Key changes under the new funding model

1. CCM eligibility requirements
2. Timing of concept note submission and access to funding
3. Inclusive country dialogue
4. Splitting funds between eligible diseases and HSS
5. Additional government investments
6. National strategic plans
Why do we need inclusiveness in country dialogue?

"...It is essential to deal with strongholds of infection among young women and girls; men who have sex with men; sex workers; people who inject drugs and prisoners. If we are going to address this epidemic we must deal with the strongholds. We must have our tools available for the most vulnerable and that means creating an inclusive human family."

Mark Dybul
Executive Director
The Global Fund
The Human Rights-Based Approach – Better services, Greater impact

The Human Rights-Based Approach, promoted by UN agencies in development work since 2003

Consult closely with populations who will use health services to better design the services

• Communities will have different information from PRs, SRs
• Discuss coverage, quality and uptake of prevention, testing, treatment, care and support, particularly for key populations
• What are the challenges and barriers?
• Are there innovative approaches that could be scaled up?
• How can prevention, treatment, care and support services be designed to meet the needs of people who will use those services?
• Ensure all services are gender-sensitive
• Identify interventions that address specific legal and community barriers directly (law reform, community monitoring, advocacy, legal aid, Community System Strengthening) and integrate them into plans
• Inclusiveness is a process – it takes time and commitment, and is more than a one-time meeting
What are the typical questions raised by CCMs about country dialogue inclusiveness?

1. Who should be included in country dialogue?
   - Who should be included in the process?
   - What is a sufficient level of inclusion?

2. Who are the key populations and other affected groups?
   - How do we identify the right community stakeholders?
     - What if official epidemiological data is not available?

3. How can we engage with them meaningfully?
   - How to deal with legal issues in the country?
   - How do ensure that community concerns get addressed?

4. What should they be engaged in?
   - Which stakeholders should be included in what tasks?
Who should be included in country dialogue?

Key to identify participants:

Populations who will use and/or provide health services in program planning processes, implementation and monitoring and evaluation:

- Relevant national/international stakeholders
- Networks of key populations and people living with the three diseases
- Networks of women’s organizations
- Representatives of communities affected by TB and malaria
- Domestic or regional human rights organizations
- In addition, some representatives from the following slide, depending on disease and country context

Note that transgender people not always represented in MSM or LGBT groups
3. Decide the level of inclusion based on the country context and requirements

### In-country organizations
- CCM members
- Ministry of Health
- Ministry of Finance
- Ministry of Justice, Ministry of Interior, Parliamentary committee on health
- National disease bodies, e.g., national AIDS council
- Ministry of Gender/Women
- National human rights institutions
- Civil society, faith-based organizations, legal and human rights groups

### Global technical partners
- WHO
- UNAIDS
- Stop TB partnership
- Regional and international networks of Key Populations
  - Roll Back Malaria partnership
  - UNDP, OHCHR, UNFPA, ILO, UNHCR, UNICEF, depending on country context
  - Open Society Foundations and other private foundations
  - Regional and international human rights groups

### Other funders and implementers
- PEPFAR, PMI, USAID, CDC
- World Bank
- Other key donors for each disease program
- EU members (e.g., DfID, GIZ, French)
- AusAid
- HIVOS
- European Commission, staff at embassy human rights/development programs
- Non-public sector implementers (e.g., FBOs)
- Private foundations, such as Levi Strauss Foundation, Global Fund for Women

### HIV
- Men, women and young people living with HIV
- Men who have sex with men
- Transgender persons
- People who inject drugs
- Sex workers (male, female, and transgender)
- Women and girls
- Youth
- Other, such as people with disabilities, ethnic minorities, depending on country context

### TB
- People who work in settings that facilitate TB transmission
- Former prisoners
- People living with HIV
- People who use drugs
  - Migrants
  - Refugees
  - Indigenous peoples
  - Other, such as labor unions, depending on country context

### Malaria
- Pregnant Women
- Community health workers/ volunteers working on MNCH
- Indigenous peoples, ethnic minorities, rural communities in endemic areas
- Young people
- Refugees
- Migrants
- Others, depending on country context

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The number of people of each category depends on country epidemic context and capacity of each representative to input into country dialogue.
How do we make the case for key populations engagement

Use epidemic data to support key populations engagement

- Disease burden (e.g. specific populations being disproportionately affected)
- Incidence data (e.g. outbreaks among specific populations)
- Inequalities in accessing services
- Gender and age disaggregated

If adequate epidemic data is not available

- Request **technical assistance from partners** to identify and engage key populations
- Reach out to global, regional, and national community networks and engage them throughout the process of generating the evidence needed

Credible, trusted individuals should be nominated by and held accountable to their communities
How do we engage with communities, including key populations?

- **Encourage caucusing of communities** in advance of national meetings
  - Ensure they can raise their concerns on human rights, gender, access and other issues in a **safe space** without repercussions
  - Ensure **confidentiality for all participants**
  - Support their engagement through **support for transport, food and lodging** for stakeholders attending meetings
  - **Convene different groups** of women, youth, key populations etc. separately and collectively as needed. Collective caucusing can help create coalitions, separate meetings help in-depth discussions on specific needs and issues

- **Facilitate meaningful participation** e.g., national / regional meetings held **outside the capital** and in the **local language**

  Ensure communities understand what support they can expect from The Global Fund to address human rights, CSS, gender inequalities

- **Ensure concerns raised by communities get raised and addressed** during the country dialogue through lead representatives
### What should the different stakeholders be engaged in?

#### Practical tip: Agree upfront on the stakeholder engagement plan

<table>
<thead>
<tr>
<th>Country dialogue stakeholders</th>
<th>Country dialogue tasks</th>
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#### Agree on the key stakeholders that should be engaged in the concept note development in order to meet the CCM Eligibility Requirement #1

- Government
- Civil Society
- People living with the diseases
- Technical Partners
- Key Populations
- Other funders & implementers

#### Agree on areas in which each stakeholder should be engaged

- Epi analysis and program reviews
- NSP development and review
- Concept note development and writing
- Input on concept note draft before submission
- Grant making
- Program monitoring

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Communities, of key populations, women etc. should give as sufficient level of input in the country dialogue as any other country dialogue stakeholders