

KEY POPULATIONS ACTION PLAN 2014-2017



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ABBREVIATIONS

ARV	Antiretroviral
GATE	Global Action for Trans* Equality
INPUD	International Network of People Who Use Drugs
JCSAP	Joint Civil Society Action Plan
MSMGF	MSM Global Forum
NSWP	Network of Sex Workers Projects
PMTCT	prevention of mother-to-child transmission
RedLACTrans	Red integrada por personas trans de América Latina y el Caribe (Regional Network of Transgender Women in Latin America and the Caribbean)
SOGI	Sexual orientation and gender identities
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime

1. INTRODUCTION AND BACKGROUND

DEVELOPMENT OF THE KEY POPULATIONS ACTION PLAN

A formative evaluation of the Gender Equality and the Sexual Orientation and Gender Identities (SOGI) strategies in 2011 concluded that effective implementation of these documents required the development of separate but linked operational plans to guide how their principles could be realized through Global Fund financing.¹

The Key Populations Action Plan was developed in response to the recommendation that relates to the SOGI Strategy. It was written to align with the Gender Equality Strategy Action Plan, the Joint Civil Society Action Plan (JCSAP) and other Global Fund strategy documents. It puts into action commitments made by the Global Fund Secretariat and laid out by United Nations agencies and other technical partners (Annex 2). It is not intended to amend or supersede any of these documents or other Global Fund strategies. It is designed to put into action all these commitments to meet the needs and rights of key populations: groups that have a higher epidemiological impact of a disease, combined with lower access to services, and who belong to populations that are criminalized or marginalized.

The Key Populations Action Plan was developed over seven months through a multistakeholder process that included interviews with approximately 40 internal and external technical experts, partners and advocates. A Key Populations Expert Group² was convened for the purposes of review and consultation. This group reviewed approximately 80 documents pertaining to the Global Fund and key populations. The Key Populations Expert Group, along with a broader set of partners and staff, also reviewed the initial draft of this action plan as part of an extensive internal and external validation process.

KEY POPULATIONS AND THEIR NEEDS

This document describes actions to strengthen the work and impact of the Global Fund in relation to key populations. Key populations are central to appropriately responding to HIV, tuberculosis and malaria. And the Global Fund recognizes the critical inputs made by key populations, and places a high value on developing an inclusive working relationship with them.

Developing a common definition of key populations³ across the spectrum of the three diseases is difficult, as the diseases all impact different segments of society in different ways. So, broadly speaking, key populations in the context of AIDS, TB and malaria are those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized. For the purposes of this document, a group will be deemed to be a key population if it meets all three of the criteria below:

1. **Epidemiologically, the group faces increased risk, vulnerability and/or with request to at least one of the three diseases – due to a combination of biological, socioeconomic and structural factors;**
2. **Access to relevant services is significantly lower for the group than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility for such a group; and**
3. **The group faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization – which increases vulnerability and risk and reduces access to essential services.**

It is important to recognize that key populations contribute valuable insights, guidance, and oversight to implementing organizations and to the Global Fund – as Board Members, staff, grant recipients, technical assistance providers and beneficiaries – due to their direct experience and personal investment in the response to the three diseases.

1 Pangaea Global AIDS Foundation. Formative Evaluation of the Gender Equality and Sexual Orientation and Gender Identity Strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011.

2 The Key Populations Expert Group was convened by the Community, Rights and Gender department and the Civil Society hub of the Global Fund. Participants included: The MSM Global Forum (MSMGF), The International Network of People Who Use Drugs (INPUD), The Network of Sex Workers Projects (NSWP), Global Action for Trans* Equality (GATE), and The Center of Excellence for Transgender Health. Members of the TB and malaria communities also contributed.

3 The Global Fund Country Coordinating Mechanism Guidelines note that key populations may include women and girls, men who have sex with men, people who inject drugs, transgender people, sex workers, prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children, and populations of humanitarian concern, in each case based on epidemiological as well as human rights and gender considerations.

Key Populations in the HIV Response:

Gay, bisexual and other men who have sex with men; women, men and transgender people who inject drugs, and/or who are sex workers; as well as all transgender people,⁴ are socially marginalized, often criminalized and face a range of human rights abuses that increase their vulnerability to HIV. In every nation that reliably collects and accurately reports surveillance data, gay men and other men who have sex with men, women and men who inject drugs, sex workers, and transgender people – in particular transgender women – have higher HIV risk, mortality and/or morbidity when compared to the general population. Access to, or uptake of, relevant services is significantly lower for these sub-populations than for other groups.

Key Populations in the Tuberculosis Response:

Prisoners and incarcerated populations, people living with HIV, migrants, refugees and indigenous populations are all groups that are highly vulnerable to TB, as well as experiencing significant marginalization, decreased access to quality services, and human rights violations.

Key Populations in the Malaria Response:

The concept of “key populations” in the context of malaria is relatively new and not yet as well defined as for HIV and TB. However, there are populations that meet the criteria outlined above. Refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized.

People living with the three diseases

In addition to people who experience enhanced risk and vulnerability, all people living with HIV, and who currently have, or have survived, TB, fall within this definition of “key populations”. Given that in some countries, a substantial proportion of the population has malaria, and the impact is not linked to systematic marginalization or criminalization, people who have had malaria are not included in this definition. Stigma and discrimination toward people living with HIV is well documented and is a major impediment to improving health outcomes, accompanied by internalized stigma which amplifies risk and vulnerability, and enhances the barriers to effective action. Such stigma is particularly hard-hitting among sex workers, drug users, transgender people and men who have sex with men who are living with HIV and/or TB. They face additional vulnerabilities and marginalization due to their HIV status, including from within their own communities.

Additional Cross-cutting Factors

Women and girls in all their diversity, including transgender women, experience an increased biological vulnerability to HIV, and are disproportionately exposed to violence and other forms of gender oppression that increase HIV risk. This is compounded for women and girls who work as sex workers and/or inject drugs and who may be described as “key affected women”.

Young people from key populations face increased marginalization as age-related laws and policies can hinder their ability to access HIV-related and other health services.

Across the three diseases, people living with disabilities face marginalization, stigma and extreme challenges in accessing health and social services, although more data is required in this area.

Vulnerable Populations

It is always important to look at the epidemiology, but in every context there are communities and groups who fall outside of the above definition of “key populations”, but experience a greater vulnerability to and impact of HIV, TB and malaria. These may include people whose situations or contexts make them especially vulnerable, or who experience inequality, prejudice, marginalization and limits on their social, economic, cultural and other rights. Depending on the context, this might include groups such as orphans, street children, people with disabilities, people living in extreme poverty, mobile workers and other migrants. Some occupations – in particular mining – and contexts may enhance the risk of TB even more by limiting access to healthy environments. Children and pregnant women – in particular women with HIV - are particularly vulnerable to malaria as their immunity is reduced. In many African countries women and girls who are not marginalized – and so would not be defined as “key affected women” – are highly affected by HIV, and must be considered as a vulnerable population.

Depending on the local context, vulnerable populations require focused efforts and resources that address their enhanced needs and protect and promote their human rights, even though they do not fall under the general definition of “key populations”. The Global Fund’s new funding model directs resources to priority services where needs are greatest in order to achieve impact.

⁴ “Transgender”, at its most basic level, is a word that applies to someone who doesn’t fit within society’s standards of how a woman or a man is supposed to look or act. A transgender identity is not dependent upon medical procedures. In other words, some transgender people have surgeries or take hormones to bring their body into alignment with their gender identity, but many do not medically alter their bodies, and that doesn’t mean they’re not transgender. The term has been used to describe hijras of India, Bangladesh and Pakistan who have gained legal identity, Fa’afafine of Polynesia, among others, and is also used by many of such groups and individuals to describe themselves.

THE EVIDENCE FOR ADDRESSING KEY POPULATIONS

There is clear evidence for the increased impact of HIV and TB on key populations:

- In many low- and middle-income countries, key populations face HIV prevalence rates that are 15-25 percent higher than the surrounding general populations.^{5, 6, 7}
- Nearly 9 million people develop active TB disease each year - and an overwhelming 95 percent of these cases occur in developing countries. Poor nutrition and co-infection with other diseases, especially HIV, can lead to the development of active TB while crowded living conditions, poor ventilation, and lack of access to clean water and sanitation all contribute to an increased susceptibility to TB.

For many of these populations, criminalization remains a significant barrier to accessing public health services for the three diseases.

- In most of Eastern Europe and Asia, people who inject drugs face denial of health services, potential arrest, and harassment by police. Proven means of HIV prevention such as substitution therapy are illegal in many countries. In Russia, fewer than one in one hundred people living with HIV who inject drugs are receiving HIV treatment.^{8, 9, 10, 11, 12}
- In several countries of Southern Africa where homosexuality is criminalized, one in five men who have sex with men have reported being blackmailed because of their sexuality, and those experiencing blackmail have been less likely to seek health services.¹³
- Criminalization related to HIV status is rising. At least 63 countries have jurisdictions with HIV-specific criminal statutes, 17 of which have prosecuted individuals under these laws. In 2000, no African country had an HIV-specific

criminal statute. Today, Africa has the most countries with HIV-specific criminal statutes (27), followed by Asia (13), Latin America (11), and Europe (9).¹⁴

Among key populations there are often gender-specific obstacles to accessing health services that remain unaddressed:

- An increasing percentage of people who inject drugs are female; however, many programs for drug users have been structured only for men.¹⁵ For example, in some countries, harm reduction services and antiretroviral (ARV) therapy are available only in men's prisons and not in women's. Similarly, female drug users are excluded from prevention of mother-to-child transmission (PMTCT) programs in certain settings.¹⁶
- Transgender people, especially transgender women, experience violence and denial of health services at an alarming rate. Even when they access services, stigma and discrimination from health care workers undermine efforts by national health programs to help people stay on and succeed in long-term treatment regimens.¹⁷

Stigmatization, discrimination, disenfranchisement and criminalization of key populations impede country efforts to reach their respective goals and targets. Mistreatment and neglect of key populations has led to insufficient resource allocation and program design that is neither evidence- nor rights-based. Examples include:

- There are more than half a million refugees living in Kenya and approximately 250,000 in Ethiopia. These populations are at elevated risk for the three diseases, but they have not been a primary focus of TB or malaria program proposals or funding in either country, thus little funding from the Global Fund supports interventions targeted to these key populations.¹⁸

5 UNAIDS (2012). Report on the global AIDS epidemic. Available: http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_en.pdf

6 Baral S et al. (2007). Elevated Risk for HIV Infection among Men Who Have Sex with Men in Low- and Middle-Income Countries 2000-2006: A Systematic Review. *PLoS Med* 4:e339.

7 Baral S et al. (2012). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis* doi:10.1016/S1473-3099(12)70315-

8 Mathers BM et al. (2010). HIV prevention, treatment and care services for people who inject drugs: a systematic review of global, regional and national coverage. *Lancet* 375:1014-28.

9 Duta et. al The Global Epidemics among People Who Inject Drugs. Washington, DC: World Bank

10 WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access for HIV Prevention, Treatment and Care for Injecting Drug Users, 2009.

11 UNDP. The Global Commission on HIV and the Law: The Global Commission on HIV and the Law - risks, rights and health. In Book The Global Commission on HIV and the Law - risks, rights and health. HIV/AIDS Group, Bureau for Development Policy; 2012.

12 UNAIDS 2012

13 Baral et al 2009.

14 UNAIDS, Criminalization of HIV Non-Disclosure, Exposure and Transmission: Background and Current Landscape, February 2012

15 Analysis by The Eurasian Harm Reduction Network. Available at: <http://www.harm-reduction.org/special-groups.html>

16 Pinkham S. Developing Effective Health Interventions for Women Who Inject Drugs: Key Areas and Recommendations for Program Development and Policy. *Advances in Preventive Medicine*. Volume 2012 (2012) Available at: <http://dx.doi.org/10.1155/2012/269123>

17 The Night is Another Country, Violence Against Transgender Women Human Rights Defenders In Latin America, The International HIV/AIDS Alliance and REDLACTrans, 2012.

18 Speigel et al. Conflict-affected displaced persons need to benefit more from HIV and malaria national strategic plans and Global Fund grants. *Conflict and Health* 2010

- Sex workers remain marginalized by the scale-up of ARV therapy in Zimbabwe despite more successful national efforts among the adult population. Sex workers reported harassment and stigma as major barriers to accessing HIV treatment.¹⁹
- In Guyana, programming for men who have sex with men under the Round 8 Global Fund grant was slashed by 96 percent after grant approval, an act seen in other countries as well where governments have systematically cut key population programs from Global Fund grants after proposals were approved.²⁰

Collecting better data on key populations is one step towards addressing more adequately access and service gaps where they exist. The Global Fund is seeking to increase access to adequate data, disaggregated by gender and age and key population groups, in order to understand better how Global Fund investments target these groups. In promoting the collection of such data, the Global Fund is cognizant of the important need to use data collection and dissemination strategies that protect human rights, privacy and confidentiality. As of 2011, national reporting of disease prevalence among all key populations – a basic prerequisite for understanding and responding to epidemics – is conducted by fewer than half of all Global Fund grant recipients.²¹ Further, most countries rely on insufficient data collection methods, such as National Demographic Health Surveys, that do not collect adequate data, including sex and age disaggregated data, on key populations. Under-counted populations remain under-funded.

THE GLOBAL FUND STRATEGY 2012-2016 AND THE NEW FUNDING MODEL

The Global Fund's current strategy (2012-2016) aims to save 10 million lives and prevent 140-180 million new infections from HIV, TB and malaria by:

1. Investing more strategically in areas with high potential for impact and strong value for money, and fund based on countries' national strategies;
2. Evolving the funding model to provide funding in a more proactive, flexible, predictable and effective way;
3. Actively supporting grant implementation success through more hands-on grant management and better engagement with partners;
4. Promoting and protecting human rights in the context of the three diseases; and
5. Sustaining the gains and mobilizing resources by increasing the sustainability of supported programs and attracting additional funding from current and new sources.

The strategy carries huge promise for scaling up programs to reach key populations. Through its commitment to more active grant management, the Global Fund is better able to identify gaps in data about key populations, to track their participation in country processes, and to monitor how accurately investments and program implementation match established evidence. The strategy is an important step towards continual improvement of the Global Fund. Through its expanded commitment to promote and protect human rights, the Global Fund is more engaged in monitoring and responding to human rights violations and tying that information into the financing process.

The new funding model also has great potential to strengthen the participation of key populations throughout the country dialogue, concept note development and grant-making processes. The 2012-2013 transition phase has so far shown encouraging results. Key populations have been involved in country dialogues and concept note development, leading to increased investments in programming related to key populations. Budgets submitted by early applicants have included interventions to address critical enablers such as health literacy and human rights trainings, legal services, and development synergies such as linkages to employment, education, and social protection services.²² This is in addition to investments in service delivery by and for key populations.

19 Mtetwa S et al. You are wasting our drugs: health service barriers to HIV treatment for sex workers in Zimbabwe. BMC Public Health 2013, 13:698

20 amfAR. Key Considerations for the Global Fund: Implementing the next phase of the Sexual Orientation and Gender Identity (SOGI) Strategy. amfAR, June 2013

21 Beyrer C et al (2012). Global epidemiology of HIV infection in men who have sex with men. The Lancet. 2012; 380: 367-77.

22 Open Society Foundation. Rapid Assessment of Local Civil Society Participation in the Global Fund to Fight AIDS, TB and Malaria's New Funding Model. 2013.

The process is not perfect, though. Community advocates and members of Country Coordinating Mechanisms have reported that essential interventions were discussed during the country dialogue but excluded from the concept notes submitted to the Secretariat.²³ In addition, advocates have raised concerns about the new funding model's prioritization of low-income countries and questioned how that will impact key populations who experience extreme disease burden in countries with greater economic output.²⁴

The Global Fund recognizes these challenges and has included safeguards to ensure that key populations are prioritized and that investments are focused and strategic. These safeguards include: (1) guidance on human rights, community systems strengthening, gender, and other related topics; (2) emphasis on evidence-based inputs, drawn from strong national strategic plans or investment cases; (3) revised requirements regarding the representation of key populations on Country Coordinating Mechanisms; (4) an ongoing emphasis on dual-track financing;²⁵ (5) provision of targeted technical assistance to support the meaningful engagement of key populations as well as broader communities; (6) a modular planning tool which serves as a guideline for including interventions which specifically addresses community, rights and gender issues; and (7) a Board-approved Special Initiative to provide for technical assistance to Country Coordinating Mechanisms and implementers for capacity building with regards to key population needs.

The Key Populations Action Plan is designed to strengthen these efforts by articulating clearly the obligations of the Global Fund Secretariat, technical partners and other stakeholders in fulfilling the commitment to key populations.

COMMUNITY SYSTEMS STRENGTHENING

Key populations often depend more upon community systems than members of the general population. The development of social networks and organizations for support, advocacy, and kinship is crucial for key populations who often fear and mistrust government-affiliated health systems, receive poor treatment within those systems, and fear reprisals as a result of disclosure. Strengthening these social networks and organizations can have a positive impact on the ability of key populations to engage in health care²⁶ and therefore is an important contribution to the Global Fund's goal to end the three diseases. Of particular importance are the growing national, regional and global networks that represent key populations. Further development of these networks can serve to build national and local level capacity to advocate for and provide services to key populations. One important method of securing support for these crucial networks is through funding for community systems strengthening.

In 2011, working closely with partners, the Global Fund developed a framework for community systems strengthening. The Community Systems Strengthening Framework acknowledges the unique role that community organizations and networks have in supporting services, advocacy and outreach within affected communities. However, funding levels remain low. Community systems strengthening interventions accounted for only 3 percent of Round 10 Global Fund investments.^{27, 28} The Global Fund will seek to strengthen the impact of the Community Systems Strengthening Framework through encouraging increased investment and through the collection of data about the types and progress of community systems strengthening interventions funded to date. This data can then serve to inform decisions on future allocations of community systems strengthening funding so as to achieve the most impact.

The Community Systems Strengthening Framework emphasizes the importance of capacity building for effective, sustainable community responses.

- **As of 2012, only 47 countries reported participation of key populations on their Country Coordinating Mechanism. Alongside the launch of the new funding model, the Global Fund issued new Country Coordinating Mechanism eligibility requirements and minimum standards, which emphasize the**

23 The Experience of Zimbabwe with the Global Fund's New Funding Model, Zimbabwe CCM, 2013.

24 ICASO. Civil society and key populations: Considerations for the Global Fund's new funding model. April 2013.

25 "dual-track financing" refers to the Global Fund policy of encouraging countries to nominate at least two Principal Recipients for each grant, one from the public sector and one from the nongovernmental sector.

26 Greenall M. Community Systems Strengthening and Key Populations. MSMGF. September 2013.

27 The Global Fund. Round 10 Call For Proposals: Community Systems Strengthening. 2011

28 Greenall M. 2013.

importance of including key populations and addressing gender equality. Community systems strengthening investments can serve to increase the capacity of key populations to participate in and monitor Country Coordinating Mechanisms and other Global Fund governance processes.

- Technical assistance for concept note development has been directed to key population organizations by UNAIDS' technical support facilities, the Civil Society Action Team, and other technical support programs funded by the governments of Australia, France, Germany, and the United States. Additional community systems strengthening investments can expand the participation of key population groups in concept note development and program implementation. To this end, the Board of the Global Fund has approved a Special Initiative to provide technical assistance to support capacity development and participation of key populations and communities more broadly in the country dialogue.
- When national investment and programming for key populations are systematically blocked, non-Country Coordinating Mechanism and regional proposals offer an avenue for funding key populations programming through the Global Fund. Community systems strengthening investments can support monitoring to determine if non-Country Coordinating Mechanism and regional proposals are an appropriate strategy for a given country, as well as build the capacity of organizations representing key populations in concept note development and program implementation. Issuing detailed guidance about the applicability of the new funding model to non-Country Coordinating Mechanism and regional proposals will be key to ensuring the successful implementation of a sound strategy addressing key populations.^{29,30}

- Evidence shows that community- and peer-led education and services can be more conducive for key populations.³¹ Scale-up of community-oriented and peer-led service delivery approaches is recommended by the World Health Organization (WHO) and UN agencies as an effective strategy for prevention and care of HIV, TB and malaria.

Since its inception, the Global Fund has been a major funder of such work. Moving forward, the Global Fund will seek out additional data to better understand the extent of its support for community-based and peer-led service delivery and about the outcomes from funded programs. Additional data from program delivery would help to identify those service delivery approaches that are most effective for different geographic settings, populations, legal systems, and cultures. As the new funding model is implemented, the Global Fund will evaluate if and how it strengthens support for effective rights-based, community- and peer-led approaches to service delivery.

Beginning in 2014, the Global Fund will take actions toward five strategic objectives. For each objective, specific actions and related indicators are described below.

29 The Global Fund. Report of the Round 9 Screening Review Panel.2010

30 The Global Fund. Summary Report of the Consultations on the Global Fund Strategy 2012-2016, 2011.

31 Greenall M. 2013.

2. STRATEGIC OBJECTIVES AND RELATED ACTIONS

STRATEGIC OBJECTIVE 1

Investment levels targeting key populations

Strategic Objective	Lead Teams	Action	Outcome
<p>1. Contribute to the effective implementation of services and programs for key populations in order to reach a target of the maximum plausible level³² of coverage of core interventions as recommended by technical partners by 2017 in all countries receiving Global Fund financing.</p>	<p>Grant Management, Strategy, Investment and Impact, Community, Rights, Gender, Civil Society Hub, Country Coordinating Mechanism Hub</p>	<p>1.1 The Global Fund will help enhance country-level data collection using rights-based approaches regarding the scope of and response to HIV, TB and malaria in key populations and utilize that data to: (1) improve grant performance; (2) direct adequate funding allocations towards key populations; and (3) address systemic barriers to national investments and programming for key populations</p>	<ul style="list-style-type: none"> • Approved concept notes include adequate coverage targets for key populations, aligned with resource allocation. • Increased number of countries reporting new, updated, and increasingly disaggregated data each year on key population size, disease burden, rates of infection, age and gender, human rights violations, access to services, program impact, program performance, and levels of counterpart financing. • Where data about key populations are limited, research opportunities will be pursued. • Increased availability of tools and guidance and Technical Review Panel briefings on programming for key populations. • Reports on implementation of Global Fund grants show that programming and activities for key populations are retained through the grant-making process. • Assessments of the Global Fund's allocation methodologies are carried out to determine their impact on goals to reach key populations. • Where appropriate, regional and non-Country Coordinating Mechanism dialogues and concept note development processes are initiated, supported by the Global Fund regional and country teams, formally reviewed by the Technical Review Panel and the Grant Approvals Committee, and approved for funding. • An evaluation of the new funding model's support for key populations is initiated.
		<p>1.2 The Global Fund will take steps to ensure that: (1) appropriate tools and guidance on programming for key populations are available; (2) prepare briefings on community, rights and gender issues to the Technical Review Panels by the first wave of applications under the new funding model; (3) during the iterative grant-making process, programming and activities for key populations are reflected in the grant as per approved concept notes.</p>	
		<p>1.3 The Global Fund Secretariat will evaluate the impact of the new funding model in meeting the needs of key populations in all contexts, including analysis of such issues as: (1) the use of accurate disease burden disaggregated by populations as inputs for funding allocations; (2) the need to address fast-growing epidemics among key populations in low-prevalence countries; and (3) the human rights and gender equality impact of funding allocations that are based on a country's ability to pay.</p>	
		<ul style="list-style-type: none"> • The Global Fund will work with in-country and technical partners to improve data collection about key populations through: (1) scrutiny of published (gender- and age-disaggregated) data and other evidence about disease burden, new infection rates, access to services, effective interventions, human rights violations, as well as enabling environments and development synergies; (2) correction of discrepancies in the reporting and analysis of existing data, and (3) identification of ways to improve data collection, ensure accuracy, and protect human rights, confidentiality and privacy. • The Global Fund will utilize improved gender- and age-disaggregated data collection on key populations in reviews of concept notes and funding requests, grant negotiation and evaluation of grant performance to develop programs that are appropriately targeted both in size and approach to meet key population needs. • The Global Fund will encourage the use of monitoring and evaluation funds by Country Coordinating Mechanisms and Principal Recipients to monitor government spending of Global Fund grants in relation to key populations. For portfolios where investment levels tied to programmatic approaches for services for key populations are not deemed to be driving for maximum impact, this is going to be addressed during the country dialogue, concept note review and the grant-making process. 	

32 To achieve universal access to HIV prevention, treatment, care and support by 2015, WHO/UNAIDS recommends 60 percent coverage with the basic programs for sex workers, men who have sex with men and needle and syringe programs. For countries that have introduced opioid substitution programs, 40 percent coverage by 2015 is desirable. In countries that have not introduced opioid substitution therapy programs yet, 20 percent coverage is recommended by 2015. These targets are considered the maximum plausible level of coverage. Countries that have reached these levels of coverage for needle and syringe programs and opioid substitution therapy have seen their HIV epidemics stabilize among people who inject drugs. (Schwartlander B, Stover J, Hallet T, et al., on behalf of the Investment Framework Study Group. *Towards an improved investment approach for an effective response to HIV/AIDS*, Lancet, 2011, published online June 3. DOI:10.1016/S0140-6736(11)60702-2. Supplementary web appendix.)

STRATEGIC OBJECTIVE 2

Inclusion of key populations in country and regional processes

Strategic Objective	Lead Teams	Action	Outcome
<p>2. Support, monitor and document meaningful participation of key populations at every level of implementation of Global Fund financing in each country, including inclusion in country updates of national strategic plans, country dialogues, regional dialogues, concept note development, grant-making processes and service delivery.</p>	<p>Grant Management, Strategy, Investment and Impact, Community, Rights, Gender, Civil Society Hub, Country Coordinating Mechanism Hub</p>	<p>2.1 The Global Fund will support and encourage sustained and increased resources to support community systems strengthening efforts. Specifically, the Global Fund will work with in-country technical partners and networks representing key populations to: (1) identify effective advocacy and service delivery organizations staffed by and targeted to key populations in order to improve efforts to channel resources to these organizations; (2) ensure that technical assistance is delivered by and for key populations to increase the capacity of local-level organizations serving key populations as providers and as potential Principal Recipients and sub-recipients; and (3) support operational research to understand better effective service delivery approaches to meet key population needs.</p>	<ul style="list-style-type: none"> • Greater participation of key population advocates and service providers involved in country dialogues. • Greater participation of key population advocates involved in concept note drafting teams, and participating in grant negotiations and grant performance reviews. • Increased number of key population advocates on Country Coordinating Mechanisms. • Increased funding requests and allocations for community systems strengthening. • Improved evidence-informed analysis of key population needs and response in concept notes, and operational research on service delivery for key populations. • Improved data on community systems strengthening spending and outcomes for key populations. • Increased number of key population service providers as Principal Recipients and sub-recipients. • Increased number of requests for, and allocation of, funding for technical assistance to key population organizations and networks to increase advocacy and service delivery capacity. • Reports on outcomes from efforts to improve the attitudes of health service providers towards and treatment of key populations in health facilities.
		<p>2.2 The Global Fund will work with in-country and technical partners, including regional and global networks representing key populations, to: (1) support key population representatives' consolidated input and advocacy during country and regional dialogues, for example by holding caucuses and making a case for investing in key population-based assessments; (2) ensure a majority of countries submit a concept note that includes an evidence-informed analysis of key population needs and related responses; (3) monitor key population participation on Country Coordinating Mechanisms, including ensuring robust assessments of Country Coordinating Mechanisms with regard to the meaningful inclusion and participation of key populations, and as Principal Recipients and sub-recipients where appropriate.</p>	

STRATEGIC OBJECTIVE 3

Creating measurable deliverables and improved reporting mechanisms

Strategic Objective	Lead Teams	Action	Outcome
<p>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 to: (1) improve the ability of organizations representing key populations to participate in program management and service provision; (2) understand grant performance; and (3) replicate successes and remediate failings.</p>	<p>Grant Management, Office of the Inspector General</p>	<p>3.1 The Global Fund will seek to increase the number of grants using indicators focused on improving health coverage, health outcomes and community systems strengthening for key populations.</p>	<ul style="list-style-type: none"> • Dedicated budgetary resources for key populations. • Increased reporting against program delivery measures and budget expenditure for key populations. • Increased sharing of data and evidence about program delivery successes for key populations. • Proactive steps taken to remedy failings in key population service delivery. • Indicators focused on health coverage, outcomes and community systems strengthening for key populations developed and implemented by country partners.
		<p>3.2 The Global Fund will develop guidance and strategies for grant administration and risk mitigation that are less burdensome and tailored to better aid implementing organizations, including those that are led by and serve key populations.</p>	
		<p>3.3 Investigation and reporting by the Office of Inspector General on risk and risk mitigation will include reviews of country-level grant-making, implementation, monitoring and governance structures for systematic inequities and processes that create biases against or vulnerabilities for key populations.</p>	
		<p>3.4 The Global Fund will utilize new processes for grant reprogramming and renewal and allocation of technical assistance and capacity-building funds, as tools to address identified weaknesses and risks in Global Fund grants related to key populations.</p>	

STRATEGIC OBJECTIVE 4

Reinforce knowledge among Global Fund staff and partners

Strategic Objective	Lead Teams	Action	Outcome
4. Ensure that Global Fund staff and partners involved in all aspects of grant-making and grant management have expertise on the needs and vulnerabilities of key populations.	Grant Management, Human Resources, Management Executive Team, Community, Rights, Gender, Civil Society Hub, Country Coordinating Mechanism Hub, Access to Funding	4.1 The Global Fund will provide Country Coordinating Mechanisms, Local Fund Agents, Principal Recipients, sub-recipients, and sub-sub-recipients with basic technical information and training about priority interventions, health systems, community systems, service coverage levels, and human rights for key populations; produce detailed and practical guidance on the role of the new funding model in meeting the needs of key populations; and encourage increased engagement with individuals and organizations that are affiliated with or representing key populations.	<ul style="list-style-type: none"> Annual reviews document improved extent and quality of Country Coordinating Mechanism, Local Fund Agent, Principal Recipient, sub-recipient, and sub-sub-recipient efforts to address social and development factors affecting the health of key populations. Annual survey documents that Global Fund staff are knowledgeable, experienced, and visible champions of gender equity, human rights, and programming by and for key populations.
		4.2 The Global Fund will ensure that Secretariat staff, in particular those working in grant management, the Country Coordinating Mechanism hub and other key teams have access to technical information and training about priority interventions, health systems, community systems, service coverage levels, and human rights for key populations; produce detailed and practical guidance on the role of the new funding model in meeting the needs of key populations; and encourage recruitment of individuals affiliated with or from key populations.	<ul style="list-style-type: none"> Increased recruitment of individuals affiliated with or from key populations to the Global Fund Secretariat. The Technical Review Panel and Grant Approvals Committee demonstrate strong awareness of the needs and rights of key populations and support appropriate programming. The Global Fund Board and committees are well informed about key populations and take steps to address priority strategic issues to ensure that the Global Fund meets their needs.
		4.3 The Global Fund Secretariat will provide the Technical Review Panel, Grant Approvals Committee and the Global Fund Board and committees with basic technical information and training about priority interventions, health systems, community systems, service coverage levels, and human rights for key populations; produce detailed and practical guidance on the role of the new funding model in meeting the needs of key populations; and encourage increased engagement with individuals and organizations that are affiliated with or representing key populations, including by informing the periodic assessment of Country Coordinating Mechanisms with regard to ensuring the inclusion and meaningful participation of key populations	<ul style="list-style-type: none"> Compilation and distribution of materials to Global Fund Secretariat and Board about key population epidemiology, service coverage and best practices.

STRATEGIC OBJECTIVE 5

Leadership and advocacy by and for key populations

Strategic Objective	Lead Teams	Action	Outcome
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.	Communications, External Relations, Management Executive Committee, Community, Rights, Gender, Civil Society Hub, Country Coordinating Mechanism Hub	5.1 The Global Fund will disseminate information about its funding related to key populations. Specifically, the Global Fund Secretariat will use opportunity of country dialogue to discuss the needs of key populations and Global Fund commitments to meet those needs through expanded health coverage, improved health outcomes and investment in community systems strengthening.	<ul style="list-style-type: none"> • Number of examples where Global Fund communicates about its funding and grant performance related to key populations. • Development of best practice guidance to scale up use of effective and rights-based approaches for services and programs for key populations. • Guidance to country partners to prevent human rights violations in Global Fund programming. • Reports to the Global Fund Board about efforts to prevent human rights violations. • Development and implementation of a Global Fund communications strategy for the Key Populations Action Plan. • Examples of how key population messaging was integrated into general Global Fund communications.
		5.2 The Global Fund will support development of best practices of rights-based approaches to address the three diseases among key populations in collaboration with in country key population networks.	
		5.3 The Global Fund will review programmatic performance to ensure that Global Fund resources are not utilized in ways that violate human rights of people living with the three diseases and other key populations, provide guidance to country partners to prevent human rights violations in Global Fund-funded programming, and report regularly to the Board of the Global Fund about these efforts.	
		5.4 The Global Fund will develop a communications strategy to promote the Key Populations Action Plan and, where possible, will integrate messaging on key populations into general messaging about the Global Fund.	

ANNEXES

ANNEX 1

The commitments of the Global Fund and its partners

The Global Fund and its partners operate under an extensive set of commitments and technical documents related to key populations (see Table 1). These serve to guide investments and programming related to the three diseases, including in research, targeted services, and interventions to prevent and redress human rights violations.

Key Population-related Commitments, Strategies, and Guidelines

Global Fund

- Sexual Orientation and Gender Identity (SOGI) Strategy and Implementation Plan (2009)
- Gender Equality Strategy (2009)
- Country Coordinating Mechanism Guidelines (2013)
- Equity Guidance (2011)
- Addressing Sex Work, MSM, and Transgender People in the Context of HIV Epidemic, Information Note (February 2014)
- Harm Reduction for People Who Inject Drugs, Guidance Note (February 2014)
- Community Systems Strengthening, Information Note (March 2014)
- HIV and Human Rights, Information Note (February 2013)
- Tuberculosis and Human Rights, Information Note (February 2013)
- Strategic Investments for HIV Programs, Information Note (May 2014)
- New Funding Model: Instructions for Early Applicants, Information Note (June 2013)
- Strategic Investments for TB (February 2014)
- Information Note on Joint Tuberculosis and HIV Programming (April 2014)
- Health Systems Strengthening for Global Fund Applicants (March 2014)
- Addressing Gender Inequalities and Strengthening Responses for Women and Girls (April 2014)
- Human Rights for HIV, TB, Malaria and HSS Grants (February 2014)
- Maximizing the Impact on Reproductive, Maternal, Newborn and Child Health (March 2014)
- Dual-track Financing (February 2014)

United Nations and other Technical Partners

- UN Report of the High Level Panel on the Post-2015 Development. (2013)
- UNAIDS Treatment 2015 (2013)
- UNAIDS Guidance on Partnerships with PLHIV and Key Populations
- UNODC-HIV prevention, treatment, and care in prisons and other closed settings: a comprehensive package of interventions. Policy Brief. (June 2013)
- WHO-Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection (2013)
- WHO, UNFPA, UNAIDS, NSWP, World Bank – Implementing Comprehensive HIV/STI Programmes with Sex Workers (2013)
- WHO-Improving the health and well-being of lesbian, gay, bisexual and transgender persons. Report to the World Health Assembly. (2013)
- Global Commission on HIV and the Law. Risks, Rights and Health, July 2012.
- UNAIDS Guidance Note on HIV and Sex Work. Geneva, Joint United Nations Programme on HIV/AIDS, 2012.
- WHO-Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low and Middle Income Countries. (2012)
- WHO/UNFPA/UNAIDS/NSWP – Guidance on Pre-Exposure Oral Prophylaxis (PrEP) for Serodiscordant Couples, Men and Transgender Women who have Sex with Men at High Risk of HIV (2012)
- WHO, UNODC, UNAIDS - Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users. (2012 Revision)
- The UN Political Declaration on HIV/AIDS (2011).
- UNAIDS, Global Plan Towards the Elimination of New Infections Among Children and Keeping their Mothers Alive (2011)
- WHO/UNDP/UNAIDS/GIZ/MSMGF -Prevention and Treatment of HIV and other Sexually Transmitted Infections among Men who have Sex with Men and Transgender People. (2011)
- UNAIDS action framework: Universal access for men who have sex with men and transgender people. Geneva, Joint United Nations Programme on HIV/AIDS (2009)
- UNODC, WHO, UNAIDS-HIV testing and counselling in prisons and other closed settings: technical paper (2009)
- UNAIDS Inter-Agency Task Team on HIV and Young People Global Guidance Briefs HIV Interventions for Young People (2008)
- OHCHR and UNAIDS. The International Guidelines on HIV/AIDS and Human Rights. (2006)
- WHO. Patients' Charter for Tuberculosis Care. (2006)
- UNODC, WHO, UNAIDS-HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response. (2006).

ANNEX 2

Resource implications

This action plan assumes that all structures relating to the Global Fund – within the Secretariat and Board, country partners and technical partners - have a responsibility to meet commitments to key populations. This responsibility will impact with varying degrees all budget lines, time management, evaluation, and partnership development.

Risks and assumptions

In the development of this action plan the following assumptions were made:

1. Energetic and sustained support and commitment from the Global Fund Board and Executive Management of the Secretariat;
2. Continuing technical support and direction from the Strategy, Investment and Impact division of the Secretariat and the Strategic Investment and Impact Committee of the Board;
3. A resource level sufficient to accomplish activities in relation to technical, financial and human resources;
4. Stakeholder support and participation, including through partners at the global and country level.

RISK	MITIGATION STRATEGY
Insufficient buy-in and commitment from Executive Management and/or staff to enable achievement of objectives.	Strong commitment and leadership from the Board and Executive Management ensures appropriate staff attention and time to the actions in this plan.
Insufficient expertise and knowledge across the Secretariat to implement all activities within the timeframe.	The Management Executive Committee, the Strategy, Investment and Impact division, the Community, Rights and Gender department and the Human Resources department ensures Secretariat staff is provided with the necessary training to implement the action plan effectively and utilizes technical expertise within Global Fund partner agencies, including key population networks.
Internal resistance to the integration of actions into Global Fund policies, procedures and structures due to lack of sensitivity and/or workload.	Secretariat conducts reviews to identify areas where the integration of actions into Global Fund policy guidance, procedures and structures are possible. The Executive Management, Board and Board Committees communicate the importance of this work to Secretariat as necessary.
Inadequate stakeholder support at country and global level to achieving objectives and actions prevents successful implementation of activities.	Development of formal and informal partnership agreements, to include integration of actions into operationalization of existing MOUs. Regular communication and networking.
Information and communication are poorly disseminated both internally and externally leading to lack of understanding and commitment.	Ensure lines of communication are clearly defined and messages are widely disseminated.
Insufficient resources mobilized to support activities and effect change at the country level and within Global Fund structures and operations.	Robust fundraising and donor awareness in relation to key population issues and actions and leveraging other donor support and funding initiatives targeting key populations.

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