

Dear Global Fund Secretariat,

Thank you for the opportunity to submit written inputs on the *Global Fund Equity, Human Rights and Gender Equality Consultations for Strategic Performance* as a follow up from the online consultation on Tuesday, 30th of November.

We, GATE, INPUD, MPact and NSWP acknowledge the effort involved in creating and developing a measurement framework that can track and capture the strategic performance of the Global Fund. The series of measurement consultations are particularly timely, now that the Global Fund Strategy Framework has been approved by the Board, and the narrative has entered its final stages of development. An aspirational and ambitious Strategy needs to be backed up by a strong operational framework, including an effective measurement framework. This provides an opportunity to course correct gaps in the Strategy to ensure that the key performance indicators (KPI's) and programmatic indicators are designed and deployed in ways that enhance quality of life and promote better and targeted investments to where they are needed the most and will have greatest impact. In short, it is both a matter of protecting human rights and of assuring value for money.

With this in mind, we propose the following recommendations be incorporated into the indicator framework for equity, human rights and gender equality.

Include key population-specific targets and indicators across and throughout the measurement framework, that is for Key Performance Indicators (KPI's) and programmatic indicators

We congratulate the Global Fund for 'placing people and communities at the center' of the new Strategy, a move that all global health and development institutions should have done decades ago. Nonetheless, without specificity, this overarching principle does risk blurring the critical importance of HIV key populations – gay and bi-sexual men and other men who have sex with men, people who use drugs, sex workers and trans and gender diverse people. The new Strategy and its accompanying operational frameworks must avoid compounding the trend of decelerating ambition on addressing the needs and improving the quality of life of key populations. A specific focus, through ensuring the inclusion of key population-specific targets and indicators, is needed to counter the decades of exclusion and invisibilisation of key populations within the global health response.

Whilst we welcome a focus on intersectional communities such as people with disabilities and the mental health community, this must not come at the expense of key populations and the inequities faced by our communities on the ground. Key populations face unique challenges, such as historical criminalisation, stigma and discrimination, and lack of access to services; and who including our sexual partners accounted for 65% of new HIV infections in 2020. Unsurprisingly, key population-specific services and programmes have faced significant challenges in creating sustainable impact, especially in countries that are transitioning out of TGF eligibility.

The broad framing of 'people and communities' obscures the work of key population-led networks and organisations, as it refers to a wide spectrum of actors and therefore does not automatically prioritise nor ensure a specific focus on those most vulnerable to HIV infection, key populations. This remains critical in a context where as many as half of us remain uncounted in official population size-estimates and many are shut out of decision-making

forums.¹ Attention must be paid to what efforts are needed in order to put the last mile first, by ensuring accuracy in programmatic design and delivery and earmarking investments to where they are needed the most.

In summary, to sharpen focus, there is a need to adopt more measurements, targets and indicators specific to key populations. For example, indicators should capture the multiple layers of stigma and discrimination experienced by gay and bisexual men and other men who have sex with men, people who use drugs, sex workers and trans and gender diverse people both living with, and not living with HIV;² make visible the impacts of criminalisation as a barrier to service uptake; track real progress towards the decriminalisation of sexual orientation, drug use and possession, sex work, gender identity, and HIV transmission, exposure and non-disclosure; as well as investments in key-population led monitoring and research. It is essential that indicators that go beyond stigma and discrimination related to HIV status be included if TGF is to be able to report on progress for those populations left far behind.

Measure and invest more in creating sustainable policy and legal environments for criminalised populations

Criminalisation, stigma and discrimination are the most significant barriers to the programmatic success of key population services. Ensuring the new targets and indicators provide impetus and generate incentives for creating and achieving sustainable policy and legal environments will be critical for our communities.

We applaud the Global Fund 2021-2026 Strategy for its ambition to create more sustainable policy and legal environmental changes through targeted investment strategies. However, this ambition will ring hollow unless it is accompanied with clear measurements and indicators on issues such as decriminalisation, violence, stigma and discrimination, that heavily impact on the vulnerability of key populations. Whilst we note references to addressing criminalisation and supporting enabling legal and policy environments, we believe these indicators could be much improved with the following changes: -

- 1.2: This indicator should specifically mention decriminalisation and the removal of punitive laws, policies and practices and include the naming of key population-led networks and organisations as key actors
- 1.3. Key population-led networks should be named specifically as partners in challenging laws, policies and practices that put our safety and security at risk and create barriers to effective responses, as well as in advocacy and the monitoring of reforms
- 5.1. Leveraging the Global Fund's diplomatic voice to challenge laws and policies should be practiced in collaboration with key population-led networks, linked to the safeguarding, protecting and securing of space for communities of key populations, who are too often invisibilised under the umbrella term of civil society

In recognising that not all progress can be quantified, and that governments are not always able or willing to accurately report on structural barriers, there also needs to be a clearer commitment to consider other ways of capturing data, including through key population-led research and monitoring of legal and policy barriers.

¹ UNAIDS WAD Report 2021 '*Unequal, unprepared, under threat: Why bold action against inequalities is needed to end AIDS, Stop COVID-19 and prepare for future pandemics*' Available at https://www.unaids.org/sites/default/files/media_asset/2021_WAD_report_en.pdf

² For example, the HIV stigma index alone does not capture stigma and discrimination experienced by key populations not living with HIV

Finally, criminalisation should be recognised as a driver of inequalities and inequities, particularly on economic insecurity and inequality, for example purchasing drugs in an illicit market pushes people into poverty, whilst criminalisation of sex workers and of their clients disrupts income and livelihoods.

Demonstrate how investments in the three diseases is an investment towards strengthening broader health systems and pandemic preparedness and response

Pandemic preparedness and responses (PPR) were adopted as an evolving objective within the new Global Fund Strategy, still leaving many questions unanswered on what this means operationally, including how the Global Fund plan to assign targets and measure this work.

Whilst the definition, elements, and components of PPR remain unclear, what is clear is that communities must be at its heart. Throughout the current pandemic, the world witnessed the ways in which communities, particularly key population-led organisations stepped up to the plate; peer outreach workers expanded their duties, providing critical, lifesaving services such as the delivery of needles and syringes, medications, food, personal hygiene supplies and emotional support. Communities of key populations served as an important bridge to health systems. Over time, it became abundantly clear that HIV investments in community systems strengthening, that encompasses key population-led networks and organisation, generates benefits beyond the three diseases and can be readily deployed to mitigate current and future pandemic threats.

Following on from these lessons, the Global Fund should determine how to best measure this far-reaching effect and demonstrate the linkages between investments in key population-led networks and better pandemic preparedness and responses. The central question to be asked is regarding how the Global Fund can document, measure and encourage investment efficacy by supporting key population-led networks and organisations to do more.

In conclusion, creating an effective measurement framework requires disrupting the trend around the invisibilisation of key populations by actively including key population-specific indicators, targets and data throughout. Key population-led networks at the global, regional, national levels should be explicitly named as partners of the Global Fund, and recognised as central to the design, implementation, monitoring and evaluation, research and advocacy for evidence-based and rights-promoting programmes. The Global Fund should also measure progress and increase and track investments towards creating sustainable policy and legal environments for criminalised populations, as well as demonstrate how investments in key population-led organisations and communities ultimately strengthens broader health systems and pandemic preparedness and response. Placing key populations and people living with HIV at the center is not only a matter of addressing inequalities, but a driver towards equity.