

# Exclusion of Key Populations and People Living with HIV from implementation of programmes

10 June 2016

To:

**Mr. Norbert Hauser**, Chair of the Board of the Global Fund to fight AIDS, TB and Malaria

**Ms. Aida Kurtovic**, Vice Chair of the Board of the Global Fund to fight AIDS, TB and Malaria

**Dr. Mark Dybul**, Executive Director of the Global Fund to fight AIDS, TB and Malaria to fight AIDS, TB and Malaria

**Ambassador Deborah Birx**, Ambassador-at-Large and Coordinator of the United States President's Emergency Plan for AIDS Relief (PEPFAR)

CC:

Country Coordinating Mechanisms (CCM) Secretariats in Botswana, Malawi and Tanzania

Country Coordinating Mechanisms in Botswana, Malawi and Tanzania

Mark Edington, Head, Grant Management Division, Global Fund

Ms. Kate Thomson, Head, Community, Rights and Gender Division, Global Fund

Mr. Michel Sidibé, Executive Director, UNAIDS

Dr Lucica Ditiu, Executive Director, Stop TB Partnership

Global Fund Human Rights Reference Group

UNAIDS Human Rights Reference Group

Communities Constituency of the Global Fund Board

Developing Country NGO Constituency of the Global Fund Board

PEPFAR Coordinators in Botswana, Malawi and Tanzania

We, the undersigned organizations of people living with HIV, key populations and human rights activists are supported by the Robert Carr civil society Networks Fund to implement a programme entitled *“Strengthening Key Population Advocacy for the Best Use of Global Fund Resources and Sustainable Funding for HIV & TB in Botswana, Malawi and Tanzania”*. Over the last year we made significant progress influencing the national HIV response strategies in our countries. Please see our [short film](#) highlighting our personal stories and achievements.

We are writing to you to express our grave concern about the lack of meaningful involvement of organisations of people living with HIV and key populations, in particular sex workers, people who use drugs, men who have sex with men and transgender people in the implementation of grants from the Global Fund to fight AIDS, TB and Malaria (the Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) in our respective countries.

We commend the Global Fund and PEPFAR for your commitment to fund the AIDS and tuberculosis responses globally and investing in human rights programming and interventions targeting key

populations, which are gravely under-resourced. We appreciate the progress made in integrating gender, human rights and key population needs into the funding cycles and supporting organisations and representatives of key populations to engage in processes and platforms in their respective countries, in an effort to ensure that interventions that bolster their human rights and improve their HIV and TB health outcomes are funded.

We are particularly encouraged by the announcement of a new \$100 Million Investment Fund to expand access to proven HIV prevention and treatment services for key populations by PEPFAR during the 2016 United Nations High-Level Meeting on Ending AIDS. We are hopeful that this support will make a difference in addressing challenges in identifying, measuring and addressing stigma and discrimination.

In the past year, we consistently engaged in country dialogues, which included the review of National HIV and AIDS Strategic Plans and Frameworks as well as participation in concept note and Country Operational Plan development and grant making processes. We invested unprecedented resources and effort to ensure that the experiences of people living with HIV and key populations were captured in these processes. We were inspired when we learned that the grant applications were approved and even more so that, amongst others, the interventions under, amongst others, the Global Fund modules for *“Removing Legal Barriers”*, *“Prevention programs for men who have sex for men and transgender people”*, *“Prevention programs for sex workers and their clients”*, *“Prevention programs for people who inject drugs (PWID) and their partners”*, as well as *“Prevention programs for other vulnerable populations”* would be tailored specifically to address the needs of our communities.

However, following the development, negotiation and start-up processes, we are gravely disappointed and concerned by the trend in exclusion and side-lining of people living with HIV and key populations and in particular, the institutions led by and focused on the needs of people living with HIV and key populations in the implementation of the approved grants. We are particularly concerned about the following:

- I. **Lack of opportunities for national and community-based organisations of people living with HIV and key populations to access Global Fund and PEPFAR funding:**
  - **The eligibility criteria to become an implementing partner are unfavourable to organisations of people living with HIV and key populations:** We have found that the criteria to become implementing partners, including Principal Recipient or Sub-Recipient, are slanted to favour well-established national organisations and/or nationally registered organisations with international backing and networks, which have a track-record of having managed complex development operations and/or strong financial and programme management systems. For example, in Tanzania, it was required for the Global Fund grant Sub-Recipient to have previously managed an annual budget of US\$500,000.00 in order to qualify to become a Sub-Recipient. This clearly disqualifies even those nationally established organisations of people living with HIV or key populations which, due to many factors, including the repressive social, political and legal context in our countries, have only recently been able to formalise their structures and/or are only now establishing systems required for the implementation of Global Fund or PEPFAR grants. It is well known that the vast majority of organisations of people living with HIV or key populations at higher risk of HIV are significantly under resourced and do not have the financial or human resource capacity required to establish systems, which will meet the criteria required to bid for Principal or Sub-Recipient status.

- **The reluctance to directly grant to Sub-Sub-Recipients:** In some countries, including Botswana and Tanzania, there has been a blatant refusal by most Sub-Recipients to sub-grant at sub-sub-recipient level due to the effort required and perceived risk involved in doing so. This clearly undermines the ability of our organisations to access funding at a level where they might have stood a chance at benefitting from the grant to implement intervention directly affecting us. Considering that, due to currently weak institutional structures, we are unable to access funds at Principal Recipient or Sub-Recipient levels, we see the refusal to grant at Sub-Sub-Recipient level as a barrier to groups of people living with HIV and key populations at HIV accessing financial resources to implement interventions that will benefit their communities.
- **The lack of transparency in the selection of implementing partners, including Sub-Recipients and Sub-Sub Recipients:** In most countries, there has been a lack of feedback on why organisations of people living with HIV or key populations, who are well established, with strong institutional systems and a track record of implementing the relevant programmes, are not qualifying as Sub-Recipients of Global Fund Programmes. For example, in Malawi, the Centre for the Development of People (CEDEP), a well-established organisation addressing the needs of lesbian, gay, bi-sexual, transgender and intersex people (LGBTI), applied to be a Sub-Recipient for the implementation of the “Prevention programs for men who have sex for men and transgender people” module. Two other organisations (Dignitas and Pakachere) with no proven record in implementing prevention interventions for men who have sex with men or transgender people were awarded the grant. CEDEP is yet to hear why they were unsuccessful in their bid to implement this module. Recently, the Principal Recipient reported that they will once again embark on a process to select Sub-Recipients to implement this module as the “initial decision that were made by organizations such as Dignitas and Pakachere on the proposal to implement the module was reversed by their respective boards”<sup>1</sup>. Likewise, in Botswana, the “Prevention programs for sex workers and their clients” module is to be implemented by a Sub-Recipient with no track record of implementing rights-based interventions with sex workers, while the local sex worker’s organisation has no opportunity to access these funds to implement interventions for their community.
- **There is a lack of communication regarding changes in interventions and corresponding budgets in approved grants for people living with HIV and key populations:** In most countries, including Tanzania and Botswana, organisations of people living with HIV and key populations have not been informed of changes made to interventions and resources allocated to interventions during the grant-making process. This has resulted in a lack of trust between these groups and the Country Coordinating Mechanism and Principal Recipients as it appears that interventions that were not seen as a priority were randomly removed or funds allocated elsewhere without consultation with the affected groups.

## II. Building resilient and sustainable systems for health:

- There are limited opportunities for national and community-based organisations of people living with HIV and key populations (who truly need this support), to access financial and technical resources under the Community Systems Strengthening module, as these funds are

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<sup>1</sup> ActionAid Joint TB/HIV Program Progress Report Quarter 1 (January-March 2016)

allocated to Principal Recipients and Sub-Recipients who are funded to implement other elements of the grant. If the Community Systems Strengthening efforts of the Global Fund are to make a difference for communities living with HIV and key populations, their organisations, even those who are not being funded to implement interventions funded the Global Fund, should also be offered this support, particularly if the intention is to strengthen their systems in order to eventually qualify to be Sub-Recipient or Sub-Sub Recipients;

- There is a growing disinterest by donors to continue supporting capacity building initiatives within grants. Rather, emphasis has been placed on selecting ‘implementation ready’ organizations, who can meet targets quickly. In most instances, this impedes the inclusion of a variety of organizations, predominantly those of people living with HIV and key populations, to implement projects (due to lack of capacity), and assumes an element of readiness that does not exist among organizations made fragile by the ever-changing economic landscapes. We are particularly concerned about this as PEPFAR and Global Fund support to strengthen community systems is critical to building the capacity of organisations to become Global Fund recipients; and
- There is a trend by implementing partners, including Principal and Sub-Recipients, to recruit/poach the strongest candidates within the organisations of people living with HIV and key populations to join their organisations to directly implement activities such as peer education interventions instead of investing in organisations of people living with HIV and key populations. This consequently fragments and weakens these institutions and their capacity to directly lead and implement interventions to improve the rights and health of their communities.
- It is critical to note that financing for key populations-programming is heavily reliant on international donor support. The significance of this indicates that any changes in the commitment or willingness by donors to finance KP-programs, could greatly impact the sustainability of key populations-programming, as governments are still reluctant to support such initiatives with domestic resources. Accordingly, to effect good use of available resources, donors and civil society organisations must work in tandem to ensure that funds are directed where significant programming gaps still prevail, and cost-efficient service delivery models are adopted by countries to achieve greater value-add with available resources.
- Donors must stabilize their commitment to fund health systems strengthening (HSS) initiatives and advocate for better investment of their resources, towards improving service delivery for key populations. To achieve true universal coverage, emphasis must be made to fund initiatives that mitigate existing service gaps that continue to inhibit access to and monitoring of optimal treatment for key populations. Funding for HSS gaps such as capacity building of healthcare workers and public health facilities towards building key populations-competent sites that render services sensitive to the needs of KPs, should be prioritized with existing resources.

**III. Limited capacity and understanding of human rights-based approaches and human rights programming within Principal Recipients and Sub-Recipients:** We are gravely concerned that Principal Recipients and Sub-Recipients selected to implement the “Removing Legal Barriers” module have a limited understanding and/or track record in rights-based approaches and in particular in implementing interventions to reform laws and policies, in order to remove barriers to accessing health services. We are also concerned that very few of them have the knowledge and capacity to implement human rights programmes that are included in the module and that this will have a negative impact on the lives of people living with HIV and key.

**Recommendations:**

In order to contribute to ending AIDS in our respective countries by 2030 and ensure the ability of the 2017-2022 Global Fund Strategy to maximize impact, strengthen systems for health, promote and protect human rights and gender equality, the following recommendations should be taken into account:

- The criteria for selecting Principal Recipients and/or Sub-Recipients to implement the modules for “Removing Legal Barriers”, “Prevention programs for MSM and TGs”, “Prevention programs for sex workers and their clients”, “Prevention programs for people who inject drugs (PWID) and their partners”, as well as “Prevention programs for other vulnerable populations”, should include criteria to show proven track record and capacity to implement interventions related to human rights, removing legal barriers and interventions for key populations;
- CCMs and Principal Recipients should put in place mechanisms to strengthen transparency and communication, particularly with networks of people living with HIV and key populations. This should include communication in regards to selection of Sub-Recipients and changes in interventions and budgets related to interventions that affect them;
- A portion of the Community Systems Strengthening funds be allocated to efforts to strengthen the capacity of organisations of people living with HIV and key populations to be able to establish organisational systems and other measures to be able to qualify for Sub-Recipient or Sub-Sub-Recipient grants;
- A portion of the Global Fund Community Systems Strengthening funds be used to strengthen the capacity of Principal Recipients and Sub-Recipients in human rights, sexual orientation and gender identity issues, the law and HIV; and
- PEPFAR should reconsider the requirement of organisations being ‘implementation ready’ and a portion of the new PEPFAR Investment Fund for key populations should be committed to directly investing in the capacity of organisations of key populations to be able to establish organisational systems and other measures to contribute to sustainable HIV responses.

**Signed:**

Botswana Network on Ethics, Law and HIV / AIDS  
Men for Health and Gender Justice Organisation, Botswana  
Sisonke Botswana  
Silence Kills Support Group, Botswana  
Centre for the Development of People, Malawi  
Malawi Sex Worker’s Forum  
Malawi Network of Religious Leaders living with and Personally Affected by HIV and AIDS  
Tanzania Network of People who Use Drugs  
Tanzania Network of Women living with HIV and AIDS  
Waremba Forum, Tanzania  
AIDS and Rights Alliance for Southern Africa  
International Treatment Preparedness Coalition – East Africa  
International Treatment Preparedness Coalition - Global