STRENGTHENING KNOWLEDGE ON

THE GLOBAL FUND PROCESSES FOR TRANSGENDER COMMUNITIES

APTN
Asia Pacific Transgender Network

ROBERT CARR FUND
for civil society networks

Learning Guide: Strengthening Knowledge on The Global Fund Processes for Transgender Communities

LEARNING GUIDE: STRENGTHENING KNOWLEDGE ON THE GLOBAL FUND PROCESSES FOR TRANSGENDER COMMUNITIES

Asia Pacific Transgender Network is grateful to Dr. Sarah Zaidi, a consultant and author of the learning guide, Mr. David Traynor and Ed Ngoksin, techincal experts from the Global Fund and appreciate the technical support from Tony E. Lisle and Manuel da Quinta from the UNAIDS Regional Support Team-Bangkok.

Technical input was received from Joe Wong and Kevin Halim (APTN).

Joe Wong and Kevin Halim coordinated and managed the development of this document.

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ABOUT APTN

The Asia and Pacific Transgender Network (APTN), launched in December 2009, is a regional advocacy and partnership platform for transgender organizations. It advocates for improved health, human rights, social well-being, and quality of lives for transgender person. Recognizing that HIV disproportionately affects transgender women, APTN advocates for improved access to appropriate prevention, treatment, care and support services for HIV and other sexually transmitted illnesses. APTN is legally registered in Thailand as a Foundation with a two-tiered governance structure - a Thai Foundation Board overseeing legal matters and a Regional Steering Committee responsible for the strategic direction of the network. The APTN Secretariat is based in Bangkok. For more information on APTN, visit **www.weareaptn.org**

DEFINITION OF TRANSGENDER PERSONS

APTN uses the definition of the term **"trans/transgender,"** from WHO Joint Technical Brief: HIV, Sexually Transmitted Infections and Other Health Needs among Transgender People in Asia and the Pacific, 2013 report: "Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined."

THE RCNF GLOBAL FUND PROJECT

The Robert Carr civil society Networks Fund (RCNF) is the first international 'pooled' fund that specifically aims to strengthen international networks around the world in the area of HIV. In 2014, RCNF entered into a partnership with the Global Fund to expand and strengthen meaningful engagement of key populations and women across Global Fund related processes and platforms. APTN was one of the grant recipients of RCNF's Global Fund Special Initiative and acknowledges RCNF support.

APTN aims to build knowledge and advocacy skills of transgender communities in Asia on the functions and processes of the Global Fund and how best to monitor support for transgender-related activities. The objectives are to; understand the Global Fund; develop knowledge of how to engage with national structures working with the Global Fund; learn of processes under the New Funding Model for country programming; have a better understanding of Global Fund's Human Rights Strategy, Sexual Orientation and Gender Identity Strategy, and the Gender Equality Strategy; identify how transgender communities can engage with the Global Fund.

The Global Fund Learning Guide is prepared for transgender communities in Asia, and serves as the supporting document for APTN's workshop in Taipei, Taiwan held for partners from India, Indonesia, Pakistan, and Thailand, who are supported under the Robert Carr Network Fund Grant. Partners from Nepal and Vietnam also participated in workshop as they were in Taipei for the regional conference of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Asia) and are APTN partners under the first grant from the Robert Carr Network Fund.

APTN is grateful to the Global Fund for providing an expert, Mr. David Traynor, for the workshop and to Ed Ngoksin for providing general information on community engagement with the Global Fund. APTN acknowledges and appreciates the support of the Robert Carr civil society Network Fund and UNAIDS Regional Support Team-Bangkok. Any mistakes in interpretation should be communicated to Dr. Sarah Zaidi at **sz.zaidi@gmail.com**

LIST OF ABBREVIATIONS

CBO	Community-based Organization
CCM	Country Coordinating Mechanism
CSS	Community Systems Strengthening
FPM	Fund Portfolio Manager
GAC	Grants Approval Committee
GES	Gender Equality Strategy
FA	Local Fund Agent
NFM	New Funding Model
NGO	Non-governmental Organization
NGO	Non-governmental Organization
OIG	Office of the Inspector General
PLHIV	People Living with HIV
PR	Principal Recipient
SIIC	Strategy, Investment and Impact Committee
SOGI	Sexual Orientation and Gender Identity
SR	Sub-recipient
TRP	Technical Review Panel
UNAIDS	Joint United Nations Program on HIV/AIDS

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01
A SHORT HISTORY OF THE GLOBAL FUND

THE GLOBAL FUND BELIEVES THAT IT SHOULD BE AGILE, RESPONSIVE AND COMMITTED TO SERVING COMMUNITIES.

01 A SHORT HISTORY OF THE GLOBAL FUND

Between 2000 and 2001 a new fund was conceived by the G8 (informal forum of the Great Powers[1]) because existing aid programs for HIV/AIDS, tuberculosis, and malaria were viewed as inadequate and incapable of scaling up quickly enough to meet pressing disease burdens and deaths (especially deaths related to HIV and AIDS). The purpose of the Global Fund is "to attract, manage, disburse additional resources through a new public-private partnership that will make sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals" (Global Fund 2002). The principles of the Global Fund[2] are as follows:

COUNTRY OWNERSHIP

The Global Fund is a financing instrument and not an implementing body. Programs are country-led, with broad, cross-sectoral participation. Country ownership means that people determine their own responses tailored to address the local political, cultural and epidemiological context.

PARTNERSHIP

The Global Fund is part of a broader network of actors and interested in developing linkages amongst and across civil society, private sector and government partnerships, and in supporting communities and people living with the diseases. The only way to end AIDS, tuberculosis and malaria is by working together.

PERFORMANCE-BASED

The Global Fund ongoing support depends upon performance and proven results that are carefully monitored by the Local Fund Agents (LFA).

TRANSPARENCY

The Global Fund operates with a high degree of transparency including in applications for funding, funding decisions, grants performance, governance and oversight. All its audits and investigations by the Office of the Inspector General (OIG) are openly published.

> "Viewing itself as a modern approach to global health, the Global Fund believes that it should be agile, responsive and committed to serving communities and reach beyond the mindset of paternalistic aid that created obstacles in the past. It leverages its resources to increase domestic finances for building resilient and sustainable health systems."

[1] The Group of Eight (G8) refers to the eight highly industrialized nations: Canada, France, Germany, Italy, Japan, Russia, the United Kingdom, and the United States. Together these countries view themselves as guardians of global issues like economic growth, global security, energy, and crisis management.

[2] Global Fund Principles available at: http://www.theglobalfund.org/en/overview/

From 2002 and 2010 the Global Fund operated through a rounds-based system, and operated 10-rounds of funding. An assessment of this period in HIV programs revealed that USD 12 billion were invested in 145 countries with about 52 percent (USD 6.1 billion) in low- and middle-income countries. The majority of the funds were for HIV treatment (36 percent; USD 4.3 billion) and prevention (29 percent; USD 3.5 billion), followed by health systems and community systems strengthening and program management (22 percent; USD 2.6 billion), enabling environment (7 percent; 0.9 billion) and other activities.[3] Investments in countries were positively correlated with national adult HIV prevalence, and about 10 percent (USD 0.4 billion) of cumulative resources for prevention targeted most-at-risk populations. These numbers indicated that investment in Asia where the epidemic is concentrated within specific high-risk populations was low. The generalized epidemic in sub-Saharan Africa received the largest share of resources. In 2011, the Global Fund cancelled Round 11 amongst allegations of fraud and insufficient funding. Instead, it began to undergo a period of reform and to explore a new more flexible way of giving out money that it labelled as the New Funding Model (NFM).

1995-2000

- TB program DOT/Stop TB
- Malaria - Roll Back Malaria
- UNAIDS

JAN 2002

Global Fund Incorporated and Launched as a Swiss Foundation

2002-2011

- Grant Rounds 1-10
- Disbursed $10.6 billion HIV
- $2.9b TB
- $ 5.2b Malaria
- Canceled Round 11 at end 2011
- Starts to transition & reform

2012 PERIOD OF REFORM

2013 LAUNCH OF NEW FUNDING MODEL

2014 LAUNCH OF NFM

[3] Adeeva O., Lazarus J.V., Aziz M.A., and Atun R. The Global Fund's resource allocation decisions for HIV programmes: addressing those in need. Journal of the International AIDS Society. 2011, 14:51.

02
Global Fund Structures

The Global Fund

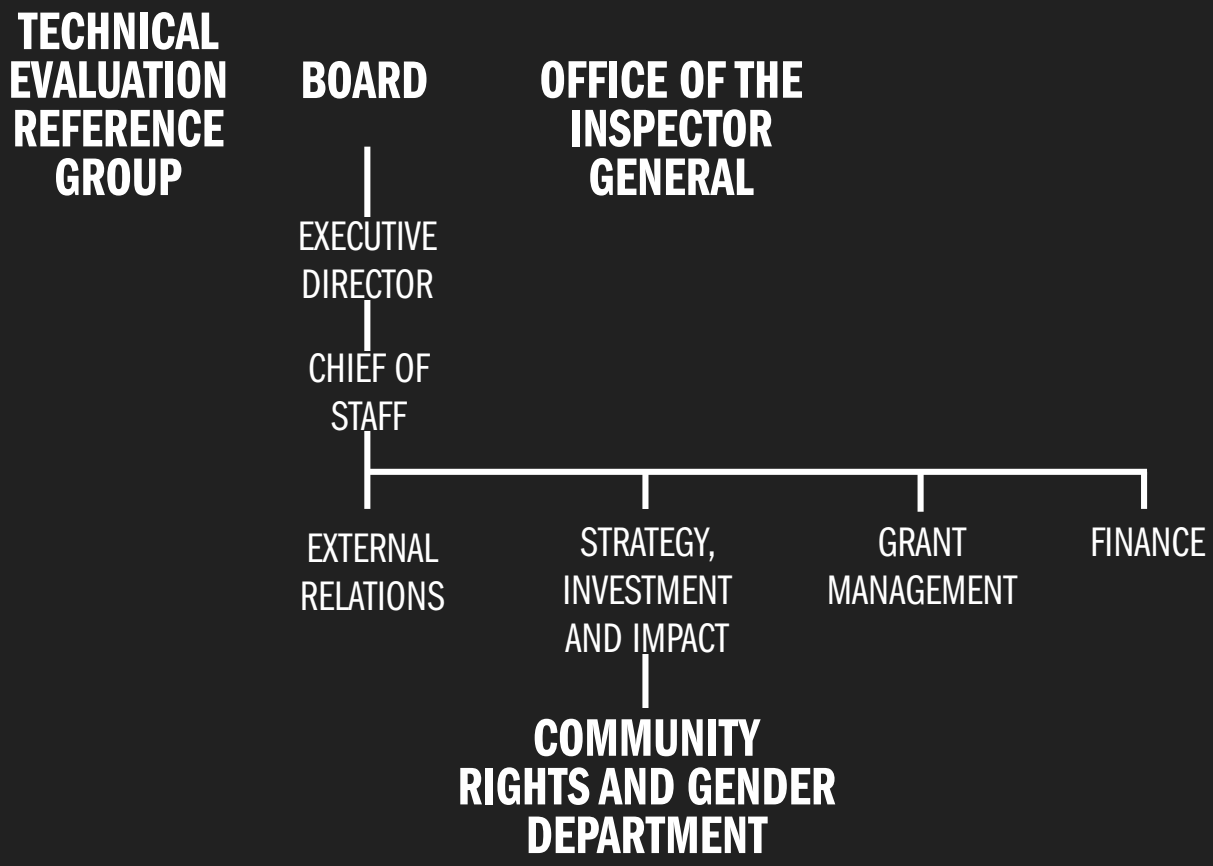
The Global Fund headquarters are in Geneva, Switzerland and it currently employs 650 staff from 100 countries. It is the largest funding mechanism to fight HIV/AIDS, tuberculosis, and malaria. It views itself as a financing entity and relies on others for implementation. To date there have been three Executive Directors: the current Executive Director is Mark Dybul (2013-present). Past Executive Directors included Richard Feachem (July 2002 to March 2007) and Michel Kazatchkine (2007-2012).

The Board, the governance body of the Global Fund, which is composed of representatives from donor and recipient governments, civil society, the private sector, the private foundations, and communities living with and affected by the diseases. It oversees and selects the Executive Director who manages the Global Fund. The Secretariat is responsible for day-to-day functions such as grants portfolio management, disbursements, monitoring and evaluation, donor relations, and finances. There are four departments that provide support or control functions: Human Resources, Communications, Legal and Compliance, and Risk Management. In addition, there are four divisions that focus on implementation. These four divisions are: External Relations, Grant Management, Strategy, Investment, and Impact, and Finance Information Technology, Sourcing and Administration (Figure below). Under the Strategy, Investment and Impact division, the Global Fund in 2013 created a Community, Rights and Gender (CRG) Department with a mandate to address gender equality and human rights not only in country grants but also educating the Secretariat on these issues,

The Global Fund established the Office of the Inspector General (OIG) in 2005, and it is viewed as an independent body responsible for carrying out country program audits and investigating potential cases of fraud and abuse. The OIG reports directly to the Board through the Audit and Ethics Committee. The Global Fund has also put in place an independent evaluation advisory group the Technical Evaluation Reference Group (TERG) that evaluates the Global Fund's business model, investments and impact. The Board appoints the members of the TERG and they report directly to the Board. The TERG is planning to release a Ten-Year evaluation of the Global Fund.

More information on each of these bodies, excluding the TERG, is provided in this section.

The creation of the Community, Rights and Gender (CRG) Department affirms the Global Fund's commitment to a human rights-centered approach that includes civil society participation from different constituencies and representative groups, such as organizations of key populations, people living with HIV, and experts in gender and community responses and systems, as a key element of programmatic support for country grants under the New Funding Model.


TECHNICAL EVALUATION REFERENCE GROUP
BOARD
OFFICE OF THE INSPECTOR GENERAL
EXECUTIVE DIRECTOR
CHIEF OF STAFF
EXTERNAL RELATIONS
STRATEGY, INVESTMENT AND IMPACT
GRANT MANAGEMENT
FINANCE
COMMUNITY RIGHTS AND GENDER DEPARTMENT

02.1
Governance

There are 20 voting members and eight non-voting advisory seats (figure below). The areas of Board responsibility are: strategy, governance, financial, performance, risk and external relations. Each group (or Constituency in Global Fund language) on the Board is composed of a number of countries or organizations and has a designated board member, an alternate board member, and a Communications Focal Point. A full list of members and focal is available on the Global Fund's website. The three NGO delegations (members #8, 9, and 10) have greater focus on communities, key populations, human rights and gender and are not there as representatives of their organization but as representing their constituencies.

List of Current Board Members and alternates

www.theglobalfund.org/en/board/members

General information about the Global Fund Board is available at the link below

www.theglobalfund.org/en/board

GLOBAL FUND BOARD COMPOSITION

Implementer's Bloc	Donor's Bloc	Non-voting members
1. Eastern Europe and Central Asia	11. Canada and Switzerland	21. Chair
2. Eastern Mediterranean	12. European Commission (Belgium, Italy, Portugal, Spain)	22. Vice-Chair
3. Eastern and Southern Africa	13. France	23. Executive Director
4. Latin America and Caribbean	14. Germany	24. Host Country (Switzerland)
5. South East Asia	15. Japan	25. WHO
6. West and Central Africa	16. Point Seven (Denmark, Ireland, Luxembourg, Netherlands, Norway, Sweden)	26. UNAIDS
7. Western Pacific Region	17. United Kingdom and Australia	27. Partners (Rollback Malaria, StopTB, UNITAID)
8. Communities (NGO representative of the Communities Living with Diseases)	18. United States	28. Trustee (World Bank)
9. Developed Country NGOs	19. Private Foundations	
10. Developing Country NGO	20. Private Sector	

The Global Fund has three standing (permanent) committees: the Strategy, Impact and Investment Committee (SIIC), the Finance and Operational Performance Committee (FOPC), and the Audit and Ethics Committee (works closely with the Office of the Inspector General). These three committees make recommendations and report directly to the Board, focusing on areas as stated in their titles. The SIIC is responsible for the Global Fund strategy, and is currently in the process of developing the next strategy for 2017-21. The Board is informed and influence by these Committees.

HOW CAN TRANSGENDER COMMUNITIES ENGAGE IN THESE STRUCTURES ?

For the Secretariat, you should contact the Community Rights and Gender Department that is currently headed by Kate Thomson and her team (discussed in 2.3).

For the Board, your first point of contact is the Community Focal Point for your constituency, which in the case of communities are members #8 and #10. The current positions for #8 is held by Alexandr Curasov from Positive Initiative in Moldova with Rico Gustav from GNP as the alternate member and for #10 by Hristijan Jankuloski of Healthy Options Project Skopje with Allan Achesa Maleche from the Kenya Legal and Ethical Issues Network.

For the Committees, there is representation for NGO Delegations. You can connect with them through the Community Focal Point. They also have a page on Facebook: **www.facebook.com/developingngos** or through Global Fund at **www.developingngo.org**

There is a Regional Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) focal point serving on the Developing Country NGO Delegation from AIDS Right Alliance for Southern Africa (ARASA).

02.2

OFFICE OF THE INSPECTOR GENERAL

The Office of the Inspector General (OIG) was established in 2005 as an independent office that aims to manage key risks for the Global Fund's programs and operations. The OIG promotes good practice, reduces risk and reports on abuse. Its main purpose is to safeguard Global Fund assets, investments, reputation, and ensure sustainability. The OIG has a Whistle Blowing policy (a third party alert of wrongdoing) and most recently developed a human rights policy (discussed latter). **Information on the OIG can be found at www.theglobalfund.org/en/oig**

You can contact the OIG in cases of wrongdoing or complaints against the Global Fund especially allegations or information that highlights harm to stakeholder. While your complaint will be kept confidential, OIG reserves the right to conduct a full investigation including for human rights complaints. You can call or email

Telephone: +41-22-341-5258 (24 hour secure voicemail)
Fax: +41-22-341-5257 (dedicated secure fax)
Email: **inspector.general@theglobalfund.org**

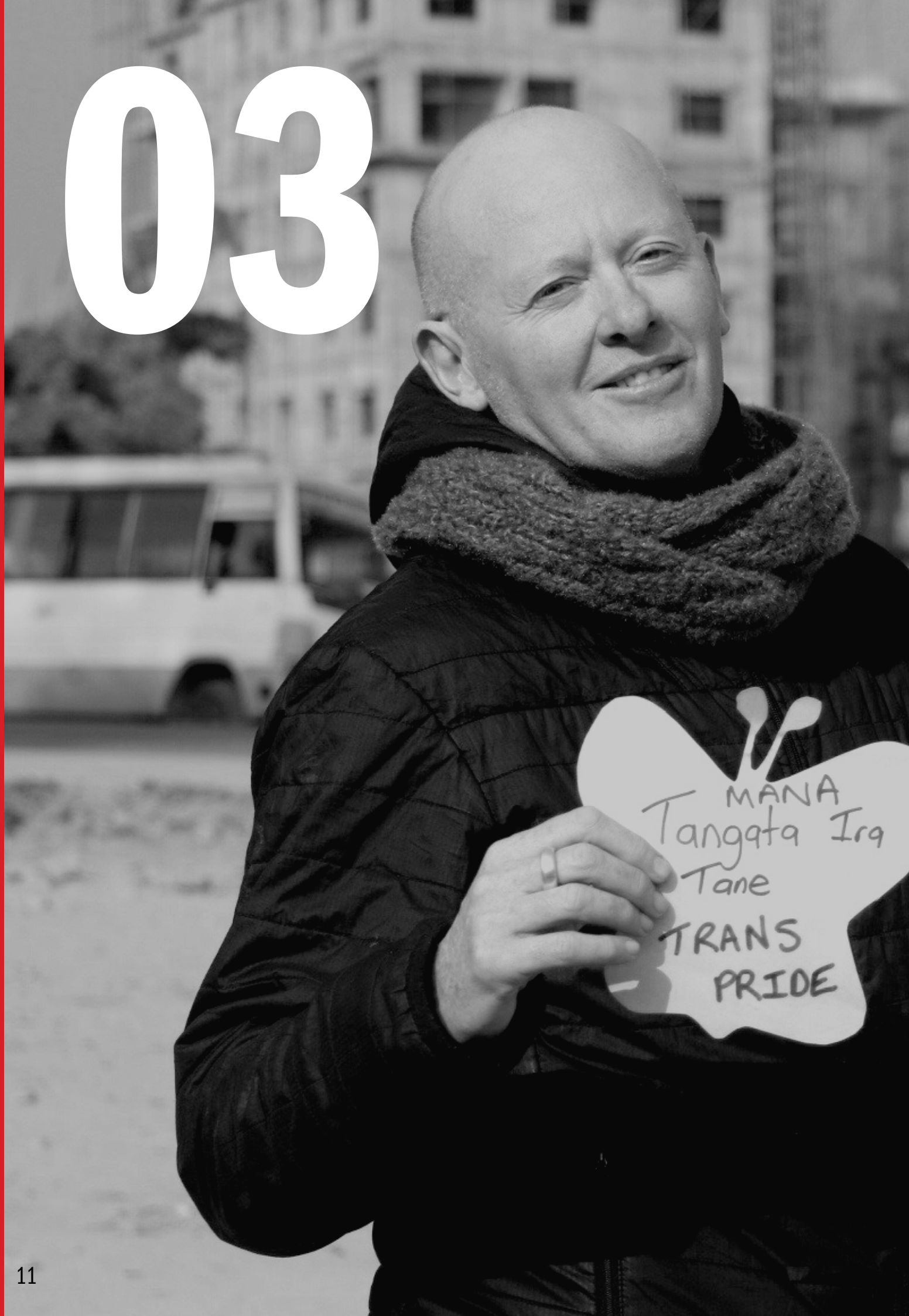
ENGAGING with OIG

02.3

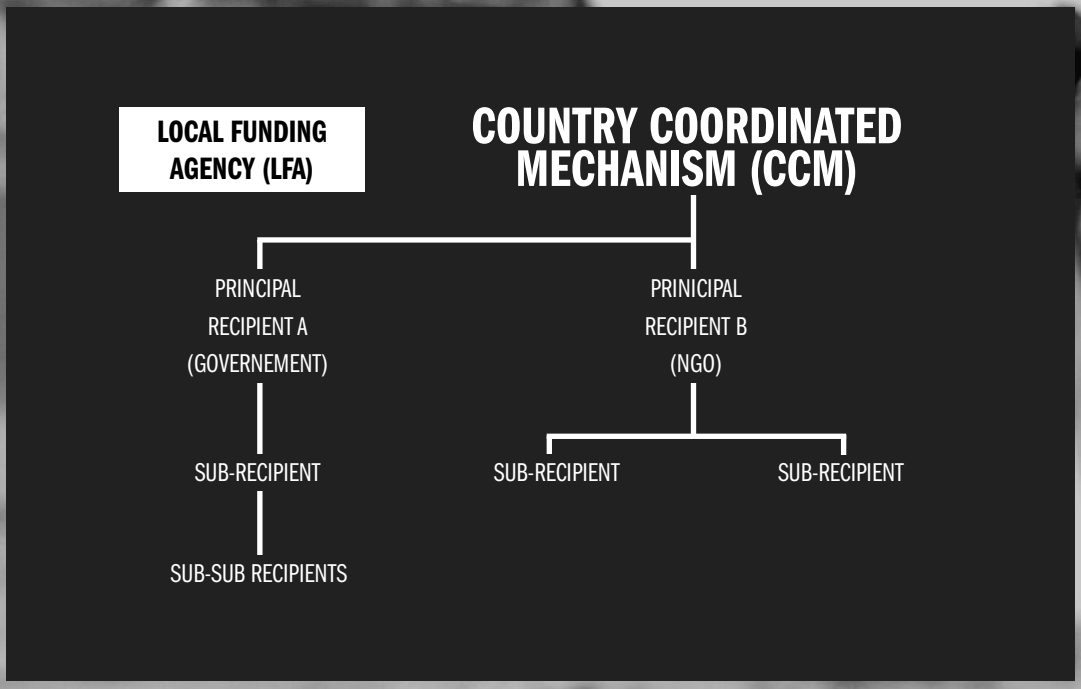
COMMUNITY RIGHTS AND GENDER DEPARTMENT

The Global Fund has four Divisions (as noted earlier) and the Community Rights and Gender Department is under the Strategy, Investment, and Impact Division. This Department is the main focus for civil society and key populations. Kate Thomson (**kate.thomson@theglobalfund.org**) is currently heading the Department and Ed (Attapon) Ngoksin (**attapon.ngoksin@theglobalfund.org**) is the advisor on key populations.

03



NATIONAL OWNERSHIP



At the National Level, the Global Fund relies local ownership and participatory decision-making. Each country supported by the Global Fund has to have a Country Coordinating Mechanism (CCM), composed of representatives from all key stakeholders involved in the response to the three diseases, and representatives of communities living with the diseases. The CCM is responsible for writing and submitting a request for funding on behalf of the entire country, nominating the Principal Recipient (PR) (receive resources for programming), and overseeing implementation. The PR can be any type of organization – government ministry, faith-based organization, international NGO, and local NGO—and it can further disburse funding to other, smaller organizations known as sub-recipients (SR). PR's have to report regularly on the progress of the grant and how the money was spent to an independent consultant in each country knows as the Local Fund Agents (LFA). The LFA is considered as the Global Fund's "eyes and ears on the ground", assessing and verifying the information submitted by the PR, and ensuring that grant funding is managed and spent effectively on programs that achieve impact. In most cases, the LFA is an accounting firm such as Price Waterhouse and Coopers (PwC).

03.1

COUNTRY COORDINATING MECHANISM (CCM)

CCM is a multi-stakeholder structure that includes representatives from the public and private sectors as well as civil society organizations and people affected by HIV, TB, and malaria. However, in practice the CCMs are often hosted by the PR and may often have limited representation and inclusion of communities. The Global Fund does try to ensure that CCMs are inclusive and under the New Funding Model and has developed six Eligibility Requirements with which CCMs must comply with to be eligible for funding. Requirements 1 and 2 are assessed at time of Concept Note submission. The Eligibility Requirements include:

ELIGIBILITY REQUIREMENT FOR CCMS

1. Transparent and inclusive concept note development process
2. Open and transparent Principal Recipient selection process
3. Oversight planning and implementation
4. CCM membership of affected communities, including and representing people living with diseases and of people from and representing Key Affected Populations
5. Processes for electing non-government CCM members
6. Management of conflict of interest on CCMs

More information on Eligibility Requirements of CCM is available through the link below:
www.theglobalfund.org/en/ccm/guidelines

Note that eligibility requirement four has also been revised by the Strategy, Investment and Impact Committee (SIIC) in the following manner: "Per Eligibility Requirement (ER) 4, the Global Fund requires all CCMs to show evidence of membership of people living with HIV and of people affected by TB or malaria as well as people from and representing Key Affected Populations...."[4] The representative of the key affected populations is supposed to represent the interests of their entire constituency and not only that of their own individual self or organization. However, given that CCM composition does not allow for representation from all identified key affected population, the expectation on the representative is to convey interests of **all** key affected populations. Moreover, one community member cannot effectively represent the entire range of issues or populations affected by the three diseases.

As of 2015, the Global Fund counted 21 persons self-identified as transgender who were serving on CCMs of which five were from countries in Asia (1 each in India, Pakistan and Thailand and 2 from the Philippines). The rest of the transgender person representatives were from Central and South America. This is from a total of 140 plus countries receiving Global Fund support. A recent report on transgender engagement in Global Fund processes noted that despite the presence of transgender representatives on some CCMs, they are routinely excluded and their input in concept note development is ignored. Moreover, civil society representatives self-censor themselves as they feel it may jeopardize their relationships with Principal Recipients and other CCM members.[5]

Other critiques of CCM structure and engagement of Key Affected Populations is that capacity of civil society and affected communities to engage with CCM processes is lacking, in particular their ability to digest and process huge amounts of information and participate meaningfully in meetings. When representatives don't provide input then they are viewed as naive or lacking relevance, resulting in a negative perception of their role and further reducing meaningful involvement. Selection of representatives is not transparent and often reflects the political interest and comfort levels of government and others who nominated and endorsed the representative.

Another major critique of CCMs is that they are often focused on the process of grant application, and play a very limited (if not a negligible) role in oversight of the grant once it is approved and especially when it is being implemented. The oversight of the PR is very much left to the LFA and CCM role is minimal. their role in oversight of the grant.

[4] The Global Fund. Guidelines and Requirements for Country Coordinating Mechanisms. Minimum Standards starting January 1 2015. Key Affected Populations include: women and girls, Men who Sex with Men (MSM), People who Inject Drugs (PWID), Transgender People, Sex Workers, prisoners, refugees and migrants, people living with HIV, adolescents and young people, Orphans and Vulnerable Children, and populations of humanitarian concerns.

[5] IRGT (A Global Network of Trans Women and HIV). Most Impacted, Least Served: Ensuring the Meaningful Engagement of Transgender People in Global Fund Processes. December 2015. IRGT.

HOW CAN TRANSGENDER COMMUNITIES ENGAGE WITH CCM?

You should find out who is on your CCM and who represents civil society and key affected populations, and make contact with them directly. They represent you and your voice. Make sure you are on the CCM Secretariat mailing list. If you want to know who is on your national CCM then go the Global Fund website and click on "Where We Invest"; Select your country and on the left side click on Contacts. Under this heading, you will find information on CCM representatives and Principal Recipient, and other information on Global Fund investment in your country. However, this information is not always updated and your best source of information is to get in touch with CCM Secretariat and ask directly who is the key population representative.

03.2

GRANT IMPLEMENTERS

Since Global Fund is not an implementer, it works through Principal Recipients (PRs) who are country level organizations directly responsible for receiving funds and implementing programs, or recruiting other organizations, Sub-recipients (SRs), to implement them. The role of the grant implementers is to translate the money into results—'investing for impact'.

As a central feature of the Global Fund's in-country architecture, PRs are nominated by the CCMs and approved by the Global Fund. They may be government ministries and departments, private commercial entities, national and international non-governmental organizations or multilateral bodies such as the United Nations Development Program (UNDP). PRs have to effectively implement programs, manage funds, recruit and manage SRs, and communicate with **the Global Fund Portfolio Manager (FPM)** and the Local Fund Agent (LFA). Depending on the level of investment and disease profile, there can be several PRs in a country. But there is only one Fund Portfolio Manager per country. For request of technical assistance and capacity building the PR or SRs should get in touch with the Fund Portfolio Management.

03.3 LOCAL FUND AGENTS

The Local Fund Agent, generally one per country, works closely with the country team appointed by the Secretariat to evaluate and monitor activities before, during, and after the implementation of a grant. The LFA is an auditor and as the Global Fund notes on its website they are viewed as 'our [Global Fund] eyes and ears on the ground'. Although as an accounting agency it is usually not familiar with substantive issues, the LFA also assesses the capacity of the PR, monitors the progress of the grant and appropriate use of funds.

The LFA are an important part of the Global Fund's fiduciary arrangement, they do not act on behalf of the Global Fund or make decisions with regard to the grant. The LFA inform the Global Fund on any possible risks, determine effectiveness of PR's internal controls and systems, review proposed PR budgets, work plans, and verify results and data quality. A LFA is selected through a competitive process and is contracted by the Global Fund for four years. In Asia and the Pacific region, the LFA is Price Waterhouse Cooper (PwC) for majority of grants.

Information on LFA is available at **www.theglobalfund.org/en/lfa**

HOW CAN TRANSGENDER COMMUNITIES ENGAGE WITH PRINCIPAL RECIPIENT AND/OR LOCAL FUND AGENT?

Unless you are an implementer, Sub-recipient through the PR, you don't interact with the PR or the LFA. You may be eligible for services provided by the PR and could monitor the quality and/or document any human rights violations that you could share with the OIG. In most circumstances, you can't influence the PR's programs and its priorities.

04 THE NEW FUNDING MODEL

In early 2013, the Global Fund launched the **"New Funding Model"**, designed to allow for greater flexibility, predictability, and simplicity in the application process, and promote engagement of diverse stakeholders. Under this model, **concept notes** submitted by the CCM are streamlined, include a **country dialogue**, and submission is driven by the country's schedule. The country dialogue is a critical element of not only the concept note development but also the national strategic plan (NSP) OR THE INVESTMENT CASE FOR HIV. The NSPs are usually five-years and investment case for HIV has a 10+ year time horizon.

The NSP is disease-specific, costed, and supported by an implementation plan. It should align with the overall national health strategy, and ideally developed in a coordinated manner across the three diseases. In addition, to the three diseases Global Fund now includes a cross cutting theme of Health Systems Strengthening as part of the process, and in situations of co-infections such as HIV/TB expects the concept note to have an integrated approach. In the absence of the NSP, Global Fund encourages an HIV investment case to be developed with support from UNAIDS.

During the entire process of requesting for funds through a concept note (proposal), civil society and key affected population are expected to engage through country dialogues. The Global Fund recommends that country dialogues take place well before a concept note is developed during the preparation of the NSP and/or investment case.

CONCEPT NOTES

(proposals) include four sections:

1. COUNTRY CONTEXT – current epidemiology and outline of constraints and barriers and assessment of current responses.

2. FUNDING LANDSCAPE – current funding available and anticipated future funding, allowing for reviewers to understand total commitments both from domestic sources and other donors.

3. FUNDING REQUEST – in this section, the country prioritizes all the intervention and programs to be included in the Global Fund grant including a budget.

4. IMPLEMENTATION AND RISK – details of how the above interventions will be implemented, and by whom, and any measures that are being put into place to mitigate risk.

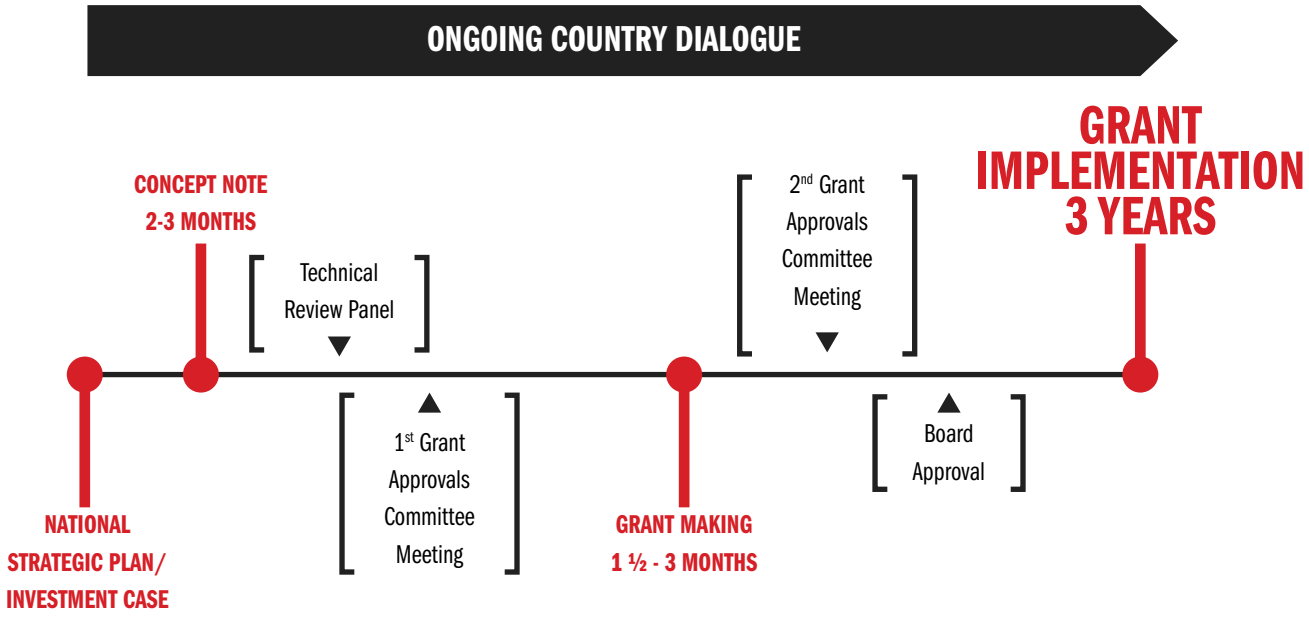
The concept note is often prepared by consultants who are supported through a technical agency such as UNAIDS in the case of HIV. Concept notes for TB and malaria can be supported through different means. Even in the case of integrated proposals, the sections for each disease are often prepared separately and merged.

The prepared concept note is then submitted and reviewed by the **Technical Review Panel (TRP)** of the Global Fund. The TRP, a group of independent experts (each disease has its own set of experts who serve for four years) who evaluate the technical merits of a concept note and determine if it is value for money. In most cases, the submission of a concept note should coincide with the application 'window' (describe below) of when the TRP meets. Although the TRP is designed to get a 'positive outcome', it can recommend that a concept note be revised and re-submitted (known as a reiteration) or activities be cut that are not technically sound.

Once the TRP is satisfied with the soundness of the approach it recommends a funding to the Grant Approvals Committee (GAC), which consists of senior Global Fund Portfolio Managers together with representatives of global technical partners. The GAC reviews the concept note for strategic investment, sustainability, and leveraging of funds for increased domestic contribution. Following approval from the GAC, the concept note is turned into a grant agreement between the Principal Recipient and the Fund Portfolio Manager with clearly defined milestones, deadlines, capacity assessment of PRs and SRs, and detailed budget and performance targets. After revision there is a second review by the GAC, and then the grant is presented to the Board for approval. The grant implementation period is normally three years.

In summary, the New Funding Model is designed to make a bigger impact with predictable funding, more flexible timings, and with a shorter process that ensures higher success rate of applications. The Global Fund has allocation for each country that meets eligibility requirements (discussed later), and rewards ambitious vision by having a pool of competitive "incentive" funding available (discussed later).

2ND GRANT APPROVALS COMMITTEE MEETING



Countries can apply anytime in 2014-2016
identify now when funds are needed for each disease
Grant funds will run to the next replenishment at least

TRP meeting dates

YEAR	CONCEPT NOTE SUBMISSION	TRP MEETING
2016	April 15	End of May

Information about the TRP and grant process can be found at
www.theglobalfund.org/en/trp
www.theglobalfund.org/en/fundingmodel/process

HOW DO TRANSGENDER COMMUNITIES ENGAGE?

It is critical that you get to know your CCM members and participate in the Country Dialogue process. You should get on the email list for your CCM, and involved in the National Strategic Plan or case for investment. The Global Fund suggests that civil society organize an inclusive caucusing process or national consultation, which are good ideas. But it is unclear if CCM funds are available to support such activities. Technical partners such as UNAIDS and WHO are your best bet in ensuring inclusion of key populations in these processes.

At this time, there are no examples of meaningful transgender participation in development of concept notes. There are a few Global Fund grants focused on strengthening communities of transgender people. These include:

The Multi-country South Asia Global Fund grant with UNDP as the PR, and SRs in Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka, and two regional SRs (Asia Pacific Coalition on Male Sexual Health and Asia Pacific Network of People Living with HIV). The Fund Portfolio Manager is Philippe C'reach (philippe.creach@theglobalfund.org).

ISEAN-Hivos Program supporting a network of Insular Southeast Asian Network on MSM, Transgender and HIV focuses on Indonesia, Malaysia, the Philippines and Timor Leste. Gail Steckly (gail.steckley@theglobalfund.org) is the Fund Portfolio Manager.

There are also donor-supported activities such as the Robert Carr Network Fund that is supporting groups like APTN to engage transgender communities in Global Fund processes.

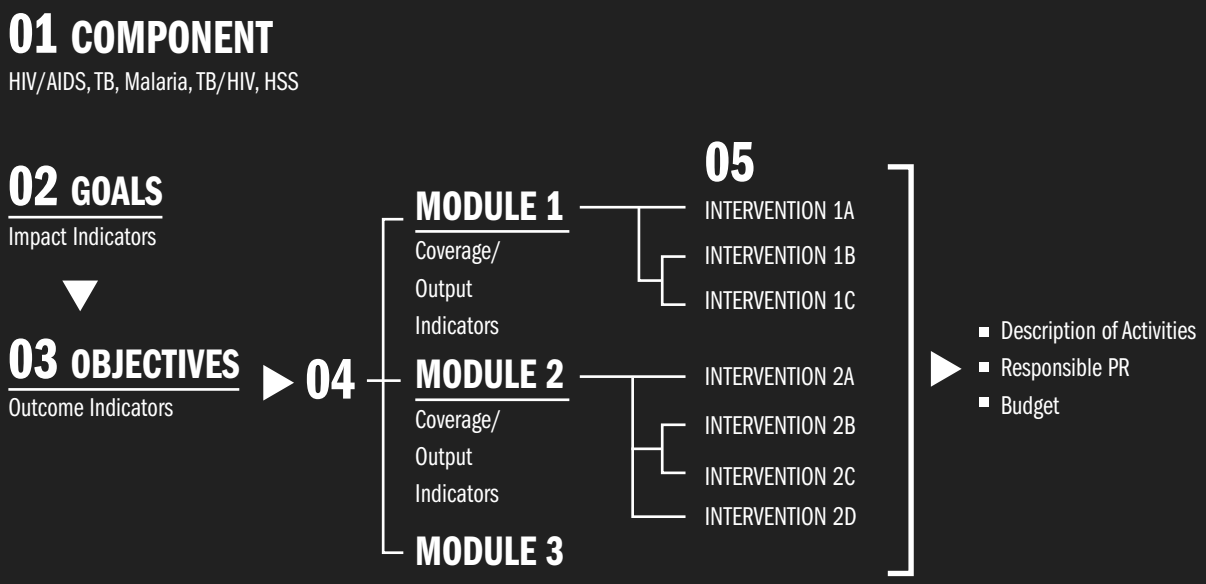
The Eurasian Coalition on Male Health (ECOM) released a report that looked at involvement of transgender people and MSM in strategic discussions around HIV in Eastern Europe and Central Asia during concept note development in 2014. Their review concluded that MSM and TG are not involved in strategic discussions, noting that "The absence of key populations of MSM and transgender people in the country dialogue challenges the legitimacy of these processes in our region." (EATG, 2015)[6].

[6] European AIDS Treatment Group (EATG). "MSM and transgender people are absent from the Global Fund country dialogue in Eastern Europe and Central Asia." EATG. March 31, 2015. Available at: ECOM news release

04.1 MODULAR APPROACH

Under the New Funding Model, the Global Fund organizes information about each grant throughout its lifecycle through a modular approach, shifting from process and input to coverage and impact. The Global Fund terms this **"Investing for Impact"**.

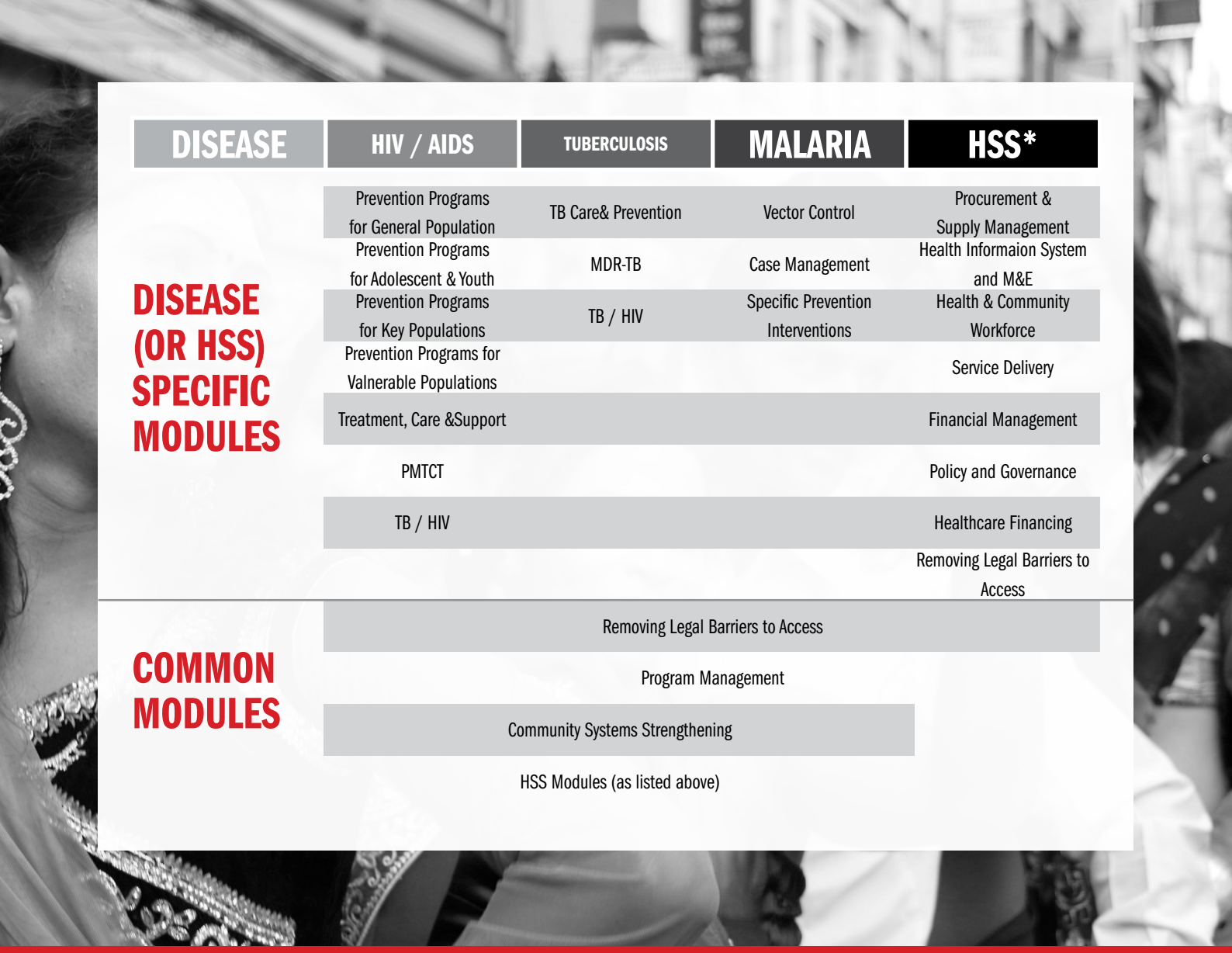
Modular approach simply means that grants are based on standardized building blocks called modules or, broad categories of key actions (interventions) to strengthen health systems or to fight AIDS, TB or malaria. Each intervention is associated with a set of activities and has a related indicator that will be tracked and measured during grant implementation. The modular template is a logical framework, structured to link the disease program goals and objectives to specific module, interventions, activities and costs.



In addition to the disease specific modules, and the cross-cutting module on health systems strengthening, there are four common modules. These are:

- Health Information Systems and M&E
- Community Systems Strengthening
- Removing Legal Barriers to Access
- Program Management

Activities for addressing issues of transgender people are likely to fall under HIV/AIDS module on prevention programs for key populations, and also fit under the common modules across all three diseases.



DISEASE	HIV / AIDS	TUBERCULOSIS	MALARIA	HSS*
DISEASE (OR HSS) SPECIFIC MODULES	Prevention Programs for General Population	TB Care& Prevention	Vector Control	Procurement & Supply Management
	Prevention Programs for Adolescent & Youth	MDR-TB	Case Management	Health Informaion System and M&E
	Prevention Programs for Key Populations	TB / HIV	Specific Prevention Interventions	Health & Community Workforce
	Prevention Programs for Valnerable Populations			Service Delivery
	Treatment, Care &Support			Financial Management
	PMTCT			Policy and Governance
	TB / HIV			Healthcare Financing
				Removing Legal Barriers to Access
COMMON MODULES	Removing Legal Barriers to Access			
	Program Management			
	Community Systems Strengthening			
	HSS Modules (as listed above)			

HOW CAN TRANSGENDER COMMUNITIES ENGAGE?

You need to be involved in the concept note development, and should approach your CCM and UNAIDS (if they are supporting consultants for this purpose). You should be engaged in the country dialogues, and if possible organize one for your constituency and share the results. You need to be aware of interventions being proposed for transgender communities under the relevant modules. Lastly, you should seek information on decisions taken by the TRP and GAC. When these two bodies cut activities and supporting funds, there is no recourse for reversal of their decision. It is often the funding for key population interventions that gets cut, and the PR is forced to reprogram the activities.

You can get more information on the Global Fund concept note development process through their online learning (e-learning) courses available at **www.theglobalfund.org/en/elearning**

04.2 FUNDING ALLOCATION

Under the NFM, funding is awarded for an allocation period of three years, which is aligned with the Global Fund's three –year replenishment cycle. At the beginning of each allocation period, the amount of funding available is divided into the following categories:

[01] INDICATIVE FUNDING (base-allocation funds of US$14.8 billion) for countries assigned to one of four bands[7] . In Asia and the Pacific, these include:

A. BAND 1 – LOWER INCOME, HIGH BURDEN (76 percent of funds) - Bangladesh, Cambodia, India, Myanmar, Pakistan, Papua New Guinea, and Vietnam

B. BAND 2 – LOWER INCOME, LOW BURDEN (6.2 percent) - Afghanistan, Korea DPR, Lao PDR, Nepal, and Solomon Islands

C. BAND 3 – HIGHER INCOME, HIGH BURDEN (10.3 percent) - Indonesia, Philippines and Thailand

D. BAND 4 – HIGHER INCOME, LOW BURDEN (These are countries with concentrated epidemics in key affected populations such as sex workers, prisoners, immigrants, migrants, people who use drugs, and men who have sex with men. Note there is a separate allocation methodology and the percentage was fixed at 7 percent.) - Bhutan, Iran, Kiribati, Malaysia, Maldives, Marshall Islands, Micronesia, Mongolia, Samao, Sri Lanka, Timor-Leste, Tonga Tuvalu, Vanuatu.

[2] INCENTIVE FUNDING (or above allocation funds) for band 1-3 countries for which they must compete, and are considered "above" the base allocation for countries to submit ambitious concept notes. The TRP takes the above allocation request for funds, and divides it into three components–recommended for incentive funding, recommended for unfunded quality demand, and ineligible for funding. (Often the activities for key populations are allocated in the incentive funding, but if there are not enough resources currently available these are placed in a register called 'The Register of Unfunded Quality Demand'.)

The sum total of base and above allocation funds including any existing funds from previous grants and finance support by the government constitutes the full expression of demand.

It is expected that each concept note will include counterpart financing by the government that includes a minimum threshold of contribution, an increased government contribution to the national diseavse program or health sector each year, and government health-related expenditure data for each year.

Eligibility for receiving funds is determined on an annual basis, and if a country becomes ineligible then the Secretariat and the country will develop a set of appropriate time-bound actions to accomplish a transition to national or other sources of funding.

[7] The country bands were based on the following threshold of US$2,000 gross national income per capita to divide lower and upper income countries and 0.26 percent total disease burden to divide lower from higher disease burden countries. Of the 123 eligible countries, 39 are assigned to Band 1; 18 to Band 2; 11 to Band 3; and 55 to Band 4. Countries in Asia and the Pacific fall under Bands 1, 2, and 4. The Band 4 countries, upper middle-income economies, are eventually to transition out of the Global Fund grants.

WHAT CAN TRANSGENDER COMMUNITIES DO?

Discuss the health needs of transgender people, and the barriers to accessing health and other services. Understand the country programming, and make sure that priorities of your communities are included in the NSP, Investment Case, and the concept note. You should also identify capacity gaps that exist in your community and the possible technical support that can be provided by the PR, UNAIDS and/or other organizations.

05 OTHER KEY STRATEGIES

Discrimination, stigmatization or marginalization of groups can diminish the impact of Global Fund investment. The Global Fund has therefore developed several other strategies to ensure that groups most affected by and vulnerable to risk of any of the three diseases can be more engaged and the response tailored to its need. There are three key strategies and accompanying action plans: The Gender Equality Strategy and Action Plan; the Sexual Orientation and Gender Identity (SOGI) Strategy and Key Population Action Plan; and Human Rights which is an integral part of the over Global Fund Strategy (2012-2016). These strategies are aimed towards the Secretariat but elements are of interest to national grant making processes.

These strategies recognized that there were challenges for these groups of people to access or benefit from Global Fund grants because they had limited access to decision-making bodies and also faced social and structural barriers in realizing their health and human rights. The entry point at national levels were the CCMs, and ensuring that they received appropriate guidance, assessing capacity related to gender and SOGI for the country concept note development team, and encouraging PRs and SRs to provide services appropriate for and sensitive to the needs of women and girls, MSM, Transgender people and male, female and transgender sex workers. Human rights considerations were woven through all programming, as it was one of the five objectives in the overall Global Fund Strategy, Investing for Impact 2012-2016.

05.1

GENDER EQUALITY STRATEGY AND ACTION PLAN

The Gender Equality Strategies (GES) adopted in 2008 and its subsequent Action Plan (2014-2016) addresses:
1. The prevention of mother-to-child transmission;
2. The prevention of gender-based violence and the addressing of harmful gender norms; and
3. Responds to the need of most-at-risk population, specifically female sex workers including transgender women and drug users.

The GES was developed to encourage better and increased funding towards programs that addressed gender inequalities and strengthened the response for women and girls in all their diversity, as well as men and boys. Countries applying for Global Fund funding were asked to take gender into account by either adapting programs to prevailing gender norms (a gender sensitive approach) or work to change harmful gender norms that are drivers of negative health outcomes (a gender transformative approach). A formative evaluation of the GES and SOGI strategies in 2011 recommended that effective implementation required the development of separate but linked operational plans to guide how these strategies could be realized through Global Fund financing.

In terms of incorporating GES, the GES Action Plan recommended that CCM are endowed with stronger gender expertise and gender responsive program be incorporated into the NSP and concept notes. The country dialogues needed to ensure meaningful engagement of women and girls, which meant safe consultation spaces without fear of abuse, stigma, violence or arrest if they come from criminalized or marginalized communities. The CCMs by January 2015 were to have at least 30% female membership in order to be in full compliance of the Global Fund eligibility requirements. An analysis in the third quarter of 2012 found that one-third of CCMs still had less 30% of female membership (Core Gender Note, 2014, p.6).

The NFM was to provide a fresh opportunity for the implementation of the GES and Action Plan but thus far the experience indicates otherwise. A gender review of the 20 concept notes undertaken in late 2014 found that gender analysis was weak in many HIV and HIV/TB submissions, and non-existent in malaria. Interventions were not evidence-based; less attention was paid to gender-based violence; and most programs were included in the "above" (incentive) allocation as opposed to the core or base allocation, and therefore at risk of being unfunded (Women4GF, Advocacy Brief, 2014). No information was shared about transgender female sex workers or drug users.

The GES addresses women and girls, and while it includes transgender women it fails to embrace the broad spectrum of gender that do not necessarily fit into binary male or female. Individuals, groups or communities that do not fit within established gender norms often face stigma, discrimination, social exclusion, and violence that adversely impacts on their health and access to resources. Gender and sexual minorities are not part of the consideration in the development of country concept notes, and there is limited inclusion of transgender women sex workers.

Information about the Gender Equality Strategy and Action Plan can be accessed at
www.theglobalfund.org/en/womengirls

05.2

SOGI STRATEGY AND KEY POPULATIONS ACTION PLAN

The GES was complimented in May 2009 by the Sexual Orientation and Gender Identity (SOGI) Strategy, which specifically looked to strengthen the efforts in addressing the vulnerabilities of MSM, transgender people, and female, male, and transgender sex workers. The SOGI evolved into an action plan for those communities considered most-at-risk.

The Key Populations Action Plan (2014-17) aims to scale up program and strengthen participation in country dialogue, concept note development, and grant making processes. It is aimed at the Global Fund Secretariat, and not necessarily countries. It begins with criteria for defining key populations—all three need to be met—which include:

1. Epidemiologically, the group faces increased risk, vulnerability and/or burden with respect 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. (Key Populations Action Plan, p.5)

Key populations more so than others depend on community systems, social networks, and organizations that serve their needs. **Community Systems Strengthening Framework** is thus an essential element of the Key Population Action Plan. The Global Fund has also noted that when national investment and programming for key populations is systematically blocked, then non-Country Coordinating Mechanism and regional proposals offer an avenue for funding.

According to the Global Fund, the lack of data on key populations size estimates and programmatic needs is a major barrier to increasing investment. Moreover, impact of investment such as removing legal barriers to access and building leadership and advocacy capacity amongst key populations is difficult to measure in a three-year implementation period.

Information about the Key Populations Action Plan and SOGI strategy can be found at **www.theglobalfund.org/en/publications**

05.3

HUMAN RIGHTS

The Global Fund's mandate is on ensuring access to health services, and in the current Global Fund strategy 2012-16, Objective 4 addresses human rights by:

1. Integrating human rights considerations throughout the grant cycle.
2. Increasing investments in programs that address human rights-related barriers to access
3. Ensuring that the Global Fund does not support programs that infringe upon human rights

Coupled with the modular approach such as removing legal barriers, the Global Fund encourages that applications develop programs to address legal and policy issues affecting access and design disease programs using a **human rights based approach.**[8] These programs could include for example human rights training for police and health workers, advocacy for policy and legal reform, access to justice programs, and monitoring violations.

The steps recommended by the Global Fund on addressing human rights is to include experts on human rights as part of the country dialogue, define barriers and opportunities for discussing health and human rights concerns, define needs and activities to address them, and define the financial gap to implement the activities. Human rights are specifically relevant to address issues of violations and limited access to services for key populations, and the Global Fund recommends developing specific interventions.

[8] A human rights-based approach (HRBA) is explicitly shaped by international human rights law, and can be applied through advocacy, litigation, and programming. It addresses inequalities, discriminatory practices, and unjust power relations through a lens of obligations and corresponding duties of governments (duty-bearers) towards their citizens (rights-holders). While governments protect human rights, donors can leverage their resources and request that governments help provide access to remedy for people who experience violations. Thereby a human rights-based approach creates protections, particularly amongst marginalized and underserved groups such as transgender people, sex worker, people who use drugs, MSM, and others, and allows for effective national responses. It allows people to organize, claim and exercise their rights.

For HIV, key populations are criminalized pushing them into riskier environments, higher risk of transmission and further marginalization. Stigma and discrimination, coupled with the lack of protection and respect for human rights, creates barriers to access for testing, treatment, care and support services. Tuberculosis is a disease associated with poverty and social inequality, affecting vulnerable populations living in sub-standard housing and poor sanitary conditions, as well as populations in closed settings such as prisons. There is little information on TB and HIV/TB co-infection amongst transgender people. Malaria is also linked to poverty, social inequality and political marginalization. There is no information on transgender people and risk of malaria. Access to health services is a critical pillar of the right to health, and key populations in general have significantly lower access to services compared with the rest of the population. They are subject to human rights violations; often have limited recourse because of systematic disenfranchisement.

The Global Fund provides technical guidance[9] on inclusion of human rights in concept notes. The proposed steps to assess the epidemic and identify barriers are as follows:

1. Define the epidemic – Who is at risk and why? Also look at quantitative and qualitative health and human rights.
2. Define the activities – What is needed to reach key populations and people living with disease? Define human rights or legal barriers to accessing services.
3. Determine the financial gap to implement activities.
4. Identify potential partnerships to carry out activities such as community-based organization or domestic or regional networks.

[9] The Global Fund. Human Rights for HIV, TB, Malaria and HSS Grants: Information Note. The Global Fund.

In addition, under the module of "Remove Legal Barriers to Access", the Global Fund suggests a package of interventions that include:

INTERVENTION 1:
LEGAL ENVIRONMENT ASSESSMENT AND LAW REFORM.

The legal environment assessment should be done in the first six months of the grant, and based on the assessment, specific costed activities be added to the budget and work plan. The Global Fund recognizes that interventions to promote legal or policy reform are unlikely to be completed in the three-year time period, and recommends that the other four interventions be added to monitor short-term progress.

INTERVENTION 2:
LEGAL LITERACY AND LEGAL SERVICES.

Communities should be educated about their legal and human rights through "Know your rights" campaign, and supported through legal services to access to justice. In particular, legal services gender-based violence should be an integrated part of psychosocial support, testing and treatment services.

INTERVENTION 3:
TRAININGS FOR OFFICIALS, POLICE AND HEALTH WORKERS.

Communicating and training those who implement law and policies is an essential element of creating an enabling environment. This includes sensitizing officials, police, members of parliament, judges, health workers, and any other actors such as a national human rights commission. But training alone will not result in a measurable change unless it is linked to a legal and policy framework.

INTERVENTION 4:
COMMUNITY-BASED MONITORING.

Community should be engaged in monitoring and reporting on rights-based violations, including discrimination, gender-based violence, encounters with police, violations of informed consent and medical confidentiality, and denial of services.

INTERVENTION 5:
POLICY ADVOCACY AND SOCIAL ACCOUNTABILITY.

Programs should support community-led advocacy for law and policy reform, community-based research, and support impact litigation aimed at bringing cases of rights violations to court in order to establish new legal precedents.

Under the Community, Rights and Gender (CRG) Department, the Global Fund set up a CRG Special Initiatives Fund for $15 million of which CRG technical assistance program is one of three components. The CRG technical assistance program allows communities to submit proposal prior to concept note approval for situational analysis and needs assessment, engaging in the country dialogue, and supporting program design. Requests for technical assistance are not considered once the grant is approved. There have been a number of key population networks and organizations already pre-qualified to provide CRG technical assistance. In Asia and the Pacific, pre-approved list of providers include: Australian Federation of AIDS Organizations (AFAO), Asia Pacific Community Action and Partnership, Asia Pacific Council of AIDS Service Organizations (APCASO), Asia Pacific Coalition on Male Sexual Health (APCOM), Nai Zindagi Trust, and CLAC (composed of 7 global networks including Global Action for Trans* Equality).

The second component is the long-term capacity development of key population networks, which was implement through a partnership with the Robert Carr Civil Society Network Fund (RCNF) to a total of $4 million of which $2.5 million was approved in February 2015. APTN was one of the beneficiaries and receiver of funds through this partnership for the development of this note and trainings for partners in four countries: India, Indonesia, Pakistan, and Thailand. The third component is to create six regional civil society and community coordination and communications platforms in Anglophone Africa, Francophone Africa, Middle East and North Africa, Eastern Europe and Central Asia, Asia and the Pacific, and Latin America and the Caribbean. Initial investment is $2 million, with a similar amount available in 2016. In August 2015, the Global Fund approved half of the committed $15 million for CRG Special Initiatives. The Special Initiative ends in 2016, and further consideration will need to be given for supporting ongoing funding. The CRG Department and Special Initiatives are largely focused on HIV.

WHAT CAN TRANSGENDER COMMUNITIES DO IN TERMS OF THESE STRATEGIES?

Although these strategies may appear tokenistic at country levels, you need to inform yourselves of key concepts and participate knowledgeably in country dialogues and in preparation of concept note. In addition, you should work within your organization to document and collect data on the size and needs of transgender people, legal and policy barriers that they face in accessing health services, and discrimination by law enforcement or health services. You should work with your community so that the PRs and SRs are aware of how to include transgender people in their work, and ensure that their programs are not causing harm or violating human rights. You need to strengthen your organization so that you can eventually be eligible for Global Fund grants.

You should also see how you can engage with the CRC Special Initiative and develop your own capacity.

05.4

OIG AND HUMAN RIGHTS VIOLATIONS

The Global Fund's Office of the Inspector General has recently developed a mechanism for communicating human rights violations that may take place through implementation. It looks specifically into human rights violations based on five standards, and any individual or an organization can file a complaint. The OIG does not investigate cases of stock outs of test kits and medicines, laws criminalizing same sex relationships, police round up of sex workers, or country dialogues that are not inclusive. For such cases, the Fund Portfolio Manager is the resource.

The five standards include:

STANDARD 1: Programs financed by the Global Fund are expected to grant non-discriminatory access to services for all, including people in detention. In other words, services and programs funded by the Global Fund must be accessible without discrimination.

STANDARD 2: Programs supported by the Global Fund are expected to employ only scientifically sound and approved medicines or medical practices. Quality assured medicines based on national treatment guidelines and/or WHO standards.

STANDARD 3: Programs financed by the Global Fund are expected to not employ methods that constitute torture or that are cruel, inhuman or degrading. Degrading treatment is defined as abuse (unintentional or caused by negligence) that inflicts suffering and aims to humiliate a person.

STANDARD 4: Programs supported by the Global Fund are expected to respect and protect informed consent, confidentiality and the right privacy concerning medical testing, treatment or health services rendered. These are critical concepts as they can affect people's willingness to come forward for testing and treatment, and remain in care. They are also important for protecting an individual from stigma, discrimination, and violence. (**Informed consent** is a process by which an individual makes a voluntary choice to accept or refuse a test or treatment freely, without undue pressure or duress. **Privacy r**efers to an individual's right to be free from intrusion or interference by others. **Confidentiality** refers to the obligation on part of an organization or service provider to protect personal information from unauthorized access, use or disclosure.)

STANDARD 5: Programs financed by the Global Fund are expected to avoid medical detention and involuntary isolation, which are to be used only as a last resort. Quarantine of individuals is not an acceptable option, and should be used sparingly and with justification.

The procedure for reporting alleged violations is simple with information on type of wrongdoing, where, when, details of the situation and those present, and reason for investigation. The information can be communicated by email or free telephone service or online, and OIG will respond within 48 hours.

06
COMMUNITY SYSTEMS STRENGTHENING


“
DESIGNING AND DELIVERY,
MONITORING,
AND EVALUATION
”

COMMUNITY SYSTEMS STRENGTHENING

The Global Fund developed its first Community Systems Strengthening (CSS) Framework in 2009, recognizing the role of community-based organizations and network in supporting services, advocacy and outreach to communities. It is now part of the modular approach, and the CSS Module has been reworked for greater clarity. The goal of CSS is to develop the roles of communities, community organizations and networks, and key affected populations in designing and delivery, monitoring, and evaluation of services and activities aimed improving health. However, communities are not recognized as a valuable partner in the national health architecture. The Global Fund concept notes find it easier to look at the role of community under Health Systems Strengthening (HSS) as part of the health sector. CSS therefore emerges a policy idea but remains weak in terms of implementation.

The CSS Information Note (February 2014) describes Community Systems as structures and mechanism created and used by community members to interact, coordinate, and deliver on the challenge and needs affecting their community. Community is a widely used term, and one person may be part of more than one community. Community-based organizations are those that have arisen within a community in response to particular needs or challenges. Nongovernmental organizations (NGOs) are part of the community but are generally legal entities. Together these two are the focus of the CSS Framework, which has 6 core components, considered essential for creating functional, effective community systems, and an enabling environment for community organization to contribute to health outcomes. The core components are:

1. Community engagement and advocacy for improving the policy, legal and governance environments, and affecting social determinants.
2. Community networks, linkages, partnerships and coordination for service delivery and advocacy.
3. Resources (including human resources) and capacity building.
4. Community activities and service delivery that are accessible to all who need them, evidence-informed and based on assessed needs.
5. Organizational leadership.
6. Monitoring and evaluation planning for evidence-based interventions, planning and knowledge management.

The two roles emerging for communities from the core components are: linkage to health sector (community as demand creators and service delivery) and in community mobilization through advocacy and knowledge management. Under the NFM, concept notes submitted in Windows 3 and 4 still lacked a general understanding of CSS and activities were included in the above-allocation (incentivized) funding request or were not included at all.10 The CRG Department is now working with UNAIDS to commission a number of tools that will support countries quantify community sector responses on AIDS, TB, and malaria.

There is no direct link on the Global Fund website for CSS, but there are several updated concept notes that you might want to download.

[10] Global Fund Thirty-third Board meeting (31 March – 01 April, 2015). GF/B33/09 Annex 1.

WHAT CAN TRANSGENDER COMMUNITIES DO ?

Familiarize yourself with CSS concepts because this is where the community has greatest leverage in concept notes. You can discuss community based care and support, scale up of service delivery for populations that the formal sector cannot reach, and monitoring and accountability of including key populations and ensuring their engagement. The community is not a well-organized sector, and often experiences inner fragmentations and thus governments and donors are reluctant about including them as equal partners. For CSS to work and empower the communities, you will need to develop the tools and methods and demonstrate leadership.

You can learn more about how civil society engages with the Global Fund at **www.theglobalfund.org/en/civilsociety** or reach out to the CRG. The CSS framework is available here: **www.theglobalfund.org/documents/core/framework/Core_CSS_Framework_en**

UNDP has tools on CSS that can be downloaded here: **http://www.undp-globalfund-capacitydevelopment.org/en/resources**

07
MOVING FORWARD

The Gobal Fundis committed to protecting human rights and gender equality but it continues to be weak in translating its commitments into practice through the NFM. The main reason for this failure is because the Global Fund negotiates primarily with countries. The composition of CCMs is largely reflective of the ministry of health, and community representation continues to be limited. The PR implementation is also often reflective of governments. And the underlying assumption by the GF of transitioning towards greater domestic resources dictates that governments must be central in the response.

Nonetheless, there are ways that the transgender community can be engaged to hold both governments and the Global Fund accountable. For example, the Global Fund's commitment to human rights and removal of legal barriers is an area that transgender people can be more involved and ensure that national concept notes contain interventions that address this issue. Another area of potential engagement is programming health services that are sensitive to transgender people and disaggregating the data to assess impact.It would be particularly helpful to disaggregate not only the MSM from the transgender women but also include information on transgender men, and those that self-identify as gender queer.

While transgender persons must be more engaged in the CCM and country dialogue processes, they also, as a next step, need to consider monitoring the delivery of services for their community and ensuring their inclusion. Lastly, for countries from which the Global Fund is planning to transition, withdraw financial support, the transgender community should consider if such monetary cuts would affect services and insist upon ensuring that national government when taking over services from the Global Fund must coordinate with the affected populations as part of the commitment to CSS. Even in such cases, unless the legal and social environment is friendly towards transgender communities, it is likely that greater country ownership could potentially translate into less support for transgender communities.

ANNEX

ANNEX 1: INDIA

India submitted a joint concept note for TB/HIV covering 1 October 2015 to 31 December 2017 for a total of USD 728,014,945 separated into Allocation (Base) Funding Request of USD 449,346,922 and Above Allocation of USD 2798,668,023. There were 4 PRs for the HIV component including the National AIDS Control Organization (NACO), India HIV/AIDS Alliance, SAATHI, and Plan India, and 3 PRs for TB. The TRP in its review of the iterated concept note recommended USD 504,848,692 for the implementation period. It approved of all the modules for the allocation funding request and reduced by 80% most of the Above Allocation funding request. In its comments, the TRP noted that concept note lacks clarity on plans related to continuation of HIV prevention activities and ongoing support for civil society partners. The explanation provided by the PRs in the iteration was that support for prevention activities in key populations will be transitioned to the Government of India and the World Bank. The TRP also noted that while transgender populations are mentioned, specific programs to meet their needs are not adequately separated out in the concept note.

In reviewing the concept note, India states that the HIV epidemic is concentrated among key populations with the highest prevalence among transgender people (8.82%) followed by injecting drug users (7.14%) (India Concept Note, p.4). In Round 9, the Global Fund supported a program called Pehchan that worked with MSM/transgender people/Hijra communities. Moving forward this program is to be supported by the Government of India and a soft loan by the World Bank. There were no specific interventions that were included for transgender people. A Programmatic Gap Analysis of CSS was presented that noted linkage loss at various stages of the care continuum, ongoing stigma and discrimination especially for key populations and those people living with co-infections of HIV/B, lack of community leadership to information and motivate, and lack of opportunity to leverage existing community leaders and organizations. Under Module 3, the CSS Modules, 3 interventions requesting USD 4.85 were put forward. These included: (1) Community-based monitoring through Community Advisory Boards (CAB); (2) Advocacy for social accountability; and (3) Institutional capacity building, planning, and leadership. These were in the above allocation and as a result cut.

India is a lower middle-income country and has provisions for 20% of counterpart financing, and although the funding request focused most of its budget on the underserved and most-at-risk population there was hardly any mentions of strategies of how they would engage with the current health system and ART centers.

ANNEX 2: INDONESIA

The concept note for Indonesia is under preparation and not available in the public domain.

ANNEX 3: PAKISTAN

The concept note for Pakistan is under preparation and not available in the public domain.

ANNEX 4: THAILAND

Thailand is an upper middle-income country with universal health coverage, and in the process of transition from Global Fund support to domestic financing. It remains among the 22 high burden TB countries and faces drug resistant malaria in border areas as well as a fourth largest HIV epidemic in the Asia and the Pacific region that continues to be high prevalence among MSM, sex workers and people who inject drugs. It's last Global Fund grant started on 1 January 2015 and is going end on 31 December 2015. There are two PRs: the Department of Disease Control, Ministry of Public Health and Raks Thai Foundation (civil society PR). The government has estimated that its total resource need is USD $359 million and it has requested USD 23.8 million for HIV-specific.

The government estimates that there are 75,626 transgender people in Thailand of which 28,532 (38%) are believed to be at a higher risk of HIV infection concentrated in the Greater Bangkok Region, Chiang Mai, Phuket and Pattaya. The data available from 3 sentinel surveillance sites indicates that HIV prevalence ranges between 10 and 17% amongst the transgender people. Prevention programs targeting transgender people are focused on those engaged in sex work. Although Thailand has performed well on treating people with HIV, there is still significant leakage in the treatment cascade (42%), and there is no disaggregated information available for key populations. The HIV/TB co-infection rate was reported as 13% in 2013, and will most likely reduce since treatment services are planned for delivery in an integrated manner.

Thailand also has a vibrant civil society that is engaged in ensuring delivery of services and treatment including networks of key populations. The Raks Thai Foundation is promoting equitable access to health for migrants and other vulnerable population. As part of the innovation agenda, the framework that Thailand is aiming to launch is the Reach-Recruit-Test-Treat-Retain (RRTTR) in 38 provinces with over 70% of the HIV burden and of these 22 have high prevalence of TB or HIV/TB co-infection. Transgender people are prioritized as one of the key populations for investments, and while Thai law does not criminalize homosexuality it also does not explicitly ban discrimination on grounds of sexual orientation and gender identity. Thus Thailand has requested funds for activities that enable and strengthen systems and develop the capacity of community-based infrastructure aimed at RRTTR. In particular it has set two-year target for defined package of prevention services for MSM and TG at 73,566 or 80% coverage in Year 1 and 78,163 or 85% for Year 2. In addition, it intends to provide voluntary counselling and testing to 60% and 70% of those reached in Year 1 and 2.


PEPFAR
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