

Human rights in the Global Fund new funding model

ICASA
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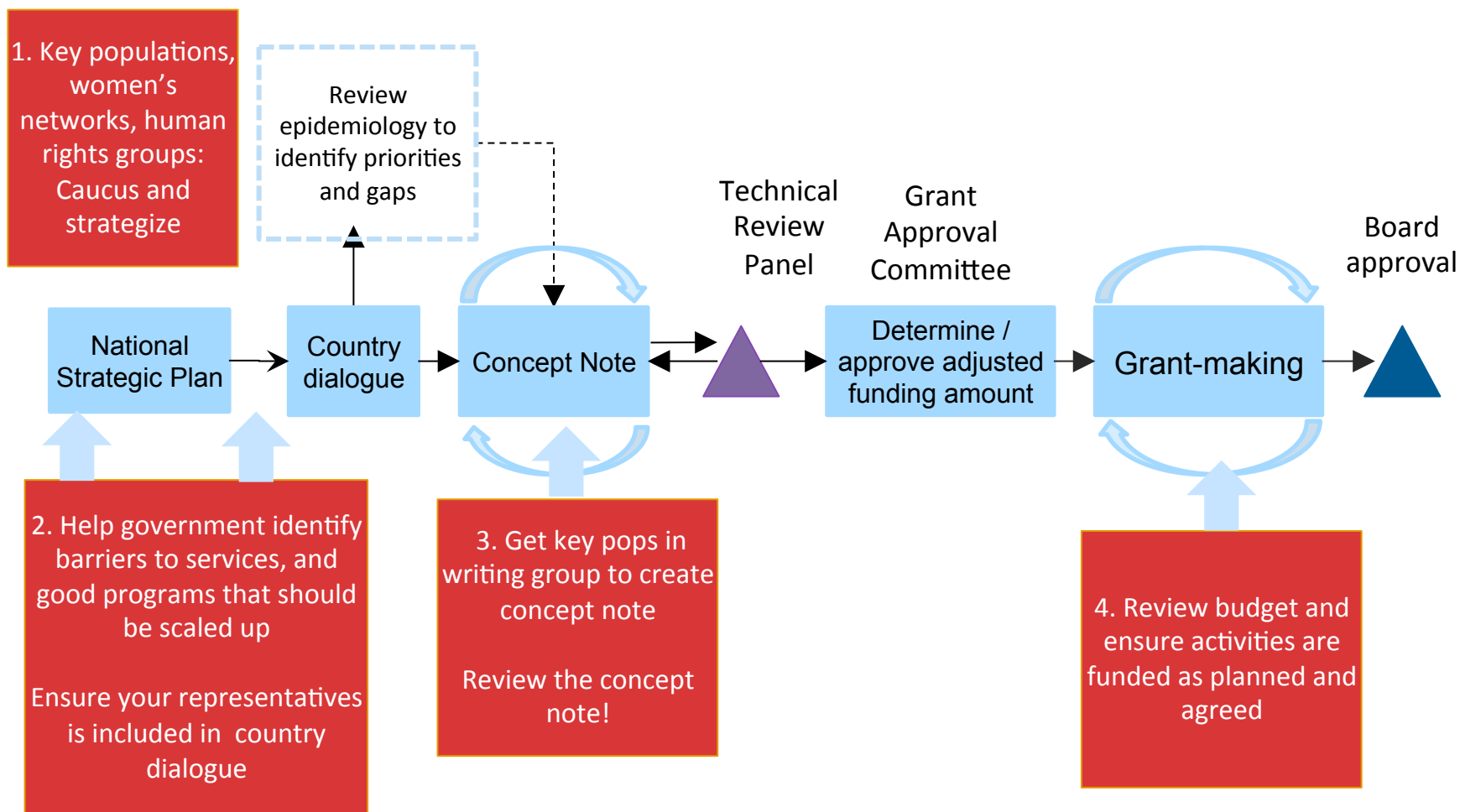
1. Invest more strategically
2. Evolve the funding model
3. Actively support grant implementation success
4. **Promote and protect human rights**
 1. Integrate human rights considerations throughout the grant cycle
 2. Ensure the Global Fund does not support programs that infringe human rights
 3. Increase investment in programs that address human rights barriers to accessing health services
5. Sustain the gains, mobilize resources

Human rights at the Global Fund: Putting the strategy into practice

July 2013-December 2014: Human rights framework development plan



The new funding model: Getting the money where it should go



Applicants must identify structural barriers to accessing health services

Many or all barriers may exist in one country

Need to ask: Who are key populations to reach with services?

Consult with key populations and human rights experts

Identify 1-3 priorities to address with costed CSS or human rights interventions

Financial barriers
 Availability of facilities
 Stigma and Discrimination
 Fear of arrest
 Forced sterilization
 Prison overcrowding
 Denial that key populations exist
 Gender inequality
 Migrants lack ID cards
 Lack of legal aid
 Police abuse
 Harmful gender norms
 No right to register an NGO
 Gender based violence



Barriers to health services

New human rights guidance coming in January 2014

Interventions

Use a **rights-based approach** to health services

- Consult with key populations for HIV, TB and malaria
- Put the person at the center, tailor services to their needs, integrate services with local community platforms

Package to **remove legal barriers to access**

- Legal environment assessment
- Law and policy reform
- Legal literacy
- Legal aid services
- Rights training for officials, health workers, and police
- Community-level monitoring
- Policy advocacy and social accountability

Examples

- In South Africa, prisoner support groups monitor and advocate on treatment access
- Myanmar networks of PLHIV and key populations monitor local cases of medical discrimination against PLHIV and TB patients, and work with a national law reform working group to change the laws
- In Kenya, KELIN provides legal aid to women living with HIV who lose their inheritance rights and to TB patients who are imprisoned for defaulting on treatment
- In Indonesia, LBH Masyarakat trains people who inject drugs as community paralegals for peers

Example:

Addressing hospital discrimination on the basis of HIV or TB status

The problem:

In some countries, NGOs report that health workers routinely refuse to treat people with HIV or TB. Global Fund health services are not reaching people most at need.

One solution: Combine CSS and Removing Legal Barriers interventions to bring together health service providers, legal experts and communities to address this barrier.

Global Fund module	Global Fund intervention	Sample activity
Removing legal barriers	Community-based monitoring	PLHIV and TB CBOs are trained to document cases of discrimination by health providers
	Policy advocacy and social accountability	Each month, the CBOs meet with local health officials to share cases and discuss follow-up.
	Legal literacy and legal aid	Lawyers work with key pops networks to train community members in their right to non-discrimination
	Rights training for health workers	Hospital works with key pops networks and lawyers to train health workers on using universal precautions, non-discrimination
	Law and policy reform	A working group of health officials, legal experts, members of Parliament, and PLHIV/TB patients draft new laws and policies to address discrimination. This includes tough new non-discrimination policies for the MOH.
Community System Strengthening (CSS)	Institutional capacity-building	Core funding to the national networks to support an office, financial systems, management training
	Social mobilization	National networks work together on advocacy to support the law reform process

Example:

Addressing barriers to prevention services for sex workers

The problem:

In many countries, police use condoms as evidence of sex work, and use the threat of arrest to extort bribes and sexual services from sex workers. Sex workers who know about the risk of HIV do not carry or use condoms as a result.

One solution: Combine CSS and Removing Legal Barriers interventions to change the criminal code, educate police, and empower sex workers.

Global Fund module	Global Fund intervention	Sample activity
Removing legal barriers	Community-based monitoring	The national sex worker network are trained to monitor and document cases where police use condoms as evidence.
	Legal literacy and legal aid	Sex worker HIV prevention outreach workers are trained to be “community paralegals” and advise peer sex workers about their rights. When sex workers are detained, they can call on peers to come to the police station and provide support.
	Rights training for police	Technical partners hold trainings for judges and police and bring in representatives of the sex workers’ network to share their experiences and co-facilitate the training.
	Law and policy reform	Civil society groups work with the national bar association to draft proposed changes to the criminal code that will remove condoms from the list of acceptable evidence of sex work.
Community System Strengthening (CSS)	Institutional capacity-building	Core funding to the national networks to support an office, financial systems, management training
	Social mobilization	National networks work together on advocacy to support the law reform process

When there are challenges...

Challenges

What to do

Denial “There are no MSM, transgender people, sex workers, people who inject drugs, refugees, migrants, people with disabilities... in our country”

- Gather evidence – anecdotes, reports, testimony
- Ask technical partners (UN agencies, WHO) and regional networks to help push back
- Escalate to Fund Portfolio Manager

Exclusion of key populations, women’s advocates, human rights experts from country dialogue

- Document what happened – who, what, where, when, how
- Escalate it to Fund Portfolio Manager, Regional Director or Community, Rights and Gender Department
- Get support from regional or global key populations networks

Interventions approved in concept note are not in budget

- Monitor the budget before, during and after grant-signing

Only token representatives are in country dialogue

- Organize civil society, build solidarity, and unite behind legitimate representatives
- Hold them accountable for consulting in advance and reporting back after meetings

Frank discussion of human rights or other difficult topics is shut down

- Know what human rights treaties your country has signed and ratified – these are binding legal obligations
- UNAIDS says addressing human rights is essential for strategic investments – use this in your arguments
- Global Fund Technical Review Panel and Grants Approval Committee frequently ask tough questions about human rights and key populations in grant review process – make sure they know the discussions have been shut down

How civil society can engage effectively

1. Learn how we make grants: www.theglobalfund.org
2. Learn what activities we fund on Community System Strengthening, gender, key populations and human rights <http://www.theglobalfund.org/en/accesstofunding/notes/>
3. Reach out to the Country Coordinating Mechanism (CCM) in your country
4. If you don't get a response, contact the Fund Portfolio Manager – their name and email is on the Global Fund website under Grant Portfolio (choose your country from the list)
5. Caucus, gather evidence, and prepare to make your case in the country dialogue

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