

Welcome to the Global Fund e-learning course on achieving inclusiveness in country dialogue.

This e-learning module is particularly relevant for Country Coordinating Mechanisms and technical partners.

Click the "Next" button below to continue.

Lear	rning objectives
By the e	nd of this course, you will:
1.	Understand the key role inclusive country dialogue plays in the Global Fund's new funding model.
2.	Learn who should be included in country dialogue.
3.	Know how country dialogue cascades to the concept note.
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- Understand the key role inclusive country dialogue plays in the Global Fund's new funding model.

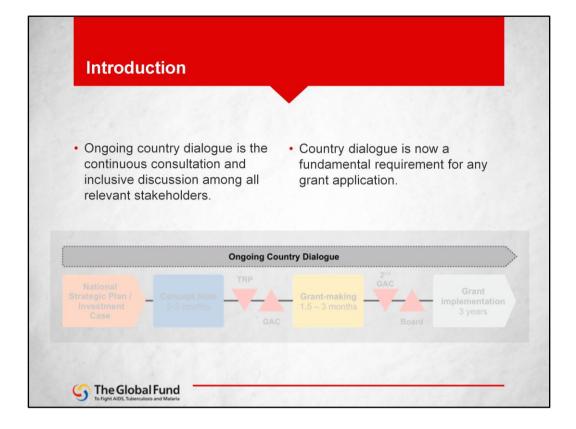
- Learn who should be included in country dialogue.
- Know how country dialogue cascades to the concept note.

To navigate this course, click on the "Next" and "Previous" buttons.

The documents and links mentioned throughout the course, as well as other information, can be found under the "Resources" tab.

You can read along with the narration by clicking on the "Narration" tab.

A glossary is also available for terms that are commonly used within the Global Fund.



In the new funding model, the Global Fund emphasizes the importance of ongoing country dialogue, which is the continuous consultation and inclusive discussion among all relevant stakeholders.

The diagram of the funding model places this feature at the top.

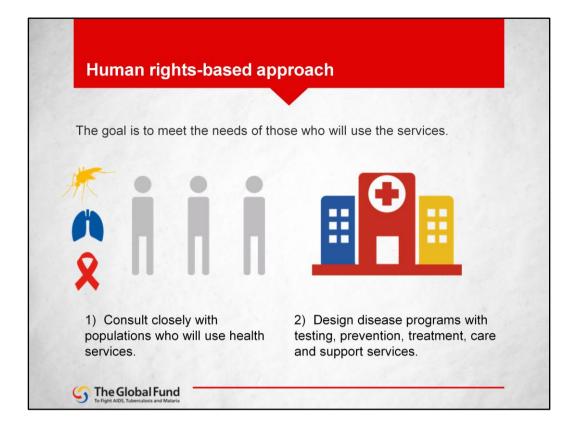
Country dialogue, with a high level of participation, is now a fundamental requirement for any grant application.



Inclusive discussion should determine the direction a country takes in prioritizing interventions in the fight against AIDS, tuberculosis and malaria.

By talking, different constituents can get a full understanding of the country's needs. Together, they can determine the approaches best suited to tackle their challenges by agreeing on a shared vision to overcome each disease.

That vision will guide the design of appropriate interventions and, for Global Fund applicants, serve as the basis for writing a concept note.



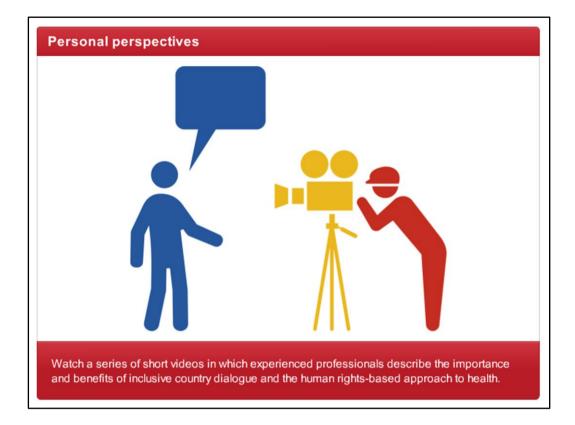
The inclusive approach of country dialogue is based on a desire to identify and remove human rights barriers to accessing health services. The goal is to meet the needs of those who will use the services.

There are two steps in the human rights-based approach:

 Consult closely with populations who will use the health services in program planning processes, implementation, and monitoring and evaluation.
 Based on these consultations, design disease programs with testing, prevention, treatment, care and support services that pay special attention to challenges, barriers and outreach opportunities.

Ultimately, this inclusive approach produces better results. It promotes investment for impact, helping ensure interventions reach those who need them most.

Inclusiveness also helps improve the relevance, design, coordination and effectiveness of the interventions in the fight against the diseases.



Watch a series of short videos in which experienced professionals describe the importance and benefits of inclusive country dialogue and the human rights-based approach to health.

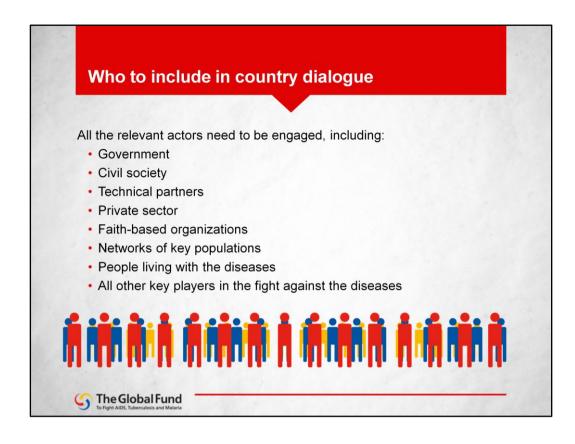
Caty Fall Sow, The Global Fund: "When you build a house, you start with a foundation. If you want your house to be very stable, you start with a foundation. When you build a program, your foundation is the people. Because, at the end of the day, you're trying to serve people. You're trying to make available to them services, whether they are prevention, treatment or care services. If you don't have the people, you don't need the services. I think that's where you need to start. That's where the conversation needs to start."

Susan Timberlake, UNAIDS Secretariat: "The country dialogue is where you actually should achieve country ownership. Now, country ownership is often defined in a very narrow way and it's usually meant to be what the government wants, but country ownership from a rights-based perspective should be equally about what the people want as what the government wants. So, the country dialogue is where people are exercising their right to participate in decisions that affect their lives."

Alberto Colorado, Global Coalition of TB Activists: "For me, it's a very good opportunity to reach out to those communities that have been affected by the

diseases. I'm dealing with tuberculosis all the time and HIV. I see some groups are not being [engaged]. Even in our TB world, we tend to see as just a black mass of people affected. But this is a very good opportunity to go in after. I deal with migrants moving back and forth, sometimes discriminated, sometimes deported. There needs to be a very good sense of who are they and invite them to the table to discuss the issues affecting them and their families."

Ntombekhaya Matsha-Carpentier, Stop TB Partnership: "I think the downside of it, of course, is that while the opportunity to talk together and not divide it disease by disease is there, there lies the possibility that, in that space, it can very difficult for people to see that is this not about my disease. It's not about my organization. It's not about my program. But it's about what's best for the country. This is what we need to empower and enable people to do."



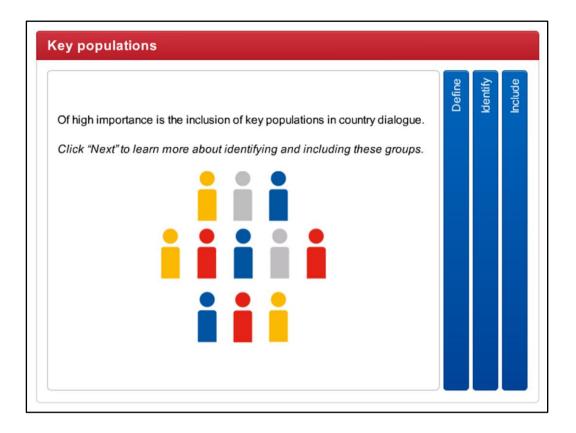
So, inclusive country dialogue is an integral feature of the new funding model. Who, then, should be included?

Here's a broad answer: All the relevant actors need to be engaged, including:

- Government
- Civil society
- Technical partners
- Private sector
- Faith-based organizations
- Networks of key populations
- People living with the diseases
- All other key players in the fight against the diseases

Many of these stakeholders are members of the CCM. But country dialogue should extend beyond those in the CCM, if needed, to truly understand and plan how best to serve those in need.

The Global Fund Secretariat's role is to support, participate and provide guidance where appropriate.



Of high importance is the inclusion of key populations in country dialogue. Click "Next" to learn more about identifying and including these groups.

<u>Define</u>

Key populations are groups that face increased vulnerability and/or burden of at least one of the three diseases due to a combination of biological, socioeconomic and structural factors. That vulnerability and/or burden is combined with lower access to services due to human rights violations, systematic disenfranchisement and criminalization.

They require dedicated efforts and strategic investments to expand coverage, equity and accessibility.

Key populations affected by HIV include:

- Gay, bisexual and other men who have sex with men
- Transgender people: with a special focus on transgender women
- People who inject drugs
- Sex workers

Key populations affected by tuberculosis include:

- Prisoners and incarcerated people
- People living with HIV

- Migrants, refugees and indigenous populations

Key populations affected by malaria include:

- Refugees
- Internally displaced people
- Indigenous populations in malaria endemic areas

Identify

How do you identify key populations in your country?

A primary way is through collecting and analyzing epidemiological data on who is affected by the diseases, where they are, why they are disproportionately affected and other factors. This information may reveal:

- Disease burden: such as specific populations being disproportionally affected

- Incidence data: such as outbreaks among specific populations
- Inequalities in accessing services
- Gender and age imbalances

If adequate epidemiological data is not available:

- Identify key populations through the internet and local community health groups

- Request technical assistance from partners to identify and engage those populations

- Contact domestic and regional human rights experts

Exercise caution when searching for and contacting key populations to ensure they are not put at risk because they are identified.

<u>Include</u>

When you know the key populations in your country, how do you include them? An effective way is for CCMs and others to engage networks of those populations.

At a minimum, CCMs should reach out to and include:

- Networks of key populations and people living with the three diseases
- Networks of women's organizations
- Representatives of communities affected by tuberculosis and malaria
- Domestic or regional human rights organizations

Note that transgender communities may not be adequately represented by groups of men who have sex with men or by all groups of lesbian, gay, bisexual and transgender people.



The disease and country context should influence which other representatives to include. Those entities could be:

- In-country organizations like human rights groups
- Other funders and implementers
- Diverse representatives of the three diseases

Click on the "Resources" tab to download a helpful list for CCMs to consider.



After stakeholders -- including key populations -- are identified, how do you engage them?

Click on each tab to learn about some possible ways.

Caucusing

Encourage meetings of communities before national meetings. Ensure they can raise their concerns on human rights, gender, access and other issues in a safe space without repercussions. Ensure confidentiality for all participants.

Aid their engagement if they are coming from a distance through support for transit, food and lodging.

Convene different groups of women, youth, key populations and others separately and collectively as needed. Collective caucusing can help create shared vision. Separate meetings can help in-depth discussions on specific needs and issues.

Participation

Facilitate meaningful participation. For example, possibly hold meetings outside the capital and in the local language. Ensure communities understand

what support the Global Fund offers to address human rights, community systems strengthening and gender inequalities.

Representation

Ensure concerns expressed by communities are raised through lead representatives and are addressed during country dialogue with the CCM.



In which tasks could the different stakeholders be engaged?

To help answer that question, country dialogue stakeholders should agree on an engagement plan.

The plan can establish upfront in which areas specific groups should be engaged. Those areas could include:

- Epidemiological analysis
- Program review
- National strategic plan development and review
- Concept note development and writing
- Concept note draft review before submission
- Grant-making
- Program monitoring

Special consider	Here are additional practical considerations when engaging communities. Recognize how best to do that may depend on the group, country context and other factors.		
1 Consideratio	ns for everyone		
2 Considerations for key populations			

Here are additional practical considerations when engaging communities. Recognize how best to do that may depend on the group, country context and other factors.

Considerations for everyone

- Hold a series of small meetings or an online meeting instead of a large one to which all groups may not be able to travel.

- Ensure transportation costs are included in a group's budget to ease the burden of travel for members.

- Verify representatives of key populations and of the three diseases are credible within their communities.

- Work to ensure key information -- including epidemiological data and budgets -- is available to everyone all the time.

- Identify interventions that address specific legal and community barriers directly and integrate them in to plans. Those interventions could include law reform, community monitoring, advocacy, legal aid and community systems strengthening.

Considerations for key populations

- Create safe spaces for criminalized and marginalized groups to share their perspectives.

- Ensure that people who inject drugs have access to methadone and that people living with the diseases have access to medicine such as ARVs.

- Invite young people affected by the diseases to participate.

- Draw from youth organizations in different parts of the country. Young people from key populations in rural areas may have significantly different perspectives and experiences than those in urban areas.

- Ensure all services are gender-sensitive.



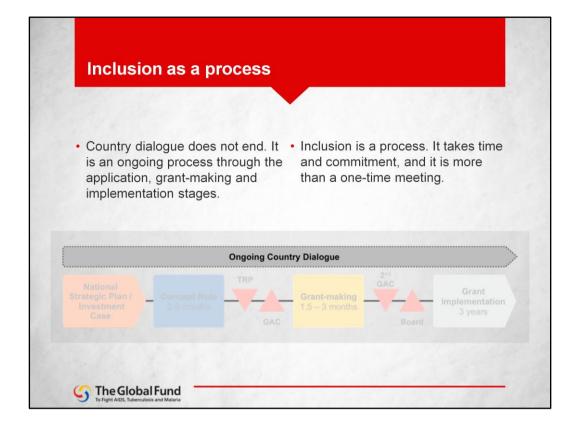
Watch a series of short videos in which professionals share more practical considerations when engaging communities.

David Traynor, Asia Pacific Network of People Living with HIV/AIDS: "The people who are most impacted by the three diseases, who actually need and deserve and have the right to services are those who are most expert in how they're developed, how they should be designed, how they should be implemented, what the challenges are at the operational level. That's not expertise or knowledge that is generally known across other stakeholders."

Dr Eliot Albers, International Network of People who Use Drugs: "You have a needle and syringe program that works from 9 o'clock in the morning until 5 o'clock at night, which are working hours. Now, people who inject drugs live a 24-hour day so they may not just be needing services from nine to five. They may have a job. They may be out earning money during the day. So they know what they need from services. Very often that might, in this particular example, be extended hours for a service. When do people most need syringes? When do they most need access to wound care? Having lived experience from people who use services is really important."

Sonia Florisse, The Global Fund: "At the CCM level, we have to ensure that the key populations are represented. And to ensure that they can go back to their groups and share the problematics and come back to the CCM to ensure

that their problematics are included in the programs. For example, in Côte d'Ivoire, what we are doing currently is we have a specific project with specific funding from the CCM budget. This specific funding goes to key population groups so that they have funds to meet, to come together and to discuss their own issues and to relay that to the CCM."



Country dialogue does not end. As the diagram of the new funding model shows, it is an ongoing process through the application, grant-making and implementation stages. It does not fade with the submission of the concept note.

Likewise, inclusion is a process. It takes time and commitment, and it is more than a one-time meeting. CCMs searching for, welcoming and including groups should continue from concept note development, to submission and beyond.

	 The Global Fund requires proof of this process. A list of possible supporting documentation is included in the
"The development of the concept note needs to be an open, transparent and inclusive process which engages a broad range of stakeholders, in particular key	 A concept note instructions. A concept note will be sent back to the CCM for further work if it has not been developed in an inclusive manner.

Inclusive country dialogue feeds directly in to a country's concept note. As the concept note instructions state, "The development of the concept note needs to be an open, transparent and inclusive process which engages a broad range of stakeholders, in particular key populations."

The Global Fund requires proof of this process at the time of concept note submission. A list of possible supporting documentation is included in the concept note instructions document, which you can access by clicking the "Resources" tab.

A concept note will be sent back to the CCM for further work if it has not been developed in an inclusive manner.

Summary	
This concludes the e-learning course on achieving inclusiveness in country dialogue. Click to read some final key takeaways on the topic.	
1 Key component	
2 Preparation and oversight	
3 Uniqueness	
4 Contacts	

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Click to read some final key takeaways on the topic.

Key component

Country dialogue is a key component of the Global Fund application process. It involves participation from all key stakeholders, in alignment with the epidemic in the country. It produces a concept note and grant that can maximize the impact of Global Fund resources.

Preparation and oversight

CCMs should be proactive in preparing for and overseeing country dialogue. Kick start the process by engaging a wide range of stakeholders as early as possible. Leverage the relevant stakeholders to make things happen.

<u>Uniqueness</u>

The country dialogue process is unique for each applicant. Countries will have different needs and face different challenges. Fund Portfolio Managers and the Community, Rights and Gender department at the Global Fund

Secretariat can help.

Contacts

Contact your Fund Portfolio Manager with questions. Click on the "Resources" tab for a link to a listing of Global Fund grants. Select your country and the Fund Portfolio Manager will be listed.

To contact the Community, Rights and Gender department, email CivilSocietyHub@theglobalfund.org.



Remember to click on the "Resources" tab for relevant documents and links. There you can also find a link to additional e-learning courses on other new funding model topics.

Thank you for taking this course.