

Supporting civil society engagement in the Global Fund

MAKING DECISIONS – ROUND 10 PROPOSALS *OPPORTUNITIES FOR CIVIL SOCIETY ORGANIZATIONS*

June 2010

This CSAT Action Alert provides information and practical guidance for civil society organizations on new financing options in the Round 10 Call for Proposals by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

From the very beginning, the Global Fund has been a strong advocate for civil society leadership and participation in implementation and oversight of Global Fund grants. This call for proposals for Round 10 presents new opportunities that are relevant and important for civil society.

KEY DATES

- The call for proposals for Round 10 was launched **May 20, 2010**.
- The deadline for submission of funding proposal is **August 20, 2010**
- Funding decisions will be made at the 22nd Meeting of the Global Fund Board in **December 2010**.



TWO KEY CHOICES RELATED TO ROUND 10 THAT YOU NEED TO KNOW ABOUT

1. Funding streams: Standard application process and dedicated reserve for ‘Most at Risk Populations for HIV/AIDS’¹ (‘MARP’ Reserve).
2. Community Systems Strengthening (CSS).

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From the very beginning, the Global Fund has been a strong advocate for civil society leadership and participation in implementation and oversight of Global Fund grants. This call for proposals for Round 10 presents new opportunities that are relevant and important for civil society.

Round 10 is being launched in the context of a potential shortfall in donor funding, and it is therefore important that civil society organizations understand the options available for submission of proposals.

KEY ACTIONS YOU CAN TAKE NOW

1. **Review this CSAT Action Alert** and share with your colleagues. The Alert is available in English, with French, Spanish and Russian to follow.
2. Find out more about the **Global Fund and Round 10**. See the list of resources at the end of each section, and in particular:
 - i. All application documents related to the Round 10 Call for Proposals can be found at <http://www.theglobalfund.org/en/applicationmaterials/?lang=en>
 - ii. The Round 10 Frequently Asked Questions are available at http://www.theglobalfund.org/documents/rounds/10/R10_FAQ_en.pdf

1. CSAT does not use the term ‘Most at Risk Populations’ (or the acronym ‘MARP’) because, as a term, it is considered “reductionist”. This term can result in a lack of appreciation of the inter-relationship between risk and vulnerability. Focusing just on risk is not appropriate. Because of this, the terminology can often get quite complex (e.g. populations most at risk and vulnerable, vulnerable populations most in need or at risk etc). And this is why ICASO, as well as other organizations, including UNAIDS and the Global Fund (inconsistency though) use the term key populations, which refers to groups of people who are key to the dynamics of, and the responses to, HIV and AIDS. These populations include: people living with HIV, orphans and vulnerable children, women and girls, youth, sex workers, people who inject drugs, men who have sex with men, transgenders, migrants, refugees and prisoners. However, for this Action Alert we have decided to use the terminology utilized by the Global Fund (Most as Risk Populations or MARPs) within inverted quotation marks to describe the new Reserve to avoid confusion.

3. **Learn about your Country Coordinating Mechanism (CCM).** It should be fairly simple to identify members - you can find much of this information on the Global Fund website². There are a few important questions to find answers to:
 - i. What proportion of the CCM is made up of civil society organizations? Do these members include people representing key affected populations, including people living with the diseases?
 - ii. What programmes, if any, are Global Fund grants currently supporting in your country or region?
 - iii. Are any NGOs currently acting as Principal Recipients for Global Fund grants in your country or region?
4. Discuss with the CCM the **process of gap/needs assessment** and related strategic decisions to prepare a Proposal for Round 10. Contact the CCM Secretariat, Chair or civil society representatives. There are a number of key questions you may want to ask:
 - i. Is the CCM planning to develop and submit a proposal for HIV for Round 10? Has the proposal development process begun?
 - ii. What opportunities are there for civil society organizations (CSOs) to get involved, both in proposal development and grant implementation? Do these opportunities fit with the expectations of CSOs and of the Global Fund? To be eligible for Global Fund funding, CCMs should ensure the proposal development process is open and transparent and ensures the input of a broad range of stakeholders³.
 - iii. Has the CCM decided in relation to how it will integrate Community System Strengthening (CSS), and/or whether it will opt for Dual Track Financing (DTF) and the 'MARP' reserve? Has the CCM discussed how it will ensure that the proposal responds to the Global Fund strategies on gender, and on sexual orientation and gender identity? What are these decisions? (See below for more explanation of all of these options and strategies.)
5. **Consult within the civil society sector.** Those individuals or organizations who are most aware of the CCM's plans should share this information with the broader civil society sector, and discuss what the next steps should be. The following questions may help to frame discussions:
 - i. Does the composition of the CCM reflect the Global Fund requirements and recommendations?
 - ii. Do the CCM's plans for Round 10 ensure the participation of civil society in the proposal development process, and in the implementation of the project, as per Global Fund requirements? Have the needs of key affected populations (for example, sexual minorities), and recommendations around Dual Track Financing (DTF) and Community Systems Strengthening (CSS) been taken into consideration? If not, why not? (see below for definitions and explanations of these items.)

2. From the home page <http://www.theglobalfund.org> choose the button labeled "search centre". Select your country from the list and you will be redirected to a page providing all of the relevant information on that country, in particular in relation to CCMs and existing Global Fund grants.

3. CCM eligibility criteria can be found at:

<http://www.theglobalfund.org/documents/ccm/CCMRequirementsForGrantEligibility.pdf>

4. See http://www.theglobalfund.org/documents/ccm/Guidelines_CCMPurposeStructureComposition_en.pdf

6. Once these questions have been discussed, the civil society sector should **agree on next steps**. If the CCM is in favour of enhancing civil society's role in the Round 10 proposal, it will be important to agree on how civil society can effectively participate in the proposal development process and to ensure that civil society organizations with adequate capacity are selected as potential PRs. If, however, the current plans will not adequately allow for an enhanced civil society role, the sector should plan to influence the CCMs decision.
7. **Mobilize your civil society colleagues** and partner organizations to advocate for greater attention to civil society contribution and participation. In some countries, the decision may be to focus on demanding and ensuring meaningful civil society participation on CCMs. In others, the emphasis may be on ensuring that the proposal adheres to all the recommendations and guidelines of the Global Fund, particularly in relation to SOGI and Gender Strategies, CSS, DTF, etc. (see below). It may also be necessary to advocate for a more open and transparent proposal development process, as this is a Global Fund requirement. **Contact UNAIDS and UNDP** country offices, as well as other international partners who are supportive of civil society involvement, for support in advocating for civil society involvement in all these areas. Also **contact the regional hubs of CSAT** for guidance on how to engage with the CCM and the Global Fund Secretariat. (See the contact details below.)
8. **Get involved in the process to develop the Round 10 proposal**. Non-government sector representatives on the CCMs should ensure that the broader civil society sector is meaningfully involved in the proposal development process. This means that the CCM – or the CSO representatives on the CCM - should arrange consultations with the broader civil society sector in order to get input into the proposal. Particular attention needs to be paid to ensuring that marginalized groups (such as key affected populations and sexual minorities) are able to participate in this process. The process for proposal development is different in every country, but you may want to advocate for the inclusion of these key areas:
 - i. The proposal should prioritize actions and population groups neglected (“Know your Epidemic”) in the current response to HIV and AIDS. CSOs working at the community level are often very well placed to identify such gaps.
 - ii. Civil society organizations should help identify who would be the most effective organization to become Principal Recipient (PR). This could be a government institution and/or a civil society organization, as the Dual-Track Financing policy of the Global Fund allows.
 - iii. Community Systems Strengthening (CSS), is about ensuring that CSOs have the capacity and support required to play a full and effective role in national responses to HIV, TB and malaria.

ROUND 10: CHANGES AND OPPORTUNITIES THAT YOU NEED TO KNOW ABOUT

1. Funding streams:
 - a. Standard application process with new prioritization.
 - b. Dedicated reserve for 'Most at Risk Populations for HIV/AIDS'.
2. Community System Strengthening (CSS).
3. Grant consolidation.
4. Other: Dual Track Financing, Sexual Orientation and Gender Identity Strategy (SOGI), and Gender Strategy.

1. Funding Streams

For Round 10, there are two important changes to how funding will be allocated. Firstly, there are changes to the criteria for prioritization of funding of recommended grants, which the Board applies when there is insufficient funding available for all recommended grants. Secondly, for Round 10 the Global Fund has set aside a portion of the available funding – called a “reserve” – to be used for HIV projects which are entirely focused on ‘Most at Risk Populations (MARPs)’. Applicants must choose whether to apply under the standard approach or the reserve.

These changes are relevant since there is a possibility that there may be a gap between the funding available and the funding required for recommended projects. This means applicants need to decide which funding stream to apply under. The implications of these choices are outlined below.

KNOW YOUR EPIDEMIC

When choosing the funding stream for proposals for Round 10, applicants need to consider the epidemiological situation of their country and the current funding situation of the Global Fund, as well as taking into account the uncertainty on the overall amount of funding available for Round 10. A middle income country may be low in the prioritization queue under the standard application process, which has specific prioritization criteria (see below, [a]), but if this same middle income country has a concentrated epidemic it has the option of applying under a separate funding stream – the ‘MARP’ Reserve - that will fund those who are most in need. More information on the ‘MARP’ Reserve is provided below under [b].

[a] Standard application process *with new prioritization*⁵

When insufficient funding prevents immediate approval of all technically sound grant proposals recommended for funding by the Technical Review Panel (TRP), the Global Fund uses the criteria of technical merit, disease burden, and poverty to rank the grants in a "queue". The recommended projects are then funded as and when funds become available.

5. See Information Note on Prioritization for Round 10 at

http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_Prioritization_en.pdf

THINGS YOU NEED TO KNOW ABOUT THE NEW PRIORITIZATION

1. Under Round 10, prioritization rules have been amended to incorporate recommendations of the TRP as well as a more sensitive measure of disease burden (based on WHO/UNAIDS estimates). As in previous Rounds the new funding prioritization approach also includes poverty indexes (based on World Bank data). The revised measure of disease burden is not only about HIV national prevalence but also about HIV prevalence among 'most at risk populations'.
2. The process will be as follows:
 - i. The Secretariat is responsible for assigning a score to all Technical Review Panel (TRP) recommended components of proposals in accordance with the composite index described in table below and is to present the Board with these scores at the time of the Board's consideration of the TRP's recommendations.
 - ii. A composite index, based on three criteria, is used to assign scores to each TRP-recommended component of a proposal as described below.

CRITERIA	INDICATOR	VALUE	SCORE
TRP Recommendation	TRP Recommendation Category	Category 1	4
		Category 2	4
		Category 2B	3
Disease burden (HIV)	HIV prevalence in the general population and/or in key affected populations (based on WHO/UNAIDS data)	HIV national prevalence is equal or higher than 2%	4
		HIV national prevalence is equal or higher than 1% and lower than 2% OR the HIV prevalence in 'most at risk populations' is equal or higher than 10%	3
		HIV national prevalence is equal or higher than 0.5% and lower 1% OR 'most at risk populations' prevalence is equal or higher than 5% and lower than 10%	2
		HIV national prevalence lower than 0.5% and 'most at risk populations' prevalence is lower than 5% OR no data	1
Poverty	World Bank Classification ¹	Low Income	4
		Lower-Middle Income	2
		Upper-Middle Income	0

- iii. If, at the time of the Board meeting, the amount of available funding is less than the total value of recommended projects, projects will be funded according to the scores received, with the highest scoring proposals receiving priority. The remaining projects will be funded as and when funding becomes available.

[b] Dedicated reserve for ‘Most at Risk Populations⁷ for HIV/AIDS’ for Round 10 only:

The Global Fund Board decided to establish a “dedicated reserve of resources for proposals from applicants who decide to submit a proposal, which **focuses only on ‘most at risk populations for HIV/AIDS’** for Round 10.

The new funding stream looks to address what has been seen as a disadvantage for middle income countries with concentrated epidemics, where they end up at the back of the queue when funding is not sufficient to immediately fund all eligible proposals. Through this new route, proposals from middle income countries focusing on ‘MARPs’ do not have to compete with proposals responding to generalized epidemics from low income countries. Although this new funding stream is for Round 10 only, it sends a clear message about the Global Fund commitment to supporting interventions focused on key affected populations.

THINGS YOU NEED TO KNOW ABOUT THE DEDICATED RESERVE FOR ‘MARPs’

1. ***When submitting an HIV proposal, applicants must chose between the traditional funding stream (taking into consideration the new prioritization and the risk of having funding delayed) or the new ‘MARP’ stream. Applicants cannot submit an HIV proposal in both.***
2. Both single-country applicants and multi-country applicants can apply through the dedicated reserve for ‘Most At Risk Populations’.
3. Both CCMs and non-CCM proposals can be submitted under this reserve. Specific provisions that apply to regular Round 10 multi-country applicants and non-CCM proposals⁶ will equally apply for the reserve. There are various criteria for the Global Fund accepting a non-CCM proposals⁹ and these criteria have not changed since last Round.
4. In theory, a non-CCM applicant can submit a ‘MARP’ proposal for Round 10 even though the CCM for that same country is submitting a “regular” HIV proposal – they are not considered the same applicant. And, in theory, both proposals could be approved. However, a proposal from a non-CCM applicant would still have to meet the stringent eligibility criteria for non-CCM applications (see link above).
5. If an applicant chooses to submit a multi-country proposal through the Round 10 ‘MARP’ reserve, it will have to use the multi-country applicant proposal form.¹⁰

6. *Income level classification and eligibility requirements will remain the same as the previous year for one year.*

7. *Definitions of most at risk populations can be found here:*

http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_MARP_en.pdf

8. ***[CAUTION: non-CCM proposals have traditionally not been successful]***

9. *For more information about non-CCM proposals check*

http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_Non-CCM_en.pdf

10. *For more information about Multi-Country Application for Round 10, check*

http://www.theglobalfund.org/documents/rounds/10/R10_Guidelines_Multi_en.pdf

6. There are specific rules applying to this reserve (see below).
7. Proposals under this stream can address one or more most-at-risk populations.

The definition of ‘most at risk’ “requires that groups are at higher risk of HIV infection, demonstrating a higher HIV prevalence than the general population. Particular emphasis is given to: men who have sex with men; transgender people; people who inject drugs; female, male and transgender sex workers; and to the sexual partners of all of these groups.”¹¹ However, proposals to work in prisons or with migrant communities that demonstrate higher HIV prevalence than the general population can also be funded under the ‘MARP’ reserve.

Further, the Global Fund recommends that proposals coming from ‘lower-middle’ and ‘upper-middle’ income applicants clearly **demonstrate an increasing government funding contribution** over the proposal lifetime to ensure sustainability of the proposal interventions in the long-term and a possible exit strategy from requiring Global Fund financing. The TRP will take this into consideration when recommending proposals for funding.

Key considerations when deciding whether to apply under the MARP reserve instead of the traditional funding stream

- Do you think your country will score low on the poverty and disease burden scores? (see section [a]). If so, you should consider the ‘MARP’ reserve because approved ‘MARP’ reserve proposals from middle income countries may be more likely to get funds this way when there are insufficient funds to cover all eligible proposals.
- Is the ‘MARP’ reserve maximum funding level per project - \$2.5m per year – sufficient for your ‘MARP’ programming needs? If not, then this is an argument against going for the reserve.
- Is your program only lacking ‘MARP’ money or does it need money for other population groups also? If it needs both, the ‘MARP’ reserve is probably not the best option as you will not be able to use the funds for ‘non-MARP’ beneficiaries.

The dedicated reserve for Most at Risk Populations for HIV/AIDS for Round 10

1. US \$75 million will be made available for the period of the initial commitment for all these proposals (2 years);
2. The totality of the five years of all approved proposals cannot exceed US \$200 million;
3. Applicants can request up to US \$5 million for the initial commitment (phase 1, maximum of 2 yrs) and US \$12.5 million over the proposal lifetime (phases 1+2, maximum of 5 yrs);
4. The funding maximum applies both to single and multi country applications. In other words, multi country applications are still subject to the maximum of \$5 million for phase 1 and \$12.5 in total for both phases;
5. Existing income eligibility and cost-sharing requirements shall apply for these applicants.

11. *The Global Fund, Frequently Asked Questions for Round 10*
http://www.theglobalfund.org/documents/rounds/10/R10_FAQ_en.pdf

6. Applicants must opt at the time of submission of their Round 10 proposal to apply under this stream and may not submit another proposal for Round 10 for the same disease component;
7. Applicants may not submit a separate health systems strengthening cross-cutting part under this funding stream;
8. The prioritization for funding amongst TRP-recommended proposals is based on a composite index, based on two criteria. This will be used to assign scores to each TRP-recommended component of a proposal as described below.

Criteria	Indicator	Value	Score
TRP Recommendation	TRP Recommendation Category	Category 1	4
		Category 2	4
		Category 2B	3
Disease burden	HIV prevalence in the general population and/or in key affected populations (based on WHO/UNAIDS data)	HIV prevalence in 'MARP' is equal or higher than 10%	4
		HIV prevalence in 'MARP' is equal or higher than 5% and lower than 10%	3
		the HIV prevalence in 'MARP' is lower than 5% OR no data	1

A maximum score of 8 is possible for a proposal that receives a category one from the TRP (technical value) and which HIV prevalence in a particular MARP is equal or higher than 10%

9. In the event that a recommended proposal can not be funded under this funding stream due to the fact that maximum resources allocated have been exhausted, these proposals will be subject to the prioritization provisions as described above.
10. If an applicant requests funds for more than one 'MARP', then scores will be allocated for each target population according to the HIV prevalence indicator and values described above and the scores will be averaged. The average will then be rounded to the nearest score.

For more information on funding streams for Round 10

- Global Fund, Board Decision Point GF/B21/DP18 (Twenty-First Board Meeting April 2010) http://www.theglobalfund.org/documents/board/21/GF-BM21-DecisionPoints_en.pdf
- Information Note on Prioritization for Round 10 http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_Prioritization_en.pdf
- The Global Fund, Frequently Asked Questions for Round 10 www.theglobalfund.org/documents/rounds/10/R10_FAQ_en.pdf
- Information Note on Dedicated Reserve For Round 10 HIV/AIDS Proposals For Most At Risk Populations (MARPs) http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_MARP_en.pdf

2. Community Systems Strengthening

Round 10 places the biggest emphasis yet on Community Systems Strengthening (CSS). A new question has been added to the proposal form (see from Question 4.3.3 in the Application Form asking for a description of weaknesses and gaps in existing community systems). This provides an important opportunity to expand and strengthen civil society components of national responses to AIDS, tuberculosis and malaria. Additionally, a new CSS Framework¹² has been developed to facilitate the incorporation of community systems strengthening in proposals. The framework defines the core components and service delivery areas of CSS, facilitating the development of proposals and funding requests. It also provides a tool for advocating with decision makers about the role community systems should play.

THINGS YOU NEED TO KNOW ABOUT COMMUNITY SYSTEMS STRENGTHENING

1. The CSS Framework defines the terminology of CSS and discusses the ways in which community systems contribute to improving health. This framework was developed taking into consideration lessons learned and in recognition of the need for increased clarity and understanding of CSS, given the key role this concept will continue to play.
2. Community systems are community-led structures and mechanisms used by communities through which community members and community-based organisations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities.
3. The goal of community systems strengthening is to **“develop the roles of key populations and communities**, community organizations and networks, and public or private sector actors that work in partnership with civil society at community level, in the design, delivery, monitoring and evaluation of services and activities aimed at improving health outcomes.” There is a strong focus on capacity building, and in making available human and financial resources in order to enable civil society to play a full and effective role in the national response to the three diseases.
4. CSS is primarily aimed at strengthening the systems of community-based organizations and networks to enable them **to play an effective role in improving health outcomes.** ¹⁴

12. http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf

13. Global Fund, *Information Note on Community Systems Strengthening*
http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_CSS_en.pdf

14. See sections 4.3 and 4.5 of the Round 10 Guidelines for Proposals

THINGS THAT CAN BE FUNDED

Community Systems Strengthening Core components¹⁵

1. Enabling environments and advocacy – including community engagement and advocacy for improving the policy, legal and governance environments, and affecting the social determinants of health.
2. Community networks, linkages, partnerships and coordination – enabling effective activities, service delivery and advocacy, maximizing resources and impacts, and coordinated, collaborative working.
3. Resources and capacity building – including human resources with appropriate personal, technical & organizational capacities, financing (**including operational and core funding**) and material resources (infrastructure, information and essential medical & other commodities & technologies).
4. Community activities and service delivery – accessible to all who need them, evidence-informed and based on community assessment of resources and needs.
5. Organizational and leadership strengthening including management, accountability and leadership for organizations and community systems.
6. Monitoring & evaluation and planning including M&E systems, situation assessment, evidence building and research, learning, planning and knowledge management.

For more information on CSS for Round 10

- Global Fund, Community Systems Strengthening Framework
http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf
- Global Fund, Information Note on Community Systems Strengthening
http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_CSS_en.pdf
- Global Fund, Application materials for Round 10
<http://www.theglobalfund.org/en/applynow/>
- UNAIDS, 2010 Revised guidance tool for including Community Systems Strengthening in Global Fund proposals (forthcoming).



15. Extracted from the Community Systems Strengthening Framework
(http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf).
See also CSAT Action Alert [http://www.icaso.org/publications/csat_aa_Sept_09_EN.pdf]

3. Grant Consolidation

The Global Fund is asking Round 10 applicants to consider submitting a “consolidated” disease proposal – in other words, a proposal that combines the new funding request with already existing Global Fund projects. This approach is often described as being part of the Global Fund’s “new grant architecture”.

The purpose of submitting a consolidated proposal, according to the Round 10 Guidelines, is to “(1) ensure that funding requests to the Global Fund are more program-based and holistic, rather than fragmented; and (2) ensure successful applications result in *revisions* of grant agreement durations, budgets and Performance Frameworks, rather than *new and separate* grants, each with their own budgets, Performance Frameworks and reporting timeframes.”¹⁶

It is important to note that even if a CCM makes a consolidated proposal, this does not mean that the grant will become a single grant under one PR. A consolidated proposal can subsequently be implemented as more than one grant under more than one PR. However this does provide an opportunity to rationalise grants and allocate components within the overall application to the most appropriate PR.

Applicants have three options in relation to grant consolidation:

- Option 1: Consolidating grants by submitting a consolidated disease proposal.
- Option 2: Consolidating grants during grant negotiation (after proposal approval).
- Option 3: No transition to a consolidated grant.

Consolidation may have particular implications for civil society organizations since it provides scope for some reorganization and refocusing of components of a country’s funding for a given disease and for deciding which components should be implemented by which PRs. You are encouraged to read the Application Guidelines and the documentation on “new grant architecture”¹⁷ which explain the implications, the advantages and disadvantages of each grant consolidation decision. It is important for civil society representatives on the CCM to be aware of these issues so that they can participate in an informed way when the CCM discusses consolidation.

16. Global Fund, *Guidelines for Proposals – Round 10 Single Country Applicant* (page 10)
http://www.theglobalfund.org/documents/rounds/10/R10_Guidelines_Single_en.pdf

17. Global Fund, *New Grant Architecture* <http://www.theglobalfund.org/en/grantarchitecture/>
(and accompanying documents).

4. Other: Dual Track Financing, Sexual Orientation and Gender Identity (SOGI), and Gender

Dual-track financing is the “inclusion of both government and non-government Principal Recipients (PRs) in proposals for Global Fund financing.”¹⁸ The Global Fund has recognized that civil society organizations (including those representing key affected populations and people living with the diseases) and the private sector should play a role in the implementation of grants at the country level.

The Dual-track financing approach, still not required but highly recommended by the Global Fund, represents an opportunity to expand the role of non-government sector organizations in the achievement of results at national level.

The Global Fund’s **Sexual Orientation and Gender Identities (SOGI) Strategy**¹⁹ was agreed in May 2009 and encourages all partners to strengthen their focus on the HIV-related vulnerabilities of people who are marginalized due to sexual orientation, gender identity, or consensual sexual behaviors.

Despite high prevalence and incidence of HIV in people marginalized due to their sexual orientation or gender identity, program reach and coverage is very low and governments have historically allocated limited resources to these populations, especially to:

- male, female and transgender sex workers;
- men who have sex with men;
- transgender persons, including transgender, transsexual, and intersex persons.

Fear of violence, stigma and discrimination, as well as criminalization of same-sex relationships²⁰ can also prevent members of sexual minority groups from accessing health care and other services.



18. The Global Fund. *Dual-Track Financing Informative note at*

http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_DTF_en.pdf

19. *Global Fund Strategy in relation to Sexual Orientation and Gender Identities (SOGI)*

http://www.theglobalfund.org/documents/publications/other/SOGI/SOGI_Strategy.pdf

20. *More than 80 UN Member States criminalize sex between consenting adults of the same sex, and 10 states impose the death penalty. See Global Fund’s Information Note on Sexual orientation and gender identities in the context of the HIV epidemic* http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_SOGI_en.pdf

THINGS YOU NEED TO KNOW ABOUT THE SOGI STRATEGY

1. An analysis of HIV proposals submitted in Rounds 8 and 9, focusing on three populations: men who have sex with men; male, female and transgender sex workers; and transgender persons is available online and includes a series of considerations for Round 10 applicants.²¹
2. The Global Fund specifies that National AIDS programs, Country Coordinating Mechanisms and other applicants “need to work in close consultation with focus populations and technical partners to ensure that comprehensive programs are developed based on the best available local intelligence and to ensure that community needs are adequately addressed”.
3. Many of the most effective responses to HIV for key populations are delivered at community-level in community-based settings, often by peers. Funding activities that strengthen community responses are likely to have a positive result and that is why the Global Fund is encouraging countries (see above) to apply for resources for community systems strengthening to address needs of key populations within the SOGI Strategy.
4. Global Fund grants can (and should) be used to collect and analyze evidence on key populations, particularly those included in the SOGI Strategy, in relation to:
 - Epidemiology (for example, HIV prevalence rates).
 - Operational research (for example, on interventions available, quality of interventions).
 - Monitoring of the response (for example, extent sexual minorities are reached).
 - Improved tracking of resource flows to programs for sexual minority groups.
5. Civil society organizations should use the Global Fund’s SOGI strategy as well as other relevant documentation from the Global Fund to support advocacy with the CCM for a greater focus on SOGI in Round 10 proposals.



21. http://www.theglobalfund.org/documents/rounds/9/Rnd8-9_Analysis_SOGI.pdf

The Global Fund board endorsed a **Gender Equality Strategy** in 2008, reaffirming the Fund's commitment to addressing gender issues as they impact women and girls. The Round 10 information note on gender outlines the overall aims of the Global Fund in relation to women and girls: "The strategy encourages activities that address gender inequalities and strengthen the response for women and girls. The Global Fund recognizes that men and women have unequal access to health services, and that the response to these three diseases must be made more effective and equitable. Men and women of all ages should equally be reached by, involved in, and benefit from resources contributed by the Global Fund."²² The note calls on applicants to include gender sensitive and transformative programming and provides advice on how this can be achieved – from the perspective of needs assessment, programming and monitoring and evaluation. It also includes a number of important references which should be used by those developing the proposal.

Civil society organizations should use the Global Fund's Gender strategy as well as other relevant documentation from the Global Fund to support advocacy with the CCM for greater gender sensitivity in Round 10 proposals.

CONTACT

CSAT global host: ICASO International Secretariat, Canada.
Director of Policy and Advocacy: Dr. Robert Carr | robertc@icaso.org

Host organizations of regional hubs and coordinator contact information are:

Middle East and North Africa: Association de lutte contre le sida (ALCS), Morocco
Coordinator: Nadia Rafif | alcsmarrakech@gmail.com

Sub-Saharan Africa: African Council of AIDS Service Organizations (AfriCASO), Senegal
Coordinator: Kibibi M. Thomas Mbwawi | tmkbibi@africaso.net

Sub-hubs in the region:

The East African National Networks of AIDS Service Organizations (EANNASO), Tanzania
Coordinator: Titus Twesige | twesige@eannaso.org
Southern African AIDS Trust (SAT), South Africa
Coordinator: Anita Sandström | sandstrom@satregional.org

Eastern Europe and Central Asia: Eurasian Harm Reduction Network (EHRN), Lithuania
Coordinator: Shona Schonning | shona.schonning@gmail.com
Marija Subataite | marija@harm-reduction.org

Asia Pacific: Asia-Pacific Network for People Living with HIV/AIDS (APN+)/7 Sisters, Thailand
Coordinator: Vince Crisostomo | coordinator@7sisters.org

Latin America and the Caribbean: Aids For AIDS (AFA), Peru
Coordinator: Lidice Lopez | lidice.lopez@aidforaids.org

Caribbean: Caribbean Vulnerable Communities (CVC), Jamaica
Coordinator: Ian McKnight | gimcknight@gmail.com

22. Global Fund, *Information Note on Addressing Women, Girls and Gender Equality*
http://www.theglobalfund.org/documents/rounds/10/R10_InfoNote_Gender_en.pdf