Human Rights, Key Populations and Gender
UNDP Global Fund Implementation Guidance Manual

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Human Rights, Key Populations and Gender

Objective of this Section

A growing body of evidence suggests that human rights barriers can drive people away from health-seeking behaviour, thereby fuelling the spread of the three diseases. These barriers can include, among others, stigma and discrimination, punitive legal and policy frameworks, lack of informed consent, mandatory testing, and gender-based violence. As a result of gender-based discrimination, women and girls are disadvantaged when it comes to negotiating safe sex, and accessing HIV prevention information and services. However, despite recognition of this reality and substantive guidance on the importance of programmes to combat human rights and gender-related barriers, a Global Fund analysis found that many grants do not include this programming, or, if they do, it is included at very low levels (~1percent of total grant budget). A **UNAIDS report** found that "Social enablers—including advocacy, political mobilization, law and policy reform, human rights, public communication and stigma reduction—should reach 6% of total expenditure by 2020."

This section of the Manual includes links to the existing and substantial policy and programming guidance, as well as practice pointers to implement programmes to address human right barriers and promote gender equality at various points in the grant life cycle. It is not meant to be an exhaustive section of the guidance and resources available, but rather a guide to help programme and policy staff to develop, implement and evaluate programmes that seek to promote an enabling environment.

A key goal of this section is to facilitate an understanding of human rights, the needs and vulnerabilities of key populations and women and girls, and the interrelatedness of these areas in the context of achieving positive health outcomes for HIV, TB and malaria, and to prepare Country Offices (COs) to advocate for, and effectively implement and evaluate, programmes to promote and protect human rights and gender equality. Recognizing that these are issues which can often be misunderstood or deprioritized, it is strongly recommended that relevant Project Management Unit (PMU) staff closely consult with their contact in the UNDP Global Fund/Health Implementation Support Team to answer any questions, provide guidance, and to ensure that they have access to the most up to date policies. To support the introduction of this work, the HIV Health and Development Group has developed a vetted roster of qualified consultants who can help with policy and programme work to support design, implementation or evaluation of human rights, key populations and gender interventions.

Overview

Sustainable Development Goals

The 2030 Agenda for Sustainable Development (2030 Agenda) reflects and responds to the increasing complexity and interconnectedness of health and development, including widening economic and social inequalities, rapid urbanization, threats to climate and the environment, pervasive gender inequalities, the continuing burden of HIV and other infectious diseases and the emergence of new health challenges, such as the growing burden of non-communicable diseases (NCDs). Universality, sustainability and ensuring that no one is left behind are hallmarks of the 2030 Agenda.

The Sustainable Development Goals (SDGs) recognize that many areas of development impact health or an important health dimension and that multisectoral, rights-based and gender-sensitive approaches are essential to addressing health-related development challenges. In alignment with the overarching goal of the SDGs to "leave no one behind," a May 2016 report of the United Nations Secretary General, **On the Fast-Track to end the AIDS epidemic**, noted that "we must reinforce rights-based approaches including those that foster gender equality and empower women." In **the 2016 Political Declaration on HIV and AIDS**, UN Member States noted with alarm the slow progress in responses among key populations and the fact that many national programmes do not provide sufficient HIV-related services to key populations.

UNDP and Global Fund Strategies

A number of key partners in the response to HIV, TB and malaria, as well as other diseases, recognize the importance of promoting a rights-based approach. A number of UN, UNDP and health partner strategies**[1]**—which guide UNDP's work—explicitly mention the importance of promoting a rights-based and gender-sensitive approach to achieving the Sustainable Development Goals (SDGs). The **HIV, Health and Development Strategy 2016-2021: Connecting the Dots** elaborates UNDP's core work in reducing inequalities and social exclusion that drive HIV and poor health, promoting effective and inclusive governance for health, and building resilient and sustainable systems for health. UNDP also contributes through its coordinating and convening role in bringing together multiple partners and resources at national and local levels

In the context of Global Fund grants, this is especially relevant for SDG 3: Ensure healthy lives and promote well-being for all at all ages, which must be interpreted in light of the commitments under the cross-cutting Goal 5 on gender equality and women's empowerment. Such an approach will help to ensure the sustainability of HIV results and support the achievement of the goals of the UNAIDS Strategy 2016-2021, the Global Fund Strategy 2017-2021 and contribute to progress on the SDGs.

In particular, the Global Fund's Strategic Objective #3, for the 2017-2022 Strategy, calls for investments to "promote and protect human rights and gender equality." Strategic Objective # 3 is further developed in operational objectives, which call for: **scaling-up programmes** to support **women and girls**, including programmess to **advance sexual and reproductive health and rights**; investing to **reduce health inequities including gender- and age-related disparities**; introducing and scaling up **programmes that remove human rights barriers** to accessing HIV, TB and malaria services; supporting **meaningful participation of key and vulnerable populations** and networks in Global Fund-related processes; and **integrating human rights considerations** throughout the grant cycle and in policies and policymaking processes.

[1]UNDP's work in HIV and health is guided by the 2030 Agenda for Sustainable Development, the UNDP Strategic Plan 2014–2017, the UNDP Global Programme 2014–2017 and related Regional Programmes, as well as complementary UNDP strategies such as the Gender Equality Strategy 2014–2017, the Youth Strategy 2014–2017 and the UNDP Strategy on Civil Society and Civic Engagement. The work is also consistent with relevant partner strategies, including the UNAIDS Strategy 2016–2021 'On the Fast-Track to End AIDS', the Global Fund Strategy 2017–2022 'Investing to End Epidemics', the WHO Framework Convention on Tobacco Control (2005), the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 and the Every Woman, Every Child initiative of the United Nations.

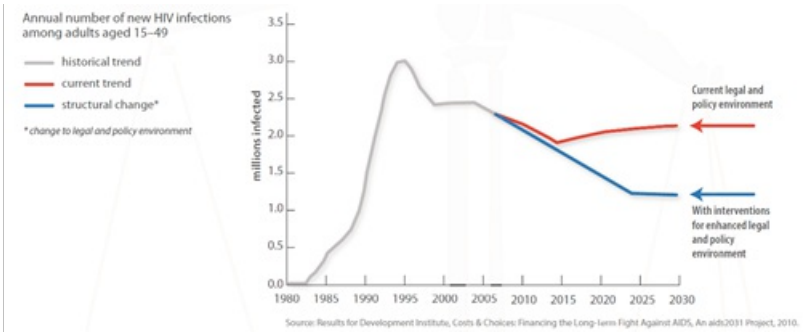
Human Rights

Evidence shows that human rights barriers can impede the access to and uptake of critical HIV, TB and malaria prevention, treatment and care services. In the context of HIV, these barriers can include punitive legal or policy environments that criminalize key populations; widespread stigma and discrimination; and lack of informed consent or medical confidentiality. High levels of human rights violations and discrimination against members of key populations increase their vulnerability to HIV and deter access to HIV prevention, treatment, care and support services. Laws that criminalize or otherwise punish the behaviour of key populations, as in the case of men who have sex with men (MSM), male/female/transgender sex workers (SW), people who use drugs (PWUD), transgender people and prisoners present additional barriers to access to services.

People living with TB—a disease associated with poverty and social inequality that particularly affects vulnerable populations with poor access to basic services—can experience high levels of stigma and discrimination or unnecessary and mandatory hospitalization that deviates from the WHO guidelines, unavailability of TB prevention and treatment services in prisons, or lack of access to TB services (for instance, for migrant workers).

Less is known about the intersection of human rights and malaria. However, malaria is also linked to poverty, with migrants, refugees, rural populations, prisoners, and indigenous populations experiencing high rates of infection. Social inequality and political marginalization may impede access to health services, and additional barriers may be created by language, culture, poor sanitation lack of access to health information, lack of informed consent in testing and treatment, and inability to pay for medical services.

Table 1: The table below highlights the possible legal and policy environment's impact on the number of people infected with HIV.



This **fact sheet** includes examples of how laws and practices can obstruct the HIV response and waste resources for support treatment and prevention efforts, as well as potential positive outcomes when good practices and laws based on human rights and available evidence are enforced.

Promoting and protecting rights in the context of HIV and TB is critical to ensuring that investments in national responses are fully realized. Despite this, only US$137 million is spent globally each year on the human rights response to HIV. In 2012 this represented less than 1 percent of overall spending on the HIV response.[1]

[1] UNAIDS, *Sustaining the human rights response to AIDS. An Analysis of Funding Trends*, Draft, 6 June 2014.

Key Populations

Key populations in the health response are populations that are often subject to discrimination, criminalization and human rights abuses, thereby severely limiting their ability to access health services. In some settings and populations, such as in prisons and among some migrant and displaced populations, risks of HIV, TB, malaria and other diseases are also high, while access to services is frequently poor. There is now strong recognition that major epidemics cannot be ended without greater attention to key populations in all epidemic settings. This includes addressing social, legal and cultural barriers to accessing HIV and other health services, and consistent inclusion and participation by key populations in policy development, health governance and programming.

HIV: Key populations include men who have sex with men, sex workers, people who inject drugs, transgender people, people in prisons and other closed settings, and their partners. They are at high risk for HIV and account for 40-50 percent of all new HIV infections worldwide.**[1]**

TB: Key populations may include prisoners and incarcerated populations, people living with HIV, migrants, refugees and indigenous populations.

Malaria: While the concept of key populations in the malaria response is relatively new, and less understood than for HIV or TB, refugees, migrants, internally displaced people and indigenous populations are all at greater risk of malaria transmission, as they have decreased access to care and are often marginalized.

[1] The 2016 Political Declaration notes with grave concern global epidemiological evidence: People who inject drugs are 24 times more likely to acquire HIV than adults in the general population; sex workers are 10 times more likely; men who have sex with men are 24 times more likely; transgender people are 49 times more likely, and prisoners 5 times more likely.

Gender

HIV: Adolescent girls and young women aged 15–24 years are at particularly high risk of HIV infection, accounting for 20 percent of all new HIV infections globally in 2015, despite accounting for just 1 percent of the population. Globally, in 2015 there were an estimated 2.3 million adolescent girls and young women living with HIV, constituting 60 percent of all young people (15-24) living with HIV. Fifty-eight percent of new HIV infections among young persons aged 15-24 occurred among adolescent girls and young women. Harmful gender norms and inequalities, insufficient access to education and sexual and reproductive health services, poverty, food insecurity and violence, are at the root of this increased HIV risk for young women and adolescent girls.**[1]** Gender-based violence has significant implications for women's and girls' risks of acquiring HIV and impairs their ability to cope with the virus. A 2013 World Health Organization (WHO) systematic global review found that across different HIV epidemic settings, intimate partner violence increases the risk for HIV infection among women and girls by more than 50 percent, and in some instances up to four-fold.**[2]**

Gender inequalities and norms also substantially increase the risks faced by women and girls who belong to other key populations. In low- and middle-income countries worldwide it is estimated that female sex workers are more than 13 times more likely than the general population to be HIV-positive. Transgender women are particularly vulnerable to HIV, having almost 50 times the odds of having HIV than the general population worldwide. Similarly, women who inject drugs are at higher risk of HIV compared to men who use drugs. As mentioned above, these key populations are also criminalized, creating further barriers to accessing health services. TB and HIV co-infection also increases women's health risks: Women from these key populations living with HIV are highly susceptible to developing active TB during pregnancy or soon after delivery, making TB a leading cause of death during pregnancy and delivery, and thereafter.

TB: Gender analysis and gender-responsive programming is comparatively new to the field of TB. Considerable debate on the gender divide in TB persists at all levels: medical research is divided on the ways in which TB symptoms in men and women differ, and there is inadequate medical data on women's experience of TB in particular. The impact of TB on pregnancy is under-researched. Environmental contributions to women's and men's TB infection rates are ill understood. Studies of women's and men's differential access to TB health services have produced a range of contradictory findings, with little consensus on whether or not gender barriers to TB services access exist, and incomplete explanations for those gender differences that have been identified.**[3]** A new gender assessment tool for HIV and TB programmes from UNAIDS and WHO, being piloted in 15 countries, will be critical to improving understanding of the gender differences in TB infection and to informing appropriate gender-sensitive programmatic responses.

Malaria: Evidence indicates that malaria transmission is determined in large part by social, economic and cultural factors that intersect with sex-specific and gender-specific vulnerabilities. These vulnerabilities are largely still under-researched and not considered in programmatic responses. Gaps in our understanding are important to explore further, as they address deeper gender inequalities, and interventions that address the structural drivers of the disease are likely to be more effective and sustainable. Investment to address the social determinants of malaria has the potential to significantly move forward our understanding of the disease, and target interventions towards the most vulnerable

[1] UNAIDS, Global AIDS Update 2016, accessible at **http://www.unaids.org/en/resources/documents/2016/Global-AIDS-update-2016**.

[2] WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council "Global and regional estimates of violence against women "*Prevalence and health effects of intimate partner violence and non-partner sexual violence",* accessible at **http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/**.

[3] UNDP, Gender and TB Discussion Paper: http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/gender--hiv-and-health-discussion-papers/

UNDP's Work on Human Rights, Key Populations and Gender

UNDP is guided by several principles related to promotion of human rights in all of its work. These include: (1) Respect for and promotion of human rights and gender equality as set out in the **United Nations Charter**, **the Universal Declaration of Human Rights** and other international treaties, and (2) Meaningful engagement of people living with HIV, key populations, other excluded groups and affected communities is essential for effective health policy, programming and governance.

As a founding co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), under the UNAIDS Division of Labour, UNDP is mandated to convene the work on removing punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS, to co-convene work of empowering key populations, meeting the HIV needs of women and girls and stopping sexual and gender-based violence (together with the United Nations Population Fund (UNFPA)). UNDP also leads the follow-up work to the recommendations of the Global Commission on HIV and the Law, and is represented on the Global Fund Human Rights Reference Group.

UNDP manifests its commitments to uphold and promote these principles in many ways, a number of which are highlighted in this text. As of September 2016, UNDP is currently the Principal Recipient (PR) for three Global Fund regional grants in South Asia, the Western Pacific and Africa. A fourth regional grant in the Caribbean will be signed in by the end of September 2016. Each of these grants focuses on strengthening the legal and policy environment for key populations, challenging stigma and discrimination, and building community capacity to effectively address human rights and gender barriers to access to and uptake of HIV, TB and malaria services.

In addition, UNDP has significant experience in leading or supporting, together with other technical partners, the development of programmatic guidance and policy tools to support human rights, gender and key populations.

A good place to start looking for available resources is the UNDP Capacity Development Toolkit: Critical Enablers, which includes links to many helpful guidance documents. A few of these are highlighted here and throughout this section.

UNDP led the work of the **Global Commission on HIV and the Law**, which reviewed the relationship between legal responses, human rights and HIV and made many recommendations aimed at strengthening legal and policy environments with the ultimate goal of better health outcomes for the most marginalized and HIV-vulnerable populations. In many instances, national legal protections have preceded, not followed, broader recognition of rights. Laws have a teaching effect; laws that discriminate validate other kinds of discrimination. Laws that require equal protections reinforce equality. Often, laws must change before fears about change dissipate. UNDP is currently leading the follow-up work on the recommendations of the Global Commission, a significant portion of which is dedicated to key populations.

To further this work, UNDP produced the **Legal environment assessment for HIV: An operational guide to conducting national legal, regulatory and policy assessments for HIV**,[1] which includes step-by-step guidance on how to undertake a national Legal Environment Assessment, with concrete case studies, tools and resources. The manual focuses on HIV, with a version for TB currently under development. Similarly, UNDP has gone further to produce a guidance document on *Transforming Legal Environment Assessment (LEA) Recommendations into Action*. Although still in draft form, this guidance is already being used to shape National Action Plan meetings in, Malawi, Nigeria and Seychelles.

For key populations, a number of programming tools exist for men who have sex with other men (MSM), sex workers and transgender people.[2] Each of these tools offers practical advice on implementing HIV and STI programmes for and with MSM, sex workers and transgender people, respectively : **Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex With Men: Practical Guidance for Collaborative Interventions (MSMIT)**; **Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions (SWIT)**; **Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions (the "TRANSIT")**.

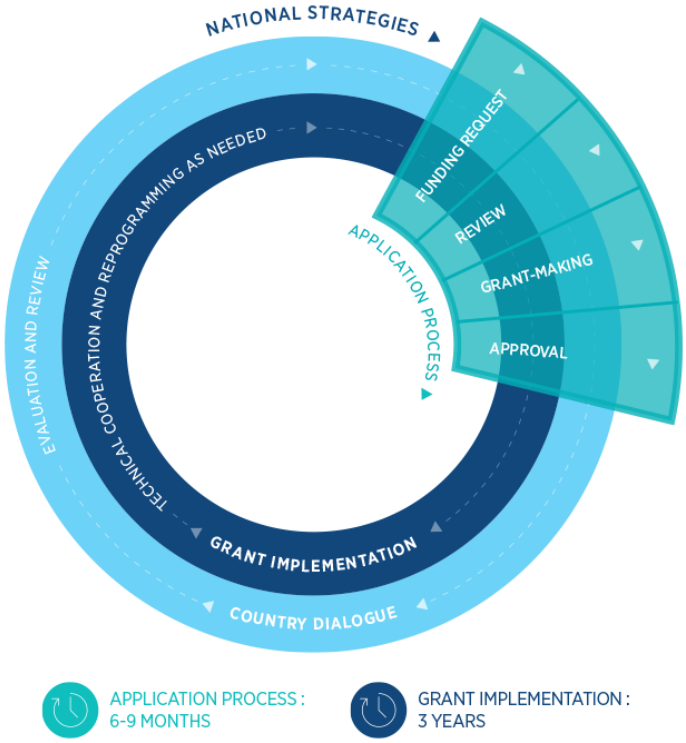
The **Gender Checklist** has been developed to support the integration of gender-responsive components into the implementation of HIV programmes supported by the Global Fund. Additionally, **UNDP's Roadmap for Integrating Gender into National HIV Strategic Plans** is a tool to guide government and civil society actors in the implementation of gender-transformative programming in the context of national HIV efforts. Discussion Papers on **Gender and TB** and**Gender and Malaria** have been developed that summarize and analyse the evidence base related to the specific vulnerabilities and needs of both men and women. The **What Works for Women and Girls: Evidence for HIV/AIDS Interventions** web site provides a comprehensive compilation of the available evidence necessary to inform country-level programming.

[1] A manual on LEAs for TB is being finalized

[2] The implementation Tool for People who Inject Drugs (IDUIT) is being finalized

Integrating Human Rights, Key Populations and Gender in the Grant Lifecycle

Figure 3: The Global Fund Funding Model[1]



The guidance in this sub-section of the Manual designed to guide UNDP's efforts as Principal Recipient (PR) to strengthen the attention paid to gender, human rights and key populations in the implementation of programmes supported by the Global Fund, through the processes and mechanisms of the Global Fund's funding model. Each stage of the funding model requires specific actions to address the dimensions most relevant for women and girls, key populations and other marginalized groups in the development and implementation of Global Fund grants.

[1] The Global Fund is currently developing differentiated guidance for countries, which will impact the process by which countries access funding. The new guidance will be reflected in this document when it is available.

National Strategic Plans (NSPs)

The Global Fund bases its support on funding requests that are based on disease-specific NSPs that are robust, prioritized and costed. To serve as the basis for funding, the Global Fund expects NSPs and the national health strategy to be developed through inclusive, multi-stakeholder efforts (involving key populations), and be aligned with international norms and guidance. They should also be built on a clear understanding of the national epidemic based on epidemiological data disaggregated by age and sex, **with specific analysis related to human rights, gender and key populations,** and other barriers that affect access to health services.

- ✔ NSP analysis is conducted
- ✔ A needs assessment specific to gender, key populations and/or other marginalized groups, including a Legal Environment Assessment, is conducted
- ✔ The needs and rights of women and key populations are represented on the Country Coordinating Mechanism (CCM)

Practice Pointer

- Despite focused efforts, it has been recognized that robust, prioritized and costed NSPs are often few and far between. Technical support and assistance is available from various donor agencies to either strengthen NSPs or to conduct the analysis needed for developing a strong funding request. UNDP has developed a roster of qualified consultants who will be available to support this process. In addition, the Global Fund will allow countries to reprogram up to US$150,000 of funds from existing grants to support this work, if it is requested by the CCM.
- This should include efforts at ensuring that the epidemiological data which will normally inform the performance targets in the Country Grants are correct and realistic to avoid a situation where targets are based on incorrect data from poor size estimations and routine surveys. This has been the experience in a number of countries and has been responsible for the poor performance recorded in their Office of the Inspector General (OIG) assessment Report.
- A number of strong tools help guide a gender assessment. These include the **UNAIDS Gender Assessment Tool**; as well as the forthcoming Gender Assessment Tool for HIV and TB co-infection.

Technical Assistance (TA) to support development or updating of NSPs is also available through a number of bilateral technical providers listed below, at every stage of the grant cycle:

- **US government central resource for HIV and health systems strengthening**
- **TB support through Technical Support and Coordination Mechanism**
- **Malaria support through Roll Back Malaria Partnership**
- French 5% Initiative
  - **Channel 1 (short-term support)**
  - **Channel 2 (long-term support)**
- **BACKUP Health**

Country Dialogue and Funding Request Development

Country dialogue and funding request (previously called 'concept note') development are especially critical points during the grant cycle and present an opportunity to consult widely with a range of stakeholders—key population and women's networks, networks of people living with HIV, communities, civil society, government, technical partners—to advocate for inclusion of activities to promote an enabling environment. These partners should ideally be involved at every stage of the grant cycle.

A wealth of guidance documents exist to support development of these interventions. The **Global Fund HIV Information Note** provides guidance to Global Fund applicants on employing strategic investment thinking when developing funding requests for HIV related programming for the 2017-2019 funding cycle. A thematic section on addressing human rights and gender related barriers is included. Similarly, **The Global Fund Tuberculosis Information Note** and **The Global Fund Malaria Information Note** include disease specific information and include sections on addressing rights and gender related barriers.

1. Identify human rights barriers
   - Define the epidemic, as well as the specific needs and vulnerabilities of women and girls, key populations and other marginalized groups, as identified in the needs assessment (see here).
   - Define the activities.
   - Define the financial gap to implement the activities.
   - Define the partnerships needed to execute activities (civil society organizations (CSO)s, community groups, technical partners, etc.).

2. Design disease programmes using a human rights-based approach
    - The process is built on broad and comprehensive representation of participants, including government, civil society and people living with and affected by HIV, TB and malaria.
    - Consult closely with populations who will use health services.
    - Based on these consultations, design disease programmes with testing, prevention, treatment, care and support services that pay special attention to challenges, barriers, and outreach opportunities in order to meet the needs of those who will use the services.
    - Ensure that a gender-sensitive approach has been used in policies and plans for prevention, treatment, care and support, including the linkages between gender-based violence and the three diseases are addressed, as appropriate.
    - Form intersectoral partnerships between ministries of health and other parts of government to better embed HIV, TB and malaria concerns.
    - Ensure that an adequate budget has been allocated to ensure implementation of prioritized responses aimed at addressing the gender, key populations and human rights-specific dimensions of the disease being addressed.
    - Use Global Fund **guidance on human rights** and **Roll Back Malaria's 'Malaria Implementation Guidance in Support of the Preparation of Concept Notes for the Global Fund**'.
    - The UNAIDS guidance document **Fast-Track and human rights** offers practical advice on why and how efforts to Fast-Track HIV services should be grounded in human rights principles and approaches. It includes three checklists to support and guide the design, monitoring and evaluation of HIV services in order to realize human rights and equity in the AIDS response.
    - The Global Fund technical brief **HIV, human rights and gender equality** supports grant applicants to include programmes to remove human rights and gender-related barriers to HIV services. It also gives advice on implementing human rights-based and gender-responsive approaches to HIV.
    - The Global Fund guidance brief **Human rights and gender programming in challenging operating environments (COE)** provides guidance for the operationalization of the Global Fund's COE policy in ways that are consistent with its human rights and gender strategic objective. In particular, it suggests ways in which specific programmes can be undertaken to address human rights and gender related risks and barriers to services, as well as to ensure rights based and gender responsive approaches to services, which are imperative for ensuring optimal impact of HIV, TB and malaria programmes.
    - The Global Fund technical brief **Tuberculosis, Gender and Human Rights** assists Global Fund applicants to consider how to include programmes to remove human rights and gender related barriers to TB prevention, diagnosis and treatment services within funding requests and to help all stakeholders ensure that TB programmes promote and protect human rights and gender equality.
    - The Global Fund technical brief **Malaria, Gender and Rights** assists applicants to consider how to include programmes to remove human rights and gender related barriers to malaria prevention, diagnosis and treatment services within funding requests and to help all stakeholders ensure that malaria programmes promote and protect human rights and gender equality.

Practice Pointer

- Approach to key populations in sensitive environment
  - In many countries open dialogue and discussion on the needs of key populations is often not accepted. Interventions to promote an enabling environment more palatable include use of terminology, i.e. instead of men who have sex with men, 'men at risk'. The latest epidemiological evidence should always be cited as a starting point for these discussions. Use of trained facilitators to guide the discussion on sensitive issues is also encouraged, as well as providing a 'safe space' for KPs. UN houses can often provide space for KP dialogues.
- The country dialogue should follow a four-step process to prioritize the components of a country's response to the three diseases, based on country context, to provide a sound investment case. An investment case requires attention to the strategic value of HIV, TB and malaria interventions with attention to "equity, efficiency and evidence".
- Decisions about which interventions respond best to gender, key populations and human rights concern, needs to be guided by the findings from the needs analysis of the national HIV response. It is not enough to simply analyse and present the analysis. Evidence-informed priority actions must be defined and costed, and funds must be allocated to them. Indicators must then be defined and utilized to monitor actions and their impact as well for the reporting of results.

For instance, examples of effective gender-programming are provided from sources such as: **What Works for Women and Girls: Evidence for HIV/AIDS Interventions** web site and **UNAIDS/WHO's programming tool for addressing violence against women in the context of the HIV epidemic**.

- **UNAIDS Human Rights Costing Tool** provides guidance on key interventions and methods to estimate costs.
- **Critical enablers section** of the **Capacity Development Toolkit** provides a compendium of resources which will be valuable in designing programmes.

Grant-Making

Monitoring and Evaluation

Please see the **performance framework** (PF) for the Africa Regional grant which includes good practice examples of indicators and workplan tracking measures related to removing legal barriers.

- **Workplan tracking measures (WPTM**) are qualitative milestones and/or input or process measures to measure progress over the grant implementation period for modules and interventions that cannot be measured with coverage or output indicators. This is most often the case in regional grants or grants that include modules related to, for example, community systems strengthening, certain health system strengthening interventions, removing legal barriers to access, activities addressing gender inequalities, health sector linkages, etc.
- **Impact/Outcome indicators** are covered through programme reviews and not necessary for inclusion in the PFs of regional grants that seek exclusively to strengthen legal or policy environments, and community systems. However, impact and outcome indicators may be included for certain grants based on agreement of the Global Fund and the Principal Recipients (PR) (**please confirm with your Global Fund Country Team*).
- **Programme reviews or evaluations** are an important part of assessing progress against grant objectives, in particular for grants related to strengthening legal and policy environments and community systems. Country Offices (COs) are encouraged to ensure that adequate budgets are allocated to fund a baseline and endline evaluation (and midline where appropriate) and, should savings be available, a midterm review as well. The UNDP Global Fund/Health Implementation Support Team can be requested to provide examples of/support development of terms of reference (TORs) for programme reviews.

Practice Pointer

Monitoring and evaluation-focused practice pointers:

- For WPTM, ensure concrete, measurable actions at a process level that also contribute to a meaningful assessment of progress. For example, instead of measuring whether meetings to discuss the treatment cascade for KPs occurred, measure who attended, whether minutes with concrete next steps were produced, etc.
- Do not overcommit – ambitious and realistic expectations must be balanced, so it is recommended to keep the number of WPTM to a minimum; 'less is more' – much of the most strategic results will be assessed through the evaluations.
- Sex- and age-disaggregated data is a key feature for gender-sensitive and/or transformative programming, as it helps to identify key populations and address their needs appropriately by introducing gender-sensitive investments, creating an appropriate national response to the elimination of the three diseases.

Practice Pointer

Finance-focused practice pointers:

- It is critical to ensure that the advocacy to include enabling environment interventions in the funding request is not lost at the time of grant-making (and during implementation). Ensure interventions in the funding request are included in the detailed budget at adequate levels, including sufficient funds for evaluations at baseline, midterm and endline as appropriate for the programme. This often requires skilful negotiation with the Country Coordinating Mechanism (CCM) and Global Fund to understand the importance of these interventions within the context of the grant.
- At times Global Fund finance staff may not have a background in budgeting for human rights, and therefore may not fully understand the budgeting implications for human rights interventions within the overall context of a grant. For example, the Global Fund may request reductions in human resources to implement certain activities, or deprioritization/omission of enabling environment activities if overall grant funds have been reduced. In this case, robust explanations including job descriptions and evidence from various sources cited throughout this section (refer: **UNDP Capacity Development Toolkit: Critical Enablers**) should be provided in order to justify the inclusion of these interventions.

Grant Implementation

Once the Global Fund grant has been signed and a disbursement has been received, some Programme Managers have expressed concern that there is insufficient capacity in the Project Management Unit (PMU) to effectively deliver on human rights and gender programmes. This risk can be mitigated by ensuring proper planning and involvement of civil society organizations (CSOs) and consultants, preferably engaged from program design and inception, with the requisite knowledge and experience to implement programmes.

Practice Pointer

- **Reprogramming:** In consultation with your Programme Advisor in the UNDP-Global Fund/Health Implementation Support Team, as well as jointly with Sub-recipients (SRs), Programme Managers are encouraged to identify areas for which savings can be used to scale up/reprogram funds, based on recommended programming included in the Global Fund Human Rights Information Note, and the UNAIDS key programmes to fight stigma and discrimination (scale up of trainings/desensitization for health care workers; anti-stigma and discrimination advertisements, Legal Environment Assessments (LEAs) etc.).
- **Technical support**: Engage with CSOs and key population and women's networks early to support implementation/provide TA.
- **Early warning**: It is important to identify issues early. For example, if activities are not implemented due to sensitivities, lack of attendance, Country Coordinating Mechanism (CCM) "politics"; Human Resource constraints or capacity, etc. contact your UNDP Global Fund/Health Implementation Support Team Programme Advisor for support and guidance.
- **Communication efforts**: It is important to ensure that programme activities are communicated to relevant stakeholders including the Global Fund and other donors, as a viable source of advocacy for future funding of these programmes. Modalities employed can include Newsletters, Facebook, Twitter, and impact sheets that highlight key activities and results. The **Multi-country South Asia grant website** and the **Africa regional grant January – June 2016 newsletter** include good examples of communication efforts.
- **Appoint a country 'high-level champion'** to advocate for consistent attention to the gender, key population and human rights dimensions of the three diseases.

Access to Medicines

Access to affordable medicines of good quality is an essential component of the right to health. It is a core obligation of countries to provide essential medicines as defined by WHO.[1] The United Nations Secretary-General Ban Ki-moon has convened a High-Level Panel on Access to Medicines. The overall proposed scope of the High-Level Panel will be "to review and assess proposals and recommend solutions for remedying the policy incoherence between the justifiable rights of inventors, international human rights law, trade rules and public health in the context of health technologies." Secretary-General Ban Ki-moon has asked UNDP, in collaboration with UNAIDS, to serve as the Secretariat for the High-Level Panel on Access to Medicines. More information is available **UNSG Access to Medicines Panel** website.

[1] **CESCR General Comment No. 14**: The Right to the Highest Attainable Standard of Health (Art. 12).