

Scaling up programs to remove human rights-related barriers to health services

Intensified efforts in 20 countries: Questions & Answers

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Why will there be intensified efforts in 20 countries to include and scale up programs to remove human rights-related barriers to health services?

In the Global Fund Strategy 2017-2022, Strategic Objective 3(c) commits the Global Fund to support all countries that apply for grants to include and scale up programs to remove human rights-related barriers to health services. However, in addition to efforts in all countries, the Global Fund is rolling out intensive efforts in 20 countries for the following reasons. First, there is urgent need to achieve impact in terms of increasing access to services for people living with, and experiencing enhanced risk and vulnerability to, HIV, TB and malaria. Secondly, intensive efforts appear necessary to overcome the long-standing impasse regarding insufficient inclusion and scale-up of these programs. Finally, there will be much to learn from intensive efforts undertaken in a number of countries from different regions, resulting in knowledge and experience that can inform efforts in other countries and settings.

Can the Global Fund do this by itself?

No. The Global Fund has made it a corporate strategic objective to scale up efforts to remove human rights-related barriers to services because these barriers undermine Global Fund investments. It has also put in place Key Performance Indicators by which it will measure the success of its efforts. But the Global Fund intends to carry out this effort with partners who share the goal of removal of these barriers, and will depend heavily on partners to assist in this effort. Thus, this intensified effort will be done in collaboration with government; civil society; representatives of those living with, affected by and at risk of HIV, TB and malaria; technical partners; public health and human rights experts on programs to remove human rights-related barriers to health services; experts in mathematical modeling; and other donors.

What are the main components of this intensified effort?

The intensified effort to scale up programs to remove human rights-related barriers to services in 20 countries involves the following components: (a) development of criteria for country selection; (b) selection of countries; (c) development of research tools for baseline assessments and follow-up studies; (d) implementation of baseline assessments; (e) support in grant-making to increased demand for the inclusion, scale-up and implementation of the programs; (g) follow-up assessments of impact; and (h) where possible, mathematical modeling to inform scale-up and impact of the programs. The intensified effort began in 2016 and will be rolled out during the period of the current Global Fund strategy.

Which countries were selected for this intense effort?

Twenty countries have been selected based on a wide range of criteria (see below), reflecting a mix of need and opportunity. The criteria ensured that the selection of countries focused on what is needed to benefit the health of people living with and at risk of HIV, TB and malaria; what is feasible in terms of scale-up; and what is desired by country-level partners based on prior consultation with them. Most importantly, countries have been selected where it is considered that relevant factors provide a real possibility for scale-up that will result in important gains for the health of those affected. The 20 countries are: Benin, Botswana, Cameroon, Democratic Republic of Congo (province-level), Cote d'Ivoire, Ghana, Honduras, Indonesia (selected cities), Jamaica, Kenya, Kyrgyzstan, Nepal, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda, and Ukraine.

What were the main criteria used for country selection for intensified efforts?

The following broad criteria were used to identify countries where there are likely to be major health benefits due to the scale up of programs to remove barriers to health services: (a) countries where there is need for such programs; (b) where such programs have the potential to significantly increase uptake of and retention in health services; (c) where it is possible to obtain a certain level of coverage with regard to affected populations; (d) where there is potential and capacity for proposing, funding and budgeting the programs in Global Fund grants; (f) where there is capacity to implement the programs at a scaled-up level; (g) where there is capacity/presence of technical partners and donors in promoting programs to remove human rights-related barriers; and (h) where there is sufficient capacity to monitor and evaluate the impact of such programs. These criteria were presented during an Expert Consultation in Geneva, on 14-15 April 2016, which brought together Global Fund colleagues, technical partners, other donors, and civil society/community experts and representatives, and were revised according to input gathered since the Consultation.

Are these the only criteria?

No. Efforts are also being made to demonstrate impact from scale-up across a diversity of affected populations, countries and contexts, and for all three diseases. Thus countries were also selected from across Global Fund regions and include at least 5 high impact countries, at least 2 countries involving challenging operating environments, at least 1 country that is nearing transition, at least 5 countries with concentrated epidemics, and at least 3 countries that are also part of efforts to scale up programs for women and girls and address gender-related barriers to services.

How will we know what we need to do and whether it works?

In-depth baseline studies are being undertaken between November 2016 and the end of 2017 in the countries selected. Research tools have been developed that will allow the exploration of a realistic/replicable conceptual/logical framework of relationships between programs to remove human rights-related barriers and. The baseline studies consider the following issues: (a) the nature of the barriers to health services; (b) the populations most affected by these barriers; (c) existing programs to reduce the barriers and the costs of these programs; (d) proposed programs and costs of scale-up; (e) existing efforts in community-based and health service monitoring; (f) the capacity of Country Coordinating Mechanisms (CCMs), technical ministries, community-based and human rights organizations and technical partners to contribute to implementation and support of the programs; (g) capacity-building needs and strategies to address these; and (h) larger environmental barriers and facilitators. The impact of the programs put in place and scaled up will be evaluated in 2019 and in 2021 against the baseline assessments, with periodic reporting to the Global Fund Board and the final results being available to inform the next Global Fund Strategy.

Who will conduct the baseline assessments?

Four research groups have been selected by the Global Fund through a competitive process to work with country stakeholders to conduct the baseline assessments. The four research groups are: (1) APMG - AIDS Project Management Group; (2) HEARD - Health Economics and AIDS Research Division, University of KwaZulu Natal; (3) the ICRW Consortium - Enda Santé; International Center for Research on Women; Jamaica AIDS Support for Life; Johns Hopkins University; and (4) the JSI/USC Consortium - John Snow, Inc.; Program on Global Health and Human Rights University of Southern California

How will the baseline and follow-up studies be undertaken?

The baseline assessments will involve: (a) desk reviews of relevant information and data; (b) telephonic contacts/interviews with key stakeholders; (c) in-country visits to conduct key informant interviews and focus group discussions; (d) development of recommendations for a comprehensive response in removing barriers to health services; and (e) a meeting or meetings in country during which the draft report with the results of the assessment will be discussed with all relevant stakeholders, and further input will be sought on how best to scale up programs to reduce human rights-related barriers over the next years. Meaningful participation of key and vulnerable populations, including people living with the 3 diseases, will be an essential part of the baseline and follow-up studies, as well as the implementation and/or support of programs to reduce barriers to services. Baseline and follow-up study teams will be committed to data collection methods that protect and respect the rights of key and vulnerable populations. Every attempt will be made to engage local partners and support their increased capacity in the baseline and follow-up studies and in implementation of programs so as to support sustainable community engagement and strengthening in the roll out and impact of the programs.

How will the Global Fund ensure demand for programs to remove human rights barriers in the 20 countries?

Throughout the process, the Global Fund will analyze the 20 countries in terms of critical grant timelines, entry points, and partners for support of demand creation for the programs. As countries are engaged in this effort, Global Fund country teams, together with staff from the Community, Rights and Gender Department, will work with technical partners, CCM members, and key and vulnerable populations towards better understanding and acceptance of the programs to remove barriers. These efforts will support country stakeholders to include relevant programs at scale in grant proposals, then budget for, implement and evaluate them in grant roll out. It will be important to involve and mobilize leaders among health service providers, key consultants and technical staff supporting the development of proposals, as well as community-based organizations engaged in supporting health service access and quality. After the baseline assessment is undertaken in a country, the findings will be shared with country partners and a plan will be developed with national stakeholders to bring the necessary programs to scale. Importantly, the 20 countries selected can apply for additional, matching funds that are available only for interventions to reduce human rights-related barriers to services.

Can the Global Fund use mathematical modeling to inform scale up and assess impact of programs to remove human rights-related barriers to services?

Yes. The Global Fund is striving to support modeling of the impact of scaling up programs to remove barriers to services, with a focus on the 20 countries chosen for intensive efforts. As with the baseline/periodic assessments described above, the Global Fund is developing, with partners

and experts in the modeling field, a conceptual/logical framework of hypothesized links between removing human rights-related barriers and achieving health outcomes. Modeling will then be used as a tool to test the existence and strength of those links and directly inform program design, implementation and scale-up.

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For more information on the overall effort of the Global Fund to include and scale up programs to remove human rights barriers to health services, including a description of the programs, see the complimentary Q & A on Scaling up programs to remove human rights barriers to health services: A strategic objective and major initiative by the Global Fund to Fight AIDS, TB and Malaria.