Measurement Framework for Advancing Equity, Gender Equality and Human Rights

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Contents

Acronyms

AGYW   Adolescent Girls and Young Women
ANC   Ante Natal Care
CRG   Community Rights and Gender
CSO   Civil Society Organization
DHIS   District Health Information System
DHS   Demographic Health Survey
DR-TB   Drug Resistant Tuberculosis
DSD   Differentiated Service Delivery
EID   Early Infant Diagnosis
EMTCT   Elimination of Mother to Child Transmission
EGHR   Equity, Gender Equality and Human Rights
FR   Funding Request
GC   Grant Cycle
GM   Grant Making
HIV   Human Immunodeficiency Virus
HMIS   Health Management Information System
IBBS   Integrated Bio-Behavioral Survey
IDPs   Internally Displaced Populations
ITN   Insecticide Treated Nets
KP   Key Population
LWH   Living With HIV
M&E   Monitoring and Evaluation
M, F   Male, Female
MDR-TB   Multidrug-resistant Tuberculosis
MICS   Multi Indicator Cluster Survey
NSP   National Strategic Plans
PLHIV   People Living With HIV
PR/SR   Principal Recipient/ Sub-Recipient
PUDR   Progress Update Disbursement Report
PWID   People Who Inject Drugs
RBM   Roll Back Malaria
RHIS   Routine Health Information System
RR-TB   Rifampicin-resistant Tuberculosis
TB   Tuberculosis
TG   Transgender
UNAIDS   Joint United Nations Programme on HIV/AIDS
VACS   Violence Against Children Survey
VP   Vulnerable Population
WHO   World Health Organization
WPTM   Work Plan Tracking Measures

1.   Background and Purpose

In its mission of ending HIV, TB, and malaria as epidemics and strengthening systems for health, the Global Fund Strategy (2023-2028) underscores three pivotal contributory objectives. These objectives are designed to magnify the ideals of "health equity, gender equality, and human rights (EGHR)," promote "integrated health systems including community systems," and foster "the active engagement and leadership of the most affected communities to ensure no one is left behind."

Addressing these objectives requires purposefully designed monitoring and evaluation systems to promote generation and availability of quality, people-centered and disaggregated data. This involves collection, analysis, and use of both quantitative and qualitative disaggregated data to identify drivers of inequity and implement equitable responses thereby reinforcing monitoring of health inequalities.

A critical enabler in this process is robust community and health facility monitoring and evaluation (M&E) systems that generate granular data, and facilitate reporting, analysis, and use of data for program improvement. The Global Fund encourages and supports countries to invest in these systems and use data for decision making. In grant cycle 6 (GC6, 2020-2022), the total signed budget for health management information system (HMIS)/M&E module was US$554 million stressing the Global Fund's commitment to strengthen data systems and capacity for impact.

The purpose of the Global Fund's measurement framework for advancing **Equity, Gender Equality and Human Rights (EGHR)** is to outline measurement and M&E system strengthening efforts to support achievement of the above-mentioned strategic objectives, including Global Fund requirements on collecting, reporting, analyzing, and using disaggregated data. Main audiences for this document are Global Fund Secretariat teams, country applicants and implementers, including Principal Recipients and sub-recipients.

Specifically, this measurement framework aims to illustrate the following aspects:

a.   Identifying populations left behind barriers to HIV, TB, and malaria services and gaps in the programmatic response to said barriers, to inform investments during funding request development.

b.   Defining and using EGHR related indicators to track service delivery and other programmatic results at coverage, outcome, and impact levels.

c.   Establishing clear reporting channel from implementers at country level to the Global Fund Secretariat.

d.   Strengthening robust system for data collection, reporting and use for program improvement.

2.   The Global Fund's Strategy Objectives and Measurement

To achieve the 2023-2028 Global Fund strategy objective of "Maximizing Health Equity, Gender Equality and Human Rights", the HIV, TB, and malaria teams at the Global Fund secretariat have collaborated with technical partners to identify interventions targeting key and vulnerable populations. This includes at risk and underserved populations as detailed in the GC7 (2023-2025) modular framework. Similarly, a strong measurement framework comprising indicators has been developed in collaboration with Global Fund teams and technical partners to track the coverage, outcome, and impact of these interventions.

The figure below is a visualization of HIV, TB, and malaria strategy objectives, modules/interventions, target populations and measurement aimed at maximizing health equity, gender equality and human rights.

Figure 1: GF Strategy for Maximizing Heath Equity, Gender Equality & Human Rights-Objectives and Measurement Component

HIV, TB, Malaria: Strategy Objectives (2023-2028)	Modules in Modular Framework (Allocation 2023-2025)	Focus Populations	Measurement Component (Indicators/WPTMs)
HIV: 1. Accelerate access to and effective use of precision combination prevention, tailored to the needs of populations at high risk of HIV infection, especially KVP. 2. Provide quality, people-centered diagnosis, treatment, and care. 3. Advocate for and promote legislative, practice, program, and policy changes to reduce HIV-related stigma, discrimination, criminalization, other barriers, and inequities and uphold the rights of PLHIV and KVP.	⇨ Prevention Package for KPs, AGYW & other vulnerable populations (OVP). ⇨ HIV Testing. ⇨ Treatment, care & Support. ⇨ Elimination of vertical transmission of HIV, syphilis & Hep B. ⇨ TB/HIV. ⇨ Reducing Human Rights	1. KPs - MSM, SW, TG, PUD, People in prisons & other closed settings. 2. AGYW & their sexual partners. 3. Pregnant women. 4. PLHIV. 5. HIV exposed infants. 6. Other vulnerable	**Details of relevant impact, outcome, coverage indicators/WPTMs and required disaggregated data available in, HIV, TB, and Malaria indicator reference guides.** **Link to each indicator reference guide provided in section 5 "Guidance Materials for applicants and implementers".** **List of indicators in Annex 1**
TB: 1. Focus on finding and treating all people with DS-TB and DR-TB through equitable, people-centred approaches. 2. Scale up TB prevention with emphasis on TPT and airborne infection prevention and Control. 3. Improve the quality of TB services across the TB care cascade. 4. Adapt TB programming to respond to the evolving situation. 5. Promote enabling environments, in collaboration with partners and affected communities, to reduce TB-related stigma, discrimination, human rights and gender related barriers to care.	⇨ Removing Human Rights and Gender-related Barriers to TB Services. ⇨ TB Diagnosis, Treatment & Care. ⇨ TB/DR-TB Prevention. ⇨ TB/HIV. ⇨ DR-TB Diagnosis Treatment & Care. ⇨ Key & vulnerable Population TB/DR-TB.	- TB patients. - PLHIV. - Key & Vulnerable Pops; Children, adolescents, people in Prison & closed settings, mobile population (refugees, migrants, IDPs), miners & mining communities, urban poor/slam dwellers.	
Malaria: 1. Ensure optimal vector control coverage. 2. Expand equitable access to quality, early diagnosis & treatment of malaria. 3. Implement malaria interventions, tailored to sub-national level, using granular data. 4. Drive toward elimination and facilitate prevention of reestablishment. 5. Accelerate reduction in malaria in high burden areas & achieve sub-regional elimination.	1. Vector control. 2. Case management. 3. Specific prevention interventions (SPI). a. Removing human rights and gender related barriers to Malaria services is	• Children under 5 years old. • Pregnant women. • Risk groups: Migrant and mobile pops, hard to reach and underserved populations.	

Enablers for effective EGHR programs

1. Country programs conduct and use equity, gender, and human rights assessments to identify existing gender, health inequity and human rights barriers to HIV, TB & malaria services, and gaps in the programmatic response through in depth quantitative & qualitative data analysis.
2. Understanding how identified factors above contribute to risk, vulnerability, outcomes even after health services are accessed etc.
3. Country programs funded to address existing gender/equity /human rights gaps.
4. Guidance on EGHR available to inform FR/Grants, program implementation & M&E.

Enablers for effective measurement

1. Strengthened M&E capacity to inform program design, monitor implementation and demonstrate if programs are narrowing existing gaps.
2. Strengthened data systems to increase availability of quality disaggregated data.

3. The Global Fund's EGHR Measurement Framework

The objective of this framework is to ensure that HIV, TB, and malaria programs incorporate and address the principles of "Health Equity, Gender Equality and Human Rights" throughout the grant life cycle as illustrated below:

Figure 2: Integrating Equity, Gender Equality and Human Rights in the Grant Cycle
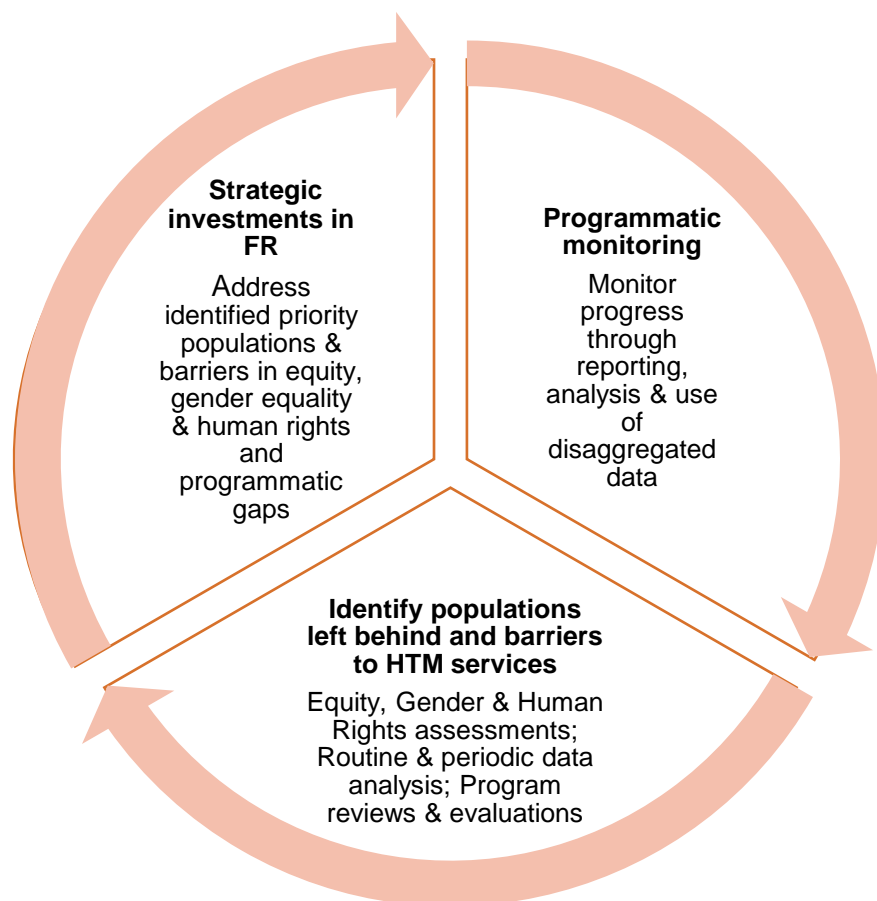
- Identification and prioritization of populations left behind, barriers to HIV, TB and malaria services and programmatic gaps to inform strategic investments.
  - i) Participatory equity, gender and human rights assessments that analyze qualitative and quantitative disaggregated data.
- Monitoring program implementation.
  - i) Data availability using core set of indicators and work plan tracking measures (WPTM) and disaggregation categories to track progress towards addressing HIV, TB, and malaria equity gaps among priority populations.
  - ii) Monitoring EGHR strategy objective using relevant key performance indicators.

- Data analysis and use to address HIV, TB and malaria equity gaps among priority populations.
  i) Routine data analysis, especially those disaggregated, triangulation and use for program management.
  ii) Periodic program and thematic reviews and evaluations.
- Continuous strengthening of M&E systems to enhance quality data collection and reporting.

3.1 Identification and prioritization of populations left behind

The first and critical step in addressing existing inequalities in HIV, TB and malaria services is identification of populations left behind, specific gender and human rights related barriers to specific HIV, TB and malaria services and programmatic gaps. The Global Fund Technical Brief on Gender underscores the need for Global Fund-supported programs to conduct a comprehensive gender assessment to understand gender inequalities, discrimination, and differentiated behaviors, needs and barriers in relation to the three diseases.[1]

> ### Box 1: Identification of populations left behind, barriers to HTM services and programmatic gaps.
>
> ✓ As part of funding request development, Global Fund applicants are required to conduct a comprehensive analysis of quantitative and qualitative disaggregated data to identify populations left behind in HTM, barriers to HTM services and programmatic gaps. The key sources of disaggregated data for undertaking such analysis include the following:
> > – routine, surveillance, and survey data systems. Example of surveys include Demographic Health Survey (DHS), Integrated Biological and Behavioral Surveillance (IBBS), Violence against children (VAC), KP and AGYW outcome surveys, Multiple Indicator Cluster Surveys (MICs).
> > – gender/equity assessments, human rights assessments, special studies providing situational and contextual information on populations left behind and barriers to HIV, TB, and malaria services.
> ✓ Information gathered from equity, gender, and human rights assessments and analysis inform programmatic strategies and interventions aimed at reaching marginalized populations and addressing existing barriers and programmatic gaps hence maximizing health equity, gender equality and human rights with HTM programs.

Specific technical partners guidance and tools available for Global Fund-supported programs to conduct required gender and human rights assessments are listed below:

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[1] Technical Brief Gender Equality Allocation Period 2023-2025 Date published: 25 January 2023

1. [UNAIDS Gender Assessment Tool](#)
2. [Stop TB CRG Assessment Tool](#)
3. [TB Stigma Assessment Tool](#)
4. [Malaria equity assessment tool (Malaria Matchbox tool)](#)
5. [Global Fund Human Rights Rapid Assessment Tool](#)
6. [WHO Innov8 approach for reviewing national health programmes to leave no one behind](#)

3.2 Monitoring program implementation

An effective response to HIV, TB and malaria, addresses equity gaps in priority populations. Global Fund-supported programs including such interventions are required to monitor progress towards reducing HIV, TB, and malaria equity gaps to reduce barriers in accessing services. These portfolios are also required to report on them against set targets.

Additionally, the Global Fund Secretariat monitors and reports on the performance of strategic objectives through key performance indicators (KPIs). These KPIs are crucial for assessing progress towards the overarching goal of ending the HIV, TB, and malaria epidemics. By tracking these indicators, the Global Fund ensures that its strategies are effectively advancing its mission and making measurable impacts on global health.

(i) Data availability through core set of indicators, WPTM and disaggregation categories

In preparation for every new grant cycle, Global Fund teams in collaboration with technical partners update or develop the modular framework handbook that outlines standard modules, interventions, and core list of indicators that support implementation and monitoring of Global Fund grants.

Concurrently, a detailed indicator reference sheet is updated or developed for HIV, TB, and malaria programs that outline indicator definitions, required disaggregation categories, data

> ### *Box 2: Selection of equity, gender equality and human rights indicators*
>
> ✓ *As part of funding request development, Global Fund applicants are required to select and include relevant impact, outcome, and coverage EGHR related indicators in the performance framework for monitoring investments in equity, gender equality, and human rights within HTM programs.*
> ✓ *PRs in high impact and core portfolios are required to report disaggregated service delivery results as outlined in indicator reference sheets as part of progress updates and disbursement request (PU/PUDR) annual reports.*
> ✓ *PRs and Global Fund teams are required to include disaggregated data in the analysis and interpretation of results to inform progress made in reaching priority populations in HTM programs.*

source, frequency and any other essential information needed for reporting and interpretation of results. These indicators and their measurement methodologies are aligned with global, national indicators and technical partners guidance - WHO, UNAIDS, STOP TB, RBM.

Beyond the indicators reported to the Global Fund Secretariat, country programs can collect additional data and information based on country needs, strategic plan, and related M&E plans. Country programs/PRs are encouraged to analyze and use these additional data to further inform planning and progress towards reducing existing health inequalities.

The core set of indicators recommended for use in Global Fund grants to monitor investments in equity, gender and human rights are listed in Annex 1.

(ii) Monitoring EGHR strategy objective using key performance indicators

Key performance indicators (KPI) monitor achievement of Global Fund strategic objectives at the secretariat. These are a higher-level measure of how well Global Fund efforts are contributing towards the strategy objective of "Maximizing equity, gender equality and human rights". Results are reported to the board of the Global Fund on an annual basis.

Related programmatic and data systems KPIs listed in table 1 below, have been developed in collaboration with technical partners to monitor progress towards maximizing health equity, gender equality and human rights and maximizing people-centered integrated systems for health.

Table 1: Equity and Gender Equality related KPIs

Name of KPI	What it measures
KPI S7: use of disaggregated data for planning or decision making	Measures if countries have required disaggregated data that facilitate identification of priority populations, whether disaggregated data is analyzed & used to inform planning and ongoing implementation. In addition, identifies opportunities for strengthening availability, analysis, and use of disaggregated data at country level further informing M&E investments within ongoing and new grants.
KPI E1: Scale of programs to address Human Rights-related barriers.	Tracks progress on scale up of comprehensive programs to remove Human Rights and gender-related barriers across the portfolio.
KPI E2a: Reaching marginalized sub-populations.	Tracks performance in specific areas of inequity for specific sub-populations over time. Delivering for marginalized sub-populations is an essential component in addressing health inequities -a key element of the next Global Fund Strategy.

KPI E2b: Reducing inequities in HTM.	Tracks faster progression in specific sub-populations compared to general population in specific inequity areas over time. This demonstrates a reduction in the gap between marginalized sub-populations and the general population –i.e., whether inequities are reduced on the ground.
KPI 3a: Advancing gender equality – engagement in grant cycle.	Measures the meaningful engagement of women and gender-diverse communities across the grant cycle.
KPI E3b: Performance of gender-specific indicators	Measures grant performance related to gender equality.
KPI indicator handbook	

3.3 Data analysis and use to address equity gaps

Data analysis is the process of systematically examining, interpreting, and transforming data into meaningful information that can be used for decision-making purposes.[2] The Global Fund not only advocates for the allocation of resources by countries into M&E systems but also actively fortifies and leverages these systems for comprehensive reporting via its grants. Moreover, it cultivates a culture of data-driven decision-making to enhance program management and facilitate continual improvement.

Timely analysis of disaggregated data, interpretation, and translation into action (use) is required to track progress made towards reducing existing disparities in HIV, TB and malaria services and identify programmatic gaps. Trend analysis and comparison of results with set targets provide useful programmatic insights informing decision making around available resources and targeting. Regular data analysis and use also serve as an important intervention for improving data quality, it helps to identify inconsistencies and outliers resulting from poor quality of data. There are two levels analysis and use: routine data analysis and use occurring on a more frequent (monthly, quarterly) and periodic analysis and use occurring on a less frequent basis (annual, biannual, 3-5 years).

(i) Routine data analysis, triangulation and use for program management

Routine health information systems (RHIS) from health facilities and community-based programs collects and provides data at regular intervals to support decision making at every level of the health system.[3] Implementers (PRs/SRs) should undertake regular data analysis by different disaggregation or population groups to monitor progress towards reducing disparities in HIV, TB and malaria. Where information is available, qualitative information on equity, gender, and human rights related barriers to HIV, TB and malaria services should be

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[2] The importance of Data Analysis in Your Project Report.
[3] Measure Evaluation: Considerations for use of routine data for evaluation of public health programs, 2020

included in the analysis to provide additional contextual insights and understanding to observed results and trends.

In addition, triangulating data from different sources e.g., finance, specifically Global Fund and other partners investments in addressing equity, gender inequality and human rights, existing partner data (e.g., WHO inequality analysis) will provide a more comprehensive status of inequalities in HIV, TB and malaria programs.

PRs and Global Fund teams should purposely plan and budget capacity building for implementers to be able to conduct data analysis, interpret and translate findings into impactful action plan.

(ii) Periodic evaluations, assessments, program, and thematic reviews

Evaluations, assessments, and thematic reviews offer periodic qualitative insights not captured by routine reporting. Program evaluations specifically aim to assess the effectiveness of interventions targeting disparities in HIV, TB, and malaria. They seek to understand why certain strategies succeed or fail, and determine which interventions should be scaled up, revised, or discontinued. These evaluations focus on addressing disparities and overcoming gender and human rights barriers in HIV, TB and malaria programs, guiding decisions to enhance program effectiveness and equity.

Thematic reviews focus on specific implementation and operational challenges, aiming to identify best practices and solutions for program improvement. Gender and human rights assessments uncover barriers related to these issues in HIV, TB, and malaria services, informing the development of strategies to reduce disparities. By addressing these barriers, programs can implement more effective and equitable interventions.

Generated information and recommendations inform necessary course correction on existing strategies and interventions thereby redirecting existing and new programs to be more impactful in maximizing equity, gender equality and human rights.

> *Box 3: Strengthening availability, analysis, and use of disaggregated data for equitable response.*
>
> *GF supported programs are required to do the following:*
>
> ✓ *Ensure availability, analysis, and use of qualitative and quantitative disaggregated data to monitor progress made towards reducing existing disparities in HTM programs.*
> ✓ *Budget, plan, and implement equity, gender, and human rights assessments in timely ways to inform funding request development and other key decision-making processes. Program evaluations and reviews should be planned and implemented in collaboration with other partners.*
> ✓ *Data from assessments, evaluations and reviews should be used to inform and course correct program scale and quality.*
> ✓ *Support capacity building of PR and SR staff to enhance skills to manage, analyze and use data for program improvement, in collaboration with other partners and through grants where feasible.*

The table below outlines the types of analysis and use cases for HIV, TB and malaria programs at different stages of the grant cycle.

Table 2: Types of analysis, key questions, approach and use cases

Type of Analysis and key questions	Approach	Use of analysis
1. Situational analysis ***Key questions:*** a. Which populations are left behind in HIV, TB, & malaria services? b. What are the barriers to HIV, TB, and malaria services? c. What interventions are required to effectively address existing barriers affecting vulnerable populations? d. What are the gaps in the current programmatic response to barriers?	Quantitative and qualitative analysis using available technical partner tools e.g., UNAIDS gender assessment tool, Stop TB gender assessment tools, Malaria match box. Analysis of routine and survey disaggregated data to identify programmatic gaps including sub-populations left behind in HIV, TB and malaria services.	✓ Inform planning, national strategic plans (NSP) including non-health sector plans, and ongoing programmatic decisions. ✓ Information is critical to inform country dialogue, funding request and grant making. ***Situational analysis is a requirement at Funding Request and Grant-making stage.***

2. Monitor program progress and grant performance. ***Key questions:*** a. Are programs reaching underserved, key and vulnerable populations with required interventions? b. Are programs achieving set targets? c. What is the trend in performance and reasons for good and under performance?	In country analysis of disaggregated data informing quarterly, semi-annually, and annual data review meetings. Results reported to the Global Fund through PU and PUDR submission.	✓ Assess progress in coverage of priority populations with required interventions. ✓ Assess performance towards set targets. ✓ Identify gaps in coverage and barriers to service delivery. ✓ Make course corrections and address bottlenecks. ✓ Inform NSP development. ✓ Grant revision ✓ Informing future FR. ****Grant progress and performance monitoring is a requirement during Grant Implementation informing PR reporting to the Global Fund.***
3. Outcome and Impact analysis ***Key questions:*** a. Are HIV, TB and malaria inequalities being reduced? b. Are human rights related barriers to access and use of **HIV, TB and malaria** interventions being reduced? c. Is gender equality in **HIV, TB and malaria** being advanced?	Annual impact modelling or surveys by technical partners e.g., HIV estimates by UNAIDS, TB prevalence surveys, malaria indicator surveys. Special impact studies or data analysis/modelling on impact of the program. Outcome studies/survey to determine if program is on track towards desired changes at individual and population level. Special studies/surveys, or national surveys such as MICs, MIS, DHS, TB Survey, and program level Polling Booth Surveys (PBS).	✓ Inform ongoing program implementation, required course correction. ✓ NSP development. ✓ FR development ✓ Mid or end year program reviews and evaluations. ✓ Identify what is working and what is not working in the program.
4. Value for Money analysis (Equity dimension)		

Key questions: a. Does the funding request allocate a fair share of resources to KVP programs? b. Is the funding request based on a sound analysis of inequities in risk and vulnerability, service access, uptake and retention and health outcomes? c. Are the most marginalized populations reached through high coverage of tailored quality services? d. Are investments targeting marginalized populations translated into equitable health outcomes?	Periodic value for money studies based on existing technical guidance.	
5. Program evaluations and thematic reviews *Key questions:* a. Are gender and human rights programs implemented in effective ways? b. What is working well and what is not working well in the implementation of programs aimed at reducing inequalities in **HIV, TB and malaria** services? c. What are the best practices and lessons learnt during implementation?	Conduct program evaluation/ reviews/ assessment addressing key evaluation questions.	

3.4 Strengthening M&E systems to enhance quality data collection and reporting

Continuous strengthening of monitoring and evaluation (M&E) systems is crucial for enhancing the quality of data collection and reporting. Many programs addressing inequalities, gender disparities, and human rights operate at the community level, where weak M&E and routine data systems are common due to limited technical capacity in data management and analysis, as well as insufficient infrastructure and tools. These weaknesses increase the risk of poor data quality and complicate the integration of community-level data into national health information systems.

Global Fund-supported programs, in collaboration with other partners and stakeholders, must ensure the establishment of robust M&E systems. This involves allocating adequate resources and building capacity for data collection and reporting to ensure the availability of high-quality, disaggregated data. By addressing these challenges, programs can better monitor and evaluate their impact, ultimately leading to more effective and equitable health interventions.

When selecting indicators for grant monitoring, PRs and SRs should undertake an assessment of existing data system to ascertain readiness to collect and report required data and related disaggregation as well as the broader M&E systems and identify gaps that may affect timely reporting of quality disaggregated data and reports. This assessment could be part of the overall situation analysis at the beginning of the grant or part of periodic program reviews. The gaps identified can be funded through domestic or other resources including Global Fund grants. If there are no data collection and reporting systems in place, PRs should develop a plan of ensuring these systems are set up during grant implementation.

Studies of public health information systems in resource poor countries frequently document problems with data quality, such as incomplete records and untimely reporting resulting from weak public health information system[4]. Global Fund implementers are required to plan and conduct regular data quality audits and follow up on resulting data quality improvement plans. This will ensure timely identification, address and improvements in data quality issues that affect reliability of reported results. In addition, regular analysis and use of data should serve as an important intervention to improve data quality issues.

Strengthening routine health information system (RHIS) is not a one-off exercise but requires continuous efforts, looping through data collection, data management, quality assessment, analysis, and use. It requires building, strengthening, and renewing the capacity in countries at all levels.[5]

Apart from routine data systems, surveys, special studies, and assessments are important sources of qualitative information needed to monitor how well countries are addressing and reducing existing disparities in HIV, TB and malaria programs. They should be adequately funded in collaboration with other partners.

Examples of Global Fund- supported gender and human rights assessments that supported GC7 funding requests by providing contextual gender and human rights barriers to HIV, TB and malaria services are listed in Annex 2.

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[4] W Mphatswe et al; Improving public health information: a data quality intervention in KwaZulu-Natal, South Africa
[5] Amouzou A, Strengthening routine health information systems for analysis and data use: a tipping point, 2021.

> ***Box 4: Strengthening M&E systems for equitable response.***
>
> ✓ *Global Fund supported programs are required to ensure that a robust M&E system is in place to support implementation of programs aimed at addressing existing inequities, gender inequality and human rights related barriers to HTM services. This involves the following.*
>
> ✓ *Assess existing data and M&E systems to ascertain readiness to report indicators required in the GF grant and identify existing gaps and strengths.*
>
> ✓ *Ensure allocation of adequate resources. Work in collaboration with country partners and stakeholders to address identified gaps and sustain strengths for effective data collection and reporting.*
>
> ✓ *Implement and follow up system strengthening activities for continuous improvement of data and M&E systems.*

4. Enhancing Learning for Equitable Response

Continuous actionable learning and adaptation using data and information from analyses listed above is important for evidence-based response and program improvement.

The Global Fund uses several approaches to enhance learning across countries and regions by engaging with in-country implementers and technical partners. These include, facilitating and strengthening activities and platforms for sharing data/information, best practices, challenges, and innovative approaches for solving emerging programmatic, implementation and operational challenges.

The table below outlines opportunities and activities that Global Fund teams at the secretariat and country level can explore and apply to enhance data use and learning.

Table 3: Opportunities and activities to enhance data use and learning.

Activity	What, when and how
A. Opportunities to promote inter country sharing and dialogue	

• Cross country visits facilitated by Global Fund country teams and technical partners as needed.	When Global Fund country team identifies the need for a portfolio to learn and address a challenging area from a country that is doing well in that area. Global Fund country teams can collaborate to facilitate sharing and learning session between the two or more country programs.
• Country programs visits to Geneva	When different country programs converge in Geneva for FR/GM or other activities. Country teams jointly with other Global Fund teams plan sessions where country programs present on special or unique initiatives, challenging areas with the aim of learning from each other. These should be framed as peer-to-peer learning moments not aimed at comparing or judging a country program against another country program.
• In-country implementing partners forums	Encouraging and budgeting for country programs staff to participate in implementing partners forums at country level. Ideally these should be led by host governments bringing together all implementing partners at country level to share and discuss progress in programs, challenges, lessons learnt, innovative and unique initiatives. Where such platforms exist, these should be supported and encouraged. Where this does not exist, there should be deliberate effort by Global Fund country programs, country team in collaboration with other implementing partners such as PEPFAR, UNICEF, UNFPA to advocate for the establishment of such forums by host government HIV, TB, and Malaria programs. Some examples include community of practice platform established through the "Human Rights Strategic Initiative" facilitating exchange of knowledge and mentorship, community led monitoring platforms that facilitate learning for program improvement among many other aspects.
• Inter-country programs monthly, quarterly, or annual data/program reviews	Participation in programmatic data reviews and discussions by programs at sub-national and national levels at agreed time intervals (monthly, quarterly, annual). Discuss ways of addressing common programmatic, operational and implementation challenges.
B. Opportunities to promote learning for the secretariat and with other technical partners	
• Brown bag sessions • PHME sessions • "Pause and reflect" sessions for deeper questions about the program. • Technical partner led collaborative initiatives. • Global Fund Website.	Coordinated by different Global Fund teams with the aim of sharing information that trigger discussions and inform future direction of Global Fund support to country programs.

5. Global Fund Materials on EGHR

The following materials have been developed in collaboration with technical partners to support applicants with guidelines in equity, gender equality and human rights in Grant Cycle 7 as well as implementers in Grant Cycle 6.

Table 3: List of materials available for applicants and implementers

Name of guidance material	Brief description
Gender Equality Technical Brief	The brief sets out key concepts, resources, and opportunities within the Global Fund grant cycle to integrate approaches that respond to gender differences and seek to transform the underlying gender inequalities that worsen health outcomes. It outlines expectations of GF supported programs, key one being the need to be informed by a comprehensive gender assessment which seeks to understand gender inequalities and barriers in relation to the three diseases. **Link**
Technical brief "Removing Human Rights-related Barriers to HIV Services"	Outlines program essential for removing human rights related barriers to HIV. The document outlines the need to assess and understand what the main human rights-related barriers to HIV services are and who is affected by them; design an evidence-based, comprehensive response to remove the existing barriers; deliver human rights programs at sufficient scale to make a difference; and sustain the programs for the longer-term. **Link**
Technical Brief Tuberculosis, Gender, and Human Rights	This brief aims to assist Global Fund applicants to consider how to include programs to remove human rights and gender-related barriers to tuberculosis (TB) prevention, diagnosis, and treatment services within funding requests, and to help all stakeholders ensure that TB programs promote and protect human rights and gender equality. **Link**
Technical Brief Equity, Human Rights, Gender Equality and Malaria	The purpose of this technical brief is to provide guidance to Global Fund applicants in their efforts to ensure that malaria programs, interventions and activities include measures to remove equity-, human rights- and gender-related barriers to services. **Link**
Technical Brief HIV Programming for Adolescent Girls and Young Women	This technical brief provides guidance to countries on how they can strategically invest the Global Fund resources in HIV prevention programming for adolescent girls and young women (AGYW) in the 2023-2025 allocation cycle as part of their national response to HIV. **Link**

Technical Brief HIV Programming at Scale for and with Key Populations	This technical brief provides information for countries preparing funding requests for comprehensive programs that address the continuum of HIV prevention, diagnosis, treatment, and care for the following key populations. **Link**
Measurement Guidance for Global Fund Supported HIV Prevention Programs	The measurement guidance identifies critical M&E system strengthening components, analytics, data use cases and indicators for consideration during planning and resource allocation while aiming to provide guidance to Global Fund supported HIV prevention programs. **Link**
Modular framework Handbook	This is a guidance document that provides standard modules, interventions and performance indicators in HIV, TB and Malaria to support applicants in the development of funding request to the Global Fund. **Link**
Indicator reference sheets	This document that provides detailed indicator definition for all impact, outcome and coverage indicators that support tracking progress in addressing equity, gender equality and human rights in HIV, TB, and Malaria. In addition, it provides required frequency of reporting, disaggregation of results, information to guide analysis, interpretation, and use of results. Guidance on selecting equity and gender related indicators for equity and gender KPIs has been included as part of the guidance. **Link HIV, TB, Malaria.**

Annex 1: Key interventions and indicators to monitor HIV, TB and malaria inequalities

The table below shows equity, gender and human rights related indicators linked to specific interventions under each disease objectives.

Disease objectives linked to maximizing health equity, gender equality and human rights	Interventions outlined in modular framework	Indicators and levels of disaggregation for grant monitoring
HIV program		
1. Close HIV service coverage gap for most affected populations in diagnosis (testing), treatment, and care. 2. Accelerate access to HIV combination prevention.	HIV testing (facility & community based) HIV treatment Testing pregnant women for HIV, syphilis, and hepatitis Early infant diagnosis (HIV testing) HIV Prevention package: -condom, PreP, SRH/STI/Hepatitis, post violence care, HIV prevention communication & demand creation, CSE,	**Coverage indicators:** • AGYW & male sexual partners tested for HIV by age 15-19, 20-24. • KP (MSM, SW, TG, PWID, Prisoners, OVP) tested for HIV by age 15-19, 20-24, 25+ • Adults and children on ART by females and males • Pregnant women LWH receiving ART to PMTCT • Pregnant women knowing HIV status • Women accessing ANC, receiving syphilis test • Infants receiving virological test for HIV • KP (SW, TG, MSM, PWID, Prisoners & other VP) reached with HIV prevention package by age 15-19, 20-24, 25+. • AGYW reached with HIV prevention package by age 15-19,20-24. • AGYW tested for STI by age 15-19, 20-24. • KP using condom (MSM, TG, SW, PWID, Other VP) • KP and AGYW receiving PreP (15-19,20-24, 25+) • AGYW using HIV prevention options - condoms, PreP **Outcome/impact:** • PLHIV having viral suppression by Gender, <15,15+ • PLHIV with known HIV status by Gender <15,15+

Disease objectives linked to maximizing health equity, gender equality and human rights	Interventions outlined in modular framework	Indicators and levels of disaggregation for grant monitoring
	needle & syringe, OST, VMMC, social protection.	• Estimated new HIV infections by Gender <15,15+ • KP (SW, TG, MSM, PWID, Prisoners, VP) living with HIV by Gender<25,25+
TB program		
1. Scale up efforts to find and treat missing people with DS-TB & DR-TB to ensure no one is left behind. 2.TB prevention, treatment & care to populations at risk.	TB diagnosis, treatment, and care TB/HIV	• TB patients notified by gender & age <15,15+ • TB patients notified among prisoners • TB patients notified among key populations/high risk groups • Treatment success rate by gender, by age <15, 15+ • People in contact with TB patients who received preventive therapy by age <5, 5-14, 15+ • People with RR-TB and/or MDR-TB notified by gender, by age <15, 15+ • People with RR-TB and/or MDR-TB that began second-line treatment by gender, by age <15, 15+ • Treatment success rate of RR-TB and/or MDR-TB by gender, by age <15, 15+ • PLHIV screened for TB by age<5, 5-14, 15+ • TB patients with documented HIV status by gender, b age <5, 5-14, 15+ • HIV positive TB patients on ART by gender, by age <5, 5-14, 15+ • PLHIV on ART started on TB preventive therapy by gender, by age <5, 5-14, 15+ **Outcome/Impact:** • Treatment outcome for TB patients by gender and age <15, 15+
Malaria program		
1.Expand equitable access to early diagnosis & treatment of malaria.	Case Management: Facility based treatment. iCCM	• Suspected malaria cases that receive parasitological test (public, private sector, community) by age <5, 5+ • Confirmed malaria cases that receive first-line antimalarial treatment (community, public sector, private sector) by age <5, 5+

Disease objectives linked to maximizing health equity, gender equality and human rights	Interventions outlined in modular framework	Indicators and levels of disaggregation for grant monitoring
2. Accelerate reduction in malaria in high burden areas & achieve sub-regional elimination.	Private sector Intermittent preventive treatment (IPT) - In pregnancy Vector control/ITN mass campaign through various outlets – Universal, ANC, EPI, school based, community.	• Pregnant women attending ANC who received 3 or more doses of IPT for malaria. • Population sleeping under ITN by gender (M, F), children, pregnant women **Outcome/Impact:** • Reported malaria cases by age <5, 5-14, 15+ • In-patient malaria deaths by age <5, 5-14, 15+ • Malaria parasite prevalence by age <5, 5-14, 15+
Reduce stigma, discrimination & human rights violations towards key and vulnerable populations in HIV, TB and malaria.	Population of KVP experiencing stigma and discrimination in health care settings.	• Target KP (SW, MSM, TG, PUD, Prisoners, OVP), AGYW. • WPTM developed based on activities. **Outcome/Impact** • PLHIV experiencing rights abuses and sought redress (by KP groups and gender) • PLHIV experiencing HIV related discrimination in HCS. • PLHIV experiencing stigma and discrimination in general community • KP (MSM, SW, TG, PWID) experiencing stigma & discrimination • KP (MSM, SW, TG, PWID) avoiding HC due to stigma & discrimination (Age <25, 25+) • Adolescents avoiding HIV & SRH due to stigma & discrimination(gender)
Reducing gender related barrier	Exiting gender related barriers to HIV, TB, and Malaria services	• Women experiencing physical or sexual violence (15-19,20-24,25-49) • Quantitative and Qualitative gender analysis and identification of existing gender related barriers to HIV, TB, Malaria.

Annex 2: Examples of Global Fund supported evaluations, reviews, and assessments

The table below is a list of Global Fund supported evaluations, reviews and assessments related to strengthening equity, gender equality and human rights.

Name of evaluation and review	Objectives	Key recommendations and use
1. Mid-term Assessment Summary Report; Global Fund Breaking Down Barriers Initiative	To document progress made in addressing human rights related barriers through Breaking Down Barriers initiative from baseline data established at the beginning of the initiative.	Assessment highlighted examples of interventions in all program areas that have been successful or have exemplified programmatic lessons. The examples and lessons have informed ongoing progress toward continued scale up of toward comprehensive responses to human rights- and gender-related barriers to services.
2. Operational review of Global Fund supported HIV prevention programs for AGYW: lessons learnt and opportunities for strengthening in the next cycle	To assess the extent to which the design, implementation, and results of Global Fund AGYW HIV prevention investments for the 2020-2022 cycle are positioned to maximize impact as well as cost-effectiveness and Sustainability.	Support countries to refine the AGYW service package for optimal HIV prevention outcomes, in coordination with partner tools and resources. Strengthen program capacities to undertake more routine AGYW vulnerability assessments, alongside program agility to ensure optimal layering of interventions overtime. Recommendations informed AGYW strategies in GC7 grant cycle.
3. Assessment of intervention packages for key populations in 6 regions	To review the design, implementation, and monitoring of the delivery of intervention service packages for key populations in the continuum of prevention, testing, care and treatment since 2013 in 6 regions.	Work done to date in Differentiated Service Delivery (DSD) for KPs needs to be strengthened and scaled up to assist countries (and stakeholders within countries) to turn the considerable guidance in this area into sustained good practice. Information has informed discussion on KP package of service.

Name of evaluation and review	Objectives	Key recommendations and use
4. Thematic review on PMTCT and EID	To understand barriers for scaling up PMTCT and EID services and document enabling environment systems contributing to successes and learn how to overcome challenges in resource constraint settings.	Increase access to EID testing by improving all steps of the cascade and reduce lengthy turnaround time. Improve access to PMTCT services through full integration of PMTCT services in the remaining 13 regions; (i) organize community outreach for HIV testing for pregnant women, (ii) train TBAs to support PMTCT and EID service delivery.
5. Tuberculosis screening costs and cost-effectiveness in high-risk groups: a systematic review	To review aimed to summarize the current economic evidence and understand the costs and cost-effectiveness of systematic screening approaches among high-risk groups and settings.	Studies showed that screening is most likely to be cost-effective in a high TB prevalence population. Our review highlights that to reach the "missing millions" TB programs should focus on simple, cheaper initial screening tools (i.e., symptom screen and CXR) followed by molecular diagnostic tools (i.e., Xpert®) among the highest risk groups in the local setting (i.e., PLHIV, urban slums).
6. Gender assessment in Papua New Guinea	A quantitative and qualitative data analysis to identify gender related gaps in HIV, TB, and malaria programs in PNG, as well as identify key gender related barriers impede progress on programs.	Highlights priority recommendations on how the Global Fund grants for PNG for the 2024-2026 implementation cycle can ensure strategies adequately and appropriately are gender responsive and gender transformative.
7. Gender assessment in Chad	Assessment of data and barriers linked to gender and human rights in access of key and vulnerable populations to tuberculosis services	The results of interviews with decision-makers, CSOs and former TB patients show that many factors linked to gender and human rights compromise the use of TB testing and treatment services in Chad. Specific recommendations informed GC7 FR and grant.
8. Gender assessment in Ghana	Assessment of gender-related issues in HTM programs to inform prioritization of interventions and identification of gaps	Results have informed prioritization of interventions to address gender related gaps in GC7.