

## Global Fund's New Funding Model: opportunities for civil society

EU HIV/AIDS Civil Society Forum  
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## New way of working at the Global Fund – Strategy 2012 - 2016

### The Global Fund:

- Invests more strategically, focusing on highest impact opportunities, including through national strategies
- Replaces the rounds system with new funding model, with more predictable and flexible funding and an iterative, dialogue based application process
- Actively supports grant implementation success
- Enhances partnerships to deliver results
- Promotes and protects human rights
- Increases sustainability of programs and attracts additional funding

"Investing for impact"

To reach ambitious goals and targets

## Need for differentiated approach to fight HIV in the EECA region

- The HIV epidemic in EECA is unique in many ways:
  - Fastest growing HIV epidemic globally
  - Driven by injecting drug use, with incidence among MSM on rise
  - Very low coverage of prevention, testing, treatment and care services, poor integration of services
- The majority of the EECA countries are upper middle-income – band 4 (7 per cent of all resources)
- The resources, both domestic and external are limited
- **Bold strategic investment choices must be made to eventually impact on the HIV epidemic**
- The Global Fund NFM and existing grant resources provide an opportunity to develop a regional EECA strategy and broad investment framework

## Strategy on HIV/AIDS for EECA (2014 – 2019)

Global Fund investment priorities in the EECA region should be focused on the following two complementary pillars:

1. Promote and sustain scale up of access to antiretroviral treatment, ensuring that people most vulnerable have access to continuum of testing, treatment, care and adherence services
2. Promote and enhance access to comprehensive harm reduction, prevention, treatment and care services for people who inject drugs (PWID)

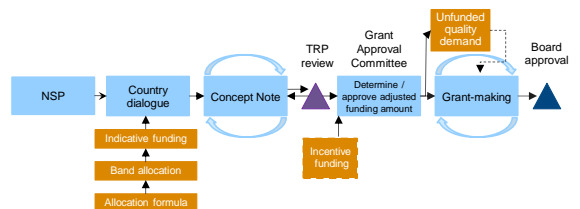
**Ambitious targets for domestic funding**

## Opportunities for civil society:

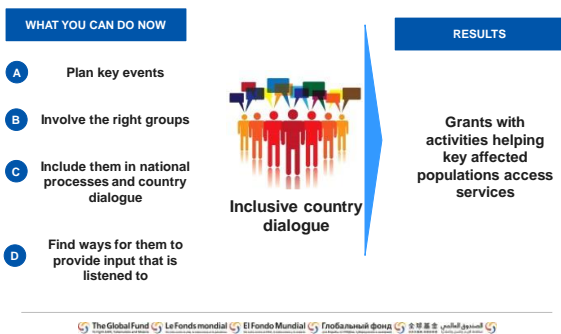


- Become more strategic
  - Reduce fragmentation of CSOs
  - Improve the quality of services
  - Increase linkages with public health providers
- Focus on interventions that have impact in each country
- Advocate for gradual increase of domestic support
- Identify efficiency gains to allow investing scarce resources more effectively

## Overview of the new funding model



## Involvement of key groups in the concept note development



## Opportunities for civil society:

- Get involved in Concept Note development
  - Try to align voices of CSOs
  - Ensure communities' voices are heard
  - Find harmony with the public sector
- Position yourselves as key partners for delivering health services to MARPs
- Focus on key strategic interventions



## Global Fund and Community Systems Strengthening (CSS): GF Strategy 2012-2016

- Emphasizes the need to support national systems, defined as “all country systems, including both government and non-government systems”
- Strategic Action 1.1 (Ensure appropriate targeting of most at risk populations) includes “make explicit provision in the funding model for greater emphasis on **community systems strengthening**”
- Strategic Objective 4 (Promote and Protect Human Rights) “The “Gender Equality Strategy” and “Sexual Orientation and Gender Identity Strategy”, **along with support for community systems strengthening** are further contributions made by the Global Fund to advancing human rights in the context of the three diseases

## CSS module for NFM applications

- “**Community System Strengthening**” module has a package of four interventions for all three diseases
- Guidance on disease programs will emphasize that core program interventions or modules can be implemented by any sector – public, private, or non-governmental, depending on the context and needs
- Direct program implementation by community organizations is covered in the core disease modules
- The CSS module will focus on strengthening of the sector, and “enabling environment” activities

## CSS Interventions (draft formulation)

### Intervention 1:

Community-based monitoring for accountability of all services, activities and other interventions related to the disease as well as respect for human rights

### Intervention 2:

Advocacy to ensure accountability and continuous improvement of responses to the disease

### Intervention 3:

Social mobilization, building community linkages, collaboration and coordination

### Intervention 4:

Institutional capacity building, planning and leadership development in the community sector

## Key Populations Action Plan (2014 - 2017)

- A **tool to focus efforts and monitor against specific measurable outcomes** to meet needs of key populations
- **5 objectives** to address strategies, commitments, organizational structures, and funding to ensure effective, targeted and appropriate grant-making for interventions among key populations
- **Indicators for success and lead management** are identified for each objective
- **Alignment with other strategies and action plans** focused on gender equality, human rights, and civil society participation in GF processes, community systems strengthening, and community-oriented service delivery
- **Alignment with the implementation of the NFM** and building upon current commitments and activities

## Action Plan – Five Objectives

1. Ensure **effective coverage** of key interventions for key populations
2. Support, monitor and document **meaningful participation of key populations** in the rollout of the NFM in each country
3. Ensure **measurable budget allocations** and deliverables related to key populations in Global Fund grant agreements, and support monitoring and reporting against those deliverables and planned expenditures
4. Ensure high quality of Global Fund staff expertise in relation to key populations and **strengthen collaboration with global and regional networks and in-country partners** that have direct experience working with key populations
5. Provide leadership and advocacy, internally and externally, through information dissemination and communication about Global Fund commitments to **human rights, as well as the needs of key populations** related to the three diseases and Global Fund resources and grant performance to meet those needs



## Opportunities for civil society:

Use available resources:

- Technical partners (Technical Assistance plan for NFM)
- The Global Fund (CSS, Key population action plan, specialist advice, best practice examples from around the world)
- In the region (EHRN Regional grant) for advocacy activities



## Available guidance

### Global Fund thematic information notes

- HIV and Human Rights
- TB and Human Rights
- Addressing sex work, MSM and transgender people in the context of the HIV epidemic
- Addressing women, girls, and gender equality
- Harm reduction for people who inject drugs
- Collaborative TB/HIV activities
- Strengthening maternal, newborn and child health interventions
- Integrating community systems strengthening in HIV/AIDS, TB and malaria programs

Available online at <http://www.theglobalfund.org/en/accesstofunding/notes/>

Meg Davis, Senior advisor, Human rights [meg.davis@theglobalfund.org](mailto:meg.davis@theglobalfund.org)  
Global Fund Human Rights Reference Group co-chair:  
Alberto Colorado [actbistas@gmail.com](mailto:actbistas@gmail.com)



## Key messages

**The GF funding for the EECA region is insufficient and unpredictable in medium-long term**

**Must strengthen the voice of civil society organizations by:**

- joining forces
- institutionalizing service delivery in cooperation with public sector

**Imperative focus on sustainability:**

- Gradual decrease of GF support
- Increase of domestic funding
- Political support and leverage from the European Union

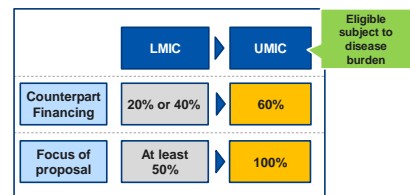


## Thank you

For:  
 your work  
 your interest  
 your engagement  
 your commitment  
 your ideas  
 your questions  
 sharing experiences  
 living for the cause



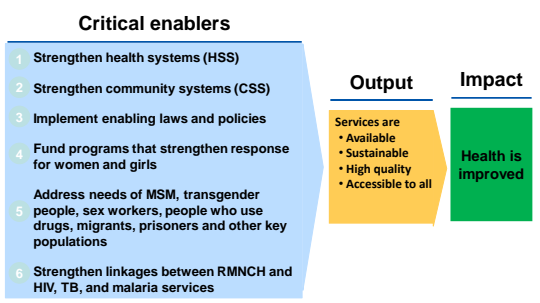
## Implications of income level graduation



### EECA landscape:

- Several EECA UMICs ineligible (< High DB)
- Most eligible EECA countries will fall in Band 4

## Critical enablers enable other health investments to work



## Activities the Global Fund will support in country grants

Interventions	Sample programs
<p>Consult with civil society to <b>identify barriers to accessing services</b></p> <p>Use a <b>human rights-based approach</b> to health services</p> <ul style="list-style-type: none"> <li>• Put the patient at the center, integrate services with local community</li> </ul> <p>Package of <b>interventions to remove legal barriers to accessing health services</b></p> <ul style="list-style-type: none"> <li>• Legal assessment and law reform                             <ul style="list-style-type: none"> <li>• Legal aid and legal literacy</li> </ul> </li> <li>• Human rights training for police, health workers, officials</li> <li>• Community-level monitoring and policy advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Myanmar networks of PLHIV and key populations will monitor cases of medical discrimination against PLHIV and TB patients, and share them with a national law reform working group</li> <li>• Indonesian civil rights group LBH Masyarakat trains people who inject drugs to give legal advice to their peers</li> <li>• In South Africa, sex workers and advocacy groups provided legal rights training to police officers</li> <li>• In Peru, an Ombudsman ("Defensoria del Pueblo") exposes TB problems in the country and monitors the government response to TB Care</li> </ul>

