



Breaking Down Barriers to HIV, TB, and malaria services

GF role in Global
Partnership and advancing
gender responsive
programs

Breaking Down Barriers initiative

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Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

BDB provides *intensive support* to 20 countries with an eye to building *country ownership* of responses to human rights-related barriers

Baseline assessments

Baseline assessments conducted for all countries, providing critical new information, including on what it would cost to comprehensively address barriers

Multi-stakeholder meetings

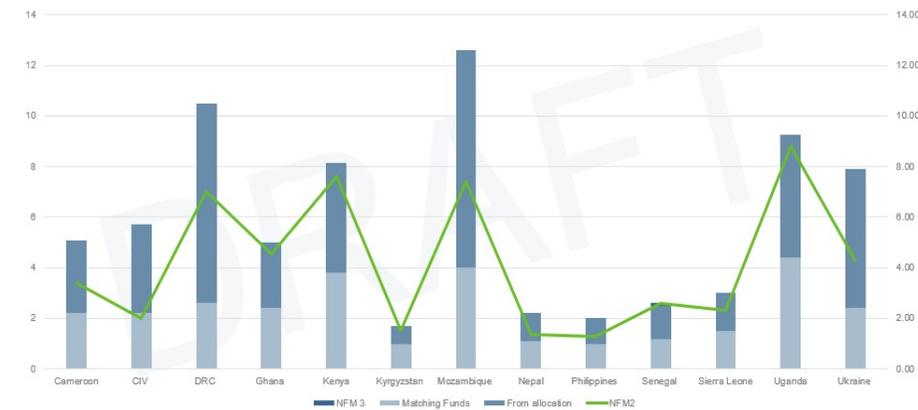
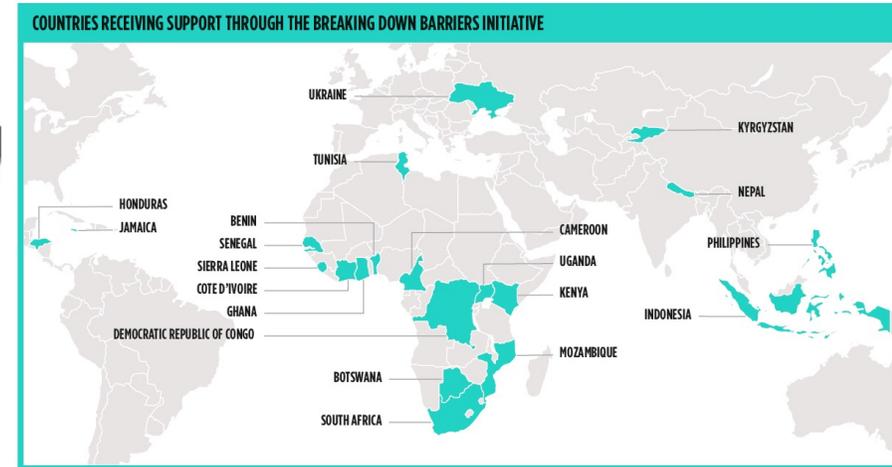
Multi-stakeholder meetings bring all stakeholders together and allow for open discussion of barriers, ultimately resulting in country ownership

Multi-year plans

Working groups established to oversee development, implementation & monitoring of country-owned, multi-year plans to *comprehensively* address barriers. Plans are costed & integrated into other existing plans, where possible.

Documenting impact

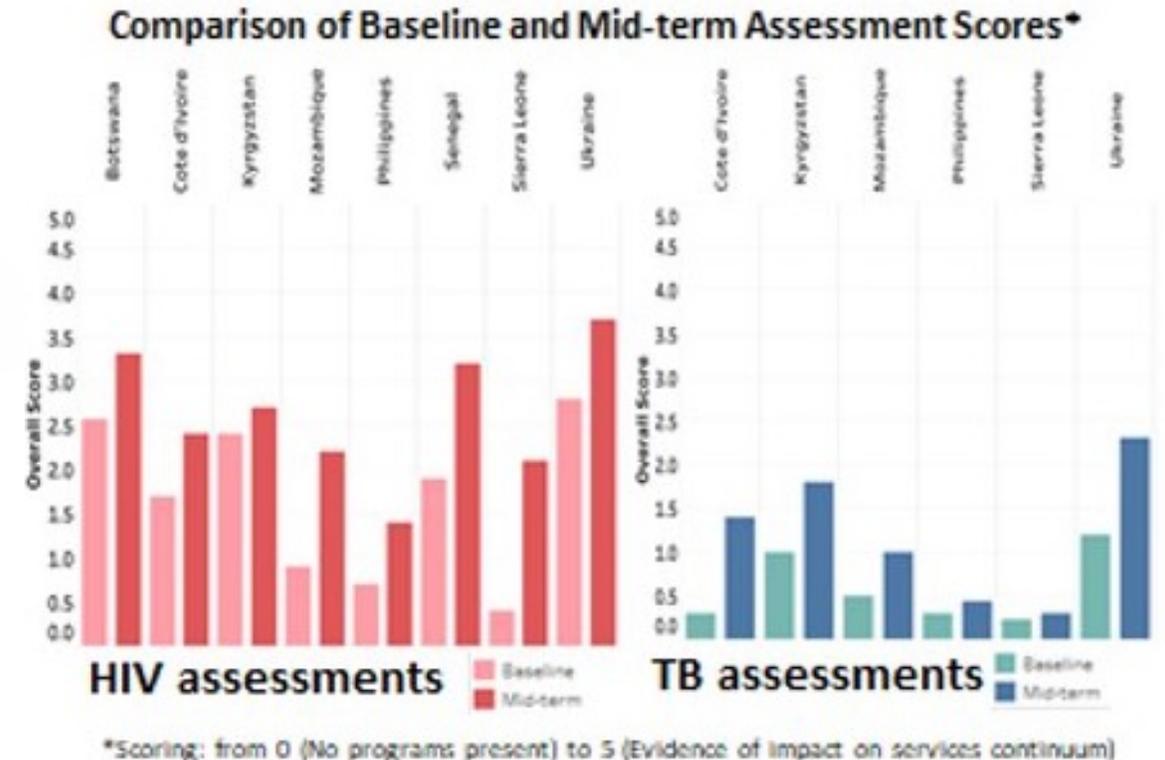
Emphasis on documenting lessons learned and measuring results and impact of investments – including level of country ownership – through *mid-term assessments* and *end-term assessments*



Preliminary analysis, 13/20 countries, at TRP review stage

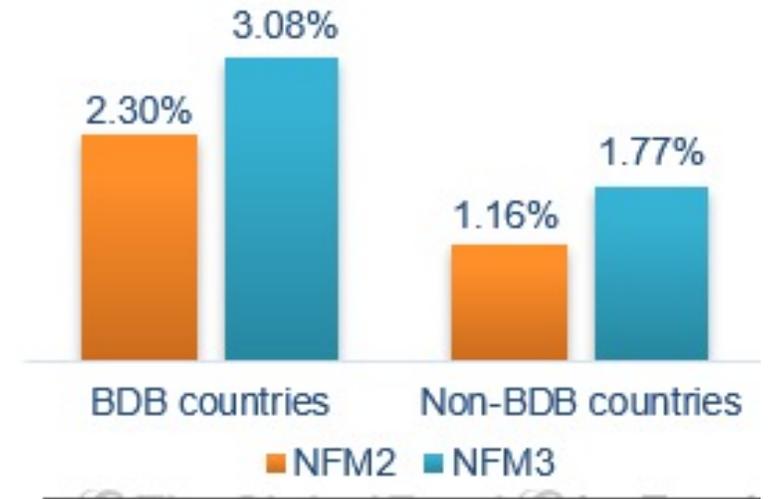
Mid-term assessments are showing early evidence of impact

- In all eight completed MTAs, progress across all program areas, and BDB milestones
- Significant scale-up in terms of coverage and scope of programs attributable to BDB
- Progress uneven: more significant in HIV given that matching funds were linked to HIV allocation
- MTAs identify precursors of success:
 - commitment and engagement of stakeholders across sectors over time;
 - integration across diseases and into basic programs;
 - community participation and empowerment;
 - long term implementation support TA;
 - **partnerships and coordinated support**
- Progress is possible even in restrictive contexts, pushing the envelope



BDB has paved the way for comprehensive responses – including for stigma and discrimination in the 6 settings

- **Effectively reducing stigma and discrimination and other human rights-related barriers requires joint efforts by multiple stakeholders, supported by multiple partners and donors**
 - Communities are enabled to lead – including through technical support and guidance as that provided by GNP+
 - Technical partners as UNAIDS, UNDP, UN Women provide critical support
 - GF increased investments are levers for budget advocacy for domestic resources and funding from other donors
- **GF policy is to encourage all grantees to include sufficient programs in their Global Fund proposals to reduce human rights-related barriers to services – KPI 9b target of 3% of HIV allocations**



Synergies with Global Partnership

- GF invited to join Global Partnership as co-convenor in 2020
- In BDB countries, baseline assessments and mid-term assessments can inform actions in the 6 settings
 - 11 countries (Côte d'Ivoire, Democratic Republic of Congo, Jamaica, Kyrgyzstan, Mozambique, Nepal, Philippines, Senegal, South Africa, Uganda, Ukraine) have also committed to the Global Partnership
- Existing working groups can represent the mechanism for the partnership coordination
- Action planning for the 6 settings under the auspices of the National Plans for a comprehensive response
- Coordination and mutual re-enforcement of TA
- Joint M&E including through annual reporting and GAM

GF supports gender responsive and transformative human rights programs

- Global Fund recent guidance on [ensuring that programs to remove human rights-related barriers to HIV, TB and malaria services are gender responsive and gender transformative](#)

It is crucial that ALL programs to remove human rights-related barriers to services are designed, implemented and monitored in a way to be gender responsive, and where appropriate, gender transformative.

HOW?

- Programs need to be **designed** so that their content and strategy is meant to respond to and/or transform gender-related barriers, including specific gender norms and issues faced by the various populations that the programs might serve
- Programs are to be **implemented** in a gender-responsive/transformative manner
- Programs should be **monitored and evaluated** with due consideration of gender- and age-disaggregated data, and data on how all genders were served by the program.

Thank You



The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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