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To Fight AIDS, Tuberculosis and Malaria

Analysis of Rounds 8, 9 and 10 Global Fund HIV proposals in relation to men who have sex with men, transgender people and sex workers

Acknowledgments

Report and Analysis: Aleksey Gurkin

Methodology: Adam Graham

Supervision: Andy Seale

Review and Inputs: Mary Ann Lansang, Jamie Bridge, Parijat Baijal, Francoise Ndayishimiye, Jeff Lazarus, Ombeni Mwerinde, Michael Olszak, Bryan Morris, Knowledge Management Unit

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1. Executive Summary

This report is an analysis of HIV proposals received in the Global Fund Rounds 8, 9 and 10 in relation to interventions that focus on men who have sex with men (MSM), transgender people and sex workers.

The report explores how Global Fund applicants seek to address the three target populations in each of the three funding Rounds. The report identifies trends in proposals alongside key opportunities and challenges that may be useful to future applicants.

Out of 247 HIV proposals analyzed 191 (77.3 percent) included at least one element targeting one or more of the three populations.

Representation of the three populations in the proposal development process was assessed through analyzing levels of Country Coordinating Mechanism (CCM) membership over the three rounds.

Over the three rounds applicants were most likely to focus their proposed activities within populations of MSM and sex workers, with less attention given to the needs of transgender populations. Only 19 proposals (7.7 percent) out of 247 HIV proposals analyzed provided prevalence data for transgender populations. However, the proportion of funded proposals that included prevention activities aimed at transgender population grew from 6 percent in Round 8, to 20 and 22 percent in Rounds 9 and 10 respectively.

There was an increase between the three rounds in the proportion of proposals recommended for funding that included at least one activity addressing stigma reduction and/or rights promotion. In each round the proportion of proposals that included a focus on stigma reduction and/or promoting rights was higher among proposals recommended for funding than for all proposals received.

The proportion of proposals that include population size estimates related to the three population groups increased over the three rounds from 24 percent in Round 8 to 32 percent in Round 10 and those that included prevalence data increased from 25 to 40 percent. Although some applicants experience challenges in providing statistical data related to HIV and the three target populations, due to their marginalization and stigmatization, several proposals were funded in each round with no baseline data on the assumption that the baseline would be established during the first phase of grant implementation.

In Rounds 9 and 10 more proposals that included community system strengthening (CSS) elements related to the three key population groups were recommended for funding by the Technical Review Panel (TRP) than in Round 8.

Comparative analysis of proposals received through a dedicated funding reserve for most at risk populations (MARPs Reserve), which was established in Round 10, and those HIV proposals received through the regular funding channel, has been carried out for the first time. One of the findings revealed that approved MARPs Reserve proposals contained 11 percent more activities related to prevention, care and support, and to addressing stigma, targeting the three key populations than general HIV proposals and that these activities were described in greater detail within MARPS Reserve proposals.

Data presented in this report suggests that applicants will have a higher success rate at technical review if they: include activities to strengthen or build epidemiological data; include

targeted community systems strengthening activities; and, ensure an emphasis on supporting enabling social and political environments.

The report also recommends that the Secretariat supports implementing partners by: further enhancing the application process to give more specific guidance related to the target populations; continuing to build and enhance the capacity of the Technical Review Panel in relation to the target populations; sharing lessons learned from previous funding rounds including models of good practice; and, by proactively engaging with partners to address data and programmatic gaps.

2. Background

The Global Fund Strategy in relation to Sexual Orientation and Gender Identities (The SOGI Strategy) was approved by the Global Fund Board at its 19th meeting in May 2009. The Strategy outlines a clear intent to respond to the needs of MSM, transgender people and sex workers:

> The intent of this Strategy is to augment and reinforce the efforts of the Global Fund in realizing outcomes and impact against the three diseases, recognizing the vulnerabilities of MSM, transgender people, and sex workers and recognizing the imperatives to minimize harm. Therefore actions are recommended that can be implemented in ways that are gradual, careful, built upon current positive efforts and good intents, and respectful of the varying contexts in which the Global Fund operates (Global Fund, 2009a).

The SOGI Strategy seeks to realize the potential of initiatives, partners and programming in maximizing HIV-related outcomes for MSM, transgender people and sex workers. The strategy seeks to engage a broad range of the Global Fund partners including civil society, partners in countries, the Technical Review Panel, and the Global Fund Board. This analysis has been carried out by the Global Fund Secretariat as required by Action 12 of the SOGI Strategy. The study seeks to better understand how far Global Fund applicants address MSM, transgender people and sex workers in their HIV proposals.

The study looks to understand how far Global Fund HIV proposals:

- Address the immediate health and welfare needs of MSM, transgender, and female, male, and transgender sex workers – especially in relation to HIV and STI prevention, care and treatment.
- Address structural and rights based issues, including harmful laws and institutional stigma and discrimination that if addressed, would improve access to better health outcomes for MSM, transgender people, and female, male and transgender sex workers.
- Seek to strengthen the current evidence base on MSM, transgender people, and female, male and transgender sex workers.
- Seek to strengthen the capacity of community-based organizations concerned with the three key populations.

3. Methods

The analysis includes all HIV proposals received in Rounds 8, 9 and 10. A total of 247 proposals were received in the three rounds. The study examines data included in Proposal Form Sections 1-2 on eligibility, Sections 3-5 for HIV components[1] as well as the associated work plan and CCM membership details form. Proposal documents were initially scanned for key words and then

[1] The optional HSS Section 4B-5B was not included as part of this analysis. A pre-screening of these sections indicates that proposals that were not successful with the main disease component also did not include elements related to sexual orientation and gender identity. Therefore, only the main disease components from non-funded and funded proposals were analyzed.

screened more thoroughly. Sections of documents were screened manually to capture relevant data. Both the proposal form sections and the work plan were analyzed to identify any synergies or discrepancies between the two. In cases where data appeared in both the proposal form and the work plan it was captured as a single entry to avoid double counting.

The analysis includes proposals that were not recommended for funding by the Technical Review Panel (TRP) and those deemed ineligible by the Secretariat-based Screening Review Panel (SRP)[2]. Therefore, references to "all proposals submitted" or "total proposals" include proposals submitted before they were disqualified by the SRP or rejected following TRP review.

The development of variables for this analysis was based on a review of technical guidance, best practice material and other literature on HIV, health and the three key populations. Commonalities that emerged in the literature review were identified and the resulting variables are captured in the following table. Definitions of the variables are shown in Annex 1.

Table 1: Variables used in current analysis

CCM Participation and Representation	Improving the Evidence Base	Service Delivery Included
•Sector representation on CCMs of groups working with three key populations •Openly identified member(s) of CCMs who are from a key population •Presence on CCM of academic or programming expertise relevant to key populations	•Inclusion or planning collection of HIV prevalence and/or population size statistical data related to three key populations •Inclusion or planning of behavioral trends surveys of any key population	•Prevention •Care and support •Treatment •Stigma / rights promotion •Legal frameworks / freedoms •Community systems and core capacities

3.1 General features of Rounds 8-10 HIV proposals

In Round 8, a total of 83 HIV proposals were reviewed for this analysis, out of which 31 were recommended for funding by the TRP. Four Regional Organizations, two non-CCMs and one Regional Coordinating Mechanism were deemed ineligible at the SRP level and 45 other proposals were not recommended for funding by the TRP (See Annex 2).

In Round 9, a total of 80 HIV proposals were reviewed, out of which 30 were recommended for funding by the TRP. Six CCMs and one non-CCM were deemed ineligible at the SRP level and 43 other proposals were not recommended for funding by the TRP (See Annex 2).

[2] The Screening Review Panel is composed of Secretariat staff and assesses the eligibility recommendations produced by Proposal Officers in order to allow a proposal to continue on to the TRP process.

In Round 10, a total of 84 HIV proposals were reviewed out of which 32 were recommended for funding by the TRP. Four CCMs and two Regional Organizations were deemed ineligible at the SRP level and 46 proposals were not recommended for funding by the TRP (See Annex 2).

The above numbers include the main disease components only; optional Health Systems Strengthening (HSS) 4b-5b sections were not included in the analysis.

3.2 Limitations of the Study

Proposals that are recommended for funding by the TRP and subsequently approved for funding by the Global Fund Board undergo several months of TRP-requested clarifications and grant negotiations administered by the Secretariat. As a result, inclusion or exclusion of activities targeting the three key populations may be influenced during this period. These changes are not captured in this study. In addition, due to time limitations, it was not possible to clarify ambiguous text or sections of proposals with applicants.

There are complexities in quantifying data from qualitative sources. Except for content related to epidemiology, the proposal forms do not always report quantifiable data. Therefore, for the purposes of this analysis a structure was established to interpret the qualitative elements of the proposal form and work plan.

Given the varying degrees of country capacity, proposals are extremely varied in the level of detail and complexity with which they are written. Moreover, the level of detail between the proposal form and work plan is often inconsistent. Hence, both documents were consulted and cross-analyzed to ensure that relevant data on activities targeting key population groups were captured.

While indicators identifying CCM representation may be a good source of information with which to gauge the involvement of key populations in the proposal development process, they may also be misleading. Although it is true that CCMs are often a hub of activity during the proposal development process, there may be individual systems of governance and outreach to certain key groups during the proposal development process that may not be captured in Section 1-2 of the proposal form.

In summary, data in this report should be interpreted as useful in understanding *proposal content* related to the three key population groups as it "comes through the front door" - from data in the application forms received by the Global Fund. This approach offers insight into the initial intentions of applicants rather than insight into subsequent programming or the impact of Global Fund investment.

Although the report does analyze trends across Rounds 8, 9 and 10, these trends should be interpreted with caution because the cohort of applicants differs from one round to another (both in terms of need and capacity).

4. Findings

4.1 General Characteristics of Proposals

The regional breakdown between rounds (Table 2) demonstrates that there are elements related to the three populations included in proposal activities across all regions – there is no region with a complete absence of activities targeting at least one of the three key populations. Out of 247 HIV proposals analyzed 191 (77.3 percent) included at least one element targeting one or more of the three populations.

Table 2: Number of HIV proposals that included at least one element related to sexual orientation and /or gender identity: by region, by funding status

GLOBAL FUND REGION	ROUND 8		ROUND 9		ROUND 10	
	All proposals (incl. non funded)	Funded	All proposals (incl. non funded)	Funded	All proposals (incl. non funded)	Funded
Eastern Africa and Indian Ocean	9	5	4	1	7	2
East Asia Pacific	7	5	8	4	5	4
Eastern Europe and Central Asia	8	4	6	4	13	6
Latin America and Caribbean	15	2	17	8	14	6
Middle East and North Africa	4	1	6	0 *	5	2
Southern Africa	5	1	5	2	7	1
South West Asia	5	0	6	3	4	1
West and Central Africa	12	5	12	5	7	4
TOTAL (n=)	**65**	**23**	**64**	**27**	**62**	**26**

*No HIV disease component proposals were funded from the MENA region in Round 9

There is an increase in the number of funded HIV proposals that address at least one element targeting one or more of the three populations between Rounds 9 and 10 submitted by applicants from Eastern Europe and Central Asia and a decrease among proposals submitted by applicants from West and Central Africa, East Asia Pacific, and South West Asia

The proportion of all proposal submissions containing at least one activity related to the target populations in Round 8 was 78 percent; in Round 9 -- 80 percent; and in Round 10 -- 74 percent. In almost every area the analysis looks at there is an increase over the past three

rounds of Global Fund grants in both, the representation of the three key populations and their inclusion into programmatic activities. Proposals from all three rounds tend to concentrate activities within MSM and sex workers populations. Although the proportion of proposals targeting transgender people increased over time, they are still less frequently explicitly addressed in proposals compared to MSM and sex workers. Only 19 proposals (7.7 percent) of the 247 HIV proposals analyzed were able to provide prevalence data for transgender people.

In Round 8 only 22 percent of all proposals and 25 percent of those that were recommended for funding included prevalence data related to any or all of the three key populations. In Round 9 these numbers were 25 and 41 and in Round 10, they were 34 and 40 percent respectively. The proportion of prevention, treatment, care and support, or fighting stigma/rights promotion activities within funded proposals increased from 40 percent in Round 8 to 58 and 54 percent in Rounds 9 and 10 respectively.

Most HIV proposals funded by the Global Fund in Rounds 8, 9 and 10 included HIV prevention, care and support and treatment-related activities for one or more of the three key populations. In Rounds 8 and 9, there was relatively low attention given to programmatic activities that address supportive environments, however in Round 10 there was an increase in the number of funded proposals that addressed this issue.

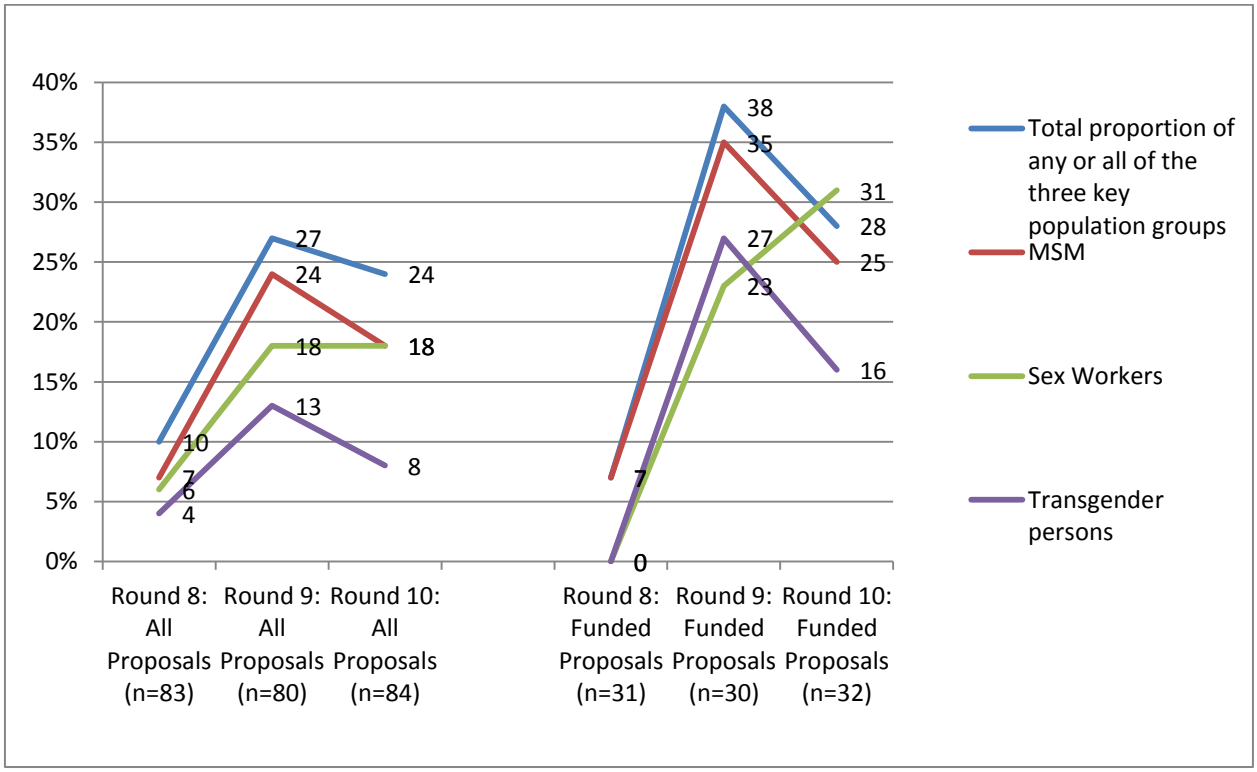
The proportion of all HIV proposals submitted that contained at least one community system strengthening element was 28 percent in Round 8, and 30 and 25 percent in Rounds 9 and 10 respectively. Among funded proposals however, this proportion grew from 26 percent in Round 8 to 47 and 41 percent in Rounds 9 and 10 respectively.

4.2 Specific Findings

4.2.1 Country-level Governance and Sexual Orientation and Gender Identity: Representation on Country Coordinating Mechanisms

In the three rounds most proposals indicated which specific population group was represented on the CCM or in the proposal development process with some countries using the broader term of "sexual minorities". Figure 1 below illustrates the trend in representation of three key population groups in the CCMs that submitted HIV proposals in Rounds 8, 9 and 10.

Figure 1: Proportion of CCMs with sector representation by groups clearly working with MSM, sex workers and transgender persons.



Compared to Round 8 in Rounds 9 and 10 there is a noticeable increase in the proportion of all and funded proposals with CCM representation by the three key populations. However, this proportion was smaller in Round 10 than in Round 9.

While CCMs readily indicate representation on behalf of the key populations, it is not often made explicit how representatives are involved in practice. It may be the case that an individual member on the CCM may belong to one of the population groups, but not necessarily represent the community's concerns or issues. In Rounds 9 and 10 funded proposals showed a higher proportion of CCM inclusion than 'all' proposals – suggesting a positive link between community involvement and success at the TRP. There are also increases in other areas, including the number of proposals indicating that there are CCM members who openly identify as an individual from one of the key population groups. This number increased from nil in Round 8 to 4 in Round 9, and to 14 in Round 10.

The number of CCM members who identify as having academic or programmatic experience relevant to any or all of the three population groups has also increased between three rounds, likely due to the overall rise in sector representation by groups that are clearly working with the key populations. In Round 8 there were three CCMs documenting academic or programmatic expertise while in Round 9 there were 12 CCMs, and in Round 10 there were 32 CCMs.

There may be some ongoing challenges in documenting CCM expertise as it relates to the three target populations and the relevance of including this information in the proposal form may not have been clear to all applicants. However, even when this is taken into account, there are considerable increases in representation by all three of the key population groups between Rounds 8, 9 and 10 and corresponding proportional increases among proposals recommended for funding by the TRP.

Box 1: Efforts to ensure representation by the three key populations on CCMs

"NGOs included in the CCM have been selected by their constituencies and representatives from a broad range of marginalized groups including women and young girls and are able to provide a platform for advocating for the these groups. For example, "Q Forum LGBTIQ" is non-governmental organization which works on the promotion and protection of the culture, identity, human rights and support to the LGBTIQ persons; elimination of all forms of discrimination and inequality based on sex, gender, sexual orientation, sexual identity, gender identity, gender expression and intersexual characteristics. Another one in CCM - "XY" is the association dealing with improvement of sexual and reproductive health and rights of all people, especially young and vulnerable people in B&H. Women association "Bolja buducnost" is a member of CCM and is involved in the ongoing activities related to HIV prevention in Roma communities."

➔ *Bosnia and Herzegovina, Round 9*

"Pan-American Social Marketing Organization (PASMO: a CCM member) and United Belize Advocacy Movement (UNIBAM, a member of the CCM Sub-Committee for Policy and Legislation and the IEC Committee) are key organizations that work with and represent the MSM & FSW and Transgender populations respectively. As a result, emphasis is now being placed on addressing the gender inequities and bringing to the forefront issues affecting MSM and FSW, demanding greater attention to their situation, including the availability of appropriate high-quality services and the reduction of stigma and discrimination."

➔ *Belize, Round 9*

"It is important to point out that, over the last year, Argentina's CCM branched out and expanded its representation. Among others, representatives from sexual diversity organizations were added to advocate for key affected populations (two principal representatives and two alternates for ATTTA, Intilla and CREFOR) and for sex workers (one principal and one alternate for AMMAR); for people living with the diseases, three national PHIV networks were added (two principal representatives and two alternates for the Argentine Network of Women Living with HIV/AIDS, REDAR+ and the Buenos Aires Network of People Living with HIV/AIDS); as were representatives for Drug Users (one principal and one alternate for RADAUD and Interchange)."

➔ *Argentina, Round 10*

4.2.2 Improving the Evidence Base and "Knowing" the Epidemic: Population size and HIV prevalence data

The Global Fund's HIV proposal form, used in rounds 8, 9 and 10, requested applicants to provide epidemiological information on the disease by population groups, such as population size and HIV prevalence data. The Global Fund's Rounds 9 and 10 Proposal Guidelines[3] suggested MSM and sex workers as examples of key population groups that might be specifically included in this section. It is important to note that transgender persons were not suggested as a specific population for consideration in the Proposal Guidelines for Rounds 8, 9 and 10 although they were highlighted for attention in the Round 10 information notes explaining both the MARPS Reserve[4] and the SOGI Strategy[5].

Reliable estimates of population size and prevalence are essential to informing an effective programmatic response to an HIV epidemic. Global Fund applicants sometimes experience challenges in providing basic statistical information related to HIV and the three key populations, which potentially hinder their efforts to develop and deliver evidence-based programmatic activities. If data does not exist, applicants may plan activities related to estimating or establishing population size as part of the first phase of grant implementation. In the past, these activities have included national or community-level population surveys, mapping of community spaces in preparation for a new HIV prevention program and other related activities.

In Round 8 24 percent of proposals included plans to strengthen population size data during grant implementation. This figure rose to 32 percent in Round 10 (see Annex 4 for a breakdown by population). For each round however, more proposals included existing population estimates than those which included activities to establish population size.

The tendency to include baseline population estimates alongside activities to further establish or strengthen existing data increased over the three funding rounds. In Round 8, out of all proposals submitted, only two included both; in Rounds 9 and 10, however, there were five and nine such proposals respectively.

A similar trend is observed in relation to HIV prevalence data. The proportion of all HIV proposals (see Annex 5 for details) providing baseline prevalence data and/or planning prevalence data collecting activities grew from 22 percent in Round 8 to 34 percent in Round 10.

[3] The Global Fund, Round 9 Proposal Guidelines:
http://www.theglobalfund.org/documents/rounds/9/CP_Pol_R9_Guidelines_Single_en.pdf

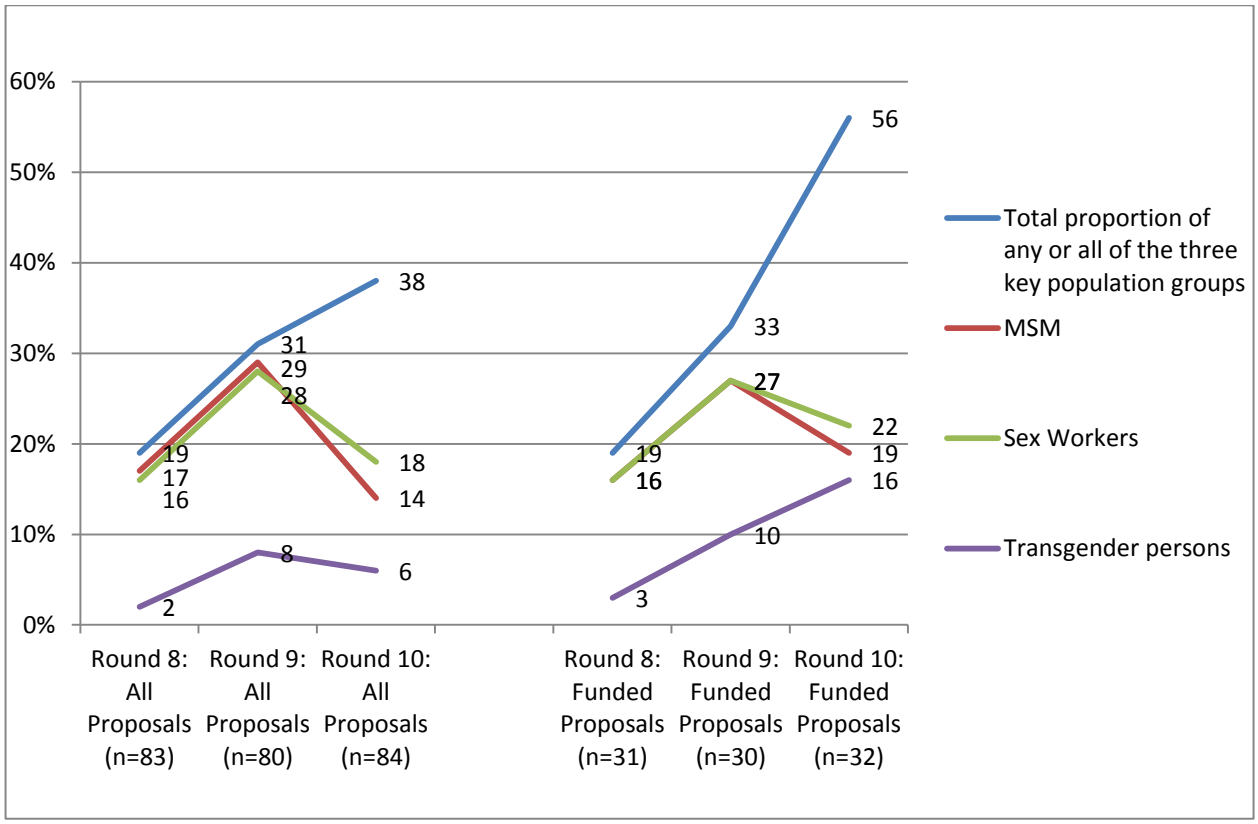
[4] Dedicated Reserve for Round 10 HIV/AIDS Proposals for Most at Risk Populations (MARPS) Information Note
http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_MARP_en.pdf

[5] Sexual Orientation and Gender Identities in the Context of the HIV Epidemic Information Note
http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_SOGI_en.pdf

4.2.3 Behavior data

Data analyzed in this study shows an increase over Rounds 8, 9 and 10 in number of proposals that build the evidence around behavior related to one or more of the three key population groups. The scope of behavior studies included in proposals is broad, covering socio-cultural practices, risk behavior associated with HIV infection, or anthropological aspects of HIV.

Figure 2: Proportion of applicants including activities related to behavior



The proportion of proposals that included elements related to behavior studies of three key population groups increased from 19 percent in Round 8 to 38 percent in Round 10 among all proposals received and from 19 percent to 56 percent respectively among funded proposals. The data indicate that there were also corresponding increases for each of the three key population groups.

4.2.4 Programmatic Elements in Global Fund Grants

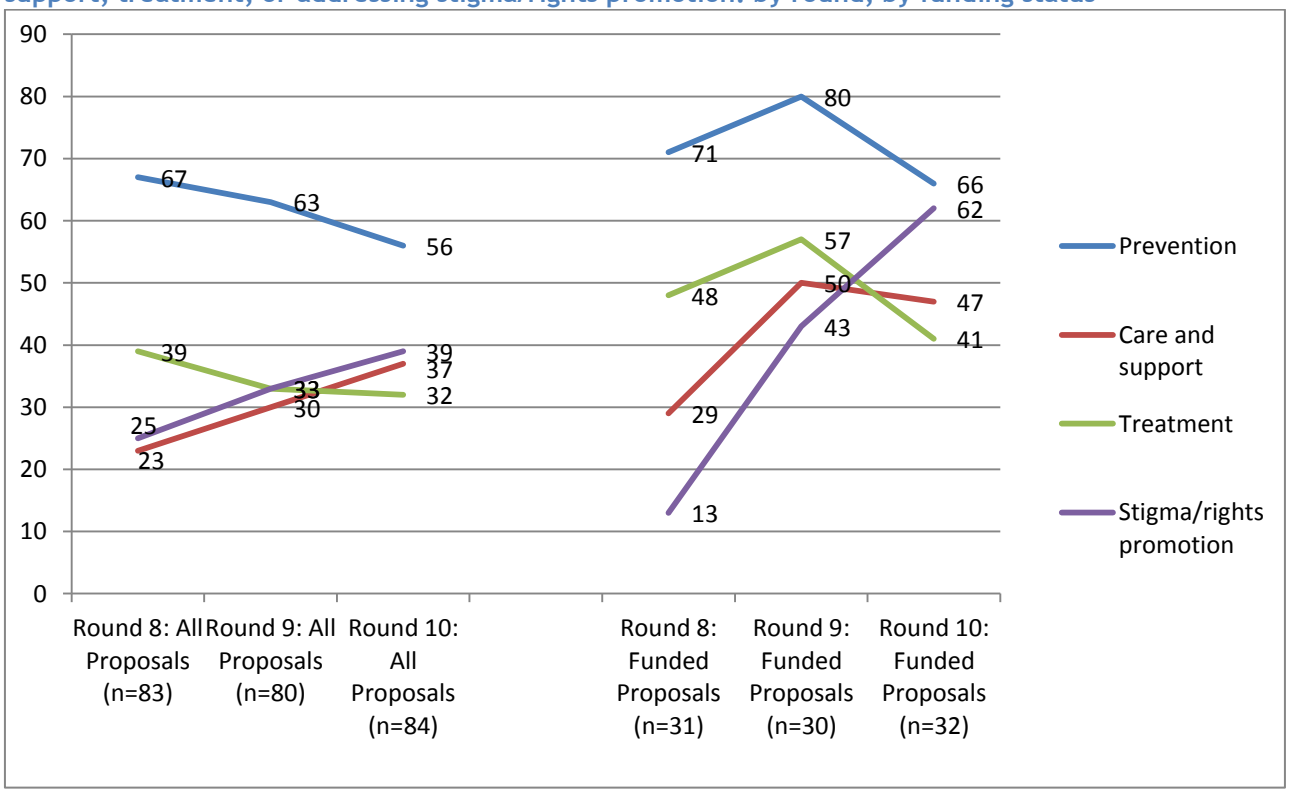
HIV prevention, care and support and treatment-related activities remain the core programmatic elements included in all Global Fund HIV proposals. For most at risk populations, as well as those living with HIV, activities including prevention, care, support and treatment are a part of a basic package of services that can make a significant impact on health outcomes.

In all three rounds, applicants were most likely to include a specific reference to the three target populations when describing HIV prevention interventions. They were less likely to make a specific population reference when describing activities related to care and support (see Figure 3). Much of the stigma and rights-focused work was targeted towards people living with HIV. Further data related to each variable will be discussed in detail in subsequent sections of this report; however there are certain overall trends that stand out.

The proportion of proposals recommended for funding that contain the population specific activities related to care and support, treatment or stigma and rights promotion was lower in Round 10 compared to Round 9.

Between Rounds 9 and 10 the proportion of all proposals submitted and the proportion of proposals that were recommended for funding that included population-specific prevention activities decreased. However, between the same rounds, there was an increase in proposals that included population focused activities to address stigma and rights promotion.

Figure 3: Proportion of proposals including at least one activity related to prevention, care and support, treatment, or addressing stigma/rights promotion: by round, by funding status

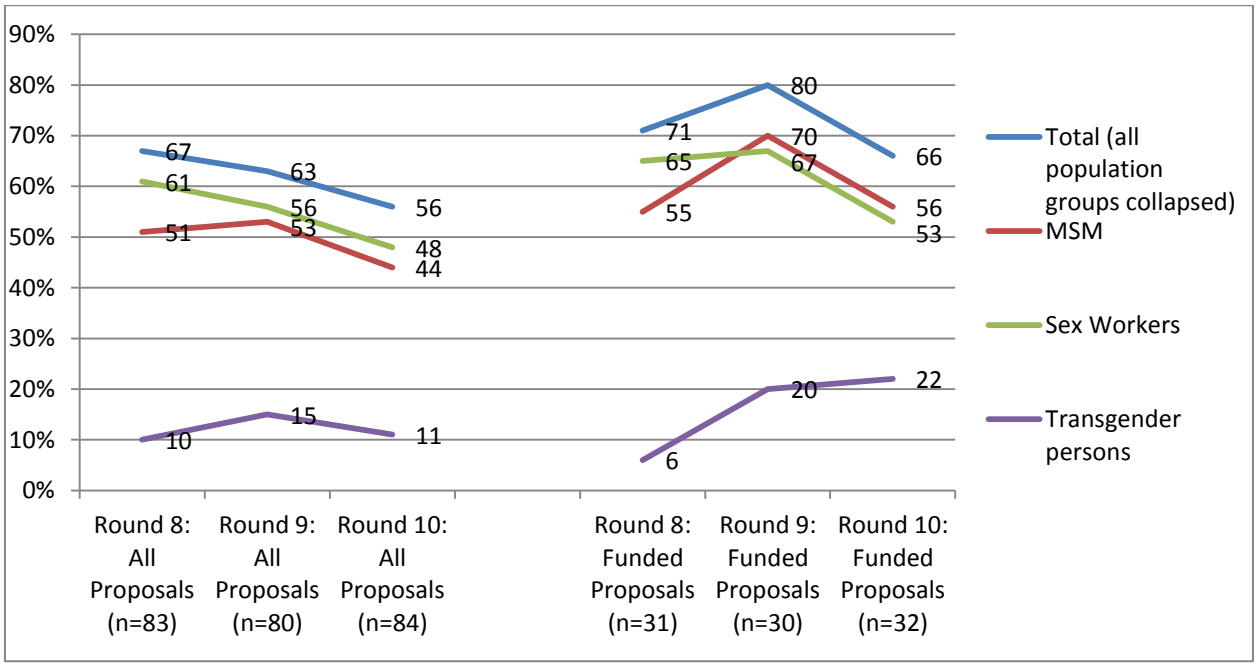


4.2.5 Prevention-related activities in Global Fund Proposals

HIV and STI prevention-related activities formed the majority of population focused interventions amongst all proposals, both total and funded, and across all three funding rounds. Applicants included a broad range of activities related to prevention, including elements addressing behavior change communication, peer education, and condom distribution.

The proportion of prevention activities targeting sex workers is the largest across all HIV proposals submitted in all three rounds, with MSM following closely behind, and transgender population being least addressed. Most of Rounds 9 and 10 funded proposals included prevention activities aimed at MSM, less proposals aimed at sex workers, with the proportion of prevention activities aimed at transgender population again being the smallest. However, the proportion of funded proposals that included prevention activities aimed at transgender population had grown from 6 percent in Round 8, to 20 and 22 percent in Rounds 9 and 10 respectively.

Figure 4: Proportion of proposals including at least one prevention-related activity: by round, population group, funding status



Box 3: Prevention-related elements in HIV Proposals

"The first activity is a 'structural intervention' involving local advocacy on HIV as a public health emergency so that local regulations will be promulgated and enforced so that regular condom use becomes the norm in three places per province where sex is sold. Targeted communication activities for advocacy will also be conducted. A second set of activities is behaviour change communication among sex workers and their clients, men who have sex with men, and waria that will be expanded using peer education and outreach approaches. Thirdly, targeted social marketing of condoms and lubricant to sex workers, men who have sex with men and young sexually active people will be expanded to ensure availability and increase use."

➔ *Indonesia, Round 8*

"In activity sites where there are many men who have sex with men, local advocacy activities will be implemented to create an enabling environment to implement the sexual health package with the involvement of local authorities, law enforcement authorities, MSM associations and health service providers. Peer educators will be selected and trained. They will work with men who have sex with men to promote safer sex including promotion and provision of condoms. Peer leaders will escort them for other services including STI services. At the sexually transmitted infection clinics they will be provided with sexually transmitted infection care and offered voluntary counseling and testing."

➔ *Sri Lanka, Round 9*

"Socially marginalized populations (MSM, sex workers) and socially disadvantaged populations such as the unemployed, displaced and homeless youth, are targeted through street outreach services. Outreach services as well as promoting safe sex behavior will also refer contacts to sexual health services where staff, have been trained to be supportive in their interpersonal communication with these population groups. Outreach will also include distribution of free condoms, thereby removing financial obstacles."

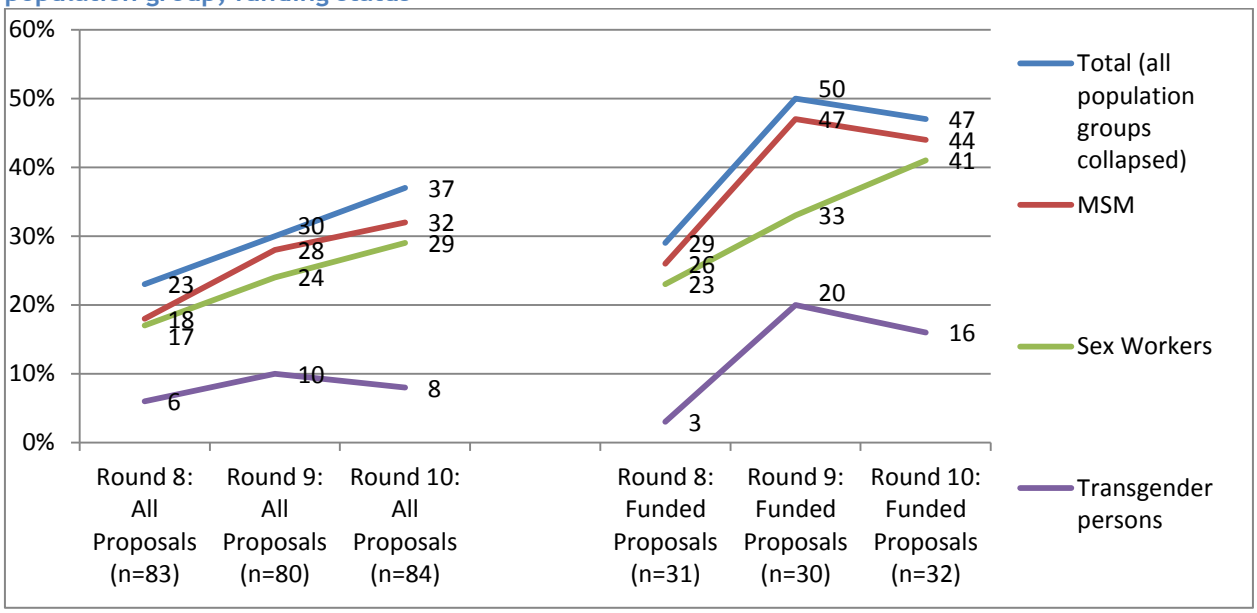
➔ *Timor Leste, Round 10*

4.2.6 Care and Support-related activities in HIV Proposals

Care and support activities targeting the focus populations were less frequently included in Global Fund proposals from Rounds 8 and 9 compared to prevention or treatment related activities. In Round 10, however, there was an increase in the proportion of proposals that included care and support activities, both total submitted and funded. Although, still smaller than the proportion of prevention activities, there were more proposals containing care and support activities than those that contained activities related to treatment.

The range of activities addressing care and support planned in proposals included but was not limited to: drop-in centers that addressed a broad range of social support issues, group and individual counseling centers, support for gender-based violence addressing the needs of the three key populations as well as peer support groups and telephone support lines.

Figure 5: Proportion of proposals including at least one care and support activity: by round, population group, funding status



The population groups most often included in activities related to care and support in all three rounds (see Figure 5 above) were MSM and sex workers. Among all population groups a greater proportion of proposals recommended for funding contained an element related to care and support compared to the total number of proposals received. The only exception to this being proposals from Round 8 that target transgender populations. Overall, data from Rounds 9 and 10 both confirm and strengthen the trend demonstrated in Round 8 toward increased proportionality of funded proposals that address care and support needs targeting any or all of the key populations as well as amongst most individual population groups.

Box 4: Care and support-related elements in HIV Proposals

"Facilitate health and social support to address gender-based violence among MARPs, especially sexual minorities and transgenders. The PRs/SR/SSRs will organize activities to strengthen the networks of referral to health and social services; all DiCs and street-based outreach will provide information on reproductive health services as well. Standards for service provision and guidelines will be reviewed from a gender perspective, with MARP participation. Training and sensitization of health providers, local officials, outreach workers, peer educators and MARP groups will be organized by Raks Thai, DDC and Foundation for AIDS Rights (FAR). Trainings will include information on the specific needs of all female MARPs and gender-based violence and rights abuses against women and sexual minorities who are in marginalized settings." [CCM Thailand defined MARP groups for its Round 8 proposal as groups including MSM, sex workers and transgender persons]

➔ *CCM Thailand, Round 8*

"Trauma and violence responses will be a major initiative for individual Community Based Organisations as well as a national effort. It will rely on creating Community Action Groups to assist victims for medical care and legal recourse, training and retention of community-friendly lawyers, training of beat-level police, and support for filing first-incident reports. Issues such as life skills, mental health, and family rejection and relations will be addressed through counselling for individuals in addition to group activities for participatory learning and peer support. Specialized prevention for female partners/spouses and for MSM, Transgender people and Hijras living with HIV will involve focused counselling and participatory group learning."

➔ *CCM India, Round 9*

"To expand range of services for MSM the community centre, where will be provided medical social and legal assistance, will be supported. The services of these centre will cover from 300 to 400 MSM in a year. General coverage of MSM group will be 4000 by the end of the grant in 2016."

➔ *CCM Kyrgyz Republic, Round 10*

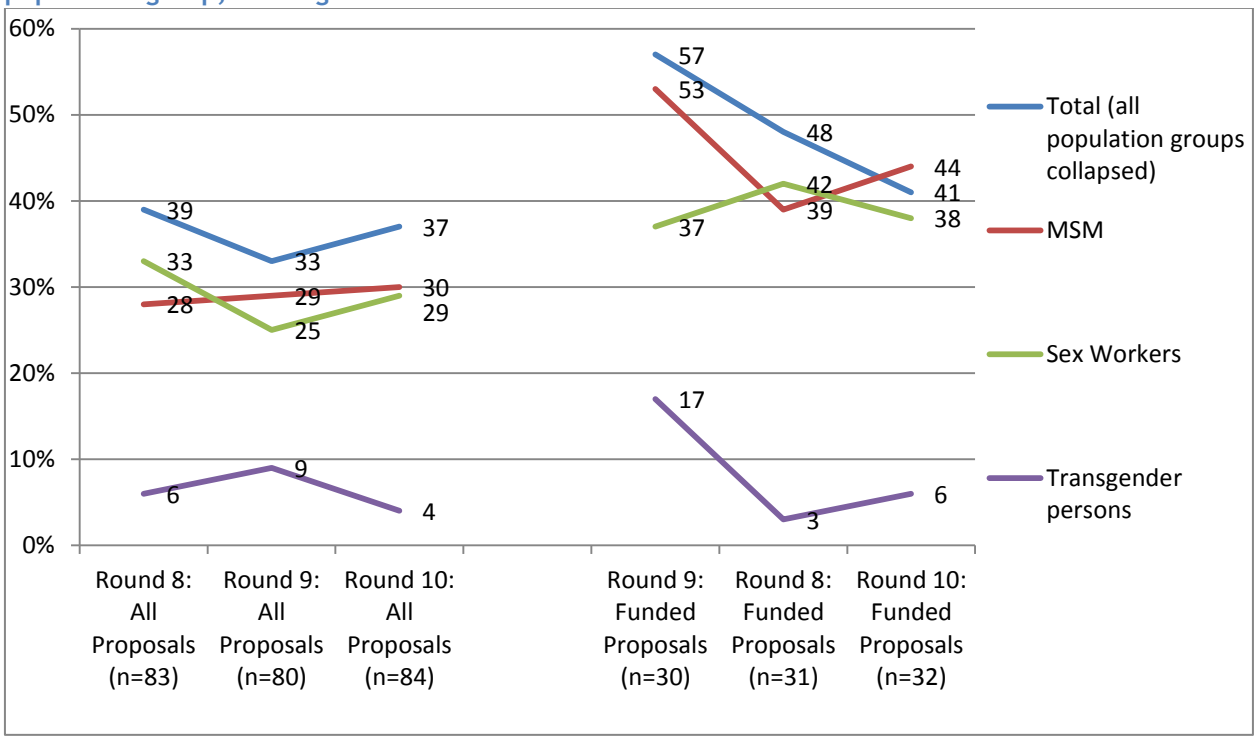
4.2.7 Treatment-related activities in HIV Proposals

In all three rounds, treatment related activities targeting the three key populations tended to focus on HIV and STI treatment needs and processes. These included activities such as supporting community outreach workers with testing kits, the procurement of diagnostic materials, and the provision of testing kits to community-level health centers.

In Round 8 the proportion of proposals that included at least one element related to treatment targeting one or more of the three key populations was 39 percent of the total number of proposals received. In Rounds 9 and 10 this proportion was 33 percent and 37 percent respectively. There is a decrease in funded proposals addressing treatment needs compared to the proportion of total proposals addressing treatment needs between Rounds 9 and 10.

It should be noted that most Global Fund supported treatment programs do not identify the population benefiting from treatment services. It is likely that the populations studied in this report are beneficiaries of Global Fund supported treatment. Most often populations are only highlighted in the context of population specific treatment needs and programmatic solutions to improving treatment access.

Figure 6: Proportion of proposals including at least one treatment tool or service activity: by round, population group, funding status

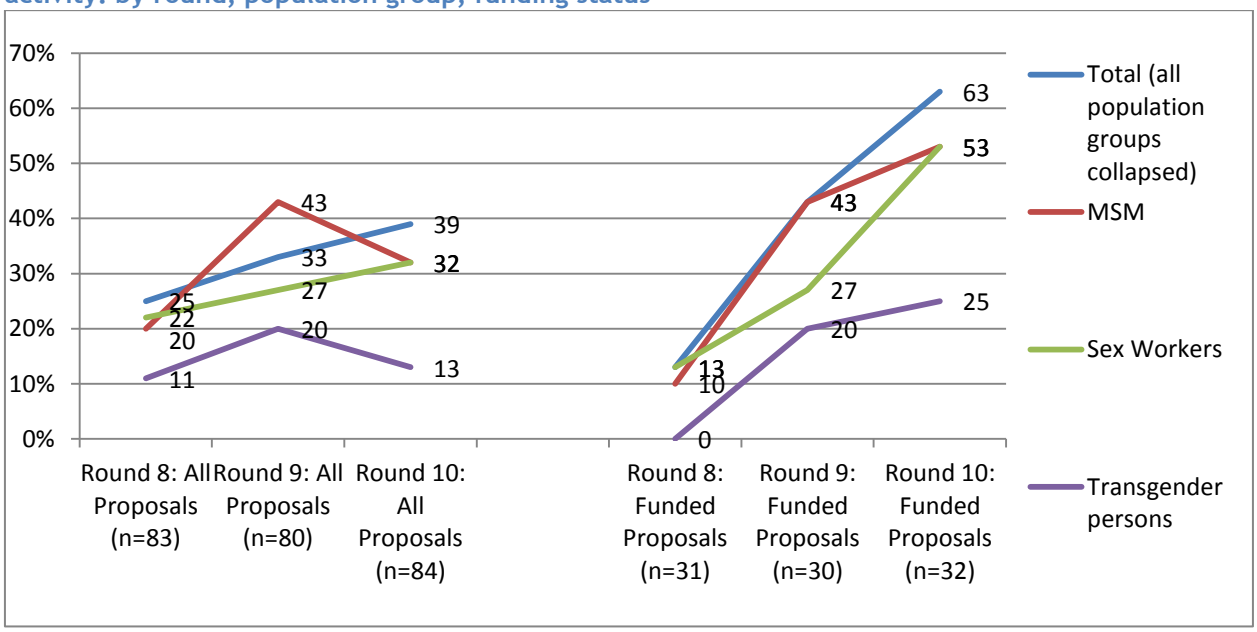


4.2.8 Addressing Stigma and Promoting Rights

There has been a significant overall increase between the three rounds in the proportion of proposals recommended for funding that include at least one activity related to addressing stigma reduction and/or rights promotion (See Figure 10). For each round, the proportion of funded proposals that contain at least one activity addressing stigma reduction or the

promotion of rights is higher than the proportion within all proposals. This suggests that applicants may increase their chances of success at technical review if they include this focus in their proposals. Indeed, Rounds 9 and 10 proposals that included activities addressing stigma reduction and rights promotion appeared to have better chances of successful TRP funding decision (See Figure 7). The SOGI Strategy places significant emphasis on addressing stigma and promoting rights – encouraging future applicants to ensure this is addressed strategically in their approaches to HIV work with the three key populations.

Figure 7: Proportion (percent) of proposals including at least one stigma or rights promotion-related activity: by round, population group, funding status



Along with proposals that addressed issues of stigma and rights promotion, a number of proposals developed activities related to legal frameworks and freedoms of the three key populations. Although, fewer applicants included issues related to legal frameworks in proposal submissions for all rounds, there was an increase between three rounds in the number of activities that did address this issue. In Round 8, there were three out of 83 HIV disease component submissions received; in Rounds 9 and 10 these figures were 13 out of 80, and 17 out of 84 proposals respectively.

Once again, the majority of proposals including activities related to legal frameworks and freedoms and targeting any or all of the three key population groups focused activities on MSM and sex workers. Out of all proposals received in Round 9, eleven proposals targeted MSM, nine targeted sex workers and four targeted transgender persons compared with 12 proposals targeting MSM, 14 sex workers, and six transgender persons in Round 10.

Box 5: Examples of Stigma and Rights Promotion Activities and Legal Frameworks and Freedoms

"One of the identified gaps pertains to the notion of "invisibility" and the exclusion of key groups and the risks to their rights. The promotion of meeting places and rights education are planned not only to make it possible for the key groups to meet and participate, but also to promote education for citizen involvement, political impact and reflection, HIV/AIDS education and the promotion of the Project's activities."

➔ *CCM Colombia, Round 9*

"Evaluation of MSM/ Hijra / Transgender friendly health services. National AIDS Control Society has standardized training modules for building the capacities of health care professionals on HIV/AIDS, which will be complimented by adding MSM, transgender and Hijra-related issues. These will include sensitization of health care providers towards the MSM/ Hijra / Transgender communities, to address their specific health issues and create functional linkages between mainstream services and CBOs."

➔ *CCM India, Round 9*

"The program will support stigma index research; training of MARPs and PLWHA on counteraction to stigma, discrimination and self-stigmatization; conducting information social campaigns aimed at tolerant attitude to MARPs and PLWHA; conducting thematic TV shows on the regular basis on the formation of tolerant attitude to vulnerable populations; implementing ways of overcoming stigma and discrimination at primary, secondary, high and specialized school system; training of journalists, and disseminating information via mass media."

➔ *CCM Ukraine, Round 10*

"Thanks to the implementation of the Round 6 project funded by the Global Fund, 12 regions in the country now have municipal laws or regional ordinances against stigma and discrimination towards gay men/MSM and transsexual populations. This activity seeks to regulate and oversee implementation of these laws and ordinances and to hold advocacy meetings to gain approval of a National Plan against Stigma and Discrimination, using the existing regulations in countries like Brazil as examples. In addition, the effort seeks new laws that will favor the gay /MSM and transsexual population's environment and consequently facilitate their access to comprehensive healthcare."

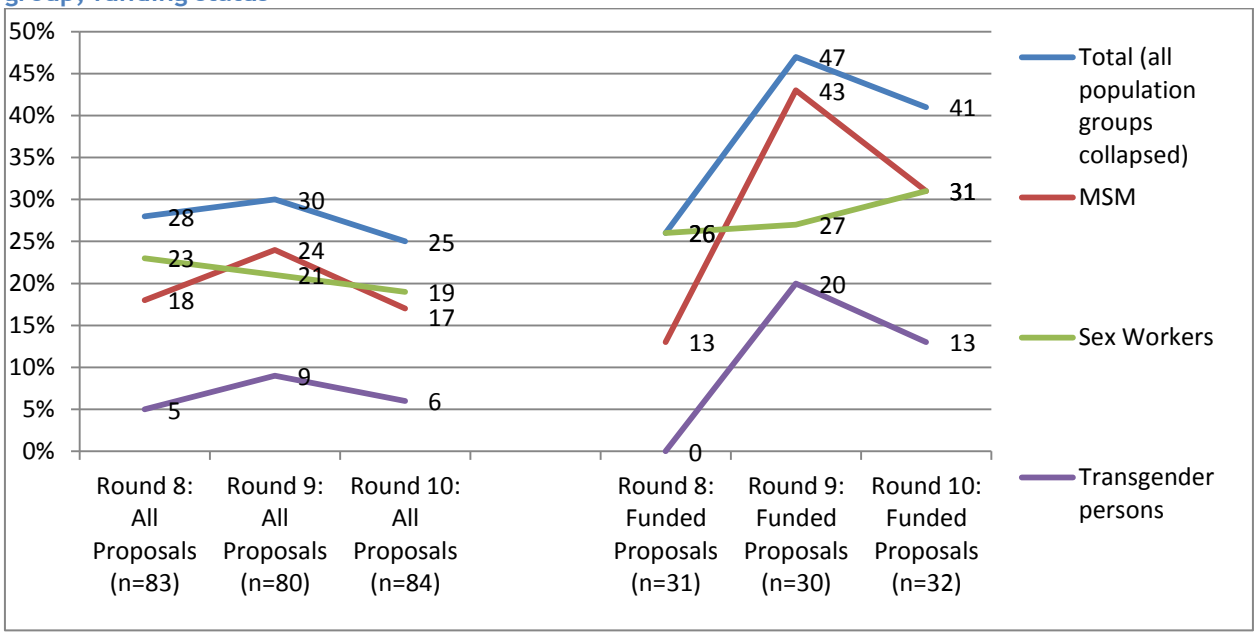
➔ *CCM Peru, Round 10*

4.2.9 Strengthened Community Responses

The Global Fund has worked with community and technical partners on defining key elements within a community systems strengthening (CSS) framework. This framework has been used to inform this analysis[6]. A two-part focus on community systems is used: a) systematic partnership and network building at the local level (further referred to as "CSS partnerships and networks") and, b) elements that support the core processes of community-based organizations (further referred to as "CSS core processes").

The proportion of proposals addressing CSS partnerships and networks that were recommended for funding, were 26 percent in Round 8 to 47 percent and 41 percent in Rounds 9 and 10 respectively.

Figure 8: Proportion of proposals including at least one community systems strengthening element to enhance systematic partnership and network building at the local level: by round, population group, funding status



The data indicate that in Rounds 9 and 10 significantly more proposals that included CSS elements related to the three key population groups were recommended for funding by the TRP. Looking further into how applicants are grouping the three key populations (see Figure 8) there is a trend for increase in the number of proposals that make an explicit focus on one or more key populations.

There are significantly less data available in the proposals on CSS core processes. Out of the funded proposals in Round 8, one proposal addressed elements related to core processes and in Rounds 9 and 10 this figure rose to five and thirteen respectively.

[6] Community System Strengthening Framework 2010
http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf

Box 6: Examples from proposals on community systems strengthening, enhance systematic partnership and network building and core process-related activity planning

"Leadership training and technical assistance to CBOs to prepare organizational development plans, strategic plans, annual operations plans and cost planning; technical assistance and training for preparing monitoring and evaluation plans; Administrative training and technical training for personnel in the MSM, PLWAs, TSWs, WSWs and IDU organizations in organizational management and social projects; transferring funds for the development of community enterprises and/or activities which strengthen its capacity for implementing funds and resource administration and contribute to the sustainability of organizations that work on the theme of HIV and AIDS; technical assistance to strengthen and expand community networks of monitoring that human rights are respected at a regional level."

➔ *Paraguay, Round 8*

"To ensure sustainability, the PR and technical experts will focus on transferring skills to SR organizations working directly with Community Based Organisations… As regional organizations the SRs will each deploy a Community Based Organisation support team, which the SRs will strengthen in programmatic, organizational and administrative functioning… Proposed SRs are major community and community-friendly organizations that can provide effective intermediary support to peer-led Community Based Organisations of MSM/TG/Hijra. Each SR will have a regional sanction to work with communities to strengthen existing Community Based Organisations in addition to supporting the creation of new Community Based Organisations."

➔ *India, Round 9*

"The goal of this community-led program is to reduce (a) the vulnerability and risks of MSM and TG to HIV infection and (b) the impact of HIV on their lives in Insular Southeast Asia. Implementation will be conducted by Community Based Organizations (CBOs) from the Insular Southeast Asia Network of MSM, TG and HIV (ISEAN), a grouping of MSM and TG CBOs covering Indonesia, Malaysia, the Philippines and Timor Leste, together with regional partners UNDP, ICT company Fridae and Principal Recipient Hivos. The strategic approach is based on the community systems strengthening (CSS) and sexual orientation and gender identity (SOGI) strategies of the Global Fund. In particular, this program will complement national responses by strengthening CBOs to engage policy makers and advocate for improved access to comprehensive HIV interventions."

➔ *RO ISEAN-HIVOS, Round 10*

5. Analysis of trends in Round 10 Dedicated Most at Risk Populations Reserve

In Round 10 a dedicated reserve was introduced for most at risk populations (MARPs Reserve), which include MSM, transgender persons, and sex workers, and people who use drugs. The TRP noted that proposals submitted to the MARPs Reserve had a stronger focus on addressing the needs of key populations[7].

According to the Round 10 TRP Report some notably high quality proposals submitted in the general funding category also had a strong focus on most at risk populations. This could suggest that Round 10 applicants were made more aware by the Board's emphasis on MARPs and that the Secretariat information notes and other funds of support offered to Round 10 applicants had been useful. This initiative most likely resulted in a better prioritization of interventions focused on those that are more at risk of being infected[8].

Table 3: Summary of recommendations related to Most at Risk Populations funding requests [9]

Income Level	Number received	Number recommended for funding	Success Rate	2 year upper ceiling requested (in million US$)	2-year upper ceiling recommended (in million US$)	Value Success Rate	Share of total recommended 2-year upper ceiling of funding
Lower-middle income	11	4	36%	43	14	34%	31%
Upper-middle income	7	5	71%	28	20	72%	43%
Mixed*	7	3	43%	33	12	37%	26%
Total	**25**	**12**	**48%**	**104**	**47**	**45%**	**100%**

* Refers to Multi-Country and Regional Organization applicants which include countries of different World Bank income classifications.

The TRP recommended the MARPs Reserve to be reviewed by the Global Fund Board for replication and possible expansion in future discussions of access to funding policies.

There was a marginally higher overall funding success rate of MARPs Reserve proposals compared to general pool HIV ones in Round 10. The TRP recommended 12 out of 25 proposals submitted under the MARPS Reserve - a success rate of 48 percent - compared to a 38 percent success rate within the general HIV proposals[10].

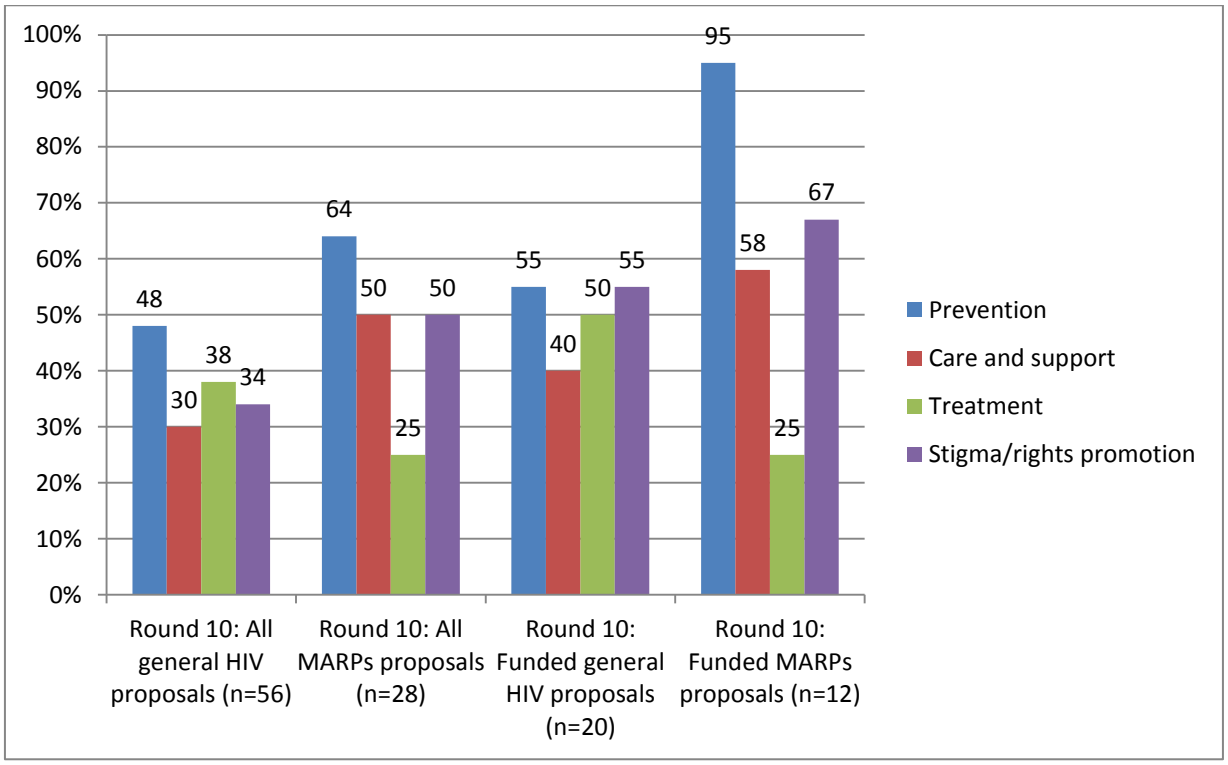
[7] Report of the Technical Review Panel and The Secretariat on Round 10 proposals. http://www.theglobalfund.org/documents/board/22/BM22_13TRPRound10_Report_en.pdf

[8] Ibid.

[9] Ibid.

[8] Ibid.

Figure 9: Proportion of MARPs channel and general HIV proposals including at least one activity related to prevention, care and support, treatment, or stigma/rights promotion: by round, by funding status



The above chart compares the ways in which three key population groups were addressed in proposals submitted through the dedicated MARPs reserve funding channel and HIV proposals submitted for funding through regular funding pool.

When compared to Round 10 general HIV proposals, MARPs Reserve proposals contained 9 percent more activities related to prevention, care and support, and to addressing stigma.

Among funded proposals, there were 50 percent more general HIV proposals than MARPs ones that contained treatment activities. Some of the underlying reasons for this could be the cost of antiretroviral treatment combined with the US$ 12 million funding cap applied to proposals applying through the MARPS Reserve. It should also be noted that some MARPs proposals that included treatment related activities often referred to treatment of sexually transmitted infections.

The proportion of funded MARPs Reserve proposals that included at least one population-targeted activity related to HIV prevention significantly exceeded the proportion of funded proposals in the general funding pool (95 percent and 55 percent, respectively).

6. Discussion and Recommendations

The data from this analysis reveals that Global Fund applicants demonstrated a broad range of commitments to addressing the needs of MSM, transgender people and sex workers in Rounds 8, 9 and 10. It also suggests that Global Fund grant applicants are broadly aware that the response to an epidemic that disproportionately affects marginalized populations must have a correspondingly proportionate programmatic response. Despite these encouraging trends the Global Fund mechanism has yet to realize its full potential in relation to communities of MSM, transgender people and sex workers.

This section of the report draws on key items for discussion that have emerged from this analysis and suggests recommendations for both applicants and the Secretariat.

6.1 Applicants

- ➔ Applicants to both the general pool and the MARPs Reserve (or similar channel) should aspire to include high impact, evidence-based interventions targeting three key populations. Combining these interventions in a way that addresses structural barriers and promotes enabling environments could further increase the chances of success at technical review.

To build an effective response to HIV, UNAIDS recommends a "know your epidemic" followed by a "know your response" approach. In the case of the former, there is often a level of epidemiological data required that may not be readily available, despite an urgent need to plan a response. The absence of prevalence data may inhibit applicants from including programmatic activities in their proposals. In analyzing funded proposals from all three rounds, it is clear that countries continue to plan programmatic activities aimed at the three key population groups even in the absence of epidemiological data. Given that comprehensive approaches in responding to HIV should include basic epidemiological data, applicants may choose to strengthen their proposals by either including activities that establish population size and prevalence or explain how this information will otherwise be collected.

- ➔ Applicants should include more activities to strengthen or build epidemiological data for MSM, sex workers and transgender persons. Responses to HIV may require action even in the absence of epidemiological data and this should not, fundamentally, be a barrier to proposing comprehensive programmatic approaches targeting MSM, sex workers, and transgender persons – as long as the research is built into the initial phase of grant implementation.

- ➔ Given the dynamic nature of populations and epidemics, applicants may also consider using a "both/and" option whereby they reference existing data to make their case for interventions but also include activities to strengthen reliable epidemiological data during grant implementation.

Global Fund applicants have included activities related to community systems strengthening to enhance the systematic partnerships and network building and strengthen the core processes of community-based organizations. While there are activities related to community systems included in all three rounds, only few identify areas in which to build core capacities of community-based organizations.

There are linkages between strong community systems and improved health outcomes. The Global Fund puts an emphasis on routinely including financing for strengthened community systems.

➔ Applicants have greater opportunities for access to funding by including dedicated, budgeted activities that address community systems strengthening targeting MSM, sex workers, or transgender persons.

In many countries there is still a widespread institutional discrimination and stigmatization of most at risk populations whether homosexuality, sex work and sex change are criminalized or not. MSM, sex workers and transgender persons are influenced by multiple forms of discrimination and marginalization at individual level through harmful stereotypes and individual violence. However, there is also discrimination at the structural level in terms of repressive laws and policies.

➔ When planning a service delivery package of activities applicants should include appropriate and relevant emphasis on the social and political environments to increase access and equity to health and social benefits for MSM, sex workers and transgender persons.

When making funding decisions, the TRP takes into serious consideration the quality of interventions targeting MSM, sex workers and transgender people in both, general pool HIV proposals, as well as within MARPs Reserve proposals.

➔ MSM, sex workers and transgender people exist in all countries of the world. While the Global Fund has made efforts in recent years to ensure that concentrated epidemics and epidemics in middle income countries can be funded it does not mean that these populations should be overlooked in low income countries or in countries with generalized epidemics.

6.2 Secretariat

There are new opportunities at the Secretariat level to engage with partners from civil society, communities, technical partners, and to improve the timely availability of technical support and the internal processes that can ensure more resources address the HIV needs of MSM, sex workers and transgender people. The TRP has included new members in recent rounds with specific cross-cutting experience and this has strengthened its capacity to direct recommendations based on the evidence presented by applicants on the needs of MSM, transgender persons and sex workers.

➔ As a part of the ongoing reform process the Secretariat can do more to support grant partners by developing an enhanced application process that gives specific guidance to include elements related to the target populations.

➔ The Secretariat should continue to build and enhance the capacity of the TRP related to the target populations and share lessons from previous funding rounds including models of good practice.

There have been increases in planning targeted interventions for transgender people between Rounds 8, 9, and 10, as well as increases in representation by transgender persons on CCMs.

However, there are still major challenges in addressing the health needs of transgender people.

- ➔ Despite stronger attention given to all three key population groups between Rounds 8, 9 and 10 there are significant gaps related to both reliable data and programmatic activity for transgender people. The Secretariat should engage with all partners, and especially with networks of transgender people, to elaborate strategies to address these gaps.

Community system strengthening (CSS) is a priority focus within the Global Fund partnership.

All partners working with the target populations should be encouraged by the Secretariat to include activities in grant proposals that strengthen both the core processes of community organizations and the systems that enhance local level partnerships. As indicated by the content of proposals recommended for funding in Rounds 9 and 10, there is considerable attention given by the TRP to proposals that go beyond the "business as usual".

7. Annexes

Annex 1: Definitions of Variables Used in Analysis

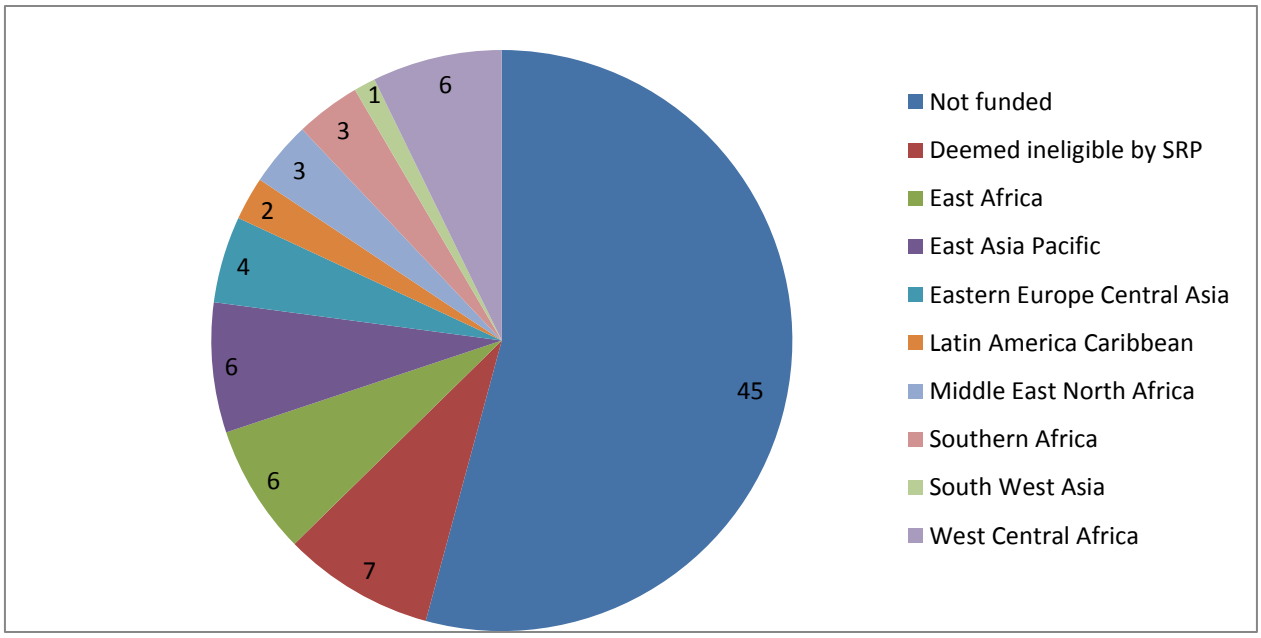
High-level Element	Specific Variable
1. Participation and Representation	1.1 Sector representation by groups clearly working with any or all of the three key populations
	1.2 Openly identified member present on CCM from one of the three key population groups
	1.3 Presence of academic or programming expertise on CCM with experience around issues related to any or all of the three key population groups
2. Improving the Evidence Base	2.1 Reports population size statistical data and/or activities on any or all of the three key population groups
	2.2 Reports HIV prevalence statistical data and / or activities on any or all of the three key population groups
	2.3 Plans to include behavioral trend activities on any or all of the three key population groups
3. Service Delivery	3.1 Inclusion of prevention activities targeting any or all of the three key population groups
	3.2 Inclusion of specific care and support activities targeting any or all of the three key population groups
	3.3 Inclusion of specific treatment activities targeting any or all of the three key population groups
	3.4 Inclusion of at least one activity that addresses stigma and discrimination and/or promote rights targeting any or all of the three key population groups
	3.5 Inclusion of at least one activity in proposals dedicated to improving legal frameworks and freedoms targeting any or all of the three key population groups
	3.6 Inclusion of at least one element to enhance systematic partnership and network building at the local level targeting any or all of the three key population groups
	3.7 Inclusion of at least one element to build capacity of the core processes of community-based organizations targeting any or all of the three key population groups

Annex 2: Breakdown of HIV Proposals Included in Analysis: by Funding Mechanism

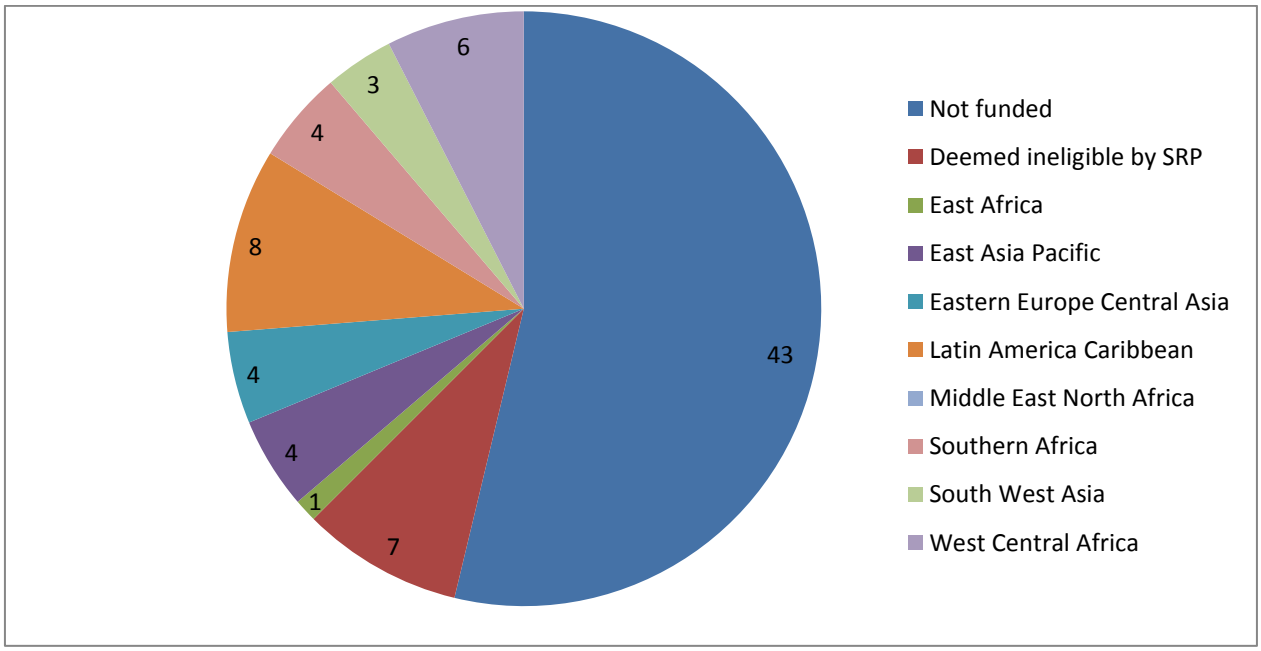
Type of Applicant	Funding Recommendation	ROUND 8	ROUND 9	ROUND 10
Country Coordinating Mechanism (CCM)	Funded	30	26	27
	Non Funded	39	41	43
	Sub Total	69	67	70
Regional Coordinating Mechanism (RCM)	Funded	0	1	0
	Non Funded	2	2	2
	Sub Total	2	3	2
Non-CCM	Funded	1	0	0
	Non Funded	2	1	0
	Sub Total	3	1	0
Regional Organization (RO)	Funded	0	3	5
	Non Funded	7	5	6
	Sub Total	7	8	11
Sub-CCM	Funded	0	0	0
	Non Funded	2	1	1
	Sub Total	2	1	1
Total Funded		31	30	32
Grand Total		83	80	84

Annex 3

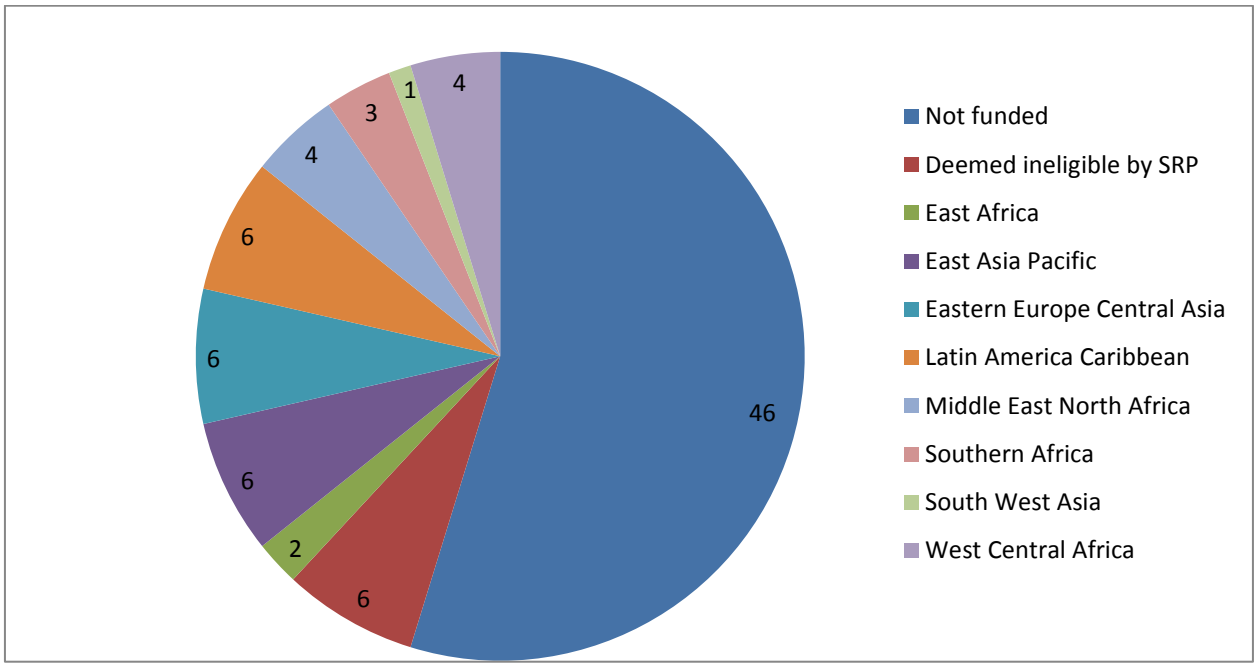
Number of Round 8 HIV proposals included in analysis with the breakdown of funded proposals (n31): by SRP determination, by TRP funding recommendation, by region



Number of Round 9 HIV proposals included in analysis with the breakdown of funded proposals (n=30): by SRP determination, by TRP funding recommendation, by region

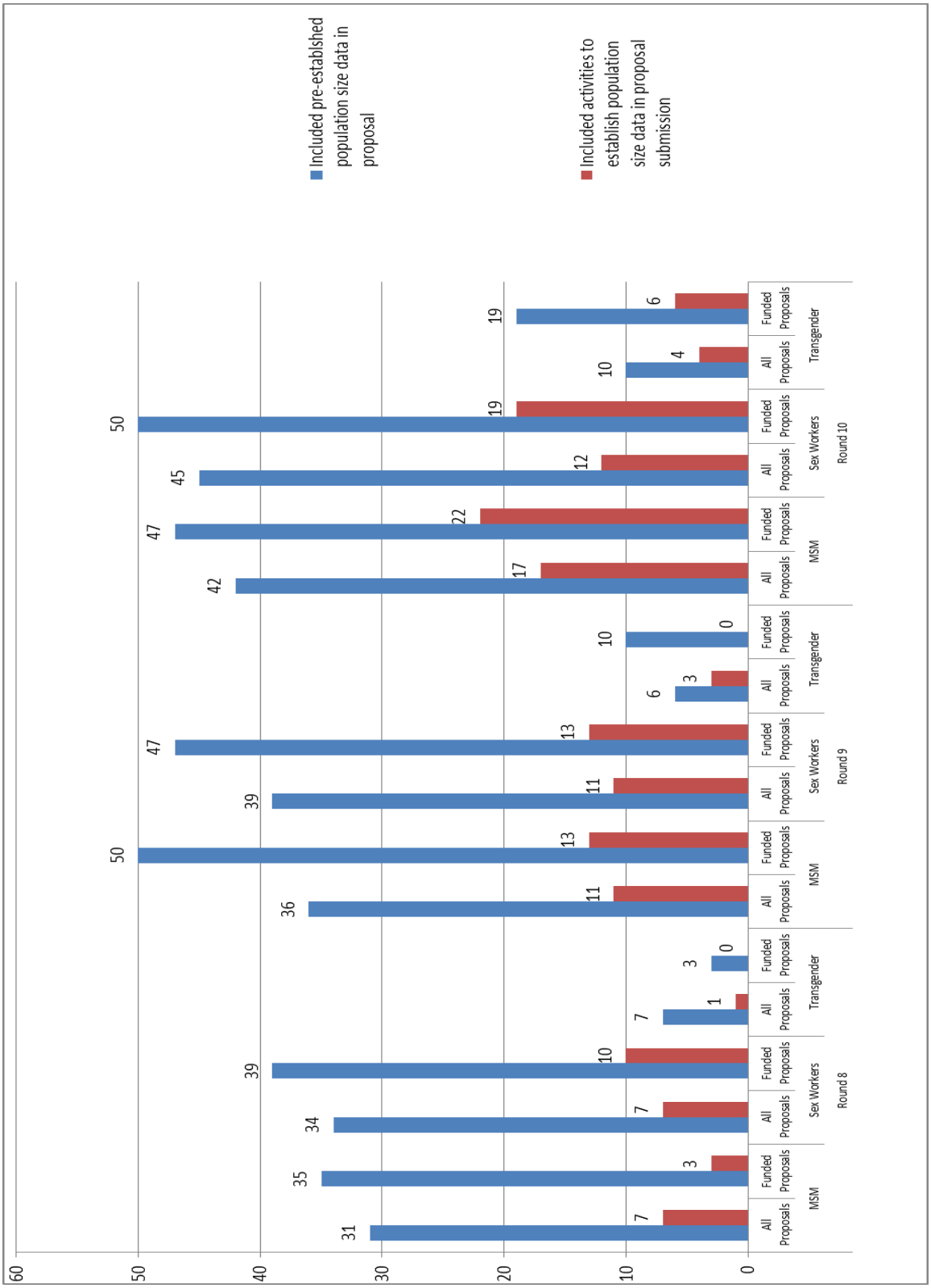


Number of Round 10 HIV proposals included in analysis with the breakdown of funded proposals (n=32): by SRP determination, by TRP funding recommendation, by region



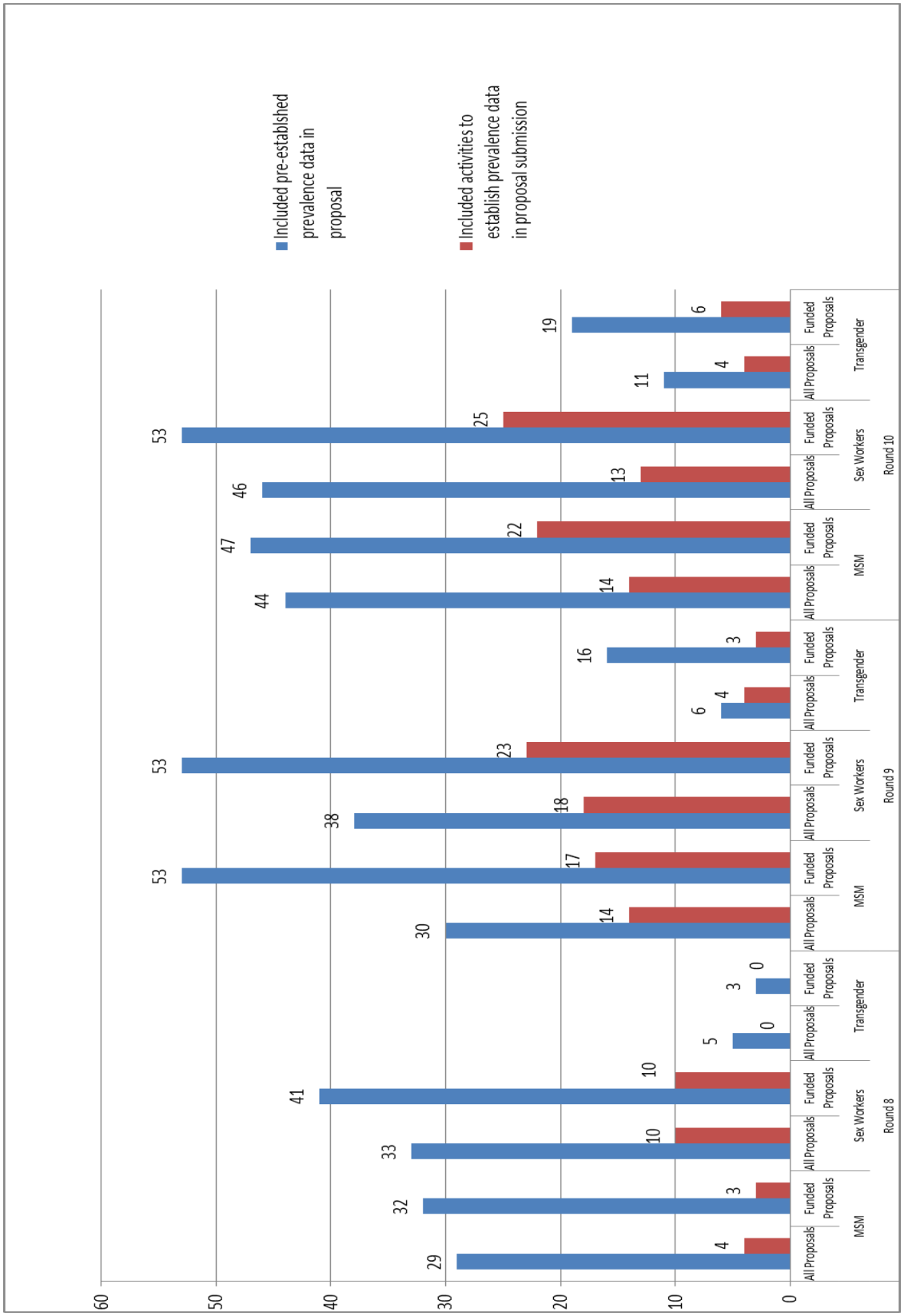
Annex 4

Proportion (percent) of proposals including pre-established population size data compared with proportion of proposals including activities to establish population size data: by round, population group funding status.



Annex 5

Proportion (percent) of proposals including pre-established prevalence data compared with proportion of proposals including activities to establish prevalence data: by round, population group funding status.



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- Sexual Orientation and Gender Identities in the Context of the HIV Epidemic Information Note http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_SOGI_en.pdf
- Community System Strengthening Framework 2010 http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf
- Report of the Technical Review Panel and The Secretariat on Round 10 proposals. http://www.theglobalfund.org/documents/board/22/BM22_13TRPRound10_Report_en.pdf