

## **FAQ: Human Rights in the New Funding Model**

### **What is the Global Fund's position on human rights and where does it come from?**

A commitment to human rights has always been a core part of the Global Fund's values. The founding documents of the Global Fund commit to human rights principles such as transparency, accountability and meaningful participation of people living with and affected by HIV, TB and malaria. The mandate of the Global Fund, to support access to health services, also enables countries to meet their national and international obligations to promote the right to the highest attainable standard of health.

However, all human rights intersect with and depend on other rights. Progress on one area of human rights often depends on making progress in other areas at the same time. In recent years, the Global Fund has addressed some key human rights areas through commitments made in the Gender Equality Strategy and the Sexual Orientation and Gender Identities Strategy.

Today this commitment is clearer than ever. The Global Fund Strategy 2012-16 includes five pillars, one of which is to promote and protect human rights. This includes a commitment to increasing investment in programs that address human rights barriers to accessing health services, and to ensuring that the Global Fund does not fund programs that violate human rights. To make this commitment real, the Global Fund is taking steps to integrate human rights considerations in every step of the grant-making process.

### **What is the Global Fund doing to address human rights?**

The Global Fund is publishing new guidance on human rights in early 2014, and tracking funding for its programs, as well as training focal points among the Grants Management Division staff on human rights, gender and other cross-cutting issues to be aware of in countries where the Global Fund invests. In 2014, the Global Fund will address the risk of human rights violations in Global Fund-supported programs to ensure clear procedures are in place for reporting and management of allegations of rights violations in these programmes. In late 2014, the Secretariat will report to the Board for the first time on rights violations reported in Global Fund grants.

This work is being developed based on consultations held over the past two years and with advice from a new Global Fund Human Rights Reference Group and a related Secretariat staff human rights task force. UNAIDS and WHO are permanent observers of the Human Rights Reference Group, and members' expertise spans Africa, the Middle East, Asia and Latin America.

### **Will applicants be required to include human rights programs in requests for funding?**

Countries are not required, but are certainly strongly urged to identify human rights barriers to accessing health services in the concept note and to explain how they will address them. Many countries that have done so effectively have been successful in funding requests.

To assist in this process, the Global Fund and technical partners can help to arrange technical assistance. Applicants are strongly recommended to begin first and foremost by

consulting human rights experts within their country. These experts may be based in national human rights institutions, Ministries of Justice, the Bar Association, and in key population and other civil society organizations that have worked on health and human rights issues for many years. To ensure an approach is appropriate for and owned by the country, it is recommended to begin by consulting these domestic institutions.

In the new funding model concept note applicants will be asked to identify human rights barriers to accessing health services, and to explain how the proposed interventions will address those barriers.

### **What is a human rights barrier to accessing health services?**

A growing body of evidence shows that while countries and donors may invest resources in procuring medicines and equipment for government-run health services, sometimes these services are not used by people who need them most, because there are human rights barriers that make them hard to access.

For example, health care workers who are afraid of contracting HIV may discriminate against people living with HIV and even refuse to treat them. This creates a barrier for people turned away from health care services, and can discourage others from even trying to take an HIV test. Similarly, if people vulnerable to HIV, TB and malaria fear that their status will become known to neighbors, employers and family members due to lack of medical confidentiality inside health facilities, and that this disclosure could lead to loss of jobs or homes, those vulnerable may be afraid to come forward and be tested.

Similarly, in many places, police use condoms as evidence of sex work, or arrest people who inject drugs near health facilities that provide harm reduction services. These police practices and related laws create a obstacles to accessing condoms and harm reduction services. In many countries, lesbian, gay, bisexual and transgender people (LGBT) are criminalized, and this makes it difficult for them to come forward and seek health services.

Addressing these barriers may involve combining multiple approaches. UNAIDS recommends “Seven key programmes” to address human rights barriers, including legal aid services, human rights training, law reform, monitoring and advocacy. In some countries, integrating community legal advisors into outreach and prevention programs has been effective. The Global Fund’s human rights information notes provide additional resources and programs to consider.

### **What steps should applicants take to address human rights in grants?**

In order to maximize the chances that a country addresses these issues in its request for funding, the Global Fund strongly encourages applicants to consult with networks representing women and girls, key populations (including people living with HIV and affected by TB and malaria), and experts on human rights as part of the country dialogue. It is recommended that applicants identify some “less consulted” groups, based on the epidemiology, and take steps to consult them. These steps could include side meetings in less accessible areas, reaching out to non-traditional representatives such as labor unions or organizations working with people who lack adequate housing in areas vulnerable to malaria; and using online consultations to supplement in-person consultations.

It is also recommended that applicants work with technical partners to consult with domestic and regional human rights experts. Existing mechanisms may also be able to create opportunities for discussing health and human rights concerns, such as health assemblies.

Step 1: Define the epidemic

- Who are the key affected populations living with or highly vulnerable to HIV, TB or malaria? Define whether specific groups are at increased risk because of human rights or gender related issues.

Step 2: Define what activities are needed to address the epidemic in the specific key affected populations

- What activities are needed to reach key affected populations? Define barriers to them accessing appropriate services. Define activities to address barriers. Define how these populations will be centrally engaged in these efforts
- Where human rights violations are occurring, interventions need to be defined to address these, based on guidance from technical partners and human rights experts
- Identify where activities violate human rights and how these should be changed.
- Where there are already effective domestic programs to address human rights barriers, especially led by domestic civil society organizations, it is recommended that countries explore scaling these up, rather than starting new programs.

Step 3: Define the financial gap to implement the activities

**For more information**, please contact the Fund Portfolio Manager for your country, or write to [humanrights@theglobalfund.org](mailto:humanrights@theglobalfund.org).

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