



Independent observer
of the Global Fund

TRACKING GLOBAL FUND INVESTMENTS IN HUMAN RIGHTS PROGRAMS

In a recent [GFO commentary](#), Ralf Jürgens, Senior Human Rights Coordinator at the Global Fund, flagged the need for increased Global Fund investment in programs which reduce human rights barriers to HIV, TB, and malaria services. Jürgens mentioned that far less than 1% of Global Fund money is spent on such programs, despite international consensus that this figure should be much higher. This article provides a closer look at how and where the Global Fund is investing in human rights programming; and explains that the Fund is being more transparent around where the funding gaps are, and how they may be addressed.

Overall, the Global Fund is investing \$32.1 million in human rights programs at country level, with an additional \$15 million being spent at regional level.

Human rights activities are typically contained in the removing legal barriers module of the concept note. They include approaches such as reducing stigma and discrimination; training or sensitizing health care workers or law enforcement agents; providing legal literacy and services; and conducting policy and legal advocacy. Table 1 presents a breakdown of the human rights activities that the Global Fund is currently investing in.

Table 1: Current Global Fund investments in human rights, by program area

Human rights program

Current Global Fund investment (\$US

Legal environment assessment and reform	4.0 m
Legal services and legal literacy	4.9 m
Human rights trainings	4.9 m
Community monitoring of human rights	2.9 m
Policy advocacy	4.2 m
Other human rights interventions (including reducing stigma and discrimination, and gender-based violence)	11.2 m

Specific examples include activities in South Sudan’s HIV grant, where the Global Fund is supporting access to justice programs, including legal services. In Tajikistan, as part of the country’s TB grant, the Global Fund is investing in advocacy for the rights to health and social protection.

Proportionally, the Global Fund invests far more in human rights programming in some regions than others (Table 2). In Latin America and the Caribbean, human rights funding makes up about 2.3% of all requested indicative funding. In Eastern Europe and Central Asia, it is about 1%. By contrast, in Sub-Saharan Africa, human rights funding comprises just 0.26% of total Global Fund investments. In the Middle East and North Africa, the proportion is about 0.33%. The UNAIDS Fast-Track approach calls for investments in programs to reduce human rights-related barriers to accessing services and other social enablers to reach 8% of total program funding for HIV by 2020. Similar resource needs analyses do not (yet) exist for TB and malaria.

Table 2: Current Global Fund investments in human rights, by region

Region	All requested indicative funding (\$US)	Human rights investment (\$US)	Human rights investment as a proportion of total
Latin America and the Caribbean	277 m	6.3 m	2.27%
Eastern Europe and Central Asia	414 m	4.3 m	1.04%
Asia Pacific	1.7 b	5.1 m	0.30%

Middle East and North Africa	550 m	1.8 m	0.33%
Sub-Saharan Africa	5.5 b	14.2 m	0.26%

One of the reasons for the underfunding of human rights programs is that they are often implemented on a very small scale and, as a result, are not monitored and evaluated separately. Another reason is that human rights programs for TB and malaria have not been sufficiently defined and costed, as they have been for HIV. However, the main reason why human rights programs receive less Global Fund money than they should (according to UNAIDS Fast-Track modeling) is more straightforward: Countries are simply not requesting funding for these interventions.

According to Tinashe Mundawarara, who is with Zimbabwe Lawyers for Human Rights, there is less appreciation of the need to cultivate human rights-based responses in Southern Africa and, hence, less inclination to include them in proposals. “The composition of writing teams for concept notes has not included human rights experts, and country dialogue mechanisms have not made use of human rights consultants,” Mundawarara explained. “As a result, there is a concentration of medical and other expertise in writing committees.” In addition, many CCMs in sub-Saharan Africa are having to choose among conflicting priorities, including care and treatment, which may help to explain why human rights programming is often crowded out.

Out of 119 concept notes submitted to the Global Fund in Windows 1 to 5, 72% identified human rights barriers to access but only 10% actually requested funding for the corresponding removing legal barriers module (see [GFO article](#)). New information from the Global Fund reveals that there is a steep “human rights funding cascade” (Figure 1).

Figure 1: The Global Fund human rights funding cascade – From narrative to investment

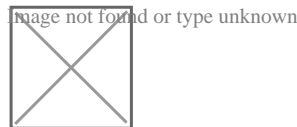


Figure 1 clearly shows that the cascade is much steeper for TB and malaria applications than it is for HIV or integrated TB/HIV submissions. For example, although 35 countries submitted TB concept notes containing human rights analysis, just six have human rights programs with a traceable budget in their signed grants. For malaria, although 30 concept notes contained analysis of human rights barriers, not one grant has a budget line to address them.

It remains unclear how the Global Fund’s initiative to prioritize 15-20 countries for intense human rights efforts will reduce the imbalances in human rights funding among the three diseases. The programs supported as part of the initiative will be designed around the seven [key interventions](#) to reduce stigma and discrimination and increase access to justice identified by UNAIDS, suggesting they will be largely HIV-focused. According to the Fund, more work will be done in the second half of 2016 to clarify how human rights for TB can be elevated as part of the initiative, and there will be a second phase in 2017 to do the same for malaria.

With respect to how the countries will be selected for intensive human rights efforts, the Global Fund is using several criteria, as follows:

- representation from across Global Fund regions;
- at least five countries are high-impact countries;

- at least two countries have challenging operating environments;
- at least one country is 5-10 years from transition;
- at least five countries have epidemics concentrated among vulnerable or key populations;
- at least three countries are also part of the Global Fund's Strategic Actions for Gender Equality (SAGE) initiative or are priority countries for [PEPFAR's DREAMS](#) investment.

(SAGE is how the Global Fund is operationalizing its commitment to gender equality in its new strategy, ensuring that the strategic objective to promote and protect human rights and gender equality translates into strategic, impactful investments and quality programs for women and girls.)

The Fund intends to track these intensive human rights efforts through a new key performance indicator (KPI). This indicator will monitor progress towards establishing programs that reduce human rights barriers to services, focusing on the 15-20 priority countries. In anticipation of transition, the KPI will specifically monitor the scale-up of programs that reduce human rights barriers for key and vulnerable populations in middle-income countries, especially the degree to which governments are supporting and taking over these programs.

In addition to the new KPI, human rights advocates at country level advise focusing on strengthening local expertise and engagement. "There is need to build capacity of CCM [country coordinating mechanism] constituencies in human rights, so that they can begin to have human rights lenses and evolve rights-based interventions," Mundawarara said. "Only then will these issues will be included in future concept notes."

Information in this article comes from a presentation delivered by the Global Fund on a partners call organized by the Community, Rights, and Gender Department of the Global Fund Secretariat on 7 July 2016. A copy of the presentation is available from the author on request (gemma.oberth@gmail.com).

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