Centre. The introduction of a budget line for procurement of malaria drugs and

commodities resulted in a dramatic increase in government contributions to the malaria program from around US\$ 0.4 million in 2012 to US\$ 26 million in 2014, with the government's share of total malaria spending increasing from under 1% to the current level of about 40%.

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



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

The Global Fund has a unique approach that is yielding results. For communities, this program has been our bridge to government. We have used this fund to pilot unique approaches that our governments are now taking over – a case in point is the needle and syringe program. Our government in Kenya has chipped in to provide guidelines and other resources towards this program.”

Peninah Mwangi, CCM member representing sex workers in Kenya



Strategic litigation in Botswana^v

The Botswana Network on Ethics, Law and AIDS (BONELA) and the Southern Africa Litigation Centre (SALC) successfully challenged the government of Botswana's policy of refusing HIV treatment to non-citizen prisoners. BONELA is a Global Fund sub-recipient, leading Botswana's work on removing legal and human rights barriers to access. SALC is a sub-recipient of a regional Global Fund grant (which includes Botswana) and

focuses entirely on removing barriers to accessing treatment and prevention services for HIV in Africa.

With the previous policy, citizen prisoners in Botswana were entitled to free HIV treatment but non-citizens were not. While 87% of people in Botswana who know their HIV status are currently taking ART – very close to the UNAIDS 90-90-90 target – foreign prisoners make up more than 14% of Botswana's prison population were being left behind.

As a result of the BONELA and SALC strategic litigation the High Court in Gaborone ruled in August 2014 that denying treatment to foreign prisoners living with HIV violated their constitutional rights. Global Fund investment to remove legal barriers to access has been essential for advocacy and human rights groups in Africa to begin removing barriers to access.



In Sierra Leone we have succeeded in bringing together 15 organizations working in malaria, TB and HIV to advocate jointly for the rights of key affected populations. Our voices are stronger together through the Consortium to Advance the Rights of Key Affected Populations (CARKAP). This cross-sectorial collaboration began with the countrywide consultation supported by the Stop TB partnership.”

Abdulai Abubakarr Sesay, Sierra Leone

The Global Fund gives key and vulnerable populations a voice, providing unique opportunities to engage in national governance structures, program development and implementation.

The Global Fund is more than a funder. From the start, it has placed communities, rights, and gender center stage to lead programs as well as advocate for legal and policy changes needed to end the epidemics:

- The Global Fund's board includes voting seats for three civil society delegations, including one of the communities living with HIV and affected by TB and malaria.
- At the country level, the Country Coordinating Mechanisms (CCM's) must *include people living with and/or affected by the diseases and people from and representing key affected populations*. CCMs must also now have equal representation of men and women.
- The country dialogue processes for development and implementation of programs show many improvements in quality of engagement of key and vulnerable populations. But more can still be done.
- As a learning organization, the Global Fund actively requests countries to address the gap between human rights, gender, and key population priorities identified in concept notes and ensure that high quality evidence based initiatives focusing on these areas are included in grants and transition plans.



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

Anton Basenko, Ukraine

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

Finally, the Global Fund does not just ‘talk key and vulnerable populations’ but has developed a comprehensive package of strategies, policies, and processes that enables its commitment to become a reality. The support includes technical assistance through six Regional Communication and Coordination Platforms, tailored key population-specific technical assistance through the Global Fund and via the Robert Carr Networks Fund (RCNF).

Through this support, key population networks for the first time were able to provide peer-to-peer technical support. Supportive policies

concerning key population participation in CCMs and concept note development are in place and CCMs and compliance to human rights standards is a condition in the legal agreements with countries.

The Global Fund works with technical partners to develop and publish guidance material specific to the diseases and population groups.

ⁱ In the HIV response, key and vulnerable populations vary according to the local situation based on the social and epidemiological context, they normally include women and girls, Men who have Sex with Men (MSM) People who Inject Drugs (PWID), Transgender People, Sex Workers (SW), prisoners, refugees and migrants, people living with HIV, adolescents and young people, Orphans and Vulnerable Children, and populations of humanitarian concern. In the tuberculosis response key and vulnerable populations are made up of nine groups including prisoners, urban and rural poor, mobile populations, PWID, children and miners. For the malaria response, vulnerable groups vary depending on the region and include refugees, mobile, migrant and cross boarder populations, indigenous people and tribal people, ethnic minorities, men and women who work legally and illegally in the forest for their livelihood, and children under five and pregnant women particularly in the lowest quintile and in rural areas.

ⁱⁱ The Global Fund to Fight AIDS, Tuberculosis and Malaria is a 21st-century partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. Founded in 2002, the Global Fund is a partnership between governments, civil society, the private sector and people affected by the diseases. The Global Fund raises and invests nearly US\$4 billion a year to support programs run by local experts in countries and communities most in need.

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

^{iv} UNAIDS (2016). Global AIDS Update 2016. Page 9-10.

^v Funding model case studies: Windows 1-8 Produced by Access to Funding in conjunction with CRG, TAP, SI and country teams.



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Prepared by:

Free Space Process

