Workshop: Improving the TB Response from a Gender Perspective
Paris, 27–29 October 2013

From 27–29 October 2013, nearly 20 individuals with extensive experience on TB advocacy, from 13 countries, met in Paris, in the margins of the Lung Union conference to focus on gender equality and the Global Fund. Nine African countries were represented, as well as participants from Bolivia, India, Kyrgyzstan and Lithuania. The majority of the participants were TB advocates working at the community level. Nearly all advocates had been personally affected by TB and several are openly living with HIV. Participants were joined by representatives from the Global Fund secretariat, the Stop TB Partnership and the GIZ (German) Back-Up initiative. The overarching aim was to strengthen women’s engagement with the Global Fund. The meeting was the second in a series of Women4GF workshops.

This Outcomes Statement provides a brief action-oriented summary of the results of the participants’ discussions.

Outcomes Statement

In 2014, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) will fully roll out its new funding model (NFM). The radical change in grantmaking procedures and expectations presents an important opportunity for improving Global Fund responses in two key areas that have often been underprioritized: TB and women.

This opportunity served as the basis for a workshop held 27–29 October 2013 in Paris prior to the 44th Union World Conference on Lung Health. Nearly 20 individuals with extensive experience in TB advocacy and service delivery attended. The majority were representatives of community groups active at the grassroots level in high-burden
TB countries, with 13 implementer countries represented, including India and seven African nations. All but one of the participants were women and all had a keen interest in overcoming gender-related challenges to TB diagnosis, treatment and care. Representatives from the Global Fund and Stop TB Partnership joined the community-based participants to provide background information and better understand experiences and needs in implementing countries.

The workshop was organized and facilitated by ASAP (AIDS Strategy, Advocacy and Policy) and supported by the Global Fund. It was part of a joint initiative, Women4GF, launched at a similar workshop in July 2013 that focused primarily on HIV. Women4GF aims to coordinate and strengthen the ability of women’s rights advocates—in particular women living with HIV and affected by TB and malaria—to engage at country, regional and global (including Board) levels with the Global Fund and its NFM from a gender-equality perspective.

The following are among the outcomes of the workshop.

**Key message:** Workshop participants want to influence the following components of relevance to the NFM: national strategic plans (NSPs), country dialogue and concept notes. They also want to ensure monitoring of the overall proposal process to ensure that gender priorities do not “drop out” by the end.

**Key overarching priority:** The Global Fund’s Gender Equality Strategy (GES) is not sufficiently implemented or understood at country level. As a result, women’s priorities and challenges are not adequately recognized or responded to throughout all Global Fund structures and processes. Putting the GES fully in place, and monitoring compliance, is an immediate necessity.

**Priority action areas:** During their action planning efforts, workshop participants identified an extensive series of steps they would take in the next several months to
push their agenda of achieving enhanced and expanded Global Fund support for women and those affected by TB. Listed below are some of the main target objectives for their upcoming work:

- **Adequate awareness of what women want and need.** Gender-sensitivity training should be mandated for the following Global Fund structures: CCMs, the Technical Review Panel (TRP), the entire Global Fund Secretariat, and the Global Fund Board. Such training is needed for greater understanding of gender-related priorities and improved responses to the wide-ranging needs of women and girls affected by TB.

- **Effective interventions.** Ensure that gender-transformative TB programmes are included in all Global Fund concept notes. Such programmes can be identified through gap analyses that are developed and led by women’s and community groups.

- **Data and evidence.** Push for the Global Fund to require countries to submit gender- and age-disaggregated data. This is needed to provide a clear evidence base for interventions that better support and reach women, including those affected by TB.

- **Capacity support.** Seek to obtain increased financial support, including from the Global Fund, for women’s groups working on TB issues to be involved in country dialogue and concept note development processes. Such support should be used to build capacity and awareness. Global Fund financial support should also be made available, and easy to obtain, for a consultant who understands gender issues and needs to work directly on concept notes.
• **Gender expertise.** Ensure that individuals with gender experience and expertise are included in, and throughout, all of the following processes associated with TB programming: NSP development and revision, country dialogue and concept note drafting and finalization. At least one such individual should be on every country coordinating mechanism (CCM).

The Paris workshop’s specific objectives included identifying ways to increase and maintain support for TB programming in the NFM. Such efforts are considered critical given that the Global Fund remains by far the largest and most influential funding source for the global TB response. Yet despite some progress in recent years, including a small decline in TB incidence, the response is insufficient. TB remains endemic in much of the developing world and the number of cases of multi-drug resistant TB (MDR-TB), which is difficult and expensive to treat, continues to rise. Far too few people with active TB are diagnosed and offered effective treatment, care and support.

The effects of TB are particularly harsh on women and underscore the need for greater attention to non-biomedical approaches as well. More than half (700,000) of the 1.2 million people who died of TB in 2012 were women. In nearly all countries and contexts, they are the primary caregivers for relatives and friends living with active TB, which puts them at greater risk of contracting the bacteria and compromises their income-generating ability. Women with genital TB are often rendered infertile, thereby making them social outcasts in societies where childbearing is considered women’s primary role. TB-related stigma limits many women’s marriage prospects and, especially in patriarchal societies, ensures they are considered outcasts and condemns them to a life of poverty.

Workshop participants want to work with the Global Fund and its partners at all levels to address such health, social and economic challenges. They recognize the
value and importance of identifying entry points for their efforts in the NFM and other Global Fund processes. Yet at the same time, they also stress the need for the Global Fund and its partners to take additional steps to support their efforts.

Workshop participants therefore urge the Global Fund Board and other essential structures, including the Strategy, Investment and Impact Committee (SIIC), to carefully consider their priorities when finalizing NFM procedures and systems. In their view, addressing such concerns is essential for the Global Fund to meet the high standards it has set in the NFM and its 2012–2016 Strategy (“Investing for Impact”).