Women4GF TB
Improving the Global Fund’s Gendered Response to TB

Paris, 27-29 October 2013

Organised and facilitated by AIDS Strategy, Advocacy and Policy (ASAP)
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Acronyms and abbreviations

CCM = country coordinating mechanism
Executive Summary

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.

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 in July 2013, 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”).

1. Introduction and Overview

Despite some progress in recent years, including a small decline in TB incidence, the global tuberculosis (TB) response is insufficient, and advocacy remains at an early nascent stage. 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.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is by far the largest and most influential funding source for the global TB response. It and its partners therefore must play a central role in addressing such health, social and economic challenges. In 2014, the Global Fund will fully roll out its new funding model (NFM). This 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.

1.1 About the workshop

The opportunity presented by the NFM 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 from those countries 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 organised and facilitated by ASAP (AIDS Strategy, Advocacy and Policy) and supported by the Global Fund, under the banner of an initiative, Women4GF, which is bringing together a range of projects, including a similar global workshop held in July 2013, and country focused work that the ATHENA Network hopes to undertake. Women4GF aims to mobilise, coordinate and strengthen the ability of women’s rights advocates—in particular women living with HIV and personally affected by TB and malaria, and key affected women—to engage at country, regional and global (including Board) levels with the Global Fund and its NFM from a gender-equality perspective.

One of the main rationales behind the creation of Women4GF is that – despite a Gender Equality Strategy (GES) being in place since 2008 - gender equality and women’s rights have not been addressed adequately through Global Fund processes. Women’s rights advocates have not engaged and have been mostly absent from the conversation in comparison to other key Global Fund populations, such as men who have sex with men (MSM), sex workers and people who use drugs. The lack of strong, sustained energy around gender (from both civil society and within the Global Fund) is a key reason why the GES, has hardly been implemented or understood at country level. As a result, women’s rights, priorities and challenges are not satisfactorily recognized or responded to throughout all Global Fund structures and processes. Ensuring the robust implementation of the GES, and monitoring compliance, is an immediate necessity—and is an important goal of the Women4GF initiative. Women4GF seeks to ensure that gender transformative programmes (programmes that address gender equality) are financed by the Global Fund, to ensure that the Global Fund’s resources have maximal impact.
The following objectives were specified at the beginning of the Women4GF TB workshop:

- To strengthen the capacity of women’s rights advocates (especially women personally affected by TB) to engage at country, regional and global (including Board) levels with the Global Fund and its NFM from a gender equality perspective
- To learn from experience and begin to strengthen the capacity of partners in NFM focal countries to bring a gender perspective—in the country dialogue process, the development of concept notes, as well as in the implementation, monitoring and evaluation, and revision of forthcoming Global Fund grants
- To strengthen partnerships and engagement between women’s rights advocates, people personally affected by TB, and stakeholders already strongly involved in the NFM and the Global Fund, including the Civil Society and Communities Board Delegations; to build mutual capacity in gender and Global Fund processes and secure high-level engagement with the Global Fund from a gender equality perspective
- To develop advocacy and action plans to sustain community-led efforts on gender equality with the Global Fund and to support the implementation of the GES

1.2 About this report

This report provides a summary of presentations, discussions and outcomes from the 27-29 October W4GF TB workshop. It is not intended to be an in-depth account of all proceedings and thus does not necessarily discuss all information and resources chronologically or extensively (if at all). Instead, by providing an account of the workshop it aims to support advocacy and decision-making efforts related to the Global Fund and key TB- and gender-related concerns and priorities.

This report and the discussions held at the workshop are part of a process designed to be ongoing. It is therefore important to stress that the information and summaries throughout the report are based on what was known and discussed as of the dates of the workshop. Subsequent developments regarding the NFM, the GES and other Global Fund processes and structures are not reflected, unless specifically stated otherwise.

The report is structured as follows:

- Overview of the current global situation regarding TB and participants’ initial priority concerns and observations (Section 2)
- Background information on Global Fund structures and operations (Section 3)
- Overview of key gender-related developments at the Global Fund, including the Gender Equality Strategy (Section 4)
- Explanation of the Global Fund’s NFM and suggestions of how and where to engage (Section 5)
- Discussion of other notable developments and initiatives of relevance to civil society and TB and women’s advocates focusing on the Global Fund (Section 6)
- Summary of potential entry points to achieve gender-related change at the global and local levels (Section 7).

The report also contains three annexes:

- Annex 1 contains a list of participants
- Annex 2 contains the full, verbatim text of the outcomes of an action planning exercise undertaken by participants at the end of the workshop
- Annex 3 provides a summary of findings from a post-workshop evaluation form filled in by participants

Background material, including the full text of many of the presentations, is available at the Women4GF website (www.women4gf.org). Meeting participants also have access to a dedicated, password-protected, on-line dialogue space on that website.
2. TB Today: Progress and Gaps

2.1 Overview of situation

A key objective of the workshop was to provide participants with up-to-date information on a range of issues and concepts. The first step focused on an overview of the current situation regarding TB, including its specific impact on women.

In many ways, remarkable progress has occurred over the past two decades in responding to TB. Globally since 1995, some 56 million people have been treated for the disease and 22 million lives have been saved. Three important indicators—TB incidence, prevalence and mortality—have all declined since 1990, with the mortality decline of 45 percent especially noteworthy from the core perspective of reducing deaths from TB.

The Global Fund, which has grown to be the largest and most influential global provider of financial support for TB, is responsible for much of this success. In its first decade of existence (from 2002), some 9.7 million people in high-burden TB countries were treated and both treatment success and case detection rates increased by over 20 percent.

The improvements are welcome, but there is a risk of complacency given how much more needs to be done. Of note:

- At current rates of decline, just 2 percent a year, it will take until 2180 for TB incidence rates in high-burden countries to reach those in the developed world.
- Deaths from TB remain high, especially among women in developing countries. At least 1.2 million people died of TB in 2012, more than three-quarters of whom live in South-East Asia (40 percent of the total), especially India, or Africa (38 percent of the total). Women comprised 700,000 of those 1.2 million-plus deaths.
- About 8.6 million people get sick from TB every year, but only about 5.7 million new cases are diagnosed and treated annually. This means that about 3 million people living with TB every year are undetected, untreated and unreported. That number has remained consistent since 2007.

Lack of adequate outreach is the main reason for the huge gap between estimated total TB cases and those diagnosed. Most detection relies on “passive” identification, which refers to when people who feel sick visit health facilities and are then diagnosed. However, many of the people most vulnerable to TB, including illegal migrants and sex workers, will not seek out care when they have symptoms. Additional effort is needed to reach them and women more broadly, given that they are especially susceptible to TB in many contexts.

Another major issue that is poorly addressed is multidrug-resistant TB (MDR-TB), a growing and serious challenge in many parts of the world. This form of TB is resistant to standard first-line drugs, a development that is mostly “man-made” when insufficient numbers of people are put on treatment and adherence is incomplete. MDR-TB can take up to two years to treat, with treatment costing up to US $8,000 a person. Treatment with second-line drugs also causes major suffering, including severe side effects. 

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Box 1. Stop TB Partnership and TB REACH

The Stop TB Partnership is the Global Fund’s main technical partner regarding TB. As part of that role, the partnership provides support to in-country stakeholders in creating, implementing, monitoring and evaluating TB programmes. Global advocacy is another of its strategic goals.

One ongoing Stop TB Partnership initiative, TB REACH, was discussed at length at the Paris workshop. It was presented as being of particular use to community groups and others working with and for vulnerable groups. TB REACH “provides short-term and fast-track grants to projects that aim to achieve early and increased TB case detection using innovative approaches in populations that are poor and vulnerable and have limited access to care.”

TB REACH focuses primarily on finding new TB cases. The initiative is particularly interested in funding innovative and often low-cost and underappreciated interventions to do this, such as using donkeys and canoes to get to hard-to-reach places. Among the objectives is to show that relatively inexpensive approaches to increase detection ability are just as effective, if not more so, than some that are usually supported.

TB REACH aims especially to help smaller non-governmental organizations (NGOs) obtain funding. That is why the overall process is structured to be as easy as possible; for example, the first phase requires simply a letter of intent. More information is available at www.stoptb.org/global/awards/tbreach.
effects such as deafness to suicidal thoughts. In 2012, there were an estimated 450,000 new cases of MDR-TB, but just 77,000 were started on second-line treatment. The poor response to MDR-TB has helped create resistance to second-line drugs, resulting in 10 percent of MDR-TB cases being categorized as extensively drug-resistant TB (XDR-TB). An estimated 45,000 new cases of XDR-TB occur every year, with countries such as South Africa and Russia facing particularly alarming developments.

Such developments represent a major public health challenge. The potential for greater problems also should not be ignored: of the world’s 7 billion people today, perhaps 2 billion have TB. Up to 10 percent of those could one day have “active” TB, which could make them sick and also contagious.

The economic consequences are substantial as well. An estimated 75 percent of affected households must take out a loan to provide treatment and otherwise care for a member living with TB. Such “micro-economic” impacts of TB are among the reasons that improved responses to TB (e.g., through case finding and treatment) represent a good return on investment as well as a vital way to reduce human suffering.

Little data exist on the gender dimensions of TB. For that reason, it can be difficult to design interventions that respond to the specific needs of women and girls. What is known is that TB is the fourth leading cause of death among women aged 15-44, and TB in the genital area is common and can cause infertility. Social and economic impacts are notable for women too; in some parts of the world, women with TB find it difficult to get married due to TB-related stigma. In the final analysis, more information is needed regarding the burden of TB overall, and among women particularly, to help design useful programmes.

The roll out of the NFM offers hope that the Global Fund will be able and willing to expand its TB programming to meet these challenges more effectively. Of the 41 countries considered high burden for TB, all but three (Brazil, China and Russia) are eligible to apply for Global Fund support with few restrictions through the NFM. Opportunities exist for most countries to submit proposals with interventions that reach specifically people living with TB and HIV. The Global Fund Board has recently agreed that funding applications should address both diseases since TB-HIV co-infection is a major issue in many countries.

Examples can already be found for how to improve TB responses. In the Russian city of Tomsk, for example, a partnership between Partners in Health and municipal authorities is focusing on finding cases and putting people on treatment. A rapid decline in mortality has ensued in the past few years.
2.2 Summary of participants’ preliminary observations

Following the initial presentation on the current TB situation, workshop participants identified a series of preliminary concerns and priorities. Some (but not all) of the issues were addressed later on in the workshop, including during discussions of Global Fund structures and processes and action planning.

The following were among these preliminary concerns:

**Limited discussion of women and their rights on Global Fund country coordinating mechanisms (CCMs).** Stronger women’s voices are needed on CCMs. One potential way to achieve this would be to increase the share of CCM seats held by women - which is now a requirement of the CCM; currently, just 36 percent of all CCM members globally are women. Increased participation among women from civil society and communities is also needed because they are usually better placed and able to be advocates than women from governmental sectors (for example). Yet just 6 of every 100 CCM seats globally (6 percent) are currently filled by women from communities, according to the Global Fund.

Several participants added that women’s rights, needs and priorities would be better recognized if civil society representatives worked more closely together on CCMs in general. They could and should try to develop common strategies and positions that would benefit women in all Global Fund decision-making.

**New technologies are important, but considerable improvements in TB performance can be made without them.** The Xpert MTB/RIF (known more commonly as GeneXpert) automated diagnostic test is undoubtedly an important new innovation. Yet, in the words of one Stop TB Partnership representative, “we can do a lot with what we have now” to increase case detection and support people in treatment. There is a danger of focusing too much on the “new”, in Global Fund proposals and elsewhere, when attention to more cost-effective and “simple” approaches could have a greater impact, especially in the short-term.

**Adequate TB data do not exist.** There is a huge problem with finding good data on TB; sometimes even official data are problematic. The data-related gaps are particularly noteworthy in regards to the number of women affected by TB and the impact of TB among vulnerable groups such as sex workers, people who use drugs and indigenous populations. The health and human rights implications underscore the need for disaggregated data including, and even beyond, gender and age.

**TB responses are often driven by “medicalized men”.** The voices of communities and women are rarely solicited or heard. The “medicalized” approach means that important social and economic factors often are not considered when designing or implementing TB programming. Effectiveness is thus compromised. According to Stop TB Partnership representatives, the TB REACH initiative (see Box 1) is one way it is seeking to highlight the community perspective.

**Targeted programmes are needed for mining communities.** The links between miners (and their families) and TB have long been recognized. Far too little has been done in most of the developing world to directly address such links; as a result, TB rates and incidence among miners and their communities are higher than average in most countries. The needs of indigenous people involved in mining are often under-addressed. The Global Fund’s new leadership reportedly has expressed interest in considering regional proposals (or others) that focus on the impact TB has on mining communities, including the women in them. That opportunity should be seized.

3. Background: Global Fund Structures and Operations
3.1 Board and committees

The Global Fund is technically a financing mechanism, not an implementing entity. Its Secretariat, based in Geneva, puts into action and oversees the decisions of the Board. The Secretariat’s main responsibilities are to provide guidance and work with (and support, as needed) country partners that are implementing grant programmes.

Of the Global Fund’s 20-member Board, half (10) are part of the “implementer bloc”, with the remainder from the “donor bloc”. The Global Fund is unique among development entities by having mandated from the beginning that implementers have a governance voice, at least on paper.

The Board elects a chair and vice-chair for two-year terms. In keeping with the principle of balance and rotation, the positions are nominated from the donor and implementer blocs. For only the second time ever, the current chair and vice-chair are both women: the chair is Dr. Nafsiah Mboi, the Indonesian health minister, and the vice-chair is Mireille Guigaz, the ambassador for the fight against HIV and communicable diseases at the French Ministry of Foreign and European Affairs.

The Board has ultimate decision-making power and responsibility. Yet the majority of decisions are taken at committee level and then presented to the Board for approval. The most important of the three main committees for the purposes of the Paris workshop is the Strategy, Investment and Impact Committee (SIIC), which provides recommendations for the Global Fund Secretariat to do its work. The other two permanent (or “standing”) committees are the Finance and Operational Performance Committee (FOPC) and the Audit and Ethics Committee (AEC). In keeping with the principle of balance, leadership in all committees is divided between the donor and implementer constituencies.

3.2 Board delegations

The Global Fund sees itself as a partnership involving a wide range of stakeholders. Therefore, for example, private foundations and the private sector have seats in the “donor bloc” and technical partners (e.g., the World Health Organization [WHO]) are invited to participate as non-voting Board members. Also, seven of the 10 seats in the Board’s 10-member “implementer bloc” are reserved for representatives from each of seven regions (e.g., East and Southern Africa). Governments in each region play the major role in determining the holder of those seats, with health ministers the most commonly selected; on occasion, however, representatives are selected from outside the public sector. The other three seats are held by representatives from the following: Developing Country Non-Governmental Organization (NGO) Delegation, Developed Country NGO Delegation, and Communities Delegation. (The Communities Delegation comprises people living with and affected by the three diseases. It is the only constituency without a geographic constraint; in other words, people from all countries are eligible to join.)

Each delegation has its own rules and policies regarding selection and rotation of Board members and Alternate Board members. Each also has a Communications Focal Point (CFP), an individual who organises calls and meetings as well as the receipt, distribution and review of the massive amount of documentation flowing from the Global Fund to the delegation. Given their organisations and background, workshop participants are likely to be eligible for membership in at least one of these three delegations. All were encouraged to consider applying to become a delegation member, if they were not already. The Communities Delegation is especially interested in having more women join as part of an effort to put women more at the centre of debate and decision making.

3.3 Technical Review Panel (TRP)
The Technical Review Panel (TRP) is an independent body that reviews the technical soundness of proposals on behalf of the Global Fund and makes recommendations for funding decisions including changes, approval/rejection, etc. Under the NFM (see Section 5 below), its direct engagement will increase as it reviews concept notes and works with countries to prepare fully fledged (and acceptable) programmes. This represents a change from the past, when the TRP evaluated proposals at one point only and then made recommendations to the Board in regards to approval or rejection of them.

The Global Fund Board almost always approves the TRP’s decisions. The panel’s impact is therefore substantial.

The Global Fund is currently in the process of selecting new TRP members and has already created a shortlist. The number of women who applied has increased, but it is not clear if those who are seeking to join the panel have gender expertise.

3.4 Grant Approvals Committee (GAC)

The Grant Approvals Committee (GAC) was created as part of the NFM. It comprises senior management of the Global Fund Secretariat, including the executive director and the head of the SIIC. The GAC reviews proposals that are sent to it by the TRP and considers them in light of strategy and institutional priorities (including potential impact) as well as technical soundness. On occasion the GAC recommends increased funding for proposals.

One seat on the GAC is reserved for civil society. It is currently held by David Traynor.

4. Gender and the Global Fund

4.1 Gender Equality Strategy (GES)

The Global Fund’s major gender-related step was the adoption in 2008 of its Gender Equality Strategy (GES). The four overall aims of the strategy, which had long been advocated for by civil society groups, are to

- fund proposals that scale-up services that reduce gender-related risks and vulnerabilities. Such risks might include gender-related violence such as sex workers being harassed and physically assaulted, and girls unable or afraid to go to school because of the possibility of sexual attack;
- decrease the burden of diseases for those most-at-risk (including, for example, migrants);
- mitigate the impact of the diseases; and
- address structural inequalities and discrimination

In addition, four focus areas are specified in the GES. Each of them was presented as an outcome to be achieved from 2009-2012:

- Ensure that the Global Fund’s policies, procedures and structures—including CCMs and the TRP—effectively support programmes that address gender inequalities.
- Establish and strengthen partnerships that effectively support the development and implementation of programmes that address gender inequalities and reduce women’s and girls’ vulnerabilities, provide quality technical assistance, and build the capacity of groups who are not currently participating in Global Fund processes but should be.
- Develop and implement a robust communications and advocacy strategy that promotes the GES and encourages programming for women and girls, and men and boys.
• Provide leadership, internally and externally, by supporting, advancing, and giving voice to the GES.

Specific key outcomes were listed under each focus area, as were indicators of progress. According to Global Fund representatives and other observers, few of those outcomes have been achieved. The lack of progress was first highlighted in a two-year evaluation, released in 2011. The evaluation concluded that the GES itself was a good and potentially groundbreaking strategy, but that implementation had been weak.¹ In response, the Secretariat in 2011 declared that it would prioritize the GES at all levels and in all its programming. It announced priority strategy areas, including reaching female populations at greatest risk (e.g., sex workers and women who use drugs) and addressing gender-based violence. In its “renewed commitment”, the Secretariat also vowed to pursue strong engagement with internal and external stakeholders for women and girls at risk and key populations, and said it supported promoting the collection of age- and sex-disaggregated data.

Those promises also have not been kept. The Global Fund’s expectations regarding gender, as specified in the GES, have not often been reflected in programming over the first decade. Other independent reviews and evaluations have shown, for example, that most programming has been gender-blind or -neutral. Gender guidance has rarely, if ever, been provided during any stage of the grant cycle for most programmes.

However, the advent of the NFM offers new opportunities to move forward on gender, especially since there are more entry points during the grantmaking process where advocates and others concerned about gender issues can influence proposals. Also of note is that the new Global Fund management strongly supports the GES and has hired new staff to help promote positive change. Those Secretariat staff and others are expected to play important roles in pushing the TRP to focus on gender issues when reviewing proposals.

Such efforts are coinciding with, and will likely be supported by, the development of a GES implementation plan. That plan is expected to be finalized in early 2014 and be reflected in new guidance on gender prepared by the Secretariat. A new advocacy and communications strategy regarding the GES and gender more generally is also being developed for launch in 2014. Already, as part of its renewed commitment to the GES, the Secretariat is working with United Nations and civil society partners to have robust gender analyses undertaken in countries prior to the beginning of country dialogue processes.

Workshop participants were reminded as well that women and girls are still considered part of the “key populations” definition used by the Global Fund. Some advocates expressed concern that their needs and issues are “buried” and “ignored” due to that designation. At the moment, though, there is no indication that the Global Fund would soon make definition changes in this area.

### 4.2 Gender-TB programming

For TB programmes and all others, interventions undertaken through Global Fund programmes can usually be placed in one of the following three categories:

- gender-negative, -blind or -neutral;
- gender-sensitive; or
- gender-responsive or -transformative.

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¹ This independent formative evaluation was conducted by the Pangaea Global AIDS Foundation. The text of the evaluation is available on the Women4GF website at [http://women4gf.org/2013/10/evaluations-of-gender-equality-strategy-and-sogi/](http://women4gf.org/2013/10/evaluations-of-gender-equality-strategy-and-sogi/).
In general, the Global Fund expects to support programmes in which activities are gender-sensitive at a minimum—with those that are gender-transformative the “gold standard”. The GES includes definitions of key terminology related to gender. Put simply, gender-sensitive interventions are those that take into account gender inequities and seek to ensure that women and girls benefit from the interventions. Scaling up services that reduce gender-related risks and vulnerabilities would fall within this category. To be gender-transformative, an intervention should actively seek to redefine gender norms and relationships to overcome existing inequalities. Developing and supporting such interventions can be more difficult; they might include training and education on gender-related violence, patriarchy and traditional and cultural practices that put women at special risk.

An important consideration is the impact of an intervention (i.e., not simply its intention). Therefore, gender-related monitoring of programmes is an essential ongoing priority.

As of October 2013 the Global Fund was updating support mechanisms and systems. A major change expected to be fully unveiled shortly is a series of “modules” which guide how applicants code the work that they will undertake. These Excel files are available on the Global Fund website and help to define programmes. The modules include a drop-down menu of interventions that applicants can choose. The aim is to ensure that applicants can tailor the interventions for their own countries and contexts. One benefit from a gender perspective is that countries can create their own indicators by selecting “other” and then writing “gender-transformative”, etc.

Gender specialists at the Global Fund are currently working with the CRG (Communities. Rights & Gender) Division at the Secretariat to create some best practices for gender-sensitive and -transformative interventions vis-à-vis TB. Specific examples will be discussed in the documentation to be prepared, along with suggestions about how they might be adapted for other contexts and situations.

Workshop participants were reminded that gender analyses are needed to determine how individual interventions and entire programmes are categorized. Documents such as the new Gender Assessment Tool, created by the Joint United Nations Programme on HIV/AIDS (UNAIDS), can be used to review proposals, grant agreements and specific activities. (It was originally created for HIV responses, but can easily be adapted for use when reviewing those related to TB.) Support for gender analysis can also be obtained from partners such as UNAIDS and the Stop TB Partnership, or by contacting gender and TB specialists at the Global Fund Secretariat.

5. Global Fund’s New Funding Model (NFM)

The new funding model (NFM), officially approved by the Board in November 2012, is the cornerstone of the Global Fund’s 2012-2016 Strategy (“Investing for Impact”). Among its key aims are to simplify the grantmaking process, make funding more flexible and predictable for implementing countries, and ensure that the bulk of funding goes to where the needs are greatest (especially countries with high disease burden and low per capita incomes). The Global Fund is currently in the process of “testing” the NFM with a handful of “early applicants” invited to participate in late February 2013.

The full roll out is planned for early 2014, at which time all eligible countries will have the opportunity to access funding. (See Box 3 for a summary of the NFM roll out process and stages as of October 2013.) An important point to note is that the NFM is not yet finalized and is still “evolving”, especially in response to what it learns from the testing phase initiated earlier in 2013.

The Global Fund calls the NFM an “iterative” process. This means it is based on a series of iterations, or steps, from initial consideration of needs and scope to grant implementation. The graphic below, prepared by the Global Fund, shows the basic steps in the NFM. Summaries of several of the main steps and
concepts are presented after the graphic. (The summaries are based largely on discussions during the workshop.)

**Ongoing Country Dialogue**

1. **National Strategic Concept Note**
   - TRP
   - GAC
   - Grant Making
   - 2nd Board
   - Grant Implementation

**Country dialogue.** The core element of the overall NFM is called “country dialogue”. It is intended to be an ongoing, multi-stakeholder process that is initiated and led at the country level. Among the sectors that the Global Fund expects to be represented in the country dialogue are government, civil society, key populations, people living with the diseases, technical partners, academia and other funders.

The idea is that the country dialogue is something that “naturally happens”. In practice this might consist of people sitting around a table and discussing past, present and future disease responses, openly and in-depth. It is assumed that the main programmatic and funding priorities for Global Fund proposals are to be identified through the country dialogue. Those priorities should be reflected in national strategic plans (NSPs), proposals submitted to the Global Fund, and interventions included in approved and implemented grant programmes. Priorities and interventions should be based on evidence (epidemiology analysis, etc.) as well as a clear understanding of the needs and challenges facing the most vulnerable, including those living with and affected by the diseases.

Feedback from the testing phase of the NFM has highlighted confusion about the country dialogue. Among the questions are who organises and “runs” it—for example, should it be the government or UNAIDS, or some other entity? Such findings indicate that the Global Fund may need to be more prescriptive in this area before the NFM is fully rolled out.

It is important to note that the country dialogue and the CCM are *not* the same thing. Country dialogue is considered an overarching process, while the CCM remains the formal “owner” of the funding request in that it submits the concept note and is responsible for moving the proposal forward. This distinction has proved difficult for many people to understand, and concerns have already been raised that in many countries CCMs will essentially constitute the country dialogue process. That situation could be problematic from the perspective of ensuring multistakeholder engagement, especially where non-governmental engagement is limited or weak on CCMs.

**Concept note.** A concept note is a preliminary proposal for Global Fund support that should flow out of country dialogue. In theory, a concept note is supposed to be a relatively brief, basic document that lays out a country’s priorities and financial requests and thus initiates a back-and-forth process to flesh out a full proposal. As seen in the testing phase, however, concept notes have been far more complex and lengthy than anticipated.

**NSPs and investment case.** The Global Fund recommends that concept notes be based on national strategic plans (NSPs) regarding specific diseases. These strategic plans, which countries develop themselves independently of the Global Fund, provide the “investment case” for the amount of money they request and what they seek to use it for.

The Global Fund considers drafting, review and revision of NSPs to be part of the overall country dialogue process. As such, they should be developed through inclusive, multistakeholder efforts. The
importance of NSPs is reflected in the Global Fund’s strong encouragement that they be assessed through a “credible, independent and multistakeholder process.”

**TRP and GAC review.** As per the NFM system as currently designed, concept notes are first reviewed by the TRP to consider whether they have technical merit. Depending on that panel’s impressions, a concept note is either sent to the GAC for further review or returned to the CCM with requests for changes. The “iterative” principle means that there could be several rounds of back and forth aimed at improving the quality of the concept note.

Once the GAC approves the preliminary “shell” proposal, the specifics of drafting a full-fledged grant begin. This includes creating a formal agreement and contract, determining a budget and creating a performance framework (indicators, in other words). The proposal then goes back to the GAC for a second review; once approved, it is sent to the Board for approval. Grant implementation begins shortly after Board approval, with the money ideally flowing to countries far more quickly than it did in the previous system.

**Allocation models and funding streams.** In the previous rounds-based grantmaking system, countries were not provided with any guidance regarding how much money they should ask for. As a result, the range of requested amounts varied widely and often was not based on objective criteria. Many stakeholders, especially from civil society, observed that countries often asked for far less than they truly needed.

The NFM seeks to address this problem, and improve “predictability”, by providing countries an initial amount that the Global Fund thinks they can realistically spend effectively and efficiently. This core
amount is called “indicative” funding. The amounts for each country are determined through a complicated series of mathematical formulas based on disease burden (for all three diseases, considered separately); “ability to pay” (per capita income); and past performance, among other factors.

Countries can automatically ask for 5 percent more than what they have been offered initially. If they want even more than that, they must explain and justify their request. Another important to point is that countries do not automatically get the amount offered to them through indicative funding. They must still go through the entire application process, including negotiations, and meet all eligibility and other requirements.

Through the NFM, the Global Fund also plans to set aside a share of the overall funds it can disburse for “incentive funding”. Countries can apply for some of this “extra” pool of money, which will be used to “reward” good programmes.

All grants are to last for three years. As of October 2013, the total amount available to be disbursed by the Global Fund over the first three-year period, 2014-2016, had yet to be determined. It will only be known following the replenishment conference scheduled for 3 December 2013 in Washington, DC. At that meeting, donors will make formal pledges to the Global Fund for that period.

**Potential entry points for participants and other community groups.** Presenters at the workshop discussed ways and methods in which workshop participants and other women’s and community groups could be involved at all points in the NFM process and influence grantmaking. Among them were the following:

- engage with multiple stakeholders through caucuses, in “safe spaces” and at national conferences;
- work to organise and strengthen the role of key populations, people living with the diseases, civil society constituencies and women in general on CCMs—and document and monitor their engagement;
- hold consultations on NSP/investment case development processes, and work to ensure that NSPs are independently assessed;
- join the concept note writing team and/or identify other individuals from the constituency who are willing and able participate—and help provide training and support for those individuals if necessary;
- comment on concept note drafts;
- learn about Global Fund guidance on programming, including in regards to community systems strengthening, key populations and gender;
- work to get women and/or gender experts involved throughout the country dialogue process—as part of an effort to ensure that the right people are participating and that they are doing the right thing;
- use the new Gender Assessment Tool, created by UNAIDS, to evaluate if and how NSPs and concept notes address gender (including key gender gaps); and
- push for change if gender is not adequately addressed in NSPs, concept notes and final grant agreements. If necessary, raise concerns directly with fund portfolio managers (FPMs) and others at the Global Fund Secretariat. It may also be useful to contact UNAIDS for support.

**Other points to keep in mind regarding the NFM:**

- Presenters stressed the importance of representatives from community constituencies reminding all involved in Global Fund processes that civil society and community components should be included in proposals (i.e., not just clinical or medical components). The Global Fund will not proceed with grantmaking otherwise.
- Participants were strongly urged to “let people know” at the Global Fund Secretariat if their efforts to raise gender issues and ensure gender equality are blocked.
- The Global Fund’s SIIC, its main policy-making committee, recently agreed on a “decision point” that allows and encourages countries with high rates of people living both with TB and HIV to submit a single concept note that presents “integrated and joint programming” for the two
Box 4. Global Fund support opportunities: pilot initiative and gender training

The Global Fund has initiated a pilot programme aimed at strengthening the capacities of key populations and networks of people living with diseases in Global Fund processes. In the pilot, a “regional entity”, such as the ATHENA Network, will partner with representatives from key populations to draft an engagement plan to be shared with the CCM and Secretariat. The Global Fund will then provide financing to the CCM to put the plan in place.

As of October 2013, the following 10 countries had been selected to participate in the pilot: Cambodia, the Democratic Republic of the Congo (DRC), Guyana, Malawi, Moldova, Nigeria, Sri Lanka, Swaziland, Thailand and Uganda. The Global Fund will assess the results of the pilot before determining whether it makes sense to pursue more broadly.

And finally, participants were also reminded that CCMs can ask for money from the Global Fund to provide gender training. Most UNAIDS teams have gender specialists available who can work with CCMs and, more broadly, participants in the country dialogue.

6. Other Notable Developments and Initiatives

6.1 Joint Civil Society Action Plan (JCSAP)

In June 2013, three Global Fund Board delegations—Developing Country Non-Governmental Organization (NGO), Developed Country NGO and Communities Delegation—launched an effort to develop a Joint Civil Society Action Plan (JCSAP). It is designed to achieve enhanced, quality engagement of civil society and communities in all Global Fund processes and structures. Among the goals will be to improve the quality of data, especially in regards to key populations (including women and girls) and communities; increase civil society’s effectiveness in the delivery of services; and build the “right” mechanism(s) to facilitate support for civil society and key populations.

The Global Fund Executive Director strongly supports the plan; so too do technical partners including the Stop TB Partnership, UNAIDS and Roll Back Malaria.

One of JSCAP’s main priorities as of October 2013 was to identify important lessons learned from the NFM’s early applicants and move forward key recommendations based on them. As such, it hopes to influence the Global Fund’s final NFM guidance prior to the full roll out and to enable civil society to be involved effectively (including in regards to monitoring). Ideally, JSCAP will have a strong, consistent impact on gender given how important the issue is to its goals. The JSCAP has eight building blocks:
1. Improving the quality of data
2. Making the CCMs work
3. Building the right mechanism to facilitate CS/KP support
4. Increasing CS effectiveness in delivery of services
5. Making the country process work
6. M&E of CS and community participation
A JSCAP Task Team provides overall leadership and guidance, with its members also responsible for sharing information among constituencies. It meets once a month, virtually or face-to-face. Women4GF is currently represented on the Task Team by Sophie Dilmitis.

6.2 The German BACKUP Initiative

The German government, through its Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ) arm, is a longstanding and important supporter of a wide range of Global Fund stakeholders. Its German BACKUP Initiative provides financial assistance to governments as well as civil society and community groups to help them access and effectively implement Global Fund grants.

Funding of various kinds and levels is available through the BACKUP initiative to groups focused on gender or TB (or both). Gender equality is one of four cross-cutting areas considered in BACKUP support.

Applications can be sent from organisations in any country currently eligible for receiving Global Fund support. Three types of technical support are available—all demand-driven (i.e., funding is provided in response to requests only, as GIZ does not actively solicit proposals).

Funding through the “fast access mode” is intended for specific, short-time activities (e.g., support for attending a meeting). With a maximum amount of €10,000 (US$13,400), it is intended to be provided quickly and with minimum paperwork and delays. The “consultancy mode” has no specific or implicit time limits. It supports the hiring of consultants who, for example, design strategies or work plans, or undertake a gender mapping in a country as part of Global Fund processes. Funding through the “project mode” is for more elaborate, longer-term activities—e.g., to develop a network. As much as €150,000 (US$201,000) can be made available through this funding stream.

Application processes are designed to be as simple as possible. One major requirement is that all applicants have their proposals endorsed by the chair of the country’s CCM. GIZ acknowledges that this requirement can be sensitive, such as when funding is sought to support individuals such as sex workers and drug users who are criminalized and highly stigmatized. In such cases, GIZ will support the applicant, if all other eligibility criteria are met, and contact the CCM directly to discuss the request.

Information about the BACKUP initiative and application processes can be found on its website: www.giz.de/backup. Questions can be sent by email to backup@giz.de.

6.3 TB investment framework

The Stop TB Partnership is currently engaged with the Global Fund and the WHO TB Department in developing a TB Strategic Investment Framework. Its creation was prompted in large part by a
comprehensive HIV-focused framework released in 2011\(^2\) which has since proved highly influential in the policies and strategies of the Global Fund and other donors and development partners. The TB framework is expected to help consolidate and coordinate information in the various TB-related information notes disseminated by the Global Fund.

A draft of the proposed TB framework has been presented to the Global Fund’s SIIC. When finalized, it is expected to cover issues such as the NFM, investment needs, innovations, national strategic planning and “country types and core packages”. That final component is considered especially useful for countries seeking to develop, implement and monitor effective TB programming. Through that component, countries will have the opportunity to tailor TB-related packages according to country contexts, and will be encouraged to include human rights protection and promotion interventions.

The investment framework will likely include a modular tool through which countries can select various indicators. Gender is not the main focus of any of the six modules. However, gender is intended to be addressed through the human rights module. Workshop participants who have worked on the TB investment framework said they deliberately avoided creating a gender-specific module. Their concern was that doing so would make gender simply a “tick box” that in reality would be ignored; instead, they said, they hope to ensure that the delivery of all TB services should be gender-sensitive.

7. Conclusion: Entry Points and Action Planning

The final part of the workshop consisted of a series of brainstorming exercises to consider opportunities and entry points to achieve gender-related improvements in TB responses. Two general areas were discussed: global and national/local. Outcomes from each are noted below in Sections 7.1 and 7.2.

7.1 Global-level entry points

Participants with extensive knowledge and experience of the Global Fund’s global structures offered numerous suggestions for how workshop attendees and their constituencies might engage at that level. Among those cited were the following:

- Organise an in-person meeting or teleconference with key individuals at the Global Fund, including members of the Executive Director’s staff, to discuss gender-related needs and priorities, including those identified at the workshop. A small number of women from the workshop could participate.

- Seek to influence the guidance on community systems strengthening (CSS) currently in development. The SIIC has requested a report on this guidance, and the process behind its development, at its upcoming meeting in February 2014. Secretariat staff with responsibility for civil society engagement could be contacted for information on how to obtain versions of the guidance and where and how to comment.

- The Global Fund has agreed to set aside up to US$30 million for technical support for the NFM roll out. The SIIC has recommended that particular effort be made to support civil society through

this pool. Women’s and TB groups could use funding through this stream to increase gender awareness and improve proposals from a gender perspective.

• Specific efforts could be made to influence critical guidance being developed for the NFM over the next several months. Workshop participants are uniquely placed to stress the importance of the Global Fund supporting non-medical interventions more extensively. Outreach and CSS are essential components of a broad-based approach to identifying and eliminating gender inequalities. The social and economic vulnerabilities of women and girls affected by TB should be addressed in tandem with their medical/health ones.

Participants broadly agreed on one priority that should be pursued at the global level. In their view, gender-sensitivity training should be mandated for the following Global Fund structures: CCMs, the 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. It was expressed as well that the timing might be especially good to get Global Fund buy-in for this approach, given that the roll out of the NFM and initial convening of new TRP members both take place in 2014.

7.2. Action planning and local-level entry points

A main objective of the workshop was to provide an opportunity for participants to influence change. (Creating space for such opportunities is a core component of the overall Women4GF initiative.)

Participants gathered in two working groups to do action planning. They were asked to “think strategically” when setting priorities as to what they would do over the next several months to build and sustain momentum to improve gender-related programming at the Global Fund. Participants were also advised to focus primarily on the local/national level, where they and their colleagues could have the most influence. The questions they were asked to consider were the following:

1) What part of the process do you want to influence?
2) How will you influence?
3) What are the entry points you will focus on?
4) Who will you work with?
5) What are the points you will push?
6) What resources do you need (e.g., technical assistance)?

The full text of both working groups’ action planning exercise is included in Annex 2 of this report.

Neither working group indicated which items on its respective list were considered priorities. Participants in both agreed, however, that the primary areas they wanted to influence were NSPs, country dialogue and concept notes. It was observed that although there was often agreement on priorities among participants in each working group, the timing and scope of work would vary because different countries are at different stages regarding NSPs and specific Global Fund processes associated with the NFM.

Broadly speaking, participants focused on the need to raise awareness among themselves and their colleagues; mobilize; map and analyze the current situation; present specific requests and demands based on evidence and need; and monitor and evaluate all steps of the country dialogue process. Resources that could help their efforts include financial assistance for activities such as community consultations throughout the country dialogue; technical assistance to help collect evidence, identify gaps and develop arguments; updated and clear guidelines from the Global Fund; and good practice documents from other contexts.
Several of those activities and needs are reflected below in a summary of some of the main focus areas for action:

• **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 CCM.
Annex 1. List of Participants

Two categories of individuals who attended all or part of the 27-29 October 2013 workshop are presented below. The first includes meeting participants, with the second listing support personnel. In each category, individuals are listed in alphabetical order by last name.

Unless specified otherwise, the country refers to where the individual is currently based. Titles are provided only for individuals from the Global Fund and Stop TB Partnership, to indicate why they are associated with the workshop.

<table>
<thead>
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3 Joanne Carter, the new vice-chair of the Stop TB Partnership Coordinating Board, joined the workshop for a brief period on the second day. She is also the executive director of RESULTS and a former Global Fund Board member, having held the Developed Country NGO seat.
<table>
<thead>
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**AIDS Strategy Advocacy and Policy (ASAP)**

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Annex 2. Action Planning Results

This annex includes the full results of the action planning exercise undertaken near the end of the workshop. Participants were divided into two working groups; the outcomes from each group are presented in full (and verbatim) below.

Working Group 1

<table>
<thead>
<tr>
<th>1) What part of the process do you want to influence?</th>
<th>2) How will you influence?</th>
<th>3) What are the entry points you will focus on?</th>
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<tbody>
<tr>
<td>NSP</td>
<td>Influence the country dialogue</td>
<td>We need to have a civil society representative who has gender expertise</td>
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<tr>
<td>Do a gap analysis</td>
<td>Have a multi prong approach – reach out to people in different spaces</td>
<td>We want a consultant who understands gender who is working on the concept note. (If this is not possible – the demand for gender expert criteria should be made)</td>
</tr>
<tr>
<td>To understand the process</td>
<td>Have side meetings – mobilize the women – ensure that community understand the issues and priority.</td>
<td>We need to be part of the ENTIRE process – we need someone who has the writing ability</td>
</tr>
<tr>
<td>Do a mapping of who is who and who are allies – who is on the CCM – who are the actors – what are the technical committees</td>
<td>Mentorship with community – those who come to planning meetings should bring others to learn</td>
<td></td>
</tr>
<tr>
<td>Watchdogs</td>
<td>Use the mapping to strategies</td>
<td></td>
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<tr>
<td></td>
<td>Leverage the outcomes document from this meeting – experiences from other NFM countries</td>
<td></td>
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<tr>
<td></td>
<td>Lobbying those who are sitting on the CCM – building support so that your agenda is supported</td>
<td></td>
</tr>
<tr>
<td></td>
<td>We need data and analysis to make a case</td>
<td></td>
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<tr>
<td></td>
<td>Writing team and the secretariat</td>
<td>Communities Delegation to demand that the TRP have training on gender</td>
</tr>
<tr>
<td>4) Who do I work with?</td>
<td>Government, donors, other civil society, CCM, Reach out to the minister of gender (dependant on where the country is)</td>
<td>Members, CCM, Global Fund Sec, civil society, Ministry of Health</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>5) What are the points I should push?</td>
<td>The gap in the NSP on gender and TB</td>
<td>Push for the sex and age disaggregated data</td>
</tr>
<tr>
<td>6) What resources do I need (e.g., technical assistance)?</td>
<td>Technical assistance and financial to do this – it takes money to mobilise</td>
<td></td>
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</tbody>
</table>

**Working Group 2**

1) What part of the process do you want to influence?

National Strategic Plan / Investment Cases

2) How will you influence?

- Need to find out if there is an NSP in place
- Is the NSP up for review, how to be involved in the process?
- Are gender components highlighted within the NSP and within the disease components
- Provide data – qualitative and quantitative to influence the NSP discussions
- Ensure that there are representatives from key women and girls groups/three diseases engaged within the NSP process

3) What are the entry points you will focus on?

- Programme review of the NSP
- Gaps analysis to be addressed in the next NSP
- Writing period of NSP
- Meetings of NTPs

4) Who do I work with?

- Women groups (and women working with children), PLHIV/TB/malaria community organisations, Key population networks
- Governments – some ministries have gender departments and separate health ministries
- Engagement with civil society focal points in the NTPs
- Ministry of Health
- Technical Partners and UN agencies – UNAIDS, WHO, Stop TB partnership
- FPMs and country teams
- Writing teams/consultants working on the NSP

5) What are the points I should push?

- Ensure Gender mainstreaming into NSP on TB – gender assessment tool
- Human Rights
- Communities Systems Strengthening
- Impact indicators
- Key affected populations
- Women as part of the whole process

6) What resources do I need (e.g., technical assistance)?

- Data to support arguments
- Technical assistance to identify the gaps and develop arguments
- Guidelines from the Global Fund
- SCSM for communications

1) What part of the process do you want to influence?
Country dialogue

2) How will you influence?
   • Once involved with the planning of the NSP, need to support groups/individuals in the country dialogue
   • Work with other representatives within the CCM (including NTP manager)
   • Mobilise constituencies (women’s groups/key networks) to be involved with the country dialogue
   • Hold caucus prior to the start of the country dialogue to have the key interventions for concept note development – identify support for representative and develop key points for representative for input into the country dialogue
   • Make sure that there is a woman representative in the country dialogue process to address and raise issues

3) What are the entry points you will focus on?
   • Build good relationship with CCM secretariat and/or chair/vice-chair of CCM – they will be the ones with the information
   • Be in contact with the other CCM members – coalition building
   • Prior to the start of the country dialogue

4) Who do I work with?
   • CS and PLWD representatives on the CCMs
   • UN agencies and Technical partners
   • Women groups (and women working with children), PLHIV/TB/malaria community organisations, Key population networks
   • Engagement with civil society focal points in the NTPs
   • Ministry of Health
   • Technical Partners and UN agencies – UNAIDS, WHO, Stop TB partnership
   • FPMs and country teams

5) What are the points I should push?
   • Data disaggregation for gender and age
   • Gaps analysis provides guidance to the concept note
   • Ensuring that key groups should be involved THROUGHOUT the development and implementation/monitoring of the grant – watchdogging

6) What resources do I need (e.g., technical assistance)?
   • Financial resources for consultation meetings prior to the country dialogue to organise women groups
   • Good practices on gender programmes to be discussed
   • Guidelines
   • UNAIDS gender assessment tool to be developed for TB
1) What part of the process do you want to influence?

Concept note development

2) How will you influence?

• Include gender-transformative programmes within the concept note based on the modules as well as from the gaps analysis
• Ensure there is a representative that will and can address gender issues within the writing team and has support to influence and advocate within the writing team
• Ensure that funds are in place or support is there for the translation during the concept note development as English is often the only working language

3) What are the entry points you will focus on?

• When the country teams are in the country
• When the concept note development is taking place
• TB/Civil society/PWD rep on the CCM

4) Who do I work with?

• Drafting/Writing Team
• Ministry of Gender and Ministry of Health, depending on which country – Ministry of indigenous groups, ministry of local government
• Consultants developing concept note
• TB managers & TB inter-coordinating committee
• Key populations/communities networks to advocate and lobby/influence writing team

5) What are the points I should push?

• Gender outcome indicators to ensure gender mainstreaming and also specific outcome indicators on TB
• Money in the budget to address the programmes for implementation and to stay in the budget
• Collection of gender and age disaggregated data
• Integration of gender, SOGI, human rights
• Need to have a check list/strategy to ensure that the input from different groups go into the concept note and are able to stay within the concept note

• Transparency of the concept note development (Responsibility of the CCM) After the drafting team has finished, ensure that the concept note is shared with the key groups so that the inputs have been captured – even after the concept note has been reviewed from the TRP/Country teams/GAC

6) What resources do I need (e.g., technical assistance)?

• Good practice documents – case studies

• Easy to understand guidelines for communities involvement in writing teams

• Resources (financial and human resources) for consultant/support team for representative to be involved in the writing team

Other issues:

CCM

• Need to gender sensitize CCM – request training for CCMs on Gender Equality from the Global Fund Secretariat. Alert the FPMs that the CCMs do not want the training

• Push for CCM to have at least 30% women representation (and especially on gender/TB issues and from communities) by 2015 according to the CCM guidelines

• Ensure that CCM funding has funds set aside for women groups/PLWD groups/Key population groups to caucus in preparation for CCM/country dialogue

• Push for a gender seat on the CCMs

• Push for the ministry of women’s affairs to be involved on the CCM or to work with the other ministries

TRP

• Train TRP members on Gender/TB issues

• Share outcomes of this meeting with TRP
Annex 3: A summary of findings from a post-workshop evaluation form filled in by participants

1: overall usefulness of the workshop

usefulness of workshop

Areas / sessions that were identified as the most useful to participants and their communities were

- Learning about gender and the Global Fund’s Gender equality strategy x8
- Learning about the Global Fund’s new funding model (NFM) and how CSOs can fully engage x 7
- Understanding the need for gender sensitive / transformative programmes in TB x 6
Working with others to develop country action plans and share experiences of other country models x 2
Resource mobilization x2

Areas / sessions that were considered less useful to participants were:

Mock GF board meeting
Small group action planning at regional and global level
Too much NFM “high level”

Areas that participants would have liked to learn more about included:

Global Structures and processes
Gender sensitive approaches, programming and tools; bringing TB and gender together in proposal development
More country experiences on issues of TB and gender
Exploring how current structures work in reality
The responsibility of country teams on implementation of the GES and women’s engagement
Country dialogue
Human rights advocacy

2. Meeting goals and objectives

The Welcome Dinner focused on getting to know each other, and thinking about our work over the next 2 days, with the goals of:

Welcome participants
Highlight gender dimensions of TB advocacy
Orient participants to the purpose of the initiative
**Objectives: welcome dinner**

- fully met
- mostly met
- slightly met
- not met at all

**Comments**
There was a lot of support for the welcome dinner. Participants enjoyed the opportunity to meet and begin getting to know one another before the meeting started, and felt that this enabled a greater degree of participation and interaction during the meeting proper.

“[The dinner] was a strategic way of bringing the participants together and it allowed us to be close to each other before we started the meeting” (workshop participant)

Day 1: focused on learning about the Global Fund. The goals for day 1 were:

1. Exchange information and build common levels of understanding about the Global Fund and its processes at local and global levels
2. Build awareness of the Global Fund’s Gender Equality Strategy (GES) and how it relates to TB advocacy
3. Build awareness of the New Funding Model (NFM) and its importance for women

**Objectives: Day 1**

- fully met
- mostly met
- slightly met
- not met at all

**Key learning from Day 1:**
Global Fund processes at global and country level and how to influence at country level
Opportunities for gender programming in the NFM process especially where and how to influence the process

Better understanding of the new funding model and also how it relates to TB and women

Impact of TB in the next 50 years with maintaining at 2% decrease

GES and gender structures within the GF Secretariat

**Day 2 focused on planning our activities for influencing around gender equality within the Global Fund.** Specific learning objectives were:

Think strategically about priorities on gender, where gender sits in the Global Fund and entry points for influence with the Global Fund

Plan next steps on gender and TB, and the implementation of the Global Fund Gender Equality Strategy

**Objectives: Day 2**

![Graph showing the increase in average knowledge from before to after the workshop]

**Key learning from Day 2:**

Understanding gender mainstreaming in TB programmes

The Gender equality strategy as a whole

Entry points to influence on gender and TB at Global Fund country level

Facts about TB and Gender

Entry points to NSP development and country dialogue

3. Increased knowledge and understanding of Global Fund structures

Participants’ were asked to score their knowledge on a range of Global Fund processes and structures in a pre-workshop survey, and again in the workshop evaluation. A scale of 1 to 5 was used where 1 = very little or no knowledge; and 5 = expert knowledge.

*The graph shows the increase in average knowledge from before (blue bars) to after (red bars) the workshop:*
4. Participant experiences of the workshop

In a pre-workshop questionnaire, participants were asked to identify their main hopes, fears and expectations for the workshop. In the evaluation they were asked to score these in terms of how well they were met or addressed, on a scale of 1 to 5, where 1 = not at all, and 5 = very much / completely.

(Average scores and summary of main comments are given)

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel able to contribute to / participate in the workshop in a meaningful way?</td>
<td>4.5</td>
<td>“Knowledge with understanding = empowerment”</td>
</tr>
<tr>
<td>Did you feel that any concerns or questions you raised were heard and answered?</td>
<td>4.5</td>
<td>“I got all the clarification I needed”</td>
</tr>
<tr>
<td>Did you feel able to platform key issues of relevance to women affected by TB during the workshop (please give example/s)</td>
<td>4.4</td>
<td>Participants cited various of the sessions in which they were able to platform key issues</td>
</tr>
<tr>
<td>Do you feel that you left the workshop with some tangible next steps? (Please say briefly what these are)</td>
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</table>
4.5 Participants developed personal plans of action. Examples of planned actions included:
- Establish the existence of TB NSP and ensure we are well represented
- Raise awareness on the need to take gender into account in programming
- Share report
- Publish information on GES
- Review GES implementation in current grant
- Will try to participate at NSP level on gender equity

To what extent do you feel that this workshop will benefit your community / constituency? (Please explain how)

| 4.4 | “It will benefit to my community / constituency because by implementing it we will improve and impact the GF activities” |

How confident do you feel about your ability to engage in global/regional/national level dialogues moving forward?

| 4.3 | “I have good information and also I can have the support of ASAP” “I am already engaged with CCM and GF” |

How confident do you feel about your ability to engage in processes to advance gender equality through the Global Fund’s New Funding Model?

| 4.3 | Participants felt capacitated by the workshop to engage, but raised concerns about willingness to receive that engagement from the Global Fund side |

Did the workshop provide an opportunity to build new partnerships, alliances or networks? (Please give a few details)

| 4.4 | Participants responded that the new contacts they had made through the workshop would give direction and momentum to the work moving forward |

How confident do you feel to implement your action plan and what support do you need to do this?

| 4.5 | Participants felt that they had a starting point to take back to their constituency, and that they would need on-going support from partners. |

5: Workshop logistics

Logistical arrangements before and during the workshop, were scored on a scale of 1 to 4 where:
1 = Strongly disagree / things were confusing and stressful
2 = Disagree / things didn’t go too well
3 = Agree / everything was fine
4 = Strongly agree / everything was perfect

<table>
<thead>
<tr>
<th>Prior to the meeting</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
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<tbody>
<tr>
<td>I was happy with my flight arrangements</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>I felt well supported getting my visa</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>The logistics information prior to arrival in Paris was clear and comprehensive</td>
<td>1</td>
<td>10</td>
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</table>

<table>
<thead>
<tr>
<th>During the meeting</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>n/a (eg if didn’t need a visa or...</td>
<td></td>
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</table>
arranged own flight)

“Your team was very organized, it allowed me a comfortable stay and travel” (workshop participant)

6: Final Comments

Best thing about the workshop

- It motivated my thinking on how to ensure that gender issues are integrated in my programme work
- Always look for gender disaggregated data
- Very interactive sessions, high experts and well knowledgeable
- Getting to understand the NFM – and TB/women
- Participation, meeting was very participative
- Relationships – meeting new friends
- The participants and organizers
- Robin is particularly brilliant at explaining things very clearly – bravo!
- Learning more about gender and TB
- Feeling confidence build about GF again

Advice and recommendations for improvement

- Allow more country lessons sharing so that we can learn more from each other
- Extend this workshop to more groups especially the countries that are preparing for their country dialogue
- Give time to participants to share or present what is happening in their country in relation to the GES
- Keep it up, movement building relies on ties and relationships
- I feel some sessions were not exhaustive, need to allocate more time
- It would be helpful to follow up on how we are implementing lessons learnt
“Thank you very much the facilitators were great, humorous and very informative” (workshop participant)