

Roadmap for Key Populations Advocates Navigating the Global Fund to Fight AIDS, TB and Malaria



TECHNICAL BRIEF



Middle East & North African Global Fund Key Population Programs Meeting - Istanbul 2019

Funding for HIV programs tailored to the needs of gay and bisexual men and other men who have sex with men, sex workers, people who inject drugs and transgender people remains shockingly low worldwide: only 2% of global funding for HIV programs targets key populations. Yet according to UNAIDS, key populations and their partners accounted for 62% of new adult HIV infections in 2019.

The Global Fund to Fight AIDS, TB and Malaria (The Global Fund), has made reaching key populations a top strategic priority, and has set up a variety of policies, procedures, and technical support opportunities toward that end. Nevertheless, the complexity of these mechanisms can cause challenges for key populations working to access those funds.

This brief is intended to:

1. Provide an overall snapshot of how the Global Fund mechanism works, to help key populations navigate the pathway to securing funding for their work.
2. Provide links to toolkits, policy briefs, trainings and other materials that explain different steps in that process in more detail.
3. Share case study examples of successful key population programs supported by the Global Fund, in hopes that they inspire creativity, innovation and persistence in driving this work forward.

This brief is intended for:

1. Key Populations advocates, organizers, networks and community members working to understand and make the most of resources and opportunities at the Global Fund;
2. Supportive allies, partner organizations, CCM members and all others who agree that KP communities can and should be the leaders of the HIV response for their communities.

PART 1: How the Global Fund mechanism works, and entry points for Key Populations Advocates

The Global Fund is a Multilateral, Participatory Funding Mechanism

The Global Fund was founded in 2002, when world leaders came together to take collective action against three infectious diseases: AIDS, TB and malaria. A multilateral funding mechanism, the Global Fund raises funds from a variety of donors – including wealthy nations, the private sector, and philanthropies – whose pledges go into a shared funding pool. The use of that money is governed by a board made up of donor nations, implementer countries, public health experts, the private sector, philanthropies, civil society, and people living with the three diseases, who collectively develop a strategy, vote on major policy decisions, and provide oversight. As of June 2020, the Global Fund has disbursed over US\$45 billion to 155 countries around the world¹.

From its inception, the Global Fund was intended to be participatory. Rather than a solely “top-down” approach - in which a wealthy donor dictates the terms, conditions and priorities for the funding that they will give, with the recipient country having little say about it - the Global Fund aimed to reimagine this relationship and to give impacted countries and individuals opportunities to shape the work. While the Global Fund has undergone changes and restructuring over its nearly 20-year lifespan, the principle of participation still holds. Opportunities for direct participation are especially important for key populations advocates, who for decades have faced stigma and discrimination not only in healthcare settings, but also in board rooms and policy-making arenas that decide where monies designated to combat HIV, TB and malaria will flow. There are two major entry points for key populations advocates seeking to shape the priorities and funding decisions of the Global Fund: (a) the Board, and (b) the Country-Coordinating Mechanisms (CCMs).

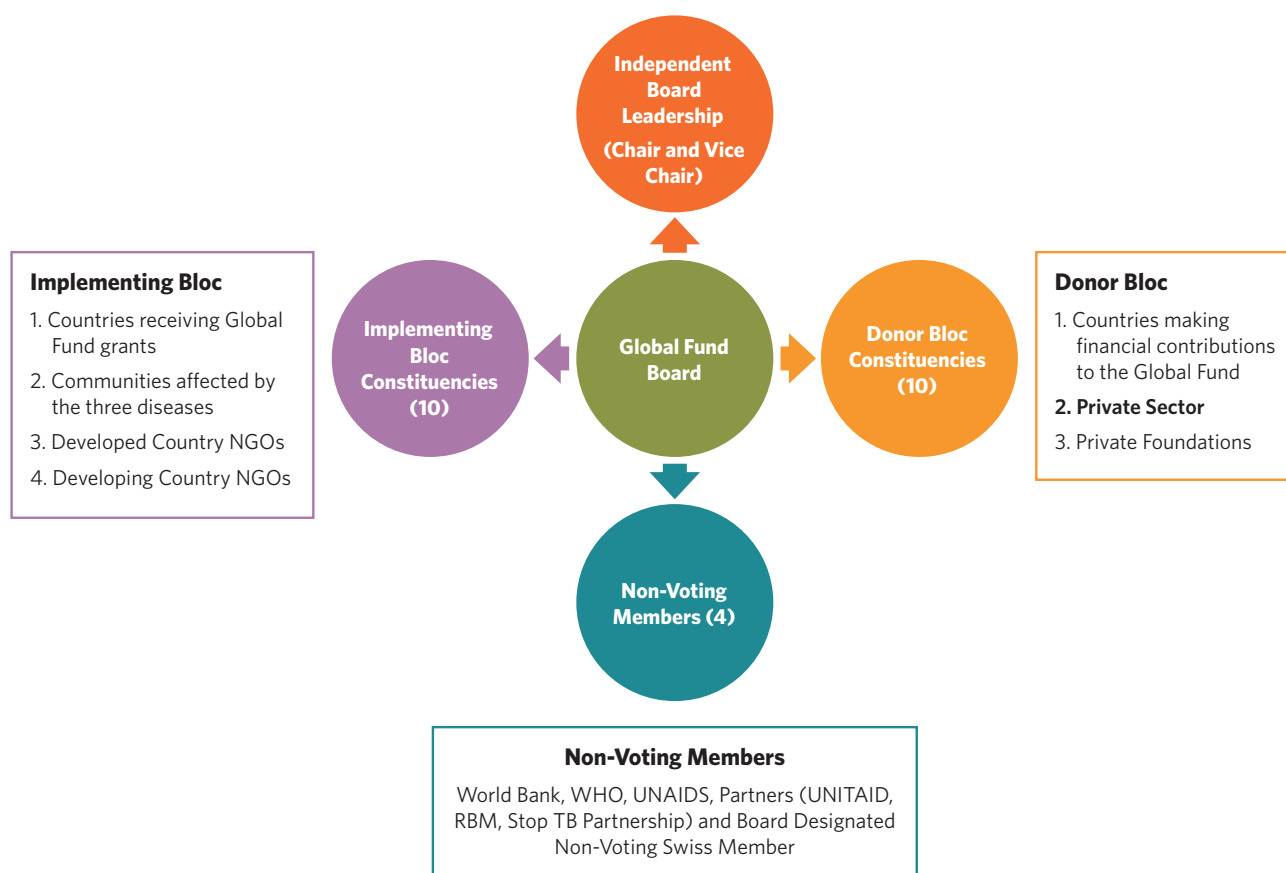


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Entry point A: The Global Fund Board

The Global Fund board is made up of 28 constituencies. There are 20 that have the right to vote on board decisions, while the remaining 8 are observers. Though each constituency only gets one vote (or one “seat” at the table), the seat isn’t actually held by one single person – instead, each Delegation is made up of a team of people, including the Lead Delegate, the Alternate Delegate, a Communications Focal Point person, and various other representatives and participants who contribute to the work of their Delegation (i.e. developing policy positions, bringing research and analysis to the discussions, sharing reports from their country or constituency, etc.)

¹ <https://www.theglobalfund.org/en/overview/>



Key Populations advocates can follow and find opportunities to engage in Global Fund board processes, deliberations and decisions by connecting with the constituency that represents their issues. Because board meetings and associated processes tend to move quickly, the best way to track this work is often through social media feeds, which are updated in real time (rather than websites which tend to be updated more sporadically).

The Facebook links to the main civil society delegations are as follows:

- [Communities Delegation](#) – representing people living with HIV, TB and malaria
- [Developing Country NGO Delegation](#) – representing civil society and non-governmental organizations (NGOs) from recipient countries
- [Developed Country NGO Delegation](#) – representing civil society and non-governmental organizations (NGOs) from donor countries

One of the most impactful ways to shape the work of the board is to contribute toward developing the Global Fund's strategy, a partnership process that takes place every 5 years. The current strategy development process is on-going and provides a major opportunity to protect and advance the Global Fund's prioritization of key populations and human rights – follow your board delegation above to track the process in real time, and to find out about ways to contribute. (Owing to the COVID pandemic, most opportunities to engage are virtual).



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Entry point B: The Country-Coordinating Mechanism

At a country level, key populations advocates can influence their country's overall priorities by participating in the [Country Coordinating Mechanism \(CCM\)](#). CCMs are national committees that write and submit funding applications to the Global Fund, and that oversee the implementation of successful grants on behalf of their countries. They are comprised of representatives from across government, implementing partners, people living with the three diseases, technical experts, and grant writers, among others.

Officially, CCMs are spaces where advocates can push for the inclusion of key populations programs in funding applications to the Global Fund. (Notably, the Global Fund requires representation of all key populations at the CCM - see more about Global Fund commitments to Key Populations in Part 3, below). The reality, however, can be challenging; just being 'in the room' is not enough.

To advocate effectively, you will need to understand:

1. The Global Fund Grant Cycle (especially, when is the opportune moment to engage based on your home country's grant cycle?)
2. How to raise your voice at the CCM (how can key populations elevate their priorities most effectively?)
3. The Global Fund's specific programmatic requirements for Key Populations applications (Part 3, below)

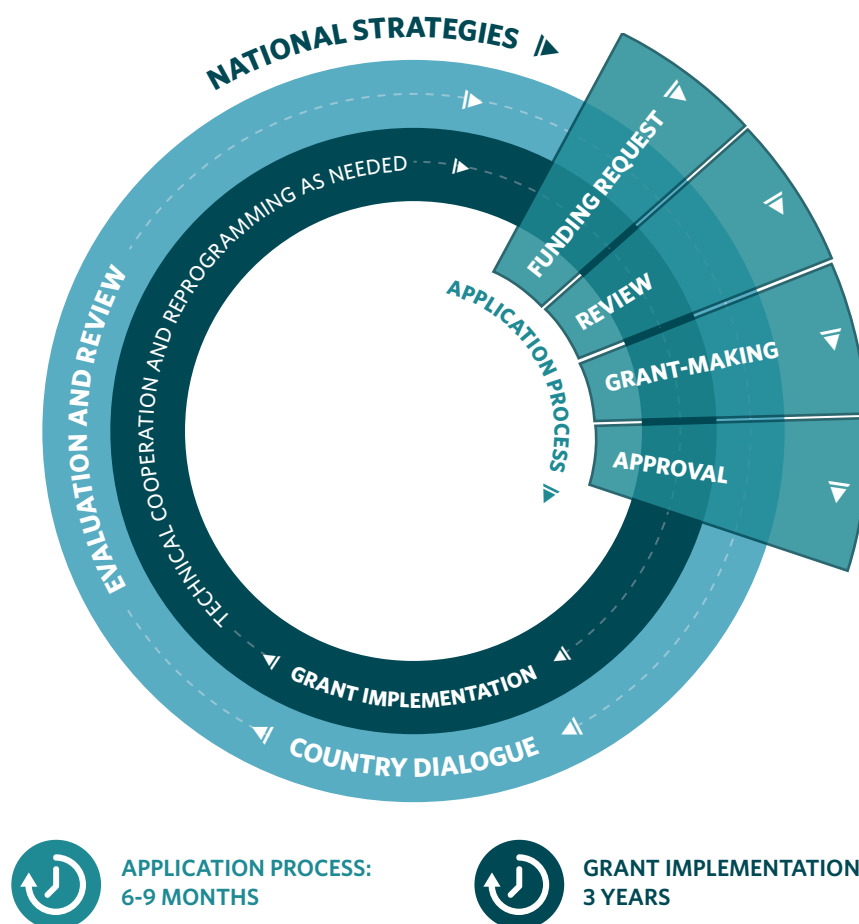
Engaging in this process is challenging - not least because of deeply entrenched and systemic stigma against sex workers, people who use drugs, transgender people, and gay men and other men who have sex with men. Luckily, there are many resources that can help you understand how each step works. Below, we provide a brief explanation of each one, alongside a curated selection of useful resources for key populations and their allies who are seeking to make the most of the Global Fund's opportunities.

1. Strategic Moments in the Global Fund Grant Cycle

The Global Fund grant cycle takes place in three-year-long “allocation periods.” Countries must apply within the 3-year window, but not all countries have to apply by the same date. In order to avoid overlap, there are staggered application deadlines on the calendar to avoid over-crowding. (See the submission deadlines for funding requests in the 2020-2022 allocation period [here](#)).

The application process begins at the country level (Figure 1). Drawing upon the country’s own national priorities - such as the National AIDS Strategy and other commitments - the CCM hosts a Country Dialogue process that brings together stakeholders to work together to develop a funding request to submit to the Global Fund. (Note: while in years past the Country Dialogue was a one-off event aimed at creating a *concept note* - what is now known as a *funding proposal* - it’s now expected that Country Dialogues take place on a regular basis throughout the 3-year implementation of the grant). Even so, the application process period is the most intensive part of this cycle, and the most strategic entry point for key populations advocates who want to get their priorities included in the proposal.

Figure 1: The Global Fund Grant Cycle, 2020-2022.



Source: <https://undphealthimplementation.org/functional-areas/human-rights-key-populations-and-gender/integrating-human-rights-key-populations-and-gender-in-the-grant-lifecycle/>

There are a great number of technical briefs, civil society guides, and toolkits that have been written about how to understand and participate in the CCM effectively.

For key populations, one of the most useful resources is an 8-part Global Fund training module developed by the Community Leadership and Action Collaborative (CLAC) designed and led by MPact (complete with facilitator's guide) aimed at helping gay and bisexual men, sex workers, people who use drugs and transgender people understand all aspects of the Global Fund, and how to navigate its complex procedures and ultimately secure funding. The toolkit covers the following topics:

- Module 1: Global Fund processes and structures
- Module 2: Understanding key policies and normative guidance on human rights, sexual orientation and gender identity (SOGI), gender equality
- Module 3: Overview of funding opportunities and procedures related to the 2020-2022 funding cycle for key populations
- Module 4: Guidance on how to apply for funding for human rights and gender-related barriers, and scaling up programming for KPs
- Module 5: Community Systems Strengthening and Community Responses
- Module 6: Overview of WHO implementation tools on comprehensive HIV programs for key populations including the MSMIT, SWIT, IDUIT & TRANSIT
- Module 7: Overview of Global Fund policies regarding sustainability, transition and co-financing (STC), and catalytic investments
- Module 8: Contacts, resources, and technical assistance opportunities



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The Global Fund Community Engagement Toolbox (October 2020) – CRG regional Platforms

- This Toolbox contains more than 60 action-oriented resources, in 14 different languages, that help strengthen and support community engagement in Global Fund-related processes.
- These tools were developed by the 6 Regional Communication and Coordination Platforms, as part of the Global Fund's Community, Right and Gender Strategic Initiative (CRG SI). The tools are designed for use by civil society organizations and community groups who want to engage more meaningfully in Global Fund-related processes at country level e.g. civil society members of Country Coordinating Mechanisms (CCMs). Some of the tools are region-specific, but many have global application.

2. Engaging at the CCM

Even though current guidelines require a designated seat for a key populations representative at the CCM, just “being at the table” is not enough. There is both an art and a science to bringing your priorities forward effectively in the very specific decision-making forum of the CCM. Furthermore, each CCM has its own dynamics, including different stakeholders who may or may not be supportive of key populations. Make use of these various guidances and reports to help prepare effectively to engage at the CCM:

- Country Coordinating Mechanism (CCM) 101 for Communities and Civil Society (APCASO)
- More Than a Seat At the Table: A Toolkit on How to Meaningfully Engage as Civil Society CCM Representatives (ICASO) (2016)
- Key Populations and the Global Fund: Country Dialogue CCMs and the 2017-2019 Allocation Cycle (M-Coalition, ITPC Mena and MPact, 2019).
- EANNASO's Civil Society (CS)-Plus CCM project sought to strengthen civil society engagement in CCMs has issued a scorecard for results across 9 countries.

Additional References and Further Reading

- *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. English. French.
- The Global Fund's iLearn Online Learning platform includes e-learning courses on the 2020-2022 Funding Cycle, including Module 6: The Funding Process; a CCM Orientation (including a CCM Orientation module specifically on Key Populations).



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PART 2: The Global Fund's Support for Key Populations: Three Instruments You Need to Know

Given the vast number of Global Fund policies, publications and programs, it can be overwhelming to figure out the Global Fund's specific commitments to key populations, the nature of those commitments, and how advocates can make best use of them.

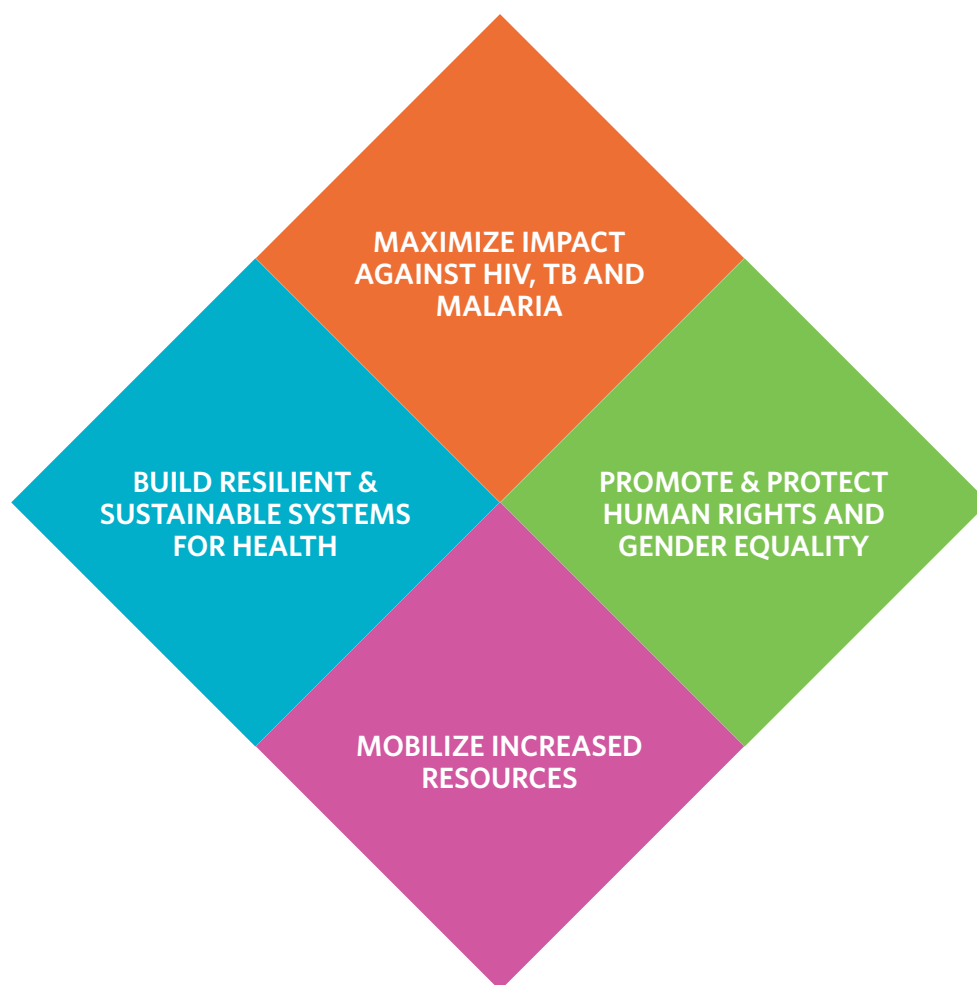
To help demystify this question, we are highlighting three main instruments that you should understand in your efforts to elevate key populations at the Global Fund. These are:

1. The Global Fund Strategy: Current iteration (2017-2022) and Forward Planning process
2. The Community Rights and Gender Strategic Initiative (CRG-SI)
3. The Global Fund Technical Guidance on Key Populations

1. The Global Fund Strategy: 2017-2022 and forward planning process

The Global Fund's 5-year strategy is the guiding vision for how the organization plans to make use of its vast financial and human resources. It's the foundational document that underpins the entire organization. The current strategy is valid for 2017-2022 and has just 4 major strategic objectives. Of these, Strategic Objective #3 is "Promote and Protect Human Rights & Gender Equality." (See Figure 5) making key populations a top priority not just for KP advocates and allies, but for all stakeholders at the Global Fund. 2021 is a critical year as the Global Fund is developing its new strategy for the next five years: participation of key populations will be essential to shaping its future objectives, and to protecting and expanding a focus on human rights and gender equality.

Figure 2: The four strategic objectives of *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. The green quadrant demonstrates that key populations and human rights are an unequivocal priority for all stakeholders at the Global Fund.



The prioritization of human rights (and by extension, key populations) in the strategy is vital because every major decision that the organization makes should be in service of achieving these 4 strategic objectives: everything from how the Global Fund's money is allocated; to which kinds of programs are prioritized; to what kinds of results are measured.

For instance, the way the Global Fund determines whether the strategy is being achieved (or not) is the use of **Key Performance Indicators (KPIs)**. These are measurable pieces of data that can be collected throughout the implementation of the strategy and reviewed regularly to assess whether progress is on track, thereby creating opportunities for more effective monitoring and advocacy. The current KPIs related to key populations (below) demonstrate how the entire institution is working to implement and measure work in the service of key populations:

Figure 3: Global Fund Key Performance Indicators (KPIs) Source: CLAC Module #1, by MPact

Key Performance Indicator 5 Service coverage for key populations Strategic Vision Reduce the number of new infections in key and vulnerable populations disproportionately affected by the three diseases Measure Coverage of comprehensive prevention services in key populations	Key Performance Indicator 9 Human rights: a) Reduce human rights barriers to services Strategic Vision Human rights barriers to services are reduced, resulting in improved uptake of and adherence to treatment and prevention programs Measure # of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation b) Key populations and human rights in middle income countries Strategic Vision Increase programming for key populations and human rights in middle income countries Measure Percentage of country allocation invested in programs targeting key populations and human rights barriers to access in the middle income countries, for: i) Generalized epidemics ii) Concentrated epidemics	c) Key populations and human rights in transition countries Strategic Vision Upper middle income countries in transition take over programming for key populations and human rights Measure Percentage of funding for programs targeting key populations and human rights barriers to access from domestic (public & private) sources. Key Performance Indicator 11 Domestic investments Strategic Vision Domestic investments in programs for HIV, TB & malaria continue to increase over the replenishment period Measure Percentage of domestic commitments to programs supported by the Global Fund realized as expenditures
Key Performance Indicator 8 Gender and age equality Strategic Vision Reduce gender and age disparities in health Measure HIV incidence in women aged 15-24 years		

Likewise, efforts to make good on achieving the strategic objective on human rights have led to updated policies that emphasize the meaningful involvement of key populations:

Global Fund Commitments to Supporting Key Populations in Global Fund Processes

There are new and revised policies emphasizing involvement of key and vulnerable populations, which countries must align with in their funding requests:

- Elaborating new eligibility criteria for CCMs to make sure key populations are engaged
- Developing an inclusive approach to project development through country dialogue
- Improvement of data collection for all key populations
- Providing support from the Communities Rights and Gender department for meaningful involvement by key populations
- Ensuring internal review of the concept note and strong oversight by the Technical Review Panel
- Funding south-south technical assistance to community groups to increase their involvement
- Supporting networks of key populations to develop national and regional capacity

2. The Community, Rights and Gender Strategic Initiative (and Regional Platforms)

When it comes to practical, on-the-ground assistance, one of the most important instruments for key populations advocates is the Community Rights and Gender Strategic Initiative. The CRG is a US\$15 million investment aiming to strengthen engagement of civil society and communities most affected by the three diseases in Global Fund processes.

There are 3 components:

1. Short-term Technical Assistance (TA): Providing peer-led TA to ensure that communities are meaningfully engaged in Global Fund-related processes.
2. Long-term capacity building: Networks are developing capacity to ensure that communities are:
 - (1) engaging safely and effectively,
 - (2) advocating for increased investment and more rights-based and gender responsive programs, and
 - (3) adapting and using evidence-based implementation tools and guidance.
3. Regional Platforms are strengthening communication and coordination systems to ensure that communities are
 - (1) utilizing quality information and communication,
 - (2) participating in decision-making processes, and
 - (3) accessing coordinated and harmonized TA and support.

Requesting Technical Assistance from CRG

The Global Fund has approved implementation of the CRG-SI from January 2021-December 2023. If your organization is seeking assistance to meaningfully engage with Global Fund processes, you can fill out a CRG Technical Assistance Request Form via the link provided at the end of this [CRG-TA Guidance Note](#), which also describes the kinds of support that are (and are not) available.

CRG Regional Platforms

There are six [CRG Regional Platforms](#) hosted by civil society organizations around the world (see below). The objectives of the Regional CRG platforms are:

1. To enhance community knowledge of the Global Fund and its processes, through the regular bi-directional sharing of tailored and targeted information to a diverse audience;
2. To strengthen the capacity and coordination of communities to engage in national and regional Global Fund grants and related processes;
3. To improve community access to technical assistance through information-sharing, linkage to appropriate providers, support developing requests, and strengthening TA provider capacity and coordination.

Region	Host	Contact Details	Engage
Asia-Pacific	APCASO	66/5, 33 Tower, Sukhumvit 33 Road, Klongtoey Nua, Wattana Bangkok 10110, Thailand Phone: +66 (0)2 044 8800 apcrg@apcaso.org	Website
Anglophone Africa	EANNASO	Plot #1 Olorien, Kijenge Off Njiro Road, P.O Box 6187 Arusha, Tanzania Phone: +255739210598 eannaso@eannaso.org	Website
EECA	EHRA	Verkių g. 34B, office 701 LT - 08221 Vilnius, Lithuania Phone: +370 62010630 eecaplatform@harmreductioneurasia.org	Website
Francophone Africa	RAME	Sector 04 - Rue Sœur Delphine 04 BP 8038 Ouagadougou 04 - Burkina Faso Phone: + 226-25000000 contact@prf-fondsmondial.org	Website
LAC	Via Libre Jr.	Paraguay 478-490 lima 1 Referencia: Plaza Bolognesi Lima, Peru Phone: (+511) 203-9900 vialibre@vialibre.org.pe	Website
MENA	ITPC-MENA	158, boulevard Abdelkrim Khattabi Gueliz, Marrakech 40000, Morocco Phone: +212 524 423 355 info@itpcmena.org	Website

Additional Resources:

- [CRG 101: Unpacking CRG \(APCASO\)](#)
- [CRG Needs Assessment Tool \(APCASO\)](#)
- [Community, Rights and Gender Strategic Initiative 2017-2019: Independent Evaluation \(June 2020\)](#)
- [UPDATE: The Community, Rights and Gender Strategic Initiative: Engaged Communities, Effective Grants \(Global Fund\) \(June 2020\)](#)
- CRG Technical Assistance Program Frequently Asked Questions
download in [Français](#) | [English](#) | [Português](#) | [عربي](#) | [Русский](#) | [Español](#)
- CRG Technical Assistance Program Request Form
download in [Español](#) | [Português](#) | [Français](#) | [Русский](#) | [English](#) | [عربي](#)

3. The Global Fund's Technical Brief on HIV and Key Populations

Technical Brief on HIV and Key Populations: Programming at scale with sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prison and other closed settings (October 2019)

The purpose of this technical brief is very direct and practical: it details all the information that countries need to include when preparing HIV funding requests to the Global Fund, specifically for programs targeting key populations.

This brief is dense and comprehensive, going through all of the principles (do no harm; address inequality in access; adhere to Global Fund human rights standards); the approaches (scale and sustainability; HIV treatment cascade, community systems strengthening; community participation and leadership; accessibility and affordability; differentiation); and the program design, implementation and monitoring standards that are required for submitting a key populations program request to the Global Fund.

It makes reference to (and provides links for) many other Global Fund Technical Briefs (for example, on Human Rights and Gender Equality, on Community Systems Strengthening) and Toolkits developed by partners (for example, on Safety and Security in HIV Programs for and with Key Populations).

If you are working to submit a funding request to the Global Fund that includes programs for key populations, follow this technical brief closely.

PART 3: Understanding Normative Guidance For Key Populations

Some of the most practical advice for any advocate is to understand – specifically – what kind of key populations work the Global Fund can support. Whenever possible, it's strategic to align your key populations program requests with existing commitments, normative guidance, or globally-sanctioned “packages of services” for key populations that have been endorsed by the Global Fund. Below, we highlight some of the main documents that describe specific interventions and program implementation tools that the Global Fund supports.

a. The WHO's Comprehensive Package of Services for Key Populations

The World Health Organization (WHO) is the United Nations agency responsible for coordinating international public health efforts. As part of that role, the WHO regularly issues official normative guidance – or ‘gold standards’ – that describe science-based best practices for responding to major public health issues, including HIV.

The WHO has issued key populations consolidated guidelines, which the Global Fund has endorsed. Helpfully, the Global Fund's Technical Brief on Key Populations includes the table, below, that articulates comprehensive packages of services, and the associated interventions, that are endorsed by the World Health Organization.

Table 1: Summary of comprehensive services package and key delivery approaches for key populations (adapted from the WHO key populations consolidated guidelines and the key population implementation tools)

Comprehensive package	Interventions/key populations	Sex Workers	MSM	TG	PWID	People in prison
Health-sector interventions	HIV prevention: - Condom and lubricant programming - Pre-exposure prophylaxis (PrEP)* - Post-exposure prophylaxis (PEP)	X	X	X	X	X
	Harm reduction interventions (needle and syringe programs, opioid substitution therapy, and naloxone)				X**	
	Behavior change interventions to understand risk and support risk reduction	X	X	X	X	X
	HIV testing services	X	X	X	X	X
	HIV treatment and care, including adherence support for retention	X	X	X	X	X
	Prevention and management of coinfection and co-morbidities	X	X	X	X	X
	Sexual and reproductive health interventions	X	X	X	X	X
	Other health services for specific needs of key populations (i.e. gender-affirming care for transgender people, adolescent-friendly services for young key population members, mental-health and drug dependence programs)	X	X	X	X	X
Critical Enablers	Supportive legislation and policy	All key populations				
	Addressing stigma and discrimination	All key populations				
	Community empowerment	All key populations				
	Addressing all forms of violence	All key populations				
	Health services should be made available, accessible and acceptable to key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.	All key populations				
Program planning and delivery	Adequate funding, and planning for funding sustainability	All key populations				
	Strong management and supervision at all program levels	All key populations				
	Community-based approach to service planning and delivery, creating a “trusted access platform” for key population members	All key populations				
	Tailored service delivery approaches: internet-based information, social-marketing strategies, sex-venue-based outreach, drug-venue-based outreach, as appropriate	All key populations, as appropriate				
	Use of data for monitoring, problem-solving, and improvement at all program levels, including with key population program monitoring groups	All key populations				

WHO Guidance on Implementing Comprehensive Key Populations Programming

While the above table lists specific interventions for key populations, the WHO has also worked to publish information on how to actually implement comprehensive HIV programs for key populations. These tools were developed by WHO in consultation with technical partners, key populations networks (MPact, NSWP, IRGT and INPUD) and community members. They aim to translate the WHO's Key Populations Consolidated Guidelines into practical, "how-to" guidance to support high-quality key populations programming (see links, below).

Another helpful tool is a technical brief developed by MPact in November 2020, titled "[Understanding Current Normative Guidance for Comprehensive HIV and STI Prevention and Treatment for Key Populations](#)". It seeks to demystify normative guidance, share current implementation tools, and highlight recommendations on using normative guidance to design and implement effective HIV and STI services and advocacy. It also provides examples of the successful use of normative guidance by key population communities from different regions.

- **MSM Implementation Toolkit (MSMIT)**

Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men: Practical Guidance for Collaborative Interventions

Download the MSMIT in [English](#) | [French](#) | [Portuguese](#) | [Spanish](#) | [Russian](#)

- **Transgender Implementation Toolkit (TRANSIT)**

Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions

Download the TRANSIT in [English](#) | [Spanish](#)

- **Sex Worker Implementation Tool (SWIT)**

Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Guidance for Collaborative Interventions

Download the SWIT in [English](#) | [French](#) | [Russian](#) | [Spanish](#) | [Turkish](#)

- **People Who Inject Drugs Implementation Tool (IDUIT)**

Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions

Download the IDUIT in [English](#) | [French](#) | [Russian](#)

PART 4: Case studies of Global Fund support for Key Populations

Below you will find a series of real-life examples of key populations programs that have been made possible with support from the Global Fund. Draw inspiration and ideas from these approaches as you work to design your own proposals for programs and initiatives to support key populations in your community.

a. Sex Workers: Society for Women Awareness Nepal (SWAN)

Society for Women Awareness Nepal (SWAN)'s ground-breaking sex worker-led clinic is an excellent example of how multiple donors, including the Global Fund, working together with

a knowledgeable, committed, peer supported sex worker-led organization, using SWIT (Sex Worker Implementation Tool) principles, can achieve something special.

The sex worker-led organization Society For Women Awareness Nepal (SWAN), from Kathmandu, has successfully implemented (and to work with) the 6 Chapters of the Sex Worker Implementation Tool (SWIT), which include recommendations for building community empowerment, addressing violence against sex workers, promoting and providing community-led services, condom and lubricant programming and clinical and support services. SWAN is one of the first sex worker-led organizations providing broad clinical support to sex workers in the Asia-Pacific region using SWIT principles. The clinic provides services such as STI screening and treatment, HIV testing, and pre- and post-diagnosis counselling. SWAN's clinic has their own lab for confirming HIV and STI tests. For HIV treatment, the clinic's beneficiaries are referred to a government hospital to collect their medication. Yet, thanks to SWAN counselling and safe spaces for testing among sex workers, the clinic maintains a 70% HIV treatment adherence to medication. SWAN's clinic became a reference clinic for other community-led projects in Kathmandu, including Parichaya Samaj, one of the LINKAGES Nepal implementing partners.

SWAN implemented the SWIT modules supported by Asia Pacific Network of Sex Workers (APNSW). The SWIT training conducted in 2017 and the technical support provided by APNSW to build SWAN's organizational capacity were funded by the Robert Carr Fund through the Sex Workers Networks Consortium. Part of APNSW's technical support to SWAN was funded by the Global Fund. The operation of SWAN's clinic is supported by FHI-360 and SWAN's outreach workers are funded by Women Fund Asia, through a partnership with APNSW.

However, it is important to acknowledge that this type of collaboration is not the norm and in many cases sex worker-led organizations struggle to access donor funding. In Ecuador, despite intensive advocacy and lobbying, including with the CCM, PR and MoH, PLAPERTS (Latin American Platform of Sex Workers) were unable to secure funding for sex worker-led projects. At the end of 2016 the Principle Recipient of the Global Fund grant decided arbitrarily to stop employing HIV prevention peer educators or distributing condoms. They argued that HIV prevalence amongst sex workers was too low. This was challenged by PLAPERTS as the number of sex workers in Ecuador continues to increase requiring continual HIV prevention efforts. The situation continued to deteriorate until eventually a new PR, the MoH, was identified for the 2020 – 2022 Global Fund grant.

Although not a recipient of direct Global Fund financing, PLAPERTS benefited from core funding from Robert Carr Fund through the Sex Workers Networks Consortium and from technical support from NSWP funded by the Global Fund. The Global Fund also enabled PLAPERTS to organize meetings with key stakeholders, enabling the organization to establish a closer relationship with decision makers. Progress is now being made to ensure programs for sex worker are being delivered and that the Sub-Recipients implementing the programs are accountable to both the Principle Recipient (PR) and the community.

b. Transgender People: Guyana Trans United (GTU)

The work of Guyana Trans United (GTU) demonstrates the dual impact of (a) working deeply and meaningfully within KP-led networks and communities nationally, while also (b) harnessing opportunities and support from regional and global partners.

GTU's mission is to empower transgender Guyanese people to advocate for their human rights and to participate as citizens in all decisions which may affect their lives. GTU is a member of the Global Fund Country Coordinating Mechanism in Guyana, but needed some support to more effectively and confidently participate in CCM processes to voice the priorities of transgender people.

Recognizing the need to support KP communities in their efforts to engage with CCMs, The Global Fund's own Community, Rights and Gender Initiative supported a global-level transgender network - Global Action for Trans Equality (GATE) - to lead a global project to strengthen peer-based and community-led networks of transgender people. GATE developed a training guide specifically for transgender leaders and advocates, paired with a new tool specifically for Trans advocates: the "Global Fund Monitoring and Oversight for Trans Communities Tool."

GTU and GATE worked together to convene a 2-day meeting that brought together 15 transgender activists in Guyana to engage in dialogue, assessment and planning within the context of sustainability and transition at the Global Fund. Notably, this work included a deep dive into the lived experiences of transgender people in Guyana; addressing the challenges and opportunities that this context presented; and developing an action plan for mitigating strategies.

Over the course of the meeting, GTU was supported to develop a proposal for additional Technical Assistance (TA) from the CRG's Strategic Initiative (CRG-SI).

Upon approval of the TA Request, ICASO was identified as the technical assistance provider. An ICASO consultant then engaged the membership of GTU in the development of their *Priorities Charter: A Roadmap for Transition and Sustainability*, which can be used to organize and center on-going advocacy by transgender advocates at the Guyana CCM.

Feedback from participants noted long-term benefits: beyond additional confidence in engaging at the Global Fund CCM, the transgender community was more connected with each other (overcoming previous internal rifts) and more effective and confident engaging in Global Fund processes (including, for example, establishing an active WhatsApp text chain to share updates, information and feedback). Investing in national-level transgender advocates in Guyana - alongside transgender-led and community-centered support from regional and global partners - make the Global Fund's commitment to human rights real.

c. Gay Men and other Men Who Have Sex with Men: Lighthouse, Vietnam

In March 2017, MPact Global Action, a global network for gay men's health and rights, and Lighthouse Social Enterprise, a gay-led community organization in Vietnam, organized a consultation of gay and bisexual activists and government health policy makers in Hanoi. The consultation sought to address the lack of HIV programs targeting gay, bisexual and other men who have sex with men by making the case to include the MSM Implementation Toolkit (MSMIT) recommendations and best practices into the Global Fund concept note for Vietnam.

During the consultation, participants discussed progress, challenges, and opportunities related to Global Fund HIV programs for gay, bisexual and other men who have sex with men. They used the MSMIT to frame the discussion and elaborate the components of a high-quality, comprehensive HIV service delivery program and developed a clear, time-bound advocacy plan for including a list of programmatic recommendations in the funding request to the Global Fund.

After engaging with government health policy makers and international partners, the activists submitted the following recommendations to the Global Fund Country Coordinating Mechanism:

- Create an enabling environment in which gay, bisexual and other men who have sex with men feel supported when they seek to access HIV and STI services;
- Facilitate community empowerment;
- Enhance the quality and increasing the quantity/availability of condoms and lubricant;
- Strengthen HIV prevention, clinical/treatment, and support services;
- Increase the use of information technology to reach gay, bisexual and other men who have sex with men.

The overarching recommendation for the drafters of the Vietnam Concept Note for the Global Fund was to review the MSMIT against each proposed activity to ensure that gay, bisexual and other men who have sex with men were included in HIV programming. The recommendations were eventually formally included in Vietnam's Global Fund concept note submission. For example, the recommendation to create an enabling environment for gay, bisexual and other men who have sex with men was operationalized when the Global Fund provided funding for the network meeting of gay organizations, and funded World AIDS Day events organized by Lighthouse Social Enterprise in 2017 and 2018. The events served a crucial community-building function by allowing gay men working in HIV issues and/or affected by HIV to gather, share best practices, build networks, and move their work forward more effectively.

Similarly, the recommendation to improve condom quality was realized in practice when the Global Fund provided better quality condoms following consultations with gay, bisexual and other men who have sex with men to learn about their condom needs and preferences.

d. People who use drugs (INPUD)

In August 2017, two key-populations-led networks organized a consultation on the margins of the 2017 South Africa Drug Policy week, held in Capetown. The International Network of People who Use Drugs (INPUD) - a global peer-based network representing people who use drugs - and the South African Network of People who Use Drugs (SANPUD) - a drug user-led network in South Africa - brought together people who use drugs activists and advocates, key population advocates and programme managers. The consultation (a) explored the lack of HIV and harm reduction services overall in South Africa, especially those that are person-centered and delivered in community-competent ways for people who use/inject drugs, and (b) sought to address these shortcomings by making the case to include the recommendations and best practices described in the Injecting Drug User's Implementation Tool (IDUIT) into South Africa's next Concept Note submission to the Global Fund to Fight AIDS, TB and Malaria (the Global Fund).

During the consultation, training was conducted for the community of people who use drugs in South Africa to (a) increase their knowledge of the Global Fund and the IDUIT, and (b) strengthen their advocacy capacity to promote the IDUIT within Global Fund grant-making processes. Participants discussed progress, challenges and opportunities related to Global Fund HIV programs for people who use drugs in South Africa, using the IDUIT to define the components of high-quality comprehensive HIV and harm reduction programmes for people who use drugs. At the end of the consultation, a clear, time-bound advocacy plan for including programmatic

recommendations in the next funding request to the Global Fund was developed and submitted to the Global Fund through the key population representative on the South African Country Coordinating Mechanism (CCM), whom were also in attendance.

Drug user activists and advocates submitted the following recommendations to the Concept Note Writing Team.

- Facilitate community empowerment, including through funding drug user-led networks and community initiatives, including peer service provision and capacity building in service delivery and advocacy
- Support community-led efforts on legal reform, human rights and stigma and discrimination through funding training on documenting human rights violations and training on addressing stigma and discrimination within health care settings
- Promote the piloting and scaling up of harm reduction services such as opiate agonist treatment (OAT), needle and syringe programmes (NSP) and naloxone provision
- Strengthen data collection on people who use drugs including through supporting size estimations of people who use drugs and mapping supportive and restrictive health infrastructures

Some of the recommendations were formally included within South Africa's 2017 Concept Note submission to the Global Fund, including the recommendation to facilitate community empowerment through funding drug user-led networks. As a result, SANPUD ended up being included within two Global Fund grants, one in which they received core funding for network development and the second for increasing the level of peer-delivery of services. More broadly, increased funding was allocated for harm reduction services, where pilot projects were scaled up throughout the regions in South Africa.

By the end of 2019, SANPUD was well-positioned in the South African civil society environment and financially secure. People who use drugs are now contributing to decisions through direct or indirect representation in governmental or civil society consultation bodies, with strong links forged and maintained with Global Fund Principal Recipients (PR's) and health services and programmes. Due to increased support for harm reduction, drug policy advocacy, and community involvement, the critical importance of the participation of people who use drugs in national and local level consultations is recognized by the South African government within the National Drug Master Plan (2018-2022), which also now mentions harm reduction for the first time.

e. Global Fund examples of support to key populations

The box below is an excerpt from the [Global Fund's Technical Brief on HIV and Key Populations](#), specifically Annex 1 that provides examples of key populations programs and approaches that have benefitted from Global Fund support.

Global Fund Technical Brief on HIV and Key Populations

Annex 1. Examples of approaches and programs

These examples are drawn from the assessment of programs for key populations across 65 countries commissioned by the Global Fund to assess how HIV service packages are designed, delivered, and monitored during the 2017–2019 allocation period. They are intended to show how programs have addressed some of the challenges of designing and implementing comprehensive interventions.

A. Sustainable funding

Social contracting is the use of government resources to fund civil-society organizations to deliver health services which the government has a responsibility to provide. Some countries like Brazil, India and Papua New Guinea have long-established NGO contracting mechanisms in their health systems. Other countries that have taken steps to open up opportunities for social contracting in HIV include Belarus, China, Croatia, the Former Yugoslav Republic of Macedonia, Guyana, Kazakhstan, the Kyrgyz Republic, and Ukraine. NGOs funded through insurance schemes: Love Yourself, an NGO in Manila provides prevention and care services for HIV, sexually transmitted infections, and tuberculosis to men who have sex with men. It is accredited by the Philippines health insurance agency and receives an annual allocation for each person living with HIV on its register, which it uses to provide a range of health and welfare services. Love Yourself is partially funded by a Global Fund allocation but is likely to move to full funding from health insurance in the medium term.

B. Community leadership and participation

A strategy for addressing critical enablers in Madagascar is the use of provincial, county and/or ward committees to guide local key population programming. Each region of Madagascar has a regional task force responsible for improving coordination at a local level. In the city of Mahajanga, the task force brings together the chief of the region, the regional director of health, other health personnel, NGOs, and key population representatives to discuss key population issues. In Kenya, county-level key population technical working groups regularly bring together implementers, county government representatives, local chiefs, and community leaders. This has facilitated service provision and reduced community backlash and interference from law enforcement during outreach.

C. Specifying levels of service delivery

South Africa's National Sex Worker HIV Plan (2016) has three tiers of service delivery: 1) peer outreach as the backbone of the response; 2) dedicated clinics in areas with a high density of sex workers (more than 3,000 per district); 3) mobile services in low-density areas (fewer than 3,000 sex workers per district), delivered at hotspots with support from outreach teams. The Papua New Guinea National STI and HIV Strategy outlines "essential" and "enhanced" service packages for key populations, specifies which provinces will receive which package, based on

the HIV burden, and outlines how demand creation and community follow-up will be integrated into broader community health programs in lower-burden provinces. October 2019 Geneva, Switzerland Page 29

D. Mental-health services for key populations

In countries where adequate mental-health services for the general population do not exist, HIV programs should address key populations with cost-effective, evidence-informed interventions. Depression and anxiety are prevalent among key populations, and effective treatments improve HIV-related outcomes.^{40,41} Group psychotherapy with people living with HIV in northern Uganda has improved related outcomes such as treatment adherence, which ultimately contributes to the reduction in stigma experienced by people living with HIV. Where professional mental-health services are not well established, services may be provided by trained lay people. In Kenya, interpersonal psychotherapy is provided to women living with HIV, via 10-12 sessions, held weekly, that address interpersonal issues in depression and help participants build social skills and gather social support. No educational criteria or experience were required for those who were trained to deliver the therapy.⁴³

E. Models of community-supported and community-led testing services

In the Dominican Republic, Indonesia, and Peru, trained key population members accompany government staff providing HIV testing services in the community or at government clinics in order to provide pre- and post-test counselling. In some models, NGOs and CBOs are funded to provide outreach staff at government or private clinics to provide counseling and adherence support (e.g. Guyana, Papua New Guinea, the Philippines, South Africa, and Thailand). The Competent Clinics program implemented by Anova in South Africa provides training and coaching to government clinics on providing services to men who have sex with men, particularly in rural areas where NGO outreach is likely to be less available. Under this initiative the entire staff of a government clinic is trained and coached over time toward certification of the clinic as an “MSM Competent Clinic”. In several countries (for example, India, Indonesia, Kenya, the Philippines, and South Africa), strong and experienced key-population-led NGOs run their own clinics providing the entire cascade of services for HIV, sexually transmitted infections and tuberculosis, from prevention to care.

F. Data management and security

Alliance for Public Health in Ukraine uses open-access software (SyrEx) to record and monitor information on clients reached and services provided in community-based programs. It allows project implementation partners to uniquely register project clients with an agreed-upon unique identifier code, and to record commodities and services provided, as well as other key deliverables such as trainings. In South Africa, where there is a requirement that people testing for HIV sign consent forms, forms signed by people in community-based settings are sealed in envelopes before being taken back to the office. The forms and other identifying data are locked away, with access only by approved monitoring and evaluation staff.

G. Using data for performance improvement

In Georgia, a new prevention database will enable real-time data entry when key population members are enrolled in HIV prevention services and assigned a unique identifier code (UIC). The prevention database will be able to link these data with medical data in the country's databases on ART, hepatitis C, tuberculosis, and sexually transmitted infections for services provided to HIV-positive key population members.

Source: [Global Fund "Technical brief on HIV and key populations" 2019 – Page 30](#)

When these medical data are downloaded to the prevention database, they will be automatically stripped of the patient's identifying information to preserve anonymity. The new database will make it possible to construct complete cascades for key populations, including viral load suppression. By linking UIC data with HIV medical data, it will allow planners to see whether key population members diagnosed with HIV are accessing the services they need.

In South Africa, the Global Fund's Principal Recipient for sex worker programs, NACOSA, has devised two online platforms to help Sub-Recipient organizations (SRs) manage and use data for decision-making. SRs use Orbit, a cloud-based data system, to enter data from outreach forms and data on HIV testing, referrals, and participation in meetings. The SRs are trained by NACOSA to extract basic data for their own information and planning needs, and NACOSA holds quarterly meetings for SRs to review graphs and data drawn from Orbit and determine how to improve programming. NACOSA is also developing ZENESIS, an analytics platform that will help SRs analyze data for strategy and decision-making.

About MPact

MPact Global Action for Gay Men's Health and Rights was founded in 2006 by a group of activists concerned about the disproportionate HIV disease burden shouldered by men who have sex with men. MPact works at the intersection of sexual health and human rights and is linked to more than 120 community-based organizations in 62 countries who are leading innovative solutions to the challenges faced by gay and bisexual men around the world.

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