**Breaking Down Barriers to Accessing HIV Services**

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at the

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**Promoting human rights in the HIV response:**

***Regional and subregional strategies and best practices***

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Good afternoon,

Let me start by thanking OHCHR and UNAIDS for co-organizing this important consultation, and all of you for taking time to take part in this important event.

Why do we focus on human rights at the Global Fund? Quite simply, as a funder of health programs, we are acutely aware that until human rights (and gender)-related barriers to access are overcome, many of the communities we serve will remain unable to realize their right to health. This work is therefore not a nice to do but rather a must do. And while doing this work, at each step of the way, we are guided by the vision of ensuring a better and safer experience for communities on the ground – including those who are often the most marginalized, criminalized or left behind in current responses. Throughout the process, working alongside these communities, as well as broader stakeholders, is central to our approach.

I only have 7 minutes and this will not allow me to provide a detailed overview of the work that we are undertaking. Instead, I will focus on a few key innovations and some initial results, and on a few of the outstanding challenges that we hope to overcome in 2019.

When I joined the Global Fund three years ago, a lot of great work had already been done to integrate human rights considerations into the grant cycle and to ensure that the Global Fund does not fund programs that infringe human rights.

Until that point, what we had been less successful in doing was to increase investment in programs to reduce human rights-related barriers to services. Only 0.7% of Global Fund investments in HIV were going to these programs. I still remember the question of then Board chair Norbert Hauser, who asked: How is this possible? Why do we invest so little to remove human rights-related barriers to services?

Since then, we have done a lot to change this. Many of these things are breaking new territory.

For the first time in the history of the response to the diseases, we are attempting to **move from ad hoc, small scale investments in programs to reduce human rights-related barriers to services to comprehensive programming**.

The centerpiece of this effort is the intensive support, including financial incentives, that we are providing to 20 countries in all regions of the world, which were selected through an extensive consultation process. These 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.

The intensive support process entails:

* Baseline assessments
* Multi-stakeholder meetings
* Development of 5-year country-owned plans
* A lot of regular follow-up and relationship building
* mid-term assessments
* adjustments, if needed
* end-term assessments
* 45 million set aside for these countries as matching funds

To date, we have completed 19 baseline assessments. Kenya’s is about to start. **These baseline assessments are also a first.**

* We already had quite a bit of information about the extent to which in countries across our portfolio human rights-related barriers continue to limit uptake of and retention in services. In many settings, the baseline assessments were able to build upon other assessments, such as Legal Environment Assessments, and incorporate their findings.
* But the baseline assessments went much further. For the first time, not only the barriers have been mapped, but also current and recent programs to address them and what we know about how effective they are.
* Based on this information, for the first time an attempt has been made to estimate what will be needed to comprehensively address the barriers over 5 years.
* And even more significantly, the comprehensive response has been costed. For the first time we know how much countries have been spending on programs to reduce human rights-related barriers, and how this compares to what is needed for a comprehensive response to address the barriers.

In 2016, selected countries within the cohort invested between 10 % (in Cameroon) and 55% (in Kyrgyzstan) of what would be required annually for a comprehensive response to address human rights-related barriers to HIV.

Importantly, the assessments are being used by countries to craft not only their funding proposals to the Global Fund, but also evidence-based plans to reduce human rights-related barriers to services. We are already seeing some exciting results.

Funding allocated to these programs in the 20 countries in the cohort has increased more than 10-fold, from slightly more than 6 million to over 77 million. This is due not only to so-called catalytic funding provided by the Global Fund, but also to a large increase in funds from within the countries’ allocation devoted to these programs. It is also due to the great support from country teams, from our technical partners, particularly UNAIDS and UNDP, and to technical assistance provided via the Community, Rights and Gender Strategic Initiative.

**The multi-stakeholder meetings also represent a first**. They typically bring together between 80 and 150 national stakeholders – government representatives from different ministries, communities, technical partners, donors, and others. They are the most systematic and consultative strategic reflection on how to overcome human rights barriers that the countries have ever had. They lead to a frank assessment of what the problems are and much greater clarity on what needs to be done to overcome them and where the capacity gaps are.

For example, at the multi-stakeholder meeting in South Africa in November 2018, it was decided that a plan to reduce the human rights-related barriers will be developed by the end of March 2019, and that it will become the operational plan of the human rights component of South Africa’s national strategic plan on HIV.

I also attended Nepal’s multi-stakeholder meeting at the end of June. Importantly, the government of Nepal committed to using 1.3 million in domestic resources to match the GF’s contribution. Nepal is currently finalizing its country-owned 5-year plan.

What has been common to all countries to date is that what started as a GF process has since become, as we had hoped for, a country-owned process in which national stakeholders are leading the development of the strategic plans, based on the baseline assessments we conducted.

**These longer-term strategic plans represent another first.** In the past, programming to reduce human rights-related barriers has typically consisted of short-term projects or interventions, inadequately funded and seldom evaluated. For the first time, we are seeing a shift from simply organizing trainings for health-care workers, police or the judiciary, to the development of longer-term plans that incorporate all elements of what is required to reduce discrimination in health-care settings or violence against key populations by the police. We are seeing a much greater attempt to integrate programs to reduce human rights-related barriers into existing treatment or prevention programs, rather than creating stand-alone programs, and to think from the beginning about how programs can be made sustainable.

So we have already achieved a lot, and are showing some great results. What about the impact of this work?

**This brings me to another first. We put a rigorous M&E framework in place** that will allow us to show what difference the scale up makes for key and vulnerable populations. Will discrimination decrease in health-care settings? Will access to justice increase? What changes will occur to laws, policies, and practices? And ultimately, what does all of this mean for the lives of communities on the ground, for uptake of and retention in services, and thus for the overall impact of our grants? These are just a few of the many questions that we will be able to answer in the coming years. They will help us further refine our approaches, not only in the countries in the cohort, but ultimately across our portfolio.

We have also identified the challenges that remain to be overcome. They include that capacity at the Secretariat remains limited and that ownership of the human rights agenda also remains limited. In some countries, the capacity of technical partners to provide support has also decreased. Finally, in many countries programs to reduce human rights-related barriers to services have never been implemented before, and we are only now able to start providing technical assistance to ensure the right programs are implemented in the right way by the right implementers, and are integrated into existing prevention and treatment programs as an important component of those programs, rather than set up as standalone programs. We have crafted proposals aimed at addressing these challenges and hope we will make progress on them during the course of this year.

Finally, in addition to funding programs to reduce human rights-related barriers to services at country level, where they are most needed, we also fund work at regional level as part of so-called regional or multi-country grants, recognizing that some programs and interventions are only possible at that level. We will hear a lot more about this now from my colleagues.

Thank you!