

Key Populations and the Next Global Fund Strategy

A Focus on Upper-Middle Income Countries

Todd Summers and Cathryn Streifel¹

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) is under mounting pressure to reduce the funding it provides to upper-middle-income countries while at the same time ensuring that the important program commitments it has made up to now are sustained and that no vulnerable persons are left behind even as the Global Fund recedes as a major donor. This is particularly an issue for key populations—those at heightened risk of infection but facing barriers to accessing lifesaving service because of political, cultural, and legal barriers—that have benefited from Global Fund-financed programs but risk losing that support if and when the Global Fund recedes or leaves.

Multiple, complex factors fuel this tension but perhaps the most prominent is that the Global Fund, with limited funding, has prioritized countries with the highest disease burden and the least ability to pay (measured, at times awkwardly, by gross national income per capita). One consequence is that countries with relatively small, concentrated epidemics and growing economic capacity receive a declining share of funding—with some Fund board constituencies calling for that share to be reduced even further. However, significant challenges remain in most countries in ensuring that key populations have access to high-quality, targeted prevention, care, and treatment services. The Global Fund's 2015 independent evaluation assessing progress of its current strategy noted that “[t]o date the Global Fund and recipient countries have veered away from tackling the specific obstacles preventing key affected populations from accessing services”²

On October 28, the Center for Strategic and International Studies hosted a half-day discussion among diverse experts (see appendix) to develop specific recommendations to U.S. government representatives on the Global Fund board of directors to inform their positions in discussions of the organization's next five-year strategy as well as potential changes to its allocations policies. (There is currently no active discussion of changing eligibility criteria.) The discussion focused on how the Global Fund can responsibly manage country transitions to ensure key populations are not left without access to services as the Global Fund reduces its financial support. Four

¹ Todd Summers is a senior adviser with the CSIS Global Health Policy Center. Cathryn Streifel is a program manager and research associate with the CSIS Global Health Policy Center.

² Global Fund, *Strategic Review 2015: Overall Synthesis*, November 2014.

interconnected themes emerged: increasing political engagement; supporting local nongovernmental organizations; strengthening national strategies; and increasing access to proven technologies.

The recommendations contained here reflect the discussion and input of representatives from a wide range of U.S. government, civil society, and international organizations who were asked to contribute in their personal capacities, not on behalf of their respective employers. This final version, in the interest of expediting publication, does not necessarily reflect a unanimous consensus. We, as the two authors, are solely responsible for its contents and opinions. It does, we feel, broadly reflect the majority opinion of those experts who joined the exchange.

Increasing Political Engagement

The barriers faced by key populations in accessing and retaining services are primarily political and not technical, result in inadequate domestic funding and poorly targeted programs, and often invite grave personal, social, and legal threats. With no staff based outside its Geneva headquarters, the Global Fund is weakly positioned to take on these political challenges. While national health officials who are the Fund's primary interlocutors are often sympathetic, deeply entrenched social and religious influences are often far beyond their reach to confront and overcome. What political leverage the Global Fund has declines as its financial support decreases, and disappears altogether once a country "graduates" by losing eligibility or voluntarily foregoing further grant assistance. Because the Global Fund is often the "last donor standing," few other donors typically are able to continue to press the case for addressing key populations or to fill any gaps in services or funding. Hence, what the Global Fund does or doesn't do has a particularly significant influence on the plight of key populations.

Recommendations

1. The Global Fund should ***develop a robust, systematic political advocacy strategy*** to ensure attention to key populations during and after Global Fund support.
 - a. Mobilize donors' ambassadors singly or in groups to engage governments on the Global Fund's behalf to promote attention to key populations through increased funding, better targeting of programs, elimination of counterproductive laws and policies, and reduced stigma and violence. These ambassadors could be provided with a "dashboard" of priority political challenges developed by the Global Fund's grant management staff in consultation with partners and other stakeholders. The U.S. State Department's Global Health Diplomacy efforts are an excellent example of how ambassadors can be systematically mobilized to tackle political challenges at country level, and could be shared as "best practice" with other Global Fund donor governments. The State Department's global human rights report (a country-by-country analysis) could be used in this dialogue, and specific reporting requirements for key populations should be strengthened in this annual reporting framework.

- b. Modify country coordinating mechanism guidance to require direct engagement with ministers of finance and other ministries (justice, foreign affairs, education) and parliamentarians engaged, positively or negatively, in affecting service provision for key populations. These same officials could be asked to sign onto country “compacts” with the Global Fund that provide an overarching agreement beyond the individual grants and identify funding, policy, and legal changes needed to optimize the health impact of Global Fund grants.
2. ***Change counterpart-financing policies for countries with concentrated epidemics to require that coinvestments are measured by disease-specific funding*** rather than for broad health spending. The definition could be liberalized to accommodate innovative structural interventions (e.g., keeping girls in school and working with informed businesses). While expecting countries with large, generalized epidemics to “match” Global Fund grants with increased investments in their health system, this same policy is counterproductive in countries with concentrated epidemics where there is often an unhealthy reliance on Global Fund grants to cover services for key populations. It also makes it difficult for advocates to hold governments to account for increasing domestic funding for key populations.

Supporting Local Nongovernmental Organizations

Civil society groups and local NGOs are key to engaging at country level both programmatically and politically. By reaching out to and supporting key populations to access and retain services, they provide a vital link to people who are otherwise hard to reach by government officials. They also seek to hold governments to account for maintaining and expanding services, providing financing, and reducing policy and legal barriers. After the Global Fund has left, it largely falls onto local civil society groups to keep up the pressure on governments to sustain the programs in which the Global Fund has invested. But their capacity is often limited, they are highly dependent on Global Fund and other external funding sources, and they don’t always have the skills or rights to advocate effectively. TB and malaria also lack constituencies like those that exist for HIV. While international NGOs and UN agencies can and do help, it’s unsustainable (and expensive) to depend on them.

Recommendations

3. ***Establish a small-grants program to improve in-country capacity*** for advocacy that prioritizes building data literacy and developing advocacy and organizational development skills for civil society groups engaged in advocacy. This should be a simpler grant-making mechanism with reduced bureaucratic and management demands to reduce transactional costs and better calibrate to the needs and capabilities of indigenous NGOs and civil society groups. The Global Fund should collaborate with the President’s Emergency Plan for AIDS Relief (PEPFAR) to learn from its recent experience establishing a similar program. Some meeting participants raised concerns related to the challenge of demonstrating the impact of investments in small-grants programs so a deliberate effort should be made to knit the various advocacy groups together within and across borders to promote synergies and

collaboration; this could be achieved through regional grants. There was also a debate about whether small-grants programs should replace the current allocation methodology for upper-middle-income countries or be done in addition to those allocations.

4. ***Provide grants specifically for police, security, and criminal justice reform programs.*** Many participants noted the importance of addressing legal constraints faced by key populations. For example, in HIV those that are often at highest risk—men who have sex with men, injection drug users, or sex workers—often face arrest and abuse by police and security officials, which drives them away from accessing services and allows the epidemic to expand. For TB and malaria, migrant and refugee populations can also face official persecution as well as limitations on using domestic funding to meet their health needs. So engaging policy, security, and criminal justice officials offers the opportunity to involve them on the important work on HIV, TB, and malaria both for the public health benefits and for the self-protection of uniformed service members that also face risk of infection.
5. ***Improve access to and use of data by advocates.*** Having, and knowing how to interpret, good data on the characteristics and needs of key populations was identified as being critical to effective advocacy and indeed came up across all the different themes discussed. While there has been a broader push for improving “data for decisionmaking” by Global Fund country partners, this recommendation centers on broadening participation in data collection and analysis to civil society and NGOs both to improve their programming and to substantiate their advocacy messages. This would include epidemiological, financial, and programmatic data, and modeling to show trends, costs, and impacts of strategic options.

Strengthening National Strategies

Despite years of effort, national disease strategies are often still weak in addressing key populations with an optimized mix of interventions. Even good concept notes and grant agreements don’t always translate into investment of resources and delivery of services. The evidence base for many interventions targeting key populations is well established, so their insufficient utilization in national strategies should be cause for greater concern. It may be that technical support and guidance to countries to shape and sharpen their national strategies are inadequate. Whatever the various causes, the end result is that the Global Fund is too often supporting programs that aren’t likely to achieve impact while interventions known to work receive little or no support. Even when the intervention mix is optimized, there is little attention to identifying and overcoming the social, policy, and political barriers that can keep good national strategies from achieving impact.

Recommendations

6. ***Hold technical partners to account for delivering better, targeted support*** to countries to develop better national plans that prioritize proven interventions as well as address broader barriers to accessing services. This includes normative agencies on which countries and the Global Fund rely to provide guidance and insights into crafting strong national strategies.

7. Where appropriate, ***embed services for key populations in mainstream programs***. The Global Fund should support countries to embed services for key populations into broader efforts such as social and health insurance schemes or national treatment initiatives to help ensure their continuity following the country transition. For example, this approach has proved successful in India’s Avahan project, an HIV prevention program focusing on key populations transitioned from the Bill & Melinda Gates Foundation to the government of India. Civil society groups in India work hard to help sex workers, transgendered women, and men who have sex with men to enroll in rural and urban health schemes that provide HIV treatment services. At the same time, the Global Fund should recognize that there are cases where this approach might be harmful to key populations such as when mainstream services are hostile toward these populations or not sufficiently specialized to meet their needs. An example cited was the need for specialized community-based clinics in El Salvador where mainstream services are hostile toward transgender women (and are sometimes located where these women are subjected to physical assault on the way to or from the clinics).
8. ***Improve key performance indicators (KPIs) and program indicators used to track success of programs serving key populations***. Despite the Global Fund’s institutional commitment to address key populations and their centrality to the epidemics in most of the countries it supports, there is no KPI that tracks its response. There is one KPI on human rights (tracking the number of human rights violations reported and resolved) but it is rudimentary. Similarly, programmatic indicators for some of the prevention interventions are inadequate in that they don’t offer meaningful measures of impact (e.g., “Key populations reached with HIV prevention programmes”³). The Global Fund, perhaps in partnership with the U.S. Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC), could lead development of a new generation of indicators that better measures impact of programs serving key populations.

Increasing Access to Proven Technologies

Despite abundant scientific validation, various interventions known to work are not widely available. This includes clean syringe and drug treatment programs, condoms and lubricants, pre-exposure and post-exposure prophylaxis, and voluntary male medical circumcision to prevent HIV, as well as community-based and private-sector diagnosis and care models for TB treatment.

Recommendations

9. Take advantage of the Global Fund’s new, improved programmatic data systems to ***report on uptake rates by intervention and, where they’re slow, set targets to bring them up to scale to achieve coverage rates defined by global disease strategies*** from the World Health Organization (WHO) and Joint United Nations Program on HIV/AIDS (UNAIDS). While

³ Global Fund, “Monitoring and Evaluation: Core List of Indicators,” 2015, <http://www.theglobalfund.org/en/me/documents/indicatorslist/>.

in the past the Global Fund was unable to report on how much its grantees were spending on various interventions and technologies, a new system is being put into place that will provide these data regularly. It is a great opportunity to share that information with the broader community, and compare that with assumed uptake levels in the global strategies for the three diseases. For those with sub-target deployment levels, the Global Fund should find ways to provide incentives to expedite uptake.

10. ***Use the Global Fund’s new grant-making approach to engage grantees when proven interventions serving key populations are missing, or where funding levels are inadequate.*** If a country has an HIV epidemic driven by infections among injection drug users, for example, it should be expected that they’re deploying clean syringe and drug treatment programs, and funding drug-reform laws to replace criminalization with treatment. Broad behavior-change approaches, mass-communication appeals, and other more typical approaches should not be funded, and countries should be discouraged from using them at all (since inefficient investments, even if made with domestic funding, are ultimately subsidized by Global Fund grants).
11. ***Identify countries where expedited uptake would have significant impact, and focus technical support and grant management engagement on them.*** There are some countries where it’s clear that proven interventions are being underutilized, so rather than waiting for broad improvements in reporting, the Global Fund could more immediately engage partners to rush technical support, funding, and political pressure to identify and push for steps needed to increase their uptake rapidly.

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Appendix: Meeting Participants

George Ayala, *The Global Forum on MSM & HIV*
 Cornelius Baker, *Office of the Global AIDS Coordinator*
 Gina Dallabetta, *Bill & Melinda Gates Foundation*
 Janet Fleischman, *CSIS Global Health Policy Center*
 Julia Greenberg, *Open Society Foundation*
 Christine Juwle, *CSIS Global Health Policy Center*
 Jen Kates, *Kaiser Family Foundation*
 Tiffany Lillie, *Linkages, FHI 360*
 Lisbeth Loughran, *Grant Management Solutions*
 Jack MacAllister, *The Foundation for AIDS Research*
 Ron MacInnis, *Palladium*
 Peter Mamacos, *U.S. Department of Health and Human Services*
 Noah Metheny, *U.S. Agency for International Development*
 Greg Millett, *The Foundation for AIDS Research*
 Heidi Ross, *Malaria No More*
 Ani Shakarishvili, *UNAIDS*
 Rachel Silverman, *Center for Global Development*
 Cathryn Streifel, *CSIS Global Health Policy Center*
 Todd Summers, *CSIS Global Health Policy Center*
 Kate Thompson, *Global Fund to Fight AIDS, TB and Malaria*
 Nick Thomson, *Johns Hopkins University*
 David Traynor, *Global Fund to Fight AIDS, TB and Malaria*

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