What’s new on human rights, and what does it mean for our work?
Investing for Impact 2012-2016: Human Rights

Already Global Fund Strategy 2012-2016 had a strategic objective (SO4) on human rights, with three sub-objectives:

1. **Integrate** human rights considerations throughout the grant cycle

2. **Increase investment in programs that address human rights barriers to accessing health services**

3. **Ensure** the Global Fund does not support programs that infringe human rights
Progress made from 2014-2016

• Significant progress was made on SO 4.1 (integrating HR into the grant cycle) and SO4.3 (ensure no violations)
  • GMD focal points trained
  • HR barriers question included in concept notes
  • 123 country profiles made available to CTs and TRP
  • Minimum human rights standards in grant agreements
  • SIIC decision on compulsory treatment
  • OIG Human Rights Complaints Procedure

• For SO4.2 (investment in programs to reduce HR-related barriers), progress was limited
  • Most applications included some analysis of human rights barriers to HIV and, to a lesser extent, TB and malaria services
  • However, investment in concrete programs to address these barriers remained very low, at 0.7% of overall budgets for HIV, and far less for TB and malaria
Human Rights Cascade (from concept note to grant)

- HIV
- HIV/TB
- TB
- Malaria
- HSS

- Total No.
- Human Rights analysis
- HR programs
- HR programs with traceable budget
### Proportion of investments in programs to reduce human rights-related barriers to services

<table>
<thead>
<tr>
<th>Region</th>
<th>All requested indicative funding</th>
<th>HR investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAC</td>
<td>277 million</td>
<td>6.2 million</td>
</tr>
<tr>
<td>EECA</td>
<td>414 million</td>
<td>4.1 millions</td>
</tr>
<tr>
<td>Asia</td>
<td>1.7 billion</td>
<td>5.1 million</td>
</tr>
<tr>
<td>MENA</td>
<td>550 million</td>
<td>1.6 million</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>5.5 billion</td>
<td>14 million</td>
</tr>
</tbody>
</table>

**Proportion of investments:**
- LAC: 97%
- EECA: 98%
- Asia: 99%
- MENA: 99%
- Sub-Saharan Africa: 100%
Global Fund Strategy 2017-2022
“Investing to End Epidemics”

MAXIMIZE IMPACT AGAINST HIV, TB AND MALARIA

BUILD RESILIENT & SUSTAINABLE SYSTEMS FOR HEALTH

PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY

MOBILIZE INCREASED RESOURCES

Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics

- Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- Invest to reduce health inequities including gender- and age-related disparities
- Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
- Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

STRATEGIC ENABLERS: Innovate and differentiate along the development continuum + Support mutually accountable partnerships
Strategy implementation plans for 2017-2022 (1)

SO 3c Goal: Increased investment in programs to reduce human rights-related barriers to services through:

- An intensive support effort in 20 countries, with $45 million in matching funds to catalyze investments (KPI 9a)
- Differentiated support to country teams, with a focus on ensuring greater investment in MICs (KPI 9b)
- A focused effort in upper MICs nearing transition, aimed at increasing investment from domestic resources (KPI 9C)
- A focused effort in COEs
Intensive efforts in 20 countries to reduce human rights-related barriers to services

<table>
<thead>
<tr>
<th>Region</th>
<th>HIV Focus (all)</th>
<th>TB Focus</th>
<th>Malaria Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>HI Africa 1</td>
<td>Cote d'Ivoire</td>
<td>Cote d'Ivoire</td>
<td>Cote d'Ivoire (tbc)</td>
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<tr>
<td></td>
<td>Ghana</td>
<td></td>
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<tr>
<td></td>
<td>South Africa</td>
<td>South Africa</td>
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<tr>
<td></td>
<td>DRC (Province)</td>
<td>DRC (Province)</td>
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<tr>
<td>HI Africa 2</td>
<td>Uganda</td>
<td>Uganda</td>
<td>Uganda</td>
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<tr>
<td></td>
<td>Mozambique</td>
<td>Mozambique</td>
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<tr>
<td></td>
<td>Kenya</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HI Asia</td>
<td>Indonesia (5-10 cities)</td>
<td>Indonesia (5-10 cities)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Philippines</td>
<td>Philippines</td>
<td></td>
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<tr>
<td>Central Africa</td>
<td>Cameroon</td>
<td>Cameroon</td>
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<td></td>
<td>Benin</td>
<td></td>
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<tr>
<td>MENA</td>
<td>Tunisia</td>
<td></td>
<td></td>
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<tr>
<td>S&amp;E Africa</td>
<td>Botswana</td>
<td></td>
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<tr>
<td>W. Africa</td>
<td>Sierra Leone</td>
<td>Sierra Leone</td>
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<td></td>
<td>Senegal</td>
<td></td>
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<tr>
<td>EECA</td>
<td>Ukraine</td>
<td>Ukraine</td>
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<tr>
<td></td>
<td>Kyrgyzstan</td>
<td>Kyrgyzstan</td>
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<tr>
<td>LAC</td>
<td>Jamaica</td>
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<td></td>
<td>Honduras</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S&amp;E Asia</td>
<td>Nepal</td>
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</table>

**KPI 9a**

**Vision:** Human rights barriers to services are reduced, resulting in improved uptake of and adherence to treatment and preventions programs.

**Measure:** # of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation

**Target:** 4 for HIV; 4 for TB
45 Million Matching Funds to Catalyze Investment in Evidence-based Programs to Reduce Human Rights-Related Barriers to HIV Services

7 Key Programs to Reduce Stigma and Discrimination & Increasing Access to Justice

<table>
<thead>
<tr>
<th>Stigma &amp; Discrimination reduction</th>
<th>Human Rights Training of Health Care Workers</th>
<th>Human Rights Training of Law Enforcement Officers</th>
<th>Rights &amp; Legal Literacy</th>
<th>Legal Services/Legal Empowerment</th>
<th>Reduction of gender-based discrimination &amp; Inequality</th>
<th>Law Reform Efforts</th>
</tr>
</thead>
</table>

8
What do we know about these programs?

- They reflect normative guidance
- Demonstrated as critical components of effective HIV responses
- There is evidence of need and impact
- Reflect government commitments in Political Declaration 2011 and 2016
- Included in GF and UNAIDS strategies
What is new / innovative? SO3c

New Approaches

- A pragmatic, programmatic and practical approach to human rights, focusing on where the Global Fund can make the biggest difference.
- A differentiated approach, recognizing the unique challenges and opportunities in different settings.

Moving from ad hoc, small scale investments to comprehensive programs

- For the first time, baseline assessments of HR-related barriers to services are being undertaken in 20 countries.
- Multi-stakeholder meetings will be held in each of the 20 countries and 5-year plans to reduce HR-related barriers developed.
- The 5-year effort will be rigorously monitored and evaluated.

New frontiers

- Programs to reduce HR-related barriers to TB and to malaria have been defined.
- For HIV, moving from the “removing legal barriers module” to align with UNAIDS’ “7 key programs to reduce stigma & discrimination & increase access to justice”.
New/updated technical briefs

- **Technical Brief**
  - Tuberculosis, Gender and Human Rights

- **Technical Brief**
  - Malaria, Gender and Human Rights

- **Technical Brief**
  - HIV, Human Rights and Gender Equality

- **Guidance brief**
  - Human rights and gender programming in challenging operating environments (COEs)
Progress to date in 2017

20 country effort

• Funding (including from external sources) secured for 20 baseline assessments

• 17 baseline assessments of HR-related barriers to services underway; 1 is about to start (Uganda). Kenya and Botswana will be done in the first months of 2018

• Progress review and reflection meeting held in May

• Internal draft reports available for 9 countries and undergoing revisions before they can be shared with partners, including PEPFAR, for input

• Support provided to CTs on human rights component of applications and matching fund requests

• TA under CRG SI for development of matching fund applications and engagement of community in that process
Progress to date in 2017: Tracking Human Rights Investments in 20 countries

- Sierra Leone - matching fund application to go to GAC 2
- Benin – matching fund application approved by TRP.
- Mozambique - investment in the allocation reduced from 7.4 mil to 3.4 mil during the grant-making.
- Ghana - matching fund application submitted in October - CRG TA envisioned for GAC 2.
- Previous investment level tracked at Grant-making: on-going efforts to track data in signed grants
Progress to date 2017: Increased programming in MICs (KPI 9b)

- Technical briefs, guidance & country profiles
- Capacity building
- Country team support
- Collaboration

**KPI 9b**

- **Vision:** Increased programming for key populations and for programs to reduce HR-related barriers to services in MICs

- **Measure:** % country allocation invested in programs targeting key populations and HR-related barriers to access in middle income countries

- **Human rights targets:**
  - 2.85% for HIV; 2% for TB (for HR, in all MICs)
## Challenges and risks

<table>
<thead>
<tr>
<th>Challenge/risk</th>
<th>Mitigation measures</th>
</tr>
</thead>
</table>
| Countries fail to include adequate funding for evidence-based programs to reduce human rights-related barriers in their funding requests. Efforts to change this are particularly challenging when grants are highly commoditized and/or allocations decreasing. | (1) Efforts to increase ownership of and commitment to programs to reduce HR-related barriers to services in 20 intense effort countries.  
(2) Matching funds available for 20 intense effort countries, but only for HIV.  
(3) Development & implementation of differentiated support plan for scaling up programs to reduce HR-related barriers to services in other countries.  
(4) Development and implementation of targeted support plans for TB and malaria.  
(5) Efforts to deepen understanding of current programming in COEs and apply lessons learned in selected COEs.  
(6) Supporting countries to reprogram cost savings.                                                                 |
Next steps

- Intensive support effort in 20 countries
  - Finish baseline assessments
  - Continue providing intensive support to CTs
  - Solicit CRG SI TA for outstanding funding requests
  - Organize multi-stakeholder meetings & coordinate development of 5 year plans (Q1&2 2018)
  - Identify funding sources for mid- and end-term evaluations (2019/20; 2021/22)

- Greater focus on TB and malaria

- Further differentiation
  - Thematic review of Human Rights and Gender in COEs to be conducted in 2018
  - UMICs nearing transition (KPI 9C): **Vision:** Upper middle income countries in transition take over programing for key populations and human rights; **Measure:** % of funding for programs targeting key populations and HR-related barriers to access from domestic (public & private) sources; **Interim target:** 100% of countries report on funding from domestic sources