

Rapid Review:

Results, Gaps and Lessons from Implementation of Strategies/Action Plans on Gender Equality and Key Populations -The Global Fund to Fight AIDS, Tuberculosis and Malaria

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Abbreviations

AMShER	African Men for Sexual Health
ASAP	AIDS Strategy and Policy
CCM	Country Coordinating Mechanism
CRG	Community, Rights and Gender
CSS	Community systems strengthening
DfID	Department for International Development
EANNASO	Eastern Africa National Networks of AIDS Service Organisations
EECA	Eastern Europe and Central Asia
EHRN	Eurasian Harm Reduction Network
FPM	Fund Portfolio Manager
GFAN	Global Fund Advocates Network
GFF	Global Financing Facility
GMD	Grant Management Division
HRI	Harm Reduction International
HSS	Health systems strengthening
ICASO	International Council of AIDS Service Organisations
ICW	International Community of Women Living with HIV
iERG	Independent Expert Review Group
INPUD	International Network of People Who Use Drugs
IRGT	Global Network of Transgender Women and HIV
IWHC	International Women's Health Coalition
LAC	Latin America and the Caribbean
MECA	Monitoring and Evaluation and Country Assessment
MENA	Middle East and North Africa
MSM	Men who have sex with men
MSMGF	Global Forum on MSM and HIV
MSMIT	MSM Implementation Tool
NFM	New Funding Model
NORAD	Norwegian Agency for Development Cooperation
NSWP	Global Network of Sex Work Projects
OIG	Office of the Inspector General
PEPFAR	President's Emergency Fund for AIDS Relief
PMI	President's Malaria Initiative
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention of mother-to-child transmission
PR	Principal Recipient
QUART	Qualitative Risk Assessment Tool
RCNF	Robert Carr Civil Society Networks Fund
RMNCH	Reproductive, maternal and newborn child health
SAGE	Strategic Actions for Gender Equality
SDG	Sustainable Development Goal
SIIC	Strategy, Investment and Impact Committee
SOGI	Sexual orientation and gender identity
SR	Sub Recipient
SSR	Sub Sub Recipient
SWIT	Sex Workers Implementation Tool
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
UNAIDS	United Nations Program on AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
W4GF	Women4GlobalFund
WHO	World Health Organization

Key definitions

The Rapid Review noted the following definitions provided in the Global Fund's Strategies/Action Plans:

Gender: The array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, changes over time, and varies widely within and across culture. Gender is relational and refers not simply to women or men but to the relationship between them¹.

Gender equality: Entails the concept that all human beings are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles or prejudices. Gender equality means that the different behaviours, aspirations and needs of boys and girls, women and men, and gender non-conforming individuals, are considered, valued and favoured equally. With gender equality, people's rights, responsibilities and opportunities will not depend on their gender identity².

Key populations: Those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized³.

A group is deemed to be a key population if it meets all of the following three criteria:

1. Epidemiologically, the group faces increased risk, vulnerability and/or burden with respect to at least one of the three diseases – due to a combination of biological, socioeconomic and structural factors.
2. Access to relevant services is significantly lower for the group than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility for such a group.
3. The group faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization – which increases vulnerability and risk and reduces access to essential services⁴.

Sexual orientation: Each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender (e.g. heterosexual) or the same gender (e.g. homosexual) or more than one gender (e.g. bisexual)⁵.

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Executive Summary

The *Gender Equality Strategy* (2008) and *Sexual Orientation and Gender Identities (SOGI) Strategy* (2009) were the first formal, strategic commitments by the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to addressing these areas within the institution's policies and investments.

In January 2016, the Community, Rights and Gender (CRG) Department commissioned a Rapid Review of the current frameworks for implementing the Strategies - the *Gender Equality Action Plan 2014-16* and *Key Populations Action Plan 2014-17*. The Review was conducted in January – March 2016 by an Independent Consultant, informed by over 45 key stakeholder interviews and 70 resources. It focused on the role of the Global Fund Secretariat in developing, implementing, monitoring and promoting the Action Plans. The Review will be complemented by a thematic evaluation of implementation of the *Gender Equality Strategy* at the country level, to be conducted by the Technical Evaluation Reference Group (TERG).

The Review made the following recommendations for actions by the Global Fund Secretariat to fulfil the high profile given to gender equality and key populations in the institution's Strategy for 2017-22:

Recommendation 1: Championing rights and needs. The Global Fund Secretariat should, alongside all Global Fund stakeholders, passionately embrace and fully implement its promised commitment to gender equality and key populations, as outlined in the Strategy 2017-22. The institution should remain an unequivocal champion of the rights and needs of women and girls and key populations, playing a leading and catalysing role within the global health and development architecture.

Recommendation 2: Action planning. The Global Fund Secretariat should integrate action on gender equality and key populations throughout all aspects of the operational plan for the Strategy 2017-22. It should also, for each of the two areas, develop a succinct, pull-out Action Plan for 2017-22, accompanied by an accountability framework.

Recommendation 3: Addressing challenges. The Global Fund Secretariat should ensure concerted, cross-Secretariat analysis to better understand the factors that limit national commitment, investment and scale-up of rights and evidence-based programming for gender equality and key populations – and, in turn, identify ways to incentivize and support improvement. The analysis should extend to identifying and implementing adjustments to the Global Fund's Funding Model, policies and systems. Areas for attention include:

- Addressing gaps in data (such as on access to treatment for key populations).
- Ensuring meaningful engagement *throughout* the grant cycle and relevant national processes (including in National Strategic Plan development, Concept Note finalization and grant making, implementation and monitoring).
- Improving the translation of identified gender equality and key population issues into programs and investment.
- Addressing neglected communities (such as transgender communities and young key populations).
- Protecting the gains (especially for key populations) in countries undergoing transition.
- Improving access to funding for communities.

Recommendation 4: Building capacity. The Global Fund Secretariat should further develop a comprehensive programme to strengthen its gender equality and key populations capacity and expertise. This should primarily focus on the Grant Management Division – providing concise technical tools and practical training (that addresses both technical issues and negotiation skills). The Secretariat should also scale-up and enhance capacity building opportunities for communities/civil society, including by extending the CRG Special Initiative and supporting the consolidation of successful training programmes.

Recommendation 5: Strengthening partnerships. The Global Fund Secretariat should strengthen the focus and accountability of its strategic partnerships. This particularly includes partnerships with:

- Technical partners - in order to: more clearly define shared objectives; ensure a transparent accountability framework; maximize the use of existing guidelines and tools; ensure shared conceptual clarity (such as on how gender relates to Malaria); address areas of weakness (such as the use of the results of gender analyses in Concept Notes); and prepare for emerging issues.
- Community networks - in order to: ensure meaningful engagement in Global Fund processes at all levels (such as regional networks that are implementing regional grants) maximize the use of existing good practices and tools; and develop critical policies and processes (such as for transition and sustainability)

The Review presents extensive examples of the progress being achieved by the Global Fund in implementing the objectives and activities outlined in its Action Plans on gender equality and key populations. It also shares the following ‘strategic messages’. These analyse the findings about the strengths, gaps and lessons learned from the Global Fund’s work in these areas, while also exploring their potential implications for future directions and entry points:

Strategic message 1: The Strategies/Action Plans on gender equality and key populations have provided clear and strategic frameworks - structuring and mobilizing work in these areas by the Global Fund Secretariat. The profiles and accountability of the Strategies/Action Plans have varied over time, while some aspects of them - such as the Global Fund’s definitions of ‘gender’ and ‘key populations’ and the relationship between the two – still require further clarity. The Strategies/Action Plans also need constant adaption, such as to changes in Global Fund policies and the dynamics of the external environment.

Strategic message 2: Through implementation of its Action Plans and rollout of the revised Funding Model, the Global Fund has made significant progress in the areas of gender equality and key populations. Improvements can be seen across the institution’s:

- | | | |
|-------------|---------------------------|--------------------------|
| * Policies | * Tools and good practice | * Capacity and expertise |
| * Processes | * Data and evidence | * Leadership |

In combination, these provide the ‘building blocks’ for, and are already contributing to, increased investment in the two areas.

Strategic message 3: Despite progress, in many contexts, the Global Fund’s achievements remain significantly constrained by limited national commitment, investment and scale-up of rights and evidence-based programming for gender equality and key populations. This fundamental barrier is exacerbated by further process and policy challenges, such as relating to:

- | | |
|---------------------------------------|---------------------------------------|
| * Limitations to data | * Grant implementation and monitoring |
| * Extent of meaningful engagement | * Supporting neglected populations |
| * Quality of representation | * Civil society capacity and funding |
| * Translation of issues to investment | * Transition and sustainability |
| * ‘Funding the right things’ | * Changing the ‘big picture’ |

In combination, these mean that – despite the overwhelming evidence of need – the Global Fund is not yet able to invest in gender equality and key populations at fast enough pace, large enough scale or high enough quality to fulfil its contribution to national and global commitments for the three diseases.

Strategic message 4: The Global Fund’s work on gender equality and key populations has been largely shaped by the HIV field – driven by epidemiological evidence, an active civil society and agreed good practice. Momentum is building within the field of TB, while directions remain less clear for Malaria (such as in terms of the relevance of ‘key population’ concepts and the importance of addressing gender-related barriers).

Strategic message 5: Commitment to, and capacity in, gender equality and key populations work has grown across the Global Fund Secretariat. However, it continues to heavily depend on the drive and expertise of the CRG Department and needs to be further institutionalized, in particular with stronger capacity in the Grants Management Division.

Strategic message 6: Strategic partnerships - with technical agencies and civil society - are essential to the success of the gender equality and key populations work of the Global Fund (as a financing institution without country presence). There are concrete examples of successful collaborations, such as to agree good practice, develop tools and provide technical support. However, some partnerships would benefit from a stronger focus and transparent accountability framework – to maximize complementarity and ensure greater impact.

Strategic message 7: The Global Fund’s new Strategy for 2017-22 presents an unprecedented opportunity to demonstrate institutional commitment to gender equality and key populations, taking the work in both areas to ‘another level’. However, success will depend on: integrating action on these areas *throughout* the operational plans; addressing identified gaps and weaknesses; securing positive outcomes on key policies (notably on transition and sustainability); and mobilizing collaborative action across the Global Fund.

The Rapid Review concluded that the Global Fund is poised at a critical and exciting juncture in the evolution of its work on gender equality and key populations. Significant work has been carried out - already leading to increased investments, while laying strong foundations for more in the future. However there remains a range of fundamental challenges that, if unaddressed, will severely limit further progress. There is overwhelming evidence of the need for the Global Fund to continue to prioritize and support programmes for specific communities – such as adolescent girls and young women in Sub Saharan Africa and men who have sex with men, sex workers, transgender people and people who inject drugs throughout the world, including in middle-income contexts. Meanwhile, the new Strategy for 2017-22 provides categorical proof of the institution’s commitment to these groups. The question remains: *‘How far can and will the Global Fund go to put its commitment into action?’* This refers to the Secretariat – in terms of how far it can and will mobilize and support the Global Fund as whole on these issues. However, it also refers to the Global Fund as a whole – in terms of how far the institution can and will - as one player among many, alongside governments and donors - leverage its influence to demand change.

Introduction

The Introduction outlines the purpose of this report and the aim and scope of the Rapid Review. It also describes the Enquiry Framework, participants and methods of the Review.

Purpose of report

This report presents the findings and conclusions of a Rapid Review of the Strategies/Action Plans on gender equality and key populations of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The report also makes recommendations for action by the Global Fund Secretariat, as summarised below and as detailed in Section 5.

Recommendations

Recommendation 1: Championing rights and needs. The Global Fund Secretariat should, alongside all Global Fund stakeholders, passionately embrace and fully implement its promised commitment to gender equality and key populations, as outlined in the Strategy 2017-22. The institution should remain an unequivocal champion of the rights and needs of women and girls and key populations, playing a leading and catalysing role within the global health and development architecture.

Recommendation 2: Action planning. The Global Fund Secretariat should integrate action on gender equality and key populations throughout all aspects of the operational plan for the Strategy 2017-22. It should also, for each of the two areas, develop a succinct, pull-out Action Plan for 2017-22, accompanied by an accountability framework.

Recommendation 3: Addressing challenges. The Global Fund Secretariat should ensure concerted, cross-Secretariat analysis to better understand the factors that limit national commitment, investment and scale-up of rights and evidence-based programming for gender equality and key populations – and, in turn, identify ways to incentivize and support improvement. The analysis should extend to identifying and implementing adjustments to the Global Fund's Funding Model, policies and systems. Areas for attention include: addressing gaps in data (such as on access to treatment for key populations); ensuring meaningful engagement *throughout* the grant cycle and relevant national processes (including in National Strategic Plan development, Concept Note finalization and grant making, implementation and monitoring); improving the translation of identified gender equality and key population issues into programs and investment; addressing neglected communities (such as transgender communities and young key populations); protecting the gains (especially for key populations) in countries undergoing transition; and improving access to funding for communities.

Recommendation 4: Building capacity. The Global Fund Secretariat should further develop a comprehensive programme to strengthen its gender equality and key populations capacity and expertise. This should primarily focus on the Grant Management Division – providing concise technical tools and practical training (that addresses both technical issues and negotiation skills). The Secretariat should also scale-up and enhance capacity building opportunities for communities/civil society, including by extending the CRG Special Initiative and supporting the consolidation of successful training programmes.

Recommendation 5: Strengthening partnerships. The Global Fund Secretariat should strengthen the focus and accountability of its strategic partnerships. This particularly includes partnerships with:

* Technical partners - in order to: more clearly define shared objectives; ensure a transparent accountability framework; maximize the use of existing guidelines and tools; ensure shared conceptual clarity (such as on how gender relates to Malaria); address areas of weakness (such as the use of the results of gender analyses in Concept Notes); and prepare for emerging issues.

* Community networks - in order to: ensure meaningful engagement in Global Fund processes at all levels (such as regional networks that are implementing regional grants) maximize the use of existing good practices and tools; and develop critical policies and processes (such as for transition and sustainability).

Aim of Rapid Review

The Rapid Review was commissioned by the Community, Rights and Gender (CRG) Department of the Global Fund. It was implemented by an Independent Consultant and took place in January – March 2016. The aim of the Review was to:

- **Assess the overall implementation** of the objectives and actions outlined in the Global Fund’s Strategies/Action Plans on gender equality and key populations – in terms of the key results, gaps and lessons learned; and
- **Make recommendations** on strategic actions and entry points to further advance the gender equality and key populations agendas within the operationalization of the Global Fund Strategy for 2017-22.

Scope of Rapid Review

The Rapid Review noted that issues relating to gender equality and key populations are fundamental to the Global Fund’s past, as well as critical to its future. As such, the Review had the potential to have a vast scale and remit. Given the limitations of time and resources, it was necessary to define its scope - as a process that was both ‘rapid’ (conducted in a short timeframe) and a ‘review’ (focused on high level strategic messages, as opposed to providing an activity-by-activity evaluation).

The Global Fund’s approaches to gender equality and key populations have evolved over time [see graphic in Annex 1]. This has been in response to a range of factors. These include changes in the global landscape, such as with: decreased funding for HIV; increased emphasis on gender (as a development and donor priority); and developments in knowledge about, and responses to, AIDS, TB and Malaria. They also include the evidence-based advocacy demands of civil society, in particular organisations and networks by and for key populations. In turn, these have factors have mobilised and influenced critical decisions by the Global Fund Board and the formation of the New Funding Model (NFM - now referred to as simply the Funding Model).

The Rapid Review was cognizant of this evolution. However, to ensure that its findings were as relevant as possible to the *current* and *future* work of the Global Fund, it focused on assessing progress on the most recent frameworks for these areas - the *Gender Equality Action Plan 2014-16* and *Key Populations Action Plan 2014-17*.

Background to Strategies/Action Plans on gender equality and key populations

In 2007, the Board of the Global Fund recognized the importance of addressing gender issues in responses to the three diseases, placing a particular focus on the vulnerabilities of women and girls and ‘sexual minorities’ (men who have sex with men (MSM), transgender people and female, male and transgender sex workers). Accelerated by this recognition, the Global Fund adopted two Strategies: the *Gender Equality Strategy* (2008)⁶ and *Sexual Orientation and Gender Identities (SOGI) Strategy* (2009)⁷. The implementation of these was to be guided by their respective Action Plans. However, as highlighted by an independent formative evaluation in 2011, these were inconsistently prioritized across the Global Fund’s structures. The evaluation also recommended that the Strategy on SOGI should be broadened to address key populations in the context of HIV as a whole, including people who inject drugs.

In 2013, the Board’s Strategy, Investment and Impact Committee (SIIC) reaffirmed the strategic importance of these areas to the Global Fund. The Secretariat developed new Action Plans to, within the context of the revised Funding Model, revitalize their implementation and set out institutional priorities. The objectives of the *Gender Equality Action Plan 2014-16* and *Key Populations Action Plan 2014-17* are provided in Sections 1 and 2 of this report, where they frame examples of progress. Their activities are listed in Annex 2 and 3, while key definitions (such as for ‘gender equality’ and ‘key populations’) are provided in the opening pages of this report.

In 2016, the Global Fund is planning the operationalization of its new Strategy for 2017-22. This has four Strategic Objectives focused on: investing to end the epidemics; building resilient and sustainable systems for health; respecting and promoting human rights and gender equality; and emphasizing innovation and partnerships. The Strategy presents an unprecedented opportunity to strengthen and scale-up investment in gender equality and key populations. However, it requires critical thinking - in terms of identifying and, in turn, implementing, the Global Fund's most effective strategic actions and entry points for these areas. This Rapid Review was designed to inform that process.

The Rapid Review specifically focused on the role of the Global Fund Secretariat in developing, implementing, monitoring and promoting the Action Plans for gender equality and key populations, while recognising the critical role of other stakeholders, including technical and civil society partners. The Review did not aim to serve as a formal quantification of the Global Fund's processes or investments in these areas at the country or regional level. However, it referred to available analyses to gain an *indication* of how the work of the Secretariat (such as to strengthen policies, refine guidelines and facilitate technical support) has affected such processes and investments. The Review will be complemented by a thematic evaluation of implementation of the *Gender Equality Strategy* at the country level, to be conducted by the Technical Evaluation Reference Group (TERG) later in 2016.

Enquiry Framework and methods of Rapid Review

The Rapid Review was based on an Enquiry Framework – a tool outlining six questions to be answered through the process [see Annex 4]. The Review was implemented through two methods:

1. **Comprehensive literature review:** This addressed over 70 resources – such as strategies, evaluations, research studies and data analyses - related to the development, implementation and assessment of the Global Fund's Strategies/Action Plans on gender equality and key populations [see Annex 5 for a list]. The Review made maximum use of the significant number of *existing* resources in this area – especially those based on consultations with constituency groups (such as sectors of key populations and civil society), whether conducted by the Global Fund or other organizations.
2. **Key stakeholder interviews:** These were conducted with over 45 representatives of: the Global Fund Secretariat, across all relevant departments; civil society organizations and networks (predominantly members of the CRG Advisory Group⁸); and Global Fund technical partners (predominantly United Nations agencies) [see Annex 6 for a list]. The interviews were semi-structured and conducted on a one-to-one basis or as focus group discussions.

Section 1. Examples of progress: Gender equality

Section 1 presents examples of progress achieved by the Global Fund in relation to its work on gender equality. The examples are grouped according to the four objectives of the *Gender Equality Action Plan 2014-16*.

Objective 1. Ensure that the Global Fund's policies, procedures and structures effectively support programs that address gender inequalities

Examples of progress in 2014-16:

- ⇒ **Funding Model policies and tools:** Development and rollout of a comprehensive set of policies and tools to promote action on gender equality within the revised Funding Model. Examples include: requirement for all Concept Notes to specify key human rights barriers and gender inequalities that may impede access to health services; guidelines for organisations of women, key populations and women living with HIV to be involved in Country Dialogues; increased gender-related information in Country Profiles to inform Country Teams and the Technical Review Panel (TRP); and information materials that specifically address gender (such as Information Notes on *Addressing Gender Inequalities* and *Strengthening Responses for Women and Girls*⁹) or integrate attention to gender (such as an Information Note on *Community System Strengthening (CSS)*¹⁰).
- ⇒ **Country Dialogues and Concept Notes:** Engagement by women's organizations in the Funding Model's iterative process for the majority of country proposals. Positive feedback received on the increased opportunities to present gender-related evidence, advocate on gender equality issues and promote gender-responsive programs¹¹. A review of 8 grants – conducted by AIDS, Strategy, Advocacy and Policy (ASAP) - found country commitment to analysing the gender dimensions of epidemics/responses and a number of high-quality gender-responsive programs¹².
- ⇒ **TRP review:** Provision of increasingly detailed and nuanced questions and comments by the TRP to improve the gender-related aspects of applications¹³. Also, consistent message from the TRP for countries to match their analysis of gender-related barriers with programming and investment in their Concept Notes.
- ⇒ **Gender assessments:** Conduct of gender assessments of national HIV responses in over 40 countries, using tools developed by the United Nations Program on AIDS (UNAIDS) to strengthen gender analysis in Concept Notes. Contributed to the increased inclusion of interventions, such as with programmes to address gender-based violence increasing from less than 10 to 30¹⁴. In 2015, development of a tool (with UNAIDS and the Stop TB Partnership) for joint HIV/TB gender assessments, with training provided to 35 consultants/community advocates and piloting conducted in 5 countries¹⁵.
- ⇒ **Strategic investments in gender equality and women and girls:** As of 2015, 55-60% of Global Fund spending was directed to women and girls (compared to 46% in 2010), with total investment of US\$ 15-16 billion since 2002¹⁶. In response to urgent trends and the changing environment – including HIV epidemiology (especially in Eastern and Southern Africa) and the Sustainable Development Goals (SDGs) - investment in women and girls has become a corporate priority, with priorities focused on:
 - **Adolescent girls and young women:** Re-allocation and/or scale-up of programming in countries where adolescent girls and young women are disproportionately impacted by HIV.¹⁷ This scale-up is done in coordination with DREAMS (a President's Emergency Fund for AIDS Relief (PEPFAR) programme to reduce HIV incidence among adolescent girls and young women by 40% in three years). In 2015, a baseline analysis of Global Fund investments in prevention for females aged 15-24 was conducted.As part of operationalizing the Strategy 2017-22, the Global Fund is working closely with technical partners and countries to inform national

- investment frameworks and National Strategic Plans with respect to the right mix of interventions to impact on incidence for this population.
- **Combination prevention and inter-sectoral approach:** Intensive collaboration in Eastern and Southern Africa to reach adolescent girls and young women with quality and comprehensive services across health, education and social protection. This includes ensuring the right combination of interventions, geographic and population targeting. For example, the Global Fund is supporting countries to work collaboratively with Ministries and partners, including PEPFAR, civil society, United Nations Children’s Fund (UNICEF), the World Bank and the private sector in supporting social protection programs and cash transfers to keep adolescent girls and young women in school (such as in HIV endemic/hyper-endemic areas in Kenya, Swaziland and South Africa).
 - **Integration with reproductive, maternal and newborn child health (RMNCH):** Investment in integrating HIV, TB and malaria interventions in other health platforms, notably RMNCH, to address the three diseases and improve the overall health of women. Including work with: United Nations Population Fund (UNFPA) to strengthen HIV/SRH linkages programmes; World Bank to, in selected countries, expand access to essential health services for women and children through facility-level performance-based financing; and Global Financing Facility (GFF) to engage in focus countries¹⁸ and increase domestic financing for RMNCH.
 - **Prevention of mother-to-child transmission (PMTCT):** Investment across the four prongs of PMTCT, with increasing support for implementation of Option B+¹⁹. Since 2002, the Global Fund has enabled 3.1 million pregnant women living with HIV to receive PMTCT services – making a major contribution to global success in eliminating mother-to-child HIV transmission and keeping mothers alive. Investment has also been expanded for antenatal care for delivery of malaria in pregnancy services, responding to the World Health Organisation (WHO) recommended prevention strategy in Sub-Saharan Africa.
 - **Gender-based violence:** Investment in addressing gender-based violence, including through integrating action on the three diseases with interventions for violence prevention, SRH services and post-rape care. Programmes supported in over 30 countries, totalling close to US\$ 50 million.
 - **Gender and key populations:** Integration of attention to gender within the scale-up of Global Fund investment in key population programming. According to the preliminary results of investment tracking, 28% of key population programming targets women, including transgender women, female sex workers, women who inject drugs and the female partners of MSM.
- ⇒ **Investment tracking:** Conduct of an analysis of 91 NFM grants in 28 countries that represent approximately 75% of the Global Fund’s investment and include countries with the highest burdens of HIV. Detailing the allocation of a total of US\$ 150 million to three gender-related areas: gender-based violence; PMTCT; and male circumcision²⁰. Findings to be completed and analysed in 2016.
- ⇒ **Data and grant management systems:** Conduct of intensive work with technical partners to revise data systems, indicators and grant-making tools to better capture, verify and use sex and age disaggregated data. National data systems improved in 50 countries, complemented by the Monitoring, Evaluation and Country Analysis (MECA) Department monitoring the impact of updated core indicator disaggregation in a sub-set of high HIV and TB burden countries in sub-Saharan Africa²¹.
- ⇒ **Investment in human rights and CSS:** Integration of gender within the major efforts to scale-up evidence-based programming on human rights (such as addressing legal barriers for women who inject drugs) and building resilient and sustainable systems for health (such as addressing CSS for women living with HIV).
- ⇒ **CCMs:** Elevating a minimum standard for CCMs to have a more balanced representation of men and women - with at least 30% female members (or

clear evidence of efforts to ensure an active voice for women) - to an eligibility requirement. As of 2015: the proportion of female CCM members was nearly 40% (compared to 34% in 2010)²²; and 37 CCMs were chaired by a woman (compared to 28 in 2010). CCMs' capacity is being strengthened through: an induction package (being rolled out in 2016) that incorporates gender; and a comprehensive gender and human rights training, being developed by the Global Fund and the United Nations Development Program (UNDP) and piloted in Namibia.

- ⇒ **OIG complaints procedure/risk management:** In May 2015, launch of a complaints procedure by the Office of the Inspector Gender (OIG) for human rights violations experienced by grant recipients, including relating to harmful gender norms and gender-related barriers. The OIG continues to track the risk of “*poor access and promotion of equity*” through the Qualitative Risk Assessment Tool (QUART) used by Country Teams in high impact countries and high-risk grants. In 2015, QUART was updated to include human rights factors. In 2016, the Risk Management and CRG Departments are piloting community-based monitoring in selected countries.
- ⇒ **Commodity management:** Gender-related issues integrated into procurement and supply chain management work. Including collaboration with: UNICEF to maximize the availability of essential non-HIV, TB and Malaria medicines and commodities, including for antenatal care, in 23 priority countries; and UNFPA to maximize the availability of essential medicines and commodities to women as a complement to Global Fund grants in 13 priority countries. Work has been enhanced by the adoption of a Supplier Code of Conduct, prohibiting discrimination and harassment in all forms, including relating to gender.

Objective 2. Establish and strengthen partnerships that effectively support the development and implementation of programs 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

Examples of progress in 2014-16:

- ⇒ **Mobilisation/technical support for the Funding Model:** Implementation of multiple partnerships to build understanding of, and mobilise engagement in, the revised Funding Model. For example, partnering with: bilateral and technical partners (such as the German BACKUP Initiative, Stop TB Partnership, UNAIDS, UNICEF, WHO, UNDP and UNWomen) to provide information, training and support for gender advocates to engage in Country Dialogues and Concept Note development; UNDP to develop a checklist for gender integration into the Funding Model; and UNAIDS and Stop TB Partnership to develop tools for gender assessment.
- ⇒ **Technical partnerships:** Implementation of multiple partnerships – sometimes formalised through Memorandums of Understanding – with technical agencies, focused on the Global Fund's strategic priorities for gender equality. Involving the development of good practice, alignment of interventions, rollout of guidelines, development Global Fund-specific tools and conduct of joint activities. Areas of partnership include:
 - **Adolescent girls and young women**, including with All In!, DREAMS/PEPFAR, UNAIDS, UNICEF and WHO.
 - **Keeping girls in school**, including with the Global Partnership for Education, World Bank, Department for International Development (DfID), PEPFAR and Norwegian Agency for Development Cooperation (NORAD).
 - **Addressing gender-based violence**, including with WHO and UNWomen.
 - **Integration with RMNCH**, including with UNICEF, UNFPA, GAVI, World Bank, GFF and Partnership for Maternal, Newborn and Child Health (PMNCH).
 - **PMTCT and other antenatal care**, including with WHO, UNICEF and UNFPA.
 - **Gender and key populations**, including with UNAIDS.

- ⇒ **Partnerships on TB and malaria:** Implementation of partnerships to identify and address the gender aspects of Global Fund investments in TB and malaria. Including working with: the Stop TB Partnership, such as to develop a TB gender analysis tool for Concept Notes; the US President’s Malaria Initiative (PMI), such as to host a technical workshop at the Global Fund Secretariat; and UNDP, such as to inform discussion papers on gender and TB and gender and malaria²³.
- ⇒ **Partnerships with civil society:** Implementation of multiple partnerships to: build Global Fund-related knowledge and capacity among constituents; promote engagement in gender responses; conduct joint advocacy; and facilitate strategic inputs into Global Fund strategies. Examples include with: the Global Network of Sex Work Projects (NSWP) to facilitate regional trainings on the Funding Model; Women4GlobalFund (W4GF), the International Community of Women Living with HIV (ICW), the Stop TB Partnership and the Global Coalition of TB Activists (GCTA) to hold global and regional workshops on gender and the Funding Model (with over 150 women leaders from 60 countries); and the International Women’s Health Coalition (IWHC) for a global consultation to inform the Global Fund Strategy 2017-22²⁴. Accountability strengthened through the establishment of a Secretariat CRG Advisory Group, including representatives of ICW and NSWP.
- ⇒ **CRG Special Initiative:** Implementation of a US\$ 15 million Special Initiative to support civil society engagement in the Funding Model. Strengthening work on gender equality through: 1. Short-term technical assistance for Country Dialogue and Concept Note development (with 25% of delivered assignments focused on developing gender-responsive interventions); 2. Grants, through the Robert Carr Civil Society Networks Fund (RCNF), for the long-term capacity development of 8 key population networks, including ones focused on women living with HIV²⁵; and 3. Six regional Coordination and Communication Platforms, enabling women’s groups to access Global Fund information and connect to broader health advocacy.
- ⇒ **Working Groups and global initiatives:** Facilitation of internal Working Groups (such as on Gender, Gender and TB and Adolescents) to strengthen the Global Fund’s technical approaches and alignment across Departments/institutions. Working Group on Adolescents produced a 6-country assessment of Global Fund investments and support to processes related to adolescents, with the findings presented at a youth stakeholder convening and used to inform the priorities for the Strategic Actions for Gender Equality (SAGE) Project. Also, active engagement in global initiatives, such as: joining the Every Woman Every Child campaign; participating in the Geneva Gender Champions; participating in the Board of All-In!; hosting a DfID High Level Meeting on Adolescent Girls and Young Women; and participating in the UN Global Strategy for Women’s and Children’s Health, including by submitting a comprehensive report to the Independent Expert Review Group (iERG)²⁶.

Objective 3. Develop a robust communications and advocacy strategy that promotes the Gender Equality Strategy and encourages programming for women and girls and men and boys

Examples of progress in 2014-16:

- ⇒ **Corporate and executive communications:** High profile given to women and girl issues in core corporate communications, such as: the *Results Report 2015*²⁷; the Global Fund website (<http://www.theglobalfund.org/en/womengirls/>); and exhibits and presentations at global and regional events, such as AIDS Conferences and the World Conference on Lung Health. In 2015, two films were released about the importance of gender to the Global Fund and the institution’s work in the area. Also, key advocacy messages on women and girls incorporated into communications by the Global Fund’s senior leadership, notably the Executive Director, such as through: speeches and panels at high profile events (such as the 2015 Financing for Development Conference and the 2015 Oslo Summit for Education in Development); and numerous blogs and opinion pieces (such as a VOICES article co-authored by Mark Dybul and Graca Michel on the role of health and education in gender equality)²⁸.

⇒ **Gender-specific resources:** Production of specific materials to promote the Global Fund's strategies and results relating to women and girls. Examples include the: *Improving the Health of Women and Girls* report (2015)²⁹; and *Focus on Women and Girls* briefing (2015).

Objective 4. Provide leadership, internally and externally, by supporting, advancing and giving voice to the Gender Equality Strategy

Examples of progress in 2014-16:

- ⇒ **Global Fund Board:** High profile of gender issues in Board and Committee deliberations, including through: the Executive Director's Reports and CRG Reports; and relevant decision points (such as, in April 2015, on co-infections and co-morbidities, approving the inclusion of cervical cancer screening in Concept Notes). In 2014, the CRG Department, Communities Delegation and W4GF conducted gender workshop for the Board.
- ⇒ **Executive leadership:** Strong internal and external leadership on women and girls issues demonstrated by the Global Fund Executive Director, such as through sponsorship of Project SAGE and participation in high profile international events related to gender.
- ⇒ **Project SAGE:** In 2016, launch of an internal management project to shift the Secretariat's culture and capacity on strategic investments for gender equality and quality programs for women and girls. Focuses on: replenishment; data and grant management; and policies, structures, procedures and partnerships. Sponsored by the Executive Director, with a cross-Secretariat Steering Committee and detailed workplans, with specified outcomes and responsibilities. SAGE builds on previous capacity building within the Secretariat, including: training Gender Focal Points, such as for the TRP and Grant Management Division (GMD); having 'brown bag' sessions (to share good practice, such as on cash transfers); and providing CRG training to Country Teams.
- ⇒ **CRG Department:** Enhancement of the Secretariat's in-house capacity and leadership through establishment of the CRG Department in late 2013, now including two gender advisors who serve as the focal points for mobilising action on gender equality within the rollout of the Funding Model and Global Fund Strategy.
- ⇒ **Global Fund Strategy 2017-22:** Extensive consultation conducted with gender stakeholders from all regions, such as through civil society pre-meetings at Global Fund Partnership Forums (in Addis Ababa, Bangkok and Buenos Aires³⁰) and position papers by women and gender networks. Secured an unprecedented high profile for issues in the Strategy, notably Strategic Objective 3 that recognises the need to scale-up programmes for women and girls and better integrate disease programs with SRH³¹. In 2016, operational plans are being developed for the Strategy. Also, gender issues are being raised in the development of accompanying policies, such as on challenging operating environments – with an emphasis on addressing gender-based violence within a differentiated approach in such contexts. Gender issues in such environments have been raised in papers for the SIIC and TERG and, in 2016, an expert meeting convened by the CRG Department, GMD and Policy Hub.
- ⇒ **Key performance indicators (KPIs):** Input sought on gender-related KPIs for the new Global Fund Strategy, including through: a review of gender indicators commissioned from the Karolinska Institute³²; and consultations with civil society, including two CRG Department partnership calls with over 100 participants. A Strategic KPI related to reducing gender and age disparities is proposed, as measured by HIV incidence in women and girls aged 15-24 in selected countries and additional gender-related Implementation KPIs are under development.
- ⇒ **Replenishment:** Scaling-up programmes for women and girls is central to the communications package for the 2016 Global Fund Replenishment, including the Investment Case and the advocacy messages for use with donors and governments and at high profile events, such as Women Deliver (May 2016).

Section 2. Examples of progress: Key populations

Section 2 presents examples of progress achieved by the Global Fund in relation to its work on key populations. The examples are grouped according to the five objectives of the *Key Populations Action Plan 2014-17*.

Objective 1. Investment levels targeting key populations

Examples of progress in 2014-16:

- ⇒ **Investment tracking:** Development of a tracking tool by the Secretariat to enable more systematic and on-going assessment of Global Fund investment levels in key populations. Tool being for all HIV and HIV/TB grants approved under the (new) Funding Model by late 2015, involving: a line-by-line analysis of signed budgets to identify interventions targeting MSM, transgender people, sex workers and people who inject drugs; and categorisation of those interventions according to WHO's *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (2014). Results to be published in 2016 – providing a baseline of investments for MSM, transgender people and sex workers and an update for people who inject drugs, against which to track implementation of the Global Fund Strategy 2017-22. By April 2016, over 100 grants had been reviewed, valued at some US\$ 3.5 billion. Early indications suggest an increase in investment in evidence-informed interventions for key populations relative to total grant size and in contexts where burden among such populations is disproportionate.
- ⇒ **In-depth analysis of HIV investment for key populations:** In 2016, investment tracking being complemented by a 'deep dive', qualitative study of the factors affecting investments for key populations in 6 – 8 countries. Examples of factors being assessed include: actions by the Global Fund Secretariat; Country Dialogue processes; key population representation; availability of strategic information; stigma, policy and legal frameworks; and provision of technical assistance.
- ⇒ **Investment in harm reduction:** In 2015, conduct of an analysis of investment in harm reduction programming against baseline data from before the (new) Funding Model. Findings included that: the Global Fund remains the largest funder of harm reduction globally; there is a significant increase in funding requests for harm reduction from African countries; the Funding Model has contributed to the funding of more effective interventions (such as needle and syringe programming and Hepatitis C treatment); the Global Fund no longer funds harmful interventions (such as detention centres); and spending on harm reduction is now more focused, with 75% allocated to comprehensive packages (compared to 60% under the previous Model)³³.
- ⇒ **Support to country investment:** By early 2016, provision of some form of direct support from the CRG Department and Country Teams to mobilise investment in key populations, CSS and human rights programmes in 83 of the 112 countries funded under the revised Funding Model. Including support to: review Concept Notes; design Country Dialogues; address TRP comments; and define monitoring and evaluation frameworks. Complemented by intensified support to selected countries.
- ⇒ **Support to regional investment:** By early 2016, provision of some form of direct support by the CRG Department to Country Teams to mobilise investment in key populations, CSS and human rights in 20 of the 32 regional Expressions of Interest, including support to: review Concept Notes; design Regional Dialogues; address TRP comments; and define monitoring and evaluation frameworks. Complemented by intensified support to selected regions. Of the 10 regional grants approved by the Board by March 2016, 7 focus on key populations and people living with HIV, including one specifically addressing harm reduction. Of the 15 regional Concept Notes submitted in the January 2016 funding window, 10 focus on key populations and people living with

HIV, including 4 specifically addressing harm reduction.

- ⇒ **Investment in human rights, gender and CSS:** Integration of attention to key populations within the Global Fund's major efforts to strengthen and scale-up action in critical related areas, such as through: an analysis of 50 grants to assess investment in human rights and CSS interventions, including those for key populations; and a review of the evidence-base for human rights interventions, including for key populations.
- ⇒ **Funding Model tools and Modular Template:** Development of a comprehensive set of tools and revision of the Modular Template – in collaboration with civil society and technical partners - to support the roll-out of the (new) Funding Model and ensure alignment with good practice and normative guidelines for key populations. Examples of tools include Information Notes on harm reduction³⁴ and on sex work, MSM and transgender people³⁵.

Objective 2. Inclusion of key populations in country and regional processes

Examples of progress in 2014-16:

- ⇒ **CCMs:** Introduction of the revised CCM Eligibility Requirement 4 (approved by the SIIC in 2013) mandating inclusion of key population representatives in CCMs³⁶. In many contexts, the requirement has significantly increased the level of key population participation. The number of countries self-reporting having at least one key population member of their CCM has increased from 53 in 2014 to 61 in 2016.
- ⇒ **Country Dialogues and Concept Note development:** Implementation of the Funding Model's requirements and iterative process that institutionalise multi-sectoral consultation. Overall, positive feedback received about the increased opportunities for engagement by key populations. For example, in a survey of over 2,000 key population/civil society representatives involved in Windows 1-8, 84% reported good or very good experiences of Country Dialogues and finding the new process better than the previous rounds-based system. In selected countries, key population engagement has been enhanced through intensive support from the Global Fund Secretariat and technical and civil society partners. Examples include: a pilot programme to strengthen and systematise key population engagement in Funding Model processes in 10 countries, evaluated by the International Council of AIDS Service Organisations (ICASO)³⁷; and, in 2014, provision of targeted support to 10 countries, including in Eastern Africa, to ensure the inclusion of people who inject drugs in Country Dialogues and attention to evidence-based harm reduction in Concept Notes. Lessons learned about the engagement of key populations in HIV programming in the Funding Model have been extensively analysed by the Global Fund and civil society partners, such as African Men for Sexual Health and Rights (AMSHer)³⁸ and the Global Network of Transgender Women and HIV (IRGT)³⁹.
- ⇒ **CRG Special Initiative:** Implementation of a US\$ 15 million CRG Special Initiative to support communities/civil society engagement in the Funding Model. Strengthening work on key populations through: 1. Short-term technical assistance for Country Dialogue and Concept Note development, with many of the over 70 obligated assignments focusing on engagement and interventions for key populations; 2. Grants, through the RCNF, for long-term capacity development of 8 key population networks, including ones for people who use drugs, MSM, transgender people, sex workers and young key populations⁴⁰; and 3. Six regional Coordination and Communication Platforms, serving as forums for community and key population organisations to access Global Fund information and connect to broader health advocacy.

Objective 3. Creating measurable deliverables and improved reporting mechanisms

Examples of progress in 2014-16:

- ⇒ **Size estimates and programmatic mapping:** Within the US\$ 17 million Special Initiative on Data, approved by the Board in 2014, US\$ 6 million allocated to conduct size estimates and programmatic mapping for key populations in 15 high-impact countries to support evidence-based programming and advocacy. Teams across the Secretariat and partners, led by the MECA Department, have collaborated to: support the development and screening of country proposals for this work; engage communities; and ensure that ethical and human rights considerations are addressed. The Initiative has helped to increase attention to key populations in countries and provided denominators to inform program design. The process has been supported through: regional workshops – involving key populations - in Africa, Asia, Latin America and the Caribbean (LAC) and Eastern Europe and Central Asia (EECA); a Global Fund position paper on size estimation and collection of spatial data⁴¹; and internal guidance on measuring and reporting programmatic coverage for key populations. The fieldwork and reports have been completed in 7 countries, with the remainder due by the end of 2016. The Special Initiative also leveraged additional resources from Global Fund grants and partners to improve national data systems in 50 additional countries.
- ⇒ **KPIs:** Within the development of the Global Fund Strategy 2017-22, performance measurement of key population issues is being strengthened through the development of relevant corporate and implementation KPIs, informed by extensive consultation with technical partners and communities. The proposed new KPI 5 will shift the focus from key population size estimates to coverage of prevention and treatment services in selected countries. Community monitoring and/or community-led survey will be instrumental in measuring treatment coverage amongst key populations living with HIV.
- ⇒ **OIG complaints procedure/risk management:** Launch, in May 2015, of a complaints procedure by the OIG for human rights violations experienced by grant recipients, including key populations. Also, the OIG continues to track the risk of “*poor access and promotion of equity*” through the QUART used by Country Teams in high impact countries and high-risk grants. In 2015, QUART was updated to include factors related to human rights, such as stigma and laws that harm human rights, including of key populations. In 2016, the Risk Management and CRG Departments are piloting community-based monitoring in selected countries.

Objective 4. Reinforce knowledge among Global Fund staff and partners

Examples of progress in 2014-16:

- ⇒ **CRG Department:** Enhancement of the Global Fund Secretariat’s in-house capacity through establishment of the CRG Department in late 2013. Now, its 7 advisors (3 of whom focus on key populations) offer expertise on CRG issues (including on key populations, human rights, gender and community responses and systems), with the Department serving as the lead for a Secretariat-wide effort to increase capacity and collaboration on CRG issues in the rollout of the Funding Model. In 2014, the Global Fund’s relationship with – and accountability to - key population networks and other civil society leaders was formalised through the formation of a CRG Advisory Group to inform the Secretariat’s policy and strategy development.
- ⇒ **Secretariat capacity building:** Implementation of a range of initiatives, often led by the CRG Department, to increase knowledge and capacity on key populations within the Global Fund Secretariat. Examples include:
 - ‘Brown bag’ lunches, such as with WHO presenting the *Guidelines on Diagnosis, Prevention, Treatment and Care for Key Populations* (2014)⁴².
 - Training workshops, such as with NSWP, UNAIDS and WHO providing a workshop for Country Teams on the *Sex Worker Implementation Tool* (the SWIT)⁴³.
 - Training of 24 CRG Focal Points in the GMD, to serve as liaisons with Regional Managers, Fund Portfolio Managers (FPMs) and Country Teams.

- Inclusion of CRG issues as part of the formal in-person and on-line induction and training of Global Fund staff.
- Citation of responsibility for stakeholder management with key population representatives in the job description for FPMs⁴⁴.
- ⇒ **Partnerships with civil society:** Implementation of multiple partnerships with global/regional civil society organisations to: build Global Fund knowledge and capacity among constituents; promote the engagement of civil society in key population responses; conduct joint advocacy; and facilitate strategic inputs into Global Fund strategies.
- ⇒ **Promotion of technical tools:** Collaboration with technical and civil society partners to develop, adapt and utilise good practice tools for key population engagement and programming within Global Fund processes. Examples include the series of implementation tools - such as the *MSM Implementation Tool* (MSMIT) - developed by the Global Forum on MSM and HIV (MSMGF) and UN technical agencies⁴⁵.
- ⇒ **CCM capacity building:** Incorporation of four one-hour CRG modules (addressing areas such as key populations, CSS, gender and human rights) in an induction package for new members of CCMs.
- ⇒ **Information sharing with TRP:** Supporting TRP members to identify and address key population issues within their review of Concept Notes⁴⁶, including through having TRP CRG Focal Points and briefings by the CRG Department. The TRP provides increasingly nuanced comments to improve the key population-related aspects of applications, including clear messages for countries to better reflect the identified needs of key populations in their final Concept Notes and budgets⁴⁷.
- ⇒ **Partnerships with technical agencies:** Implementation of multiple partnerships at country, regional and global levels to ensure the high technical quality of key population investments by the Global Fund. Examples include partnerships through:
 - **Global Fund Working Groups** – such as the Harm Reduction Working Group that involves WHO, United Nations Office on Drugs and Crime (UNODC), PEPFAR, International Drug Policy Consortium, International Network of People who Use Drugs (INPUD) and Harm Reduction International (HRI).
 - **External Working Groups and Task Teams** – such as the Inter-Agency Technical Working Group on Key Populations and the Global Platform to fast track HIV and human rights responses among gay, bisexual men and other MSM.
 - **Disease-specific collaborations** – such as with UNAIDS to develop a Q&A and other resources on good practice HIV programming for key populations. Also, with the Stop TB Partnership to more clearly define key populations in the context of TB, including contributing to: an international meeting on key populations and TB (2015); the development of briefings on key populations and TB⁴⁸; the 46th Union World Conference on Lung Health (2015); and the conceptualisation of a methodology to track investments in TB-related key population programming.
 - **Multi-agency collaborations** – such as participating in the Board of PEPFAR’s LINKAGES and collaborating with others in the program to, in 20 countries: develop indicators to address the cascade of services for key populations; and conduct joint programme assessment country visits.

Objective 5. Leadership and advocacy by and for key populations

Examples of progress in 2014-16:

- ⇒ **Global Fund Board:** High profile of key population issues in Board and Committee deliberations, including through relevant decision points (such as GF/B33/DP08 on the funding of treatment for co-infections and co-morbidities, including Hepatitis C) and the annual CRG Report.
- ⇒ **Global Fund leadership:** Inclusion of advocacy messages relating to key populations within internal and external communications – such as speeches and media interviews - by the senior leadership of the Global Fund, including the Executive Director.
- ⇒ **Global Fund Strategy 2017-22:** In 2015, extensive consultation on the new Strategy conducted with key populations stakeholders from all regions, such as through civil society pre-meetings at Global Fund Partnership Forums (in Addis Ababa, Bangkok and Buenos Aires⁴⁹) and position papers submitted by key population networks. Secured strong articulation of commitment to key populations in the new Strategy, including within: Strategic Objective 1.e. *Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases*; and Strategic Objective 3.e. *Meaningful engagement of key and vulnerable populations and networks in the global fund-related processes*. In 2016, operational plans are being developed for the Strategy.
- ⇒ **Global Fund policies:** Incorporation of key population issues in the development of policies to accompany the Global Fund Strategy 2017-22, such as the:
 - **Allocation methodology** – emphasising key populations’ concerns about sustaining the gains achieved from Global Fund’s investment in middle-income countries with concentrated epidemics where the HIV burden among key populations is disproportionately high.
 - **Sustainability and transition policy** – emphasising key populations’ significant concerns that responsible transitions from Global Fund financing should: ensure meaningful engagement of key populations in all stages of planning and implementation; address the willingness of governments to pay for key population programmes; and include action on barriers to the contracting of civil society organisations by governments.
- ⇒ **Global Fund Replenishment:** In 2015-16, integration of key population issues within the Global Fund’s Replenishment messages and activities, including through coordination with civil society advocates, such as the Global Fund Advocates Network (GFAN), to develop the Investment Case and identify advocacy messages for key stakeholders.
- ⇒ **Global Fund communications:** Inclusion of issues and data relating to key populations within the Global Fund’s: corporate communication materials (such as results reports and case studies); and exhibits and presentations at regional and global events, such as AIDS Conferences.

Section 3. Analysis: Strengths, gaps and lessons learned

Section 3 presents an analysis of the overall findings of the Rapid Review. These are grouped under strategic messages about the strengths, gaps and lessons learned from implementation of the Global Fund's Strategies/Action Plans on gender equality and key populations.

As seen in Sections 1 and 2, the Rapid Review identified a significant number and range of examples of progress by the Global Fund Secretariat in developing, implementing, monitoring and promoting the objectives and activities of the *Gender Equality Action Plan 2014-16* and *Key Populations Action Plan 2014-17*. The following pages analyse those results and consider additional inputs into the Review, including those gained through key stakeholder interviews. The analysis is grouped under seven 'strategic messages'. These examine the relevant strengths, gaps and lessons learned from the Global Fund's work, while also exploring their potential implications for future directions and entry points:

Strategic message 1: The Strategies/Action Plans on gender equality and key populations have provided clear and strategic frameworks - structuring and mobilizing work in these areas by the Global Fund Secretariat. The profiles and accountability of the Strategies/Action Plans have varied over time, while some aspects of them - such as the Global Fund's definitions of 'gender' and 'key populations' and the relationship between the two – still require further clarity. The Strategies/Action Plans also need constant adaption, such as to changes in Global Fund policies and the dynamics of the external environment.

Strong, overarching frameworks

The Rapid Review concurred with the 2011 formative evaluation⁵⁰ that the Global Fund's Strategies/Action Plans on gender equality and key populations have provided important, overarching frameworks to guide the institution's work in these areas. They serve as a strong statement that these issues matter to the institution. They articulate: the rationale for attention to the areas within responses to the three diseases; the definitions of key terms and concepts; the Global Fund's priorities; and the role of the Global Fund, as a financing institution, within the wider context of global health and international commitments⁵¹.

While the Strategies/Action Plans do not detail every action to be taken, they communicate the strategic measures required to "augment and reinforce" efforts⁵². For example, the Strategy for gender equality clearly states the Global Fund's "positive bias in funding towards programmes and activities that address gender inequalities and strengthen the response for women and girls". It sets out the institution's strategic priorities⁵³ and the types of programmes that will be championed and funded⁵⁴. The Strategy and, in turn, Action Plan, is seen as a critical tool in the major 'change in gear' being achieved in the Global Fund – with work relating to women and girls now a high strategic priority, accompanied by increasingly visible results [see box].

Driving change for women and girls

Between 2005 and 2014, AIDS-related deaths among women aged 15 years and above declined 58% in 13 key African countries where the Global Fund invests, while declining 39% among men the same age. Antiretroviral therapy is becoming available to more women and more women are staying on treatment. In many countries, rates of new HIV infections have been dropping faster among men than among women. However, experience in high-HIV burden countries in Africa with Global Fund-supported programs, shows that new infection rates are declining equally among women and men.

Endorsed by the Board, the Strategies/Action Plans on gender equality and key populations are a critical tool for advocacy/mobilization both within the Global Fund and among external stakeholders.

As described by a member of the CRG Department: "Having something in our hands that is formally endorsed gives us traction. It provides an entry point for sensitive discussions at all levels and with all stakeholders. It also serves as a standard - with which to push for commitment and coherence across the organization."

Varied profiles and accountability

From their development to the current day, the gender equality and key populations Action Plans have had a varied profile. This refers to their level of visibility, such as with, among the stakeholders interviewed for the Review: some being very familiar with their contents; many knowing the basics of what they are about; and a few (both within and external to the Secretariat) not knowing of their existence. It also refers to their levels of momentum. For example, while the 2011 formative evaluation found strong momentum around key population issues⁵⁵, this Review found a peak around women and girls (driven by epidemiological data, donor interest and executive leadership).

The ownership of the Action Plans also appears to have experienced ups and downs. In interviews with members of the GMD, while some spoke passionately about “our” Plans, others referred to them as “the business of the CRG Department”. Meanwhile, in interviews with members of the CRG Advisory Group, some people spoke about feeling “intimately involved and very motivated” in the early days of the *Key Populations Action Plan 2014-17*, but “disconnected” from it currently. The Action Plans have provided important potential for Global Fund accountability in these areas, with, for example, the *Gender Equality Strategy* committing to a “rigorous monitoring and evaluation framework”. However, the Action Plans have lacked formal monitoring, although updates on their progress are currently incorporated into other processes, such as the annual CRG Report submitted to the Global Fund Board and twice-yearly presentations made to the CRG Advisory Group.

These dynamics reflect the challenges of thematic strategies within the complex and fast-paced environment of the Global Fund. However, they are of concern, as - without a strong profile, ownership and accountability - the Action Plans risk being theoretical rather than ‘live’ documents.

Further conceptual clarity

The Review highlighted the need for further conceptual clarity around aspects of the Strategies/Action Plans. A critical example is the understanding of ‘gender’ in the context of the Global Fund’s work – notably whether it refers to a holistic concept (that includes men and boys, as well as sexual and gender minorities) or solely to ‘women and girls’. While the terminology is spelt out in a number of documents, there remains concern among some stakeholders that the Global Fund has moved too far towards the latter, more narrow interpretation. Meanwhile, the TRP has noted that, for example, gender analysis should “examine the entire gender spectrum”⁵⁶.

A further example is ‘key populations’. The term is clearly articulated – and nuanced - for each of the three diseases in the *Key Populations Action Plan*. However, in practice, it remains problematic within some dialogues - and among some stakeholders - in relation to TB and malaria. The debate focuses around whether there are key populations for the two diseases and, if so, how those populations are defined and how they should, or should not, be specifically targeted within Global Fund grants.

The Review also identified questions about how the Global Fund’s efforts in these areas do or do not connect. The original Strategies on gender equality and SOGI made clear references to each other⁵⁷ and were conceived to be “aligned and mutually reinforcing”, as “components of a single Global Fund Gender Strategy”⁵⁸. However, there is concern that, over the years, the workstreams have developed in parallel, with a lack of systematic overlap. This is of concern as it risks creating competition, rather than complementarity, between the two areas. It also risks attention to critical communities – such as transgender people and male sex workers – ‘falling between the gaps’ of the two Action Plans.

Adaptation to dynamic environment

The Review acknowledged that both Action Plans have occurred in a period of immense change, both in the Global Fund and the global environment. For example the focus of the *Key Populations Action Plan 2014-17* on the initial roll-out of the new Funding Model has now been superseded by the need to strengthen specific elements of the Model, such as related to grant-making and implementation. Meanwhile, the Sustainable Development Goals (SDGs) and changing patterns of economic development now require emphasis on integration, transition and sustainability.

Strategic message 2: Through implementation of its Action Plans and rollout of the revised Funding Model, the Global Fund has made significant progress in the areas of gender equality and key populations. Improvements can be seen across the institution’s:

- Policies
- Processes
- Tools and good practice
- Data and evidence
- Capacity and expertise
- Leadership

In combination, these provide the ‘building blocks’ for, and are already contributing to, increased investment in the two areas.

The Rapid Review found that, as outlined in Sections 1 and 2, there are multiple examples of important progress in the Global Fund’s work on gender equality and key populations. Achievements are evident under all of the objectives of the two Action Plans and, as described in the following pages, results are seen across the institution’s work. Collectively, these measures provide the critical ‘building blocks’ for accelerated and scaled-up action on gender equality and key populations – with indications that, over time, more and better investment is being secured through country and regional grants.

The Rapid Review identified examples of progress⁵⁹ in relation to the Global Fund’s:

Areas of progress in gender equality and key populations	
Policies	Work on gender equality and key populations has been enhanced through the introduction or modification of a number of key Global Fund policies. A critical example is the changes made to the Eligibility Requirements and Minimum Standards for CCMs [see case study].
Processes	<p>Work on gender equality and key populations has been enhanced through the Funding Model’s iterative process and institutionalised participation. Multiple studies - such as by ICW⁶⁰, Eastern Africa National Networks of AIDS Service Organisations (EANNASO)⁶¹ and IRGT⁶² - credit Country Dialogues for unprecedented opportunities for engagement by communities, especially those traditionally excluded from national planning. The Communities Delegation cites the “catalytic role” of the requirements for engagement⁶³, while AMSHER notes the “substantive progress” in the participation of key populations⁶⁴. A further critical example of a process is the introduction of gender assessments – which, now conducted in over 40 countries for HIV, serve as a vital step in the development of high quality gender-responsive programs.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“Through the NFM, I have witnessed discussions in countries like never before. I have seen Ministers, sex workers and women’s organizations sitting at the same table, speaking passionately, but respectfully, with each other. This has never happened before and it is remarkable.”</i></p> <p style="text-align: right;">Fund Portfolio Manager</p> </div>

Tools and good practice	Work on gender equality and key populations has been enhanced through the provision of an unprecedented set of tools – developed by the Global Fund and technical partners - to support country/regional stakeholders to develop Concept Notes. Examples include the: Modular Template (providing guidance on addressing relevant issues within disease proposals); TB/HIV gender assessment tool; and Information Notes, such as on harm reduction ⁶⁵ and RMNCH ⁶⁶ . These tools have been supported by the increasing availability of normative guidelines ⁶⁷ and good practice guidance ⁶⁸ developed by the Global Fund’s technical and civil society partners.
Data and evidence	Work on gender equality and key populations has been enhanced through the growing wealth of evidence and data analyses. Examples include: the existing results of the over 40 gender assessments conducted of national HIV and TB responses; and the emerging results of the key populations investment tracking exercise (which will provide invaluable information about the type and scale of investments being made in different interventions). Also, under the Special Initiative on Data, the size estimates and programmatic mapping work for key populations will support evidence-based programming in 15 high-impact countries, while national data systems have been improved in 50 countries.
Capacity and expertise	Work on gender equality and key populations has been enhanced through a range of capacity building efforts to build knowledge and skills on gender equality and key populations among Global Fund stakeholders. Examples have included the provision of: gender training to the Board; training of CRG Focal Points (including for the TRP and GMD); sensitisation sessions for staff (such as by the MSMGF); a CCM induction package; Women4GF workshops for grass-roots gender advocates; and technical assistance for civil society through the CRG Special Initiative [see case study]. Such efforts have been complemented by the work of the CRG Department and GMD to provide tailor-made reviews and inputs into country and regional proposals.
Leadership	Work on gender equality and key populations has been enhanced through the strong and high-level leadership given to the Global Fund’s work in these areas. A key example is the role of the Executive Director in driving institutional action to accelerate and scale-up investment in women and girls in Sub Saharan Africa, including through Project SAGE [see case study].

Case studies of progress on gender equality and key populations

CCM Requirements and Minimum Standards⁶⁹

In 2013, the Global Fund introduced changes to the Requirements of CCMs, including: *“Requirement 4: The Global Fund requires all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people affected by and representing people affected by Tuberculosis and Malaria as well as people from and representing Key Affected Populations, based on epidemiological as well as human rights and gender considerations”*. It also clarified that: the Eligibility Requirements for CCMs include equal representation of men and women; and Concept Notes should be developed with the documented engagement of key populations. The results of these measures include that: by 2016, about 61 countries reported having at least one representative from key population groups on their CCM (compared to 53 in 2014); and, by 2015, the proportion of female members of CCMs had risen to 40% (compared to 34% in 2010).

Strategic Actions for Gender Equality Project⁷⁰

SAGE was launched in 2016 with a vision of: *“A shift in institutional culture and capacity to support strategic investments for advancing gender equality, and quality programs for women and girls, driven by effective leadership, policies and procedures.”* It has three objectives: 1. Successful replenishment whereby the Global Fund’s work to advance gender equality and improve the impact for women and girls is effectively communicated; 2. Global Fund data and grant management systems and processes reflect and support the organization’s Strategic Objective (and Sub-Objectives) of advancing gender equality; and 3. The Global Fund institutionalizes policies, structures, procedures and partnerships to scale-up quality investments for advancing gender equality, addressing gender and age related disparities, and meeting the needs of women and girls.

SAGE is sponsored by the Executive Director and guided by a high-level Steering Committee. Each objective is managed by a cross-Secretariat Working Group and supported by a workplan outlining, for each deliverable, the activities, timeframe, personnel and outcomes. SAGE is an ambitious and fast-paced programme of work, focusing on the countries with the highest new infections and on critical partnerships (such as with All-In and DREAMS).

CRG Special Initiative⁷¹

The CRG Special Initiative, approved by the Global Fund Board, was allocated US\$ 15 million for 2014-16. It aims to strengthen the engagement of civil society and key population organisations in the design, implementation and monitoring of the Funding Model’s programs and to ensure the inclusion of technically sound interventions that address human rights, gender equality and community responses. It has three components:

1. **Short-term technical assistance for Country Dialogue and Concept Note development.** To date, resources have been obligated for 70 assignments, including support for 12 regional proposals. The assistance is delivered by approved civil society suppliers and often focuses on gender equality and key populations issues. The support has focused on areas such as participation in Country Dialogues and mock TRP sessions, design of community consultations and mappings of human rights contexts. For example, in collaboration with the Stop TB Partnership, training was conducted in use of the gender assessment tool for HIV and TB proposals.
2. **Long-term capacity development of key population networks through partnership with the RCNF.** Providing grants to 8 global/regional networks working in over 40 countries in all regions within the Global Fund portfolio to support communities - such as women living with HIV, people who use drugs, MSM, transgender people and sex workers⁷² - to engage in Global Fund processes at the country level. For example, NSWP has conducted regional training workshops for sex workers on engagement in the Funding Model and CCMs.
3. **Regional civil society and community Coordination and Communication Platforms.** Platforms have been established for Anglophone Africa, MENA, EECA, Francophone Africa and LAC⁷³, enabling communities, including gender equality and key population organisations, to access context-specific information on the Global Fund and engage with other stakeholders. For example, EANNASO, the Platform for Anglophone Africa, coordinated a meeting of civil society – including women’s and key populations’ organisations – from 15 countries to share experiences and advocate for their needs relating to the Funding Model⁷⁴.

Strategic message 3: Despite progress, in many contexts, the Global Fund’s achievements remain significantly constrained by limited national commitment, investment and scale-up of rights and evidence-based programming for gender equality and key populations. This fundamental barrier is exacerbated by further process and policy challenges, such as relating to:

- * Limitations to data
- * Extent of meaningful engagement
- * Quality of representation
- * Translation of issues to investment
- * ‘Funding the right things’
- * Grant implementation and monitoring
- * Supporting neglected populations
- * Civil society capacity and funding
- * Transition and sustainability
- * Changing the ‘big picture’

In combination, these mean that – despite the overwhelming evidence of need – the Global Fund is not yet able to investment in gender equality and key populations at fast enough pace, large enough scale or high enough quality to fulfil its contribution to national and global commitments for the three diseases.

While the Secretariat’s progress is acknowledged and sincerely welcomed, the Rapid Review identified major concerns about the extent and speed with which the positive *potential* of the Global Fund’s Action Plans, Strategy 2012-16 and Funding Model is translating into practice for gender equality and key populations.

More than anything else, this concern reflects an on-going reality that, in some contexts, potential investments by the Global Fund are fundamentally constrained by national environments. This includes governments, disease communities and other stakeholders that may lack one or more of the evidence, expertise, political will or courage to include and prioritize programmes for gender equality and, in particular, key populations, within their proposals. This means that, in reality, such interventions are often acutely under-resourced – neglected within Global Fund grants, while also not funded by domestic governments or other donors.

In turn, this fundamental limitation is exacerbated by the presence of key challenges – some on-going, some emerging - that limit the Global Fund’s pace, scale and quality of investment in these areas. In combination, these challenges mean that – despite the overwhelming evidence of need – the Global Fund is not yet able to investment in gender equality and key populations at fast enough pace, large enough scale or high enough quality to fulfil its contribution to national and global commitments for the three diseases.

Process and policy challenges

The remainder of this section focuses on 10 key challenges. It should be noted that their details do not necessarily apply to *both* gender equality and key populations work or across *all* Global Fund grants, Departments or disease areas. It is also recognized that some of the challenges are not within the direct remit of the Global Fund Secretariat – although it could play an important role in influencing them, for example through strengthening relevant policies, tools and processes.

Challenge 1: Limitations to data

As confirmed by the TRP, the Global Fund has made important progress in ensuring sex and age disaggregated data for its funded programmes across the three diseases⁷⁵. It is also increasingly undertaking initiatives – such as the investment tracking for key populations – that will provide vital analyses of its levels and types of investments.

However, the Review found that, as yet, there are critical areas of information about Global Fund investments that remain unknown or unclear. As a broad indication, when asked during interviews, “*Is the Global Fund now funding more and better programmes for gender equality/key populations?*”, all

stakeholders struggled to respond with a definitive answer and categorical evidence (although, for example, members of the CRG Department could cite strong indicative data and examples).

This partly reflects the significant challenge that – with the exception of programmes focused on harm reduction/people who inject drugs – there is a lack of baseline data against which to measure progress. It also reflects a range of issues related to data collection. This includes that: data disaggregated by age and sex is still lacking for some countries and some disease programs⁷⁶ (including where it is not required by the relevant technical partners); where available, such disaggregation is often high-level, lacking information about sub-categories; and data is reported inconsistently and, sometimes, inaccurately by countries (making it hard to conduct cross-country comparisons and analyses). The result is an inconclusive picture of exactly what is being funded, where, with whom and at what scale. The result is also critical gaps in evidence. For example, the TRP has highlighted the lack of data on transgender communities⁷⁷ and on access to treatment for key populations living with HIV⁷⁸.

The Karolinska Institute's review of gender equality indicators, commissioned by the Global Fund, noted the need for more nuanced gender indicators, including addressing neglected groups, such as adolescent girls and young women⁷⁹. Meanwhile, a 2015 meeting of key population experts recommended the need for more specificity and disaggregation of KPIs for key populations.⁸⁰ These weaknesses matter because they limit the available evidence to inform advocacy and programming. A W4GF briefing noted how: *"Data that is collected seldom speaks to nuances, for example: 'Are there sex workers who use drugs? Are there women who use drugs? Are there lesbian and bisexual women or transgender sex workers who are also young?' The data quality should speak to these nuances and not assume that 'key populations' or 'women and girls' or 'people who use drugs' are static and homogeneous groups who are all affected by HIV, TB and malaria."*⁸¹

A further challenge is that, as a financing institution, the Global Fund has tended to emphasize quantitative indicators that, while important, do not address the quality of programmes – something that can be especially important for marginalized communities. The review by the Karolinska Institute confirmed the need for more qualitative information about gender equality⁸². Meanwhile, while many civil society initiatives are generating critical information about key populations 'on the ground' – such as the human rights violations they face – there is not yet an effective mechanism to use of such qualitative data (such as to validate or change the focus of Global Fund grants).

As noted, the Global Fund Secretariat is currently implementing critical efforts to fill the gaps in data. These are welcome, but also, within themselves, challenging. For example, the investment tracking for key populations is a complex and time-consuming exercise – requiring a line-by-line analysis of countries' Concept Notes and approved grants. Furthermore, while providing invaluable *indications* of investment, the results are open to a degree of uncertainty and interpretation – due to the many variables involved. For example: in one context, a decrease in Global Fund investment in a key population may be explicable (if there is a correlating increase by the government or another donor); while, in another context, it may signal a major concern (if it reflects decreased prioritization of the population within the country's response).

Challenge 2: Extent of meaningful engagement

As described, the revised Funding Model has provided institutionalized and unprecedented opportunities for engagement by gender and key population stakeholders in Global Fund processes. However, there are significant concerns about both the quantity and quality of such engagement – and, ultimately, the extent to which it influences the type of programmes proposed by countries.

These concerns have been extensively documented by a wide range of partners across the world, particularly from civil society. Examples include ICW⁸³, IRGT⁸⁴, AMSHER⁸⁵, the Communities Delegation⁸⁶, AmfAR⁸⁷, EANNASO⁸⁸, ASAP⁸⁹, ATHENA⁹⁰ and IWHC⁹¹. Some experiences are reported of stakeholders being excluded altogether, such as in the case of MSM and transgender representatives

in five EECA countries, as researched by ECOM⁹². However, more commonly, representatives are involved in processes, but not in a way that is *meaningful* (such as in terms of being able to influence decision-making).

A strong concern is that the engagement of gender and key population advocates often seems to decrease as the Funding Model process progresses - in terms of moving from Country Dialogue to Writing Groups, Concept Note finalization and, especially, grant-making, budget allocation and grant implementation and monitoring.

This scenario reflects practical barriers experienced by representatives in some countries. These include: poor communication about the Funding Model process; lack of access to information about the Global Fund; and lack of logistical support for participation. More significantly, it often also reflects on-going socio-political challenges, such as discrimination and criminalization of key populations and lack of respect for civil society. A review by EANNASO of Concept Notes from eight countries in Eastern and Southern Africa found a strong relationship between the levels of engagement in the Funding Model and the Afrobarometer (a tool indicating a country's levels of democracy and civil engagement)⁹³.

"There is still a mentality that if you simply involve key populations in a Country Dialogue, then that is enough. But we all know that just 'ticking a box' is far from enough."

Representative of a Global Fund
technical partner

The TRP⁹⁴ notes that the meaningful engagement of relevant stakeholders is especially challenging in processes related to TB and malaria – fields that lack HIV's history of activism and advocacy.

Challenge 3: Quality of representation

The challenges experienced in implementing the Funding Model often reflect on-going issues within gender and key population representation in CCMs and other national forums. For example, the ECOM study in EECA found that MSM and transgender representatives have *"no meaningful influence over the decision-making process and their input is not valued by other members of the CCMs"*.

In addition to external factors, this reflects on-going issues related to the capacity and organization of representatives. As documented, such as by the Communities Delegation⁹⁵, these include how such representatives: are selected; consult with communities; and perform. An Aidsmap survey of CCMs in six countries in Southern Africa highlighted the need for key population representatives to have greater professionalism and improve their communications with constituents⁹⁶. It also highlighted how key population representatives are rarely made office bearers in CCMs.

With gender equality, while the increased number of women now in CCMs is welcome, the reality is, again, more complex. As researched by ATHENA, many female members are actually representatives of government or bi/multi-lateral agencies and do not necessarily bring a gender focus or related expertise⁹⁷. Few are from women's rights organizations and/or equipped to advocate for gender-responsive approaches. Meanwhile, ICW reports that representatives of women living with HIV continue to be held back by factors such as poor information flow within CCMs and lack of opportunities for capacity building⁹⁸.

IRGT reports that, as of 2015, there had been 21 transgender people sitting on 17 CCMs (out of the over 140 countries receiving Global Fund support)⁹⁹. Representatives were only found in Latin America and Asia – largely reflecting contexts with more supportive policy environments. IRGT highlighted the urgent need for specific representation of transgender communities, rather than them being grouped with MSM or key populations as a whole.

Challenge 4: Translation of issues to investment

One of the strongest concerns to emerge from the Rapid Review is the extent to which evidence and inputs on gender equality and key populations (for example, raised during Country Dialogues) translate into Concept Notes and, critically, final budgets and programmes. This concern was clearly articulated in many of the resources included in the literature review, as well as the interviews with key stakeholders, especially those from civil society.

“While there was substantive participation of key population groups in a number of instances, at least in some aspects of the NFM process, this did not in the end translate into substantive content in Concept Notes nor did it lead to the setting out of specific interventions and associated budgets to address either priority health needs or key human rights concerns.”

Key Populations’ Experiences within the Global Fund’s New Funding Model in Sub-Saharan Africa: Findings from a Preliminary Survey, AMSHeR

The concern is summarized by a report by AMSHeR, sharing research on key population experiences of the Funding Model across countries in Sub-Saharan Africa [see box]¹⁰⁰. Meanwhile, the most recent TRP report notes instances of where, within general epidemics - even when barriers for key populations (such as legal obstacles, police harassment and discrimination) are described in Concept Notes - there is a lack of corresponding activities in proposals, *“even when such an omission can prevent the program from reaching its targets”*¹⁰¹. In some cases, coverage of key populations is so low as to raise *“serious equity concerns”*.

In some cases, relevant interventions are simply omitted from Concept Notes. In others, they are included, but with insufficient funding. An ASAP assessment of 20 Concept Notes, commissioned by the Global Fund, found that, while gender-responsive programmes were sometimes listed, they were not adequately reflected in budgets, being often relegated to ‘above allocation’ funding¹⁰².

Challenge 5: ‘Funding the right things’

A related concern is that, where gender equality and key population interventions are actually included in Concept Notes and grants, they sometimes lack quality and strategic direction.

Papers by ASAP¹⁰³ and W4GF¹⁰⁴ have cited how gender-responsive activities often need more: range (addressing the diversity of women); depth (addressing the complexity of women’s lives, such as for integrated HIV/SRH services); and focus (such as specifically addressing gender-based violence). A consultation by IWHC found that gender-related programmes included in Concept Notes can lack attention to the: issues prioritized by women’s organizations and women in key populations; systemic issues that shape gender inequality and gender-related barriers to access to services; and linkages between relevant issues, such as gender-based violence and HIV¹⁰⁵.

The IWHC consultation highlighted how the challenge is not only to secure resources, but ‘fund the right things’ that will, ultimately, have the greatest impact on health and rights. It cited examples of the latter to include; integration with SRH; support for adolescent girls and young women; and action on harmful gender norms and barriers.

The TRP notes that key population activities in Concept Notes do not always reflect a full understanding of needs – due to the lack of meaningful engagement of such communities in the Funding Model¹⁰⁶. Meanwhile, within gender equality, as highlighted by groups such as ATHENA¹⁰⁷, there appears to be a challenge in converting the information gained through gender analyses into well-designed and costed interventions. The TRP notes that, while many proposals describe gender issues, most do not propose responsive programmes¹⁰⁸. It suggests the need to dedicate resources to support the design, implementation and monitoring of gender-responsive programmes that are based on analyses. Other stakeholders emphasize the importance of building political will among countries’ disease communities – to build understanding of the importance of gender equality programs and combat their persistent de-prioritization in favour of biomedical interventions.

In some countries, these challenges also appear to reflect a lack of: clear understanding of what constitutes good practice programming in these areas; and access to user-friendly resources to design such programmes (such as brief, practical tools, rather than lengthy technical reports).

Challenge 6: Grant implementation and monitoring

While attention has largely been devoted to the ‘front-end’ of the Funding Model, there are emerging issues within the latter processes of grant making, implementation and monitoring. For example, AMSHeR’s study in Sub-Saharan Africa found that the selection of Principal Recipients (PRs) was the least inclusive aspect of the whole Funding Model¹⁰⁹. Meanwhile, the IWHC consultation found that only just over half of Sub Recipients (SRs) and Sub Sub Recipients (SSRs) were involved in designing the programme and budget for their grant¹¹⁰. Also, ATHENA has noted that there is often a disconnect between PRs and community groups working on gender equality¹¹¹.

While the Review did not address these issues in detail, it highlighted the need for a shift in the Secretariat’s attention – to not only continue to address the ‘front end’ processes, but increasingly address the stages of grant implementation and monitoring. A critical example is how communities most affected by gender equality and key population issues can be active ‘watchdogs’ of grants. The TRP has recommended that key populations should be involved *“throughout programme implementation and in programme monitoring”*¹¹².

Challenge 7: Supporting neglected populations

While the revised Funding Model and changes in CCMs have increased the overall participation of marginalized communities, there is an on-going need to ensure that efforts to ensure ‘no-one left behind’ address the *most* neglected communities.

Some dimensions of this challenge are being responded to – such as with the drive to scale-up programming for adolescent girls and young women in Sub-Saharan Africa. However, other areas require further attention. A key example is transgender people. Research by numerous organizations - such as AMSHeR¹¹³, ECOM¹¹⁴ and IRGT¹¹⁵ - highlights how such communities experience a *particular* lack of: data; meaningful engagement; direct representation; access to decision-making; and investment.

This issue has been raised repeatedly, including in the 2011 formative evaluation of the gender equality and key population Strategies/Action Plans¹¹⁶. The most recent TRP report notes how the concept of gender should extend to transgender populations and that such communities *“have often not seen adequate attention in Concept Notes or are lumped with MSM, despite very different needs requiring tailored programs.”*¹¹⁷

“It’s time to step-up a gear on trans issues. It’s time to stop making excuses – about the lack of data and the lack of community organizing. People are dying and people need support.”

Representative of a transgender network

A further example is young key populations – community members who may face heightened vulnerability to HIV and increased barriers to services, yet are often excluded from consultation processes and, in turn, programmes and investments.

Challenge 8. Civil society capacity and funding

A further strong concern raised by the Review is that – while the role of communities/civil society is seen as crucial to work on gender equality and key populations – such organizations face persistent barriers to fulfilling their role within the Global Fund.

Some of these barriers relate to capacity and systems, for example with – as documented by organisations such as ATHENA¹¹⁸ and IRGT¹¹⁹ - groups lacking the organizational procedures and track record to be considered for selection as PRs, SRs or SSRs. They face a ‘chicken and egg’ situation - where they need to build their capacity to access funding, yet they need funding to build their capacity¹²⁰. The Communities Delegation has documented how, where long-term and high quality capacity building has taken place, community representatives have been empowered to influence decision-making and challenge existing power structures¹²¹. There are strong models of capacity building – such as the Funding Model/CCM training workshops for sex workers conducted by NSWP. However, currently, even these are often of a limited scale, requiring further resources and scale-up.

A draft ICW report, based on its members’ experiences in 2014-15, articulates how most organisations and networks of women living with HIV often lack the high-level requirements for experience, skills and systems to develop proposals¹²². This scenario *“perpetually keeps organizations of women living with HIV stunted since they cannot get the experience unless they are adequately resourced in the first place.”* Meanwhile, in some contexts, money for gender equality and key population interventions continues to be channelled through PRs that are international nongovernmental organizations or UN agencies – some of which lack specific first-hand experience in providing user-friendly support and services.

Critically, the barriers for communities/civil society also relate to the funding modalities of the Global Fund (and other international donors). Many such groups cannot - and/or do not want to - access and manage large-scale resources. Instead they require modest, but flexible funding – of a type that is, as yet, unavailable through the Global Fund’s systems.

Meanwhile, an on-going, major concern is about the overall level of funding available – and, in turn, investment made – in gender equality and key population programmes for the three diseases [see box]. There are also major concerns about how funding is allocated – with low proportions to prevention in comparison to treatment, especially in resource-limited settings.

“There is no denying that the Global Fund has achieved a great deal. However, there is a persistent disparity between the investment needs for key populations and the funding that is allocated. There is simply not enough money and simply not enough progress.”

Representative of a key population network

A core message from civil society stakeholders is that, in addition to disease programs, major investment is needed in CSS. This applies across communities, but particularly to groups – such as of transgender people¹²³, young key populations and women and girls¹²⁴ - that have a critical role to play, but have traditionally been under-funded. It also applies across the three diseases, while recognizing that further civil society development is especially critical in the fields of TB and Malaria. Overall, without such investment, the fragile gains for communities under the revised Funding Model risk being reversed.

Challenge 9: Transition and sustainability

As highlighted elsewhere in this report, a further factor affecting work in these areas is the development and rollout of key policies that will guide the Global Fund's future investments. The most critical example is transition and sustainability. As highlighted by many organizations – such as AmfAR¹²⁵, IRGT¹²⁶ and W4GF¹²⁷ - this presents a major threat to key populations who are disproportionately affected by HIV in middle-income countries with concentrated epidemics. Acute concern is expressed about the future in such contexts where, despite efforts to mobilize domestic funding, some governments not only fail to demonstrate 'willingness to pay' for key population programs, but impose a punitive legal and policy environment. As documented by the Eurasian Harm Reduction Network (EHRN) in relation to people who inject drugs, such concerns have proven a reality in countries that have already fully or partially transitioned from Global Fund support¹²⁸.

The Review highlighted the need to fully address the needs – and ensure the engagement of - key populations within every step of the planning, implementation and monitoring of responsible transitions. The TRP has expressed concern about sustaining essential key population programs, warning that *"unless these issues are addressed during the transition process, the gains made from dual-track financing in building civil society capacity and from the focus of application requirement in expanding programs for key populations will be lost."*¹²⁹ It has also noted the need to address the legal and contracting barriers to governments providing funding to civil society.

Challenge 10: Changing the 'big picture'

An overarching question raised throughout the Rapid Review was the extent to which – through its role as a financing institution – the Global Fund can, or cannot, influence the 'big picture' that shapes gender and key population contexts in countries. This includes the broader, systemic issues of inequality and discrimination that drive vulnerability to the three diseases¹³⁰.

"I feel like the Global Fund is looking at the wrong end of these processes. It's picking people up when they've been hurt and damaged by their State ... rather than looking upstream and changing how that State treats them in the first place."

Representative of a civil society organization

In interviews, many stakeholders acknowledge that the Global Fund not only provides funding, but also serves as a 'movement for change' through its strong emphasis on a principled and rights-based approach. A representative of a technical partner welcomed that it *"goes way, way beyond the conventional role of a funding organization."* However, some stakeholders also urge the Global Fund – and its partners, especially those with country presence – to do more to change the major obstacles that continue to restrict the potential impact of gender equality and key population interventions. A key population representative questioned: *"Where are the teeth in the Global Fund ... to ensure that evidence is used and rights are protected?"* Another such representative summarized that they: *"Question how far we can ever get without changes to the systemic and structural barriers that our communities face. I understand that it may not be the mandate of the Fund to do that. But whose mandate is it? And surely the Fund has a critical role?"*

Strategic message 4: The Global Fund's work on gender equality and key populations has been largely shaped by the HIV field – driven by epidemiological evidence, an active civil society and agreed good practice. Momentum is building within the field of TB, while directions remain less clear for Malaria (such as in terms of the relevance of 'key population' concepts and the importance of addressing gender-related barriers).

The Global Fund's Strategies/Action Plans on gender equality and key populations were designed to address AIDS, TB and Malaria. They include articulations of how key terms (such as 'vulnerability') relate

to each, while recognizing the challenges of applying common concepts to three distinct diseases and responses¹³¹. For example, the *Key Populations Action Plan 2014-16* states that: “developing a common definition of key populations across the spectrum of the three diseases is difficult, as the diseases all impact different segments of society in different ways.”

Progress driven by HIV

The Rapid Review found that the Global Fund has made its greatest progress on gender equality and key populations within the field of HIV. This reflects a range of factors, including that there is: stronger conceptual clarity (such as about the connection between marginalization and vulnerability); an active communities/civil society sector (that has conducted passionate advocacy); supportive international campaigns and commitments; and years’ of learning about good practice. The latter is reflected in the tools and materials developed to support the rollout of the revised Funding Model, such as the Information Note on sex work, MSM and transgender people (that only addressed HIV)¹³².

The Review highlighted the need for the Global Fund to continue to learn from the successes and lessons of addressing gender equality and key populations within the response to HIV. However, such action should only be adapted to TB and Malaria to the extent that is logical and practical. Meanwhile, action on HIV should be open to change – adapting to the emerging opportunities and challenges within national responses and the global environment. For example, as previously noted, there is an increasingly urgent need to focus on the populations *most* left behind (such as transgender people and young key populations worldwide and girls and young women in Eastern and Southern Africa). There is also a need to respond to the issues raised for different key populations by bio-medical developments, such as Pre-Exposure Prophylaxis (PrEP).

Momentum increasing in TB

In recent years, momentum appears to have increased for addressing gender equality and key population issues within responses to TB and TB/HIV. For example, the Global Fund has worked with the Stop TB Partnership to more clearly define TB ‘key populations’, develop briefings on such communities¹³³ and, in 2015, hold the first ever global meeting on the subject. It also hosts a Gender and TB Working Group (involving internal and external stakeholders, with a particular focus on how to measure, monitor and scale-up programmes). However, some interviewees for the Review expressed frustration that, in their contexts, gender equality and key population issues remain poorly understood within TB, while dialogues are “impenetrable” to non-medical personnel [see box¹³⁴].

“We got invites to engage in the development of the HIV strategic framework. The same was not done for TB and malaria. Last year alone we lost so many members of our networks to TB and the government still feels that medics alone can handle TB. Yet we know how engagement of communities can accelerate early diagnosis and initiation to TB treatment”
Female sex worker living with HIV, Kenya
(quoted in *Closing the Expectation Gap*, ICW)

In 2015, the TRP confirmed that the identification and analysis of key populations was weak in TB applications¹³⁵. In 2016, it welcomed the slowly increasing number of TB Concept Notes that present sex disaggregated data for case reporting, as well as operations research studies to identify the reasons for gender gaps in case detection, access to treatment and treatment success¹³⁶.

Less clear directions for Malaria

The gendered dynamics of Malaria are outlined in the Global Fund’s *Gender Equality Strategy*, including the affects on women’s vulnerability to the disease, access to services and care responsibilities¹³⁷. However, overall, there appears to be little momentum around issues of gender equality - and also key populations - within the Global Fund’s work on Malaria. The 2015 TRP report noted that, even where populations with elevated risk were identified, Malaria interventions were not tailored to them¹³⁸. The

Panel's 2016 report found that gender was rarely discussed in Malaria Concept Notes¹³⁹. These findings reflect the experiences of other stakeholders. An ASAP study found that there was little attention to gender issues within Malaria grants and that priority populations for the disease were ill defined¹⁴⁰. The IWHC consultation found a low level engagement of gender advocates in Malaria processes in the Funding Model¹⁴¹.

This situation reflects a number of factors. These include lower levels of: conceptual clarity (about how either gender equality or key populations are defined within and relate to malaria); evidence (due to Malaria data often lacking sex disaggregation); advocacy (such as with a lower profile of Malaria civil society, including in CCMs and Concept Note developments); and a technical partnership (such as due to the decline of Roll Back Malaria). It also reflects a history of large-scale public health responses, within which differentiated action has been limited. Meanwhile, a representative of civil society commented that: *"There's no Act Up for Malaria, no groundswell of opinion. There are important issues about gender and vulnerable groups, but they are pushed to the sidelines."*

Strategic message 5: Commitment to, and capacity in, gender equality and key populations work has grown across the Global Fund Secretariat. However, it continues to heavily depend on the drive and expertise of the CRG Department and needs to be further institutionalized, in particular with stronger capacity in the Grants Management Division.

Overall and over time, commitment to addressing gender equality and key populations has grown across the Global Fund Secretariat. As a member of staff commented, the issues are now *"increasingly in people's DNA – as an integral part of what we all need to do, rather than an add-on"*. As seen in Sections 1 and 2, there are concrete examples of relevant issues being addressed by key bodies and departments within the Global Fund. An example is the TRP which now provides more detailed and nuanced feedback on proposals, such as asking about services for the female partners of MSM or requesting more gender-specific indicators¹⁴².

A further example is the OIG – which now includes attention to CRG-related issues, such as within the human rights complaints procedures. These positive developments have been influenced by a range of factors. Examples include: a strong mandate (in the current and future Global Fund Strategies); clear policies (such as on Country Dialogue and CCM engagement); and sensitization and capacity building efforts. They have also benefitted from specific initiatives - most recently, Project SAGE that is not simply a programme of work, but a concerted and ambitious effort to achieve an institutional mind-shift on women and girls.

There is strong praise for the Secretariat's CRG Department – as a group of people that bring experience and expertise to gender equality, key populations and related areas (notably human rights and CSS). The Department is viewed as highly motivated and hard-working, combining an internal-facing role (such as reviewing Concept Notes) and external role (such as maintaining relationships with technical and civil society partners). Colleagues from across the Secretariat, including Disease Advisors and members of GMD, report good relations with the team, benefitting from its skills and responsiveness, both on an on-going basis (*"we know we can call on them any time"*) and in instances of crisis (such as a human rights emergency in a country). The Review also, however, identified concern of a continued risk of over-dependence on the CRG Department – with work on CRG issues still seen by some as 'their' responsibility. This is of concern considering the modest scale of the Department and the high profile of gender equality and key populations issues in the new Strategy.

In terms of further capacity building, the priority is the GMD – which serves as the interface between the Global Fund and country decision-makers. The staff of the Division, notably the FPMs, vary in their expertise, knowledge and interest in gender equality and key populations. Many have brought and/or built significant expertise and, within their daily work, make major efforts to understand, explain and,

where necessary, push for attention to these areas. However, others have been reluctant to tackle issues that are controversial in some contexts, especially those with unsupportive governments.

The Review identified that there is a need for fresh thinking about how to further strengthen the capacity of GMD and other relevant Departments. Options to explore include: further expansion of the role of CRG Focal Points, supported by more regular and systematic training; the inclusion of gender equality and key population experts actually within the GMD; and/or expansion of the CRG Department, with staff members partially seconded to the GMD. A further option – to motivate performance in these areas – is to incorporate gender equality and key population issues into the formal performance appraisal and incentive systems for relevant staff. Innovation is also needed in how to deliver training. For example, interviewees felt that traditional teaching methods, based on PowerPoint presentations, have little benefit. Yet interactive training sessions (run by global key population networks, such as NSWP or MSMGF) and opportunities to ‘learn on site’ (such as by participating in workshops run by civil society) have been more effective.

Stakeholders highlight that such efforts should be supported by the further dissemination and simplification of tools to design and implement programmes for gender equality and key populations. While many such tools are now available, they are sometimes unknown to staff members and/or in an inaccessible format. For example, the *Implementation Tools* developed by global key population networks and technical partners are lengthy resources and would benefit from concise summaries.

An important message is that capacity building efforts, especially for GMD, should not only address technical issues, but practical negotiation and diplomacy skills - such as to use in countries that criminalize key populations and omit them from Concept Notes. As an FPM said: *“In those contexts, the pressure can be immense Should I confront the decision-makers? Should I negotiate ‘under the radar’? Should I use public health arguments to convince them? It can be very challenging. Months of multi-sectoral processes can come down to convincing key individuals to ‘do the right thing’”*.

While GMD is a priority, further capacity building efforts should reach all relevant personnel. Alongside bodies such as the Board and TRP, this includes the external consultants who support countries and regions to develop and finalize their Concept Notes. Also, the CRG Department itself could benefit from further capacity building in some specific areas. Examples include: gender equality programming for TB and malaria; and gender-based violence programming for key populations.

Strategic message 6: Strategic partnerships - with technical agencies and civil society - are essential to the success of the gender equality and key populations work of the Global Fund (as a financing institution without country presence). There are concrete examples of successful collaborations, such as to agree good practice, develop tools and provide technical support. However, some partnerships would benefit from a stronger focus and transparent accountability framework – to maximize complementarity and ensure greater impact.

Partnerships are fundamental to the work of the Global Fund. The *Gender Equality Strategy* includes an Annex outlining the ways in which partners can support its objectives and activities, while the *Gender Action Plan 2014-16* states that: *“The full integration of principles of gender equality throughout the work of the Global Fund will be impossible without strong partnerships with a range of stakeholders: technical partners, United Nations agencies, civil society organizations, including organizations of women who are living with or directly affected by HIV, TB and Malaria.”*

While the Review focused on the role of the Global Fund Secretariat, a clear message was that the institution’s work in these areas is dependent on the quality of its partnerships at all levels (country, regional and global). As a financing mechanism without country presence, it cannot, and should not, work in isolation. It needs others to, for example, provide the normative guidance, training and advocacy to ensure the evidence, capacity and systems that its programmes require to be effective.

The Review noted innumerable important partnerships in these areas. Examples include with technical agencies, such as: UNDP (such as to develop gender equality training for CCMs); UNFPA (such as to promote HIV/SRH linkages); UNICEF (such as to scale up PMTCT interventions in priority countries); UNAIDS (such as to rollout the HIV gender assessment tool); WHO (such as to develop guidelines on TB for people who inject drugs); the World Bank (such as on social protection programs); and UNWOMEN (such as to develop good practices for gender responsive programming). Examples also include with civil society partners, such as with: W4GF for advocacy and capacity building on gender equality; and with global key population networks for strategic inputs (such as through the CRG Advisory Group) and capacity building (such as through the CRG Special Initiative). Meanwhile, collaborations with other types of partners include with: the Stop TB Partnership (such as to define key populations in the context of TB); and PEPFAR, in the context of DREAMS (such as to align strategies to support women and girls in priority countries).

The mutual benefits of Global Fund partnerships are beyond question. For example, in addition to its role in channelling funding, representatives of technical agencies welcome the Global Fund being a “*global megaphone*” that speaks out on ethical concerns. One person spoke of how: “*The Global Fund has been uncompromising in pushing the rights agenda for key populations and women and girls. It can wield power and insist on principles. As partners, we appreciate it speaking out on issues, such as MSM and sex workers, that are still sensitive at the country level.*” However, some of the stakeholders interviewed (both internal and external to the Secretariat) also spoke frankly about the challenging reality of partnerships – such as when there are differences of opinion (such as about the need to disaggregate data) or perspective (such as about the extent to which the Global Fund should ‘intervene’ in a country). Such challenges are heightened within the current environment where some partners, notably UN agencies addressing HIV, face cuts in their technical and operational budgets. Here, it is more critical than ever that the Global Fund’s partnerships are *strategic* – based on agreed objectives and a clear division of labour, with a transparent accountability framework.

Representatives of technical agencies also particularly welcome the Global Fund’s engagement in existing collaborative bodies (such as the Inter-Agency Technical Working Groups on Key Populations and SRH/HIV Linkages) and its initiation of in-house Working Groups (such as on harm reduction which includes external stakeholders). Some agencies also urge the Secretariat to do more to convene agencies that are interested in specific areas of its work. For example, one representative involved in gender equality work said that: “*We have a strong relationship with the Global Fund Secretariat and that is welcome. However, we do not know what the other agencies are doing in this area with the Fund, so there is the risk of duplication and frustration.*”

A further message from technical partners was that the Global Fund should always, as a first choice, use *existing* technical guidelines and resources, rather than develop standalone or institution-specific versions. For example, where possible, Information Notes for the Funding Model should refer to existing guidelines rather than re-write their contents. A minority of partners feared ‘mission creep’, with the Fund becoming like a technical agency itself. In general, the Review confirmed a sense that there is already expertise, and multiple resources, available that should be better used or adapted, rather than added to. The representative of one agency suggested that: “*We all need a new era of innovative and dynamic types of partnership ... rather than ones based on endlessly trying to produce the perfect piece of paper together.*” Such a new era should also feature partnerships that move beyond the ‘usual territories’ for gender equality and key populations and address emerging areas. Examples include, within gender equality, strategies such as cash transfers and girls education.

Strategic message 7: The Global Fund’s new Strategy for 2017-22 presents an unprecedented opportunity to demonstrate institutional commitment to gender equality and key populations, taking the work in both areas to ‘another level’. However, success will depend on: integrating action on these areas *throughout* the operational plans; addressing identified gaps and weaknesses; securing positive outcomes on key policies (notably on transition and sustainability); and mobilizing collaborative action across the Global Fund.

The Rapid Review took place at a critical and exciting moment in the Global Fund’s work on gender equality and key populations. The new Strategy for 2017-22, informed by multiple consultations with relevant stakeholder¹⁴³, gives the most explicit commitment yet to these issues, especially in Strategic Objectives 1, 2 and 3 [see box]. The accompanying corporate and operational KPIs also provide the potential for an unprecedented level of scrutiny and accountability on these areas.

The new Strategy is a powerful advocacy tool – categorically stating the importance of these issues to the Global Fund’s future. However, its success will depend on a number of factors. These include the way and extent to which gender equality and key population issues are integrated *throughout* the operational plans (not only in the ‘most obvious’ areas). They also include how the wording of the Strategy is translated into concrete actions and accompanying roles and responsibilities.

Achieving the new Strategy will not only require to the Global Fund to continue its work in these areas, but scale-up and accelerate it. This will require attention to the challenges and obstacles highlighted in this report. Examples include: data gaps; capacity in the GMD; access to capacity building and funding for community responses; and how to better translate identified gender equality and key population needs into prioritized and budgeted programmes.

The success of this work will also depend on the outcome of critical policies that will accompany the new Strategy. These include the revision of the allocation methodology and finalization of the policies on transition and sustainability and challenging operating environments. These, along with the results of the 2016 Replenishment process, will shape the amounts and types of funding available for investment, especially in middle-income countries (where epidemics are concentrated among key populations) and conflict/post-conflict countries (with high levels of gender-based violence).

To maximize the Strategy’s potential, future work will require an even stronger collective effort, both throughout the Global Fund’s Secretariat and across its bodies, governance structure and partners. As a member of the CRG Department said: “*It’s time for gender equality and human rights to be seen as pillars of the whole Strategy and whole organization, not a separate workstream. It’s fundamental to everything in the Global Fund’s future. So, everyone has a role and needs to be engaged.*”

The Global Fund Strategy 2017-22

Strategic Objective 1: Maximize Impact against HIV, TB and Malaria

1.a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases.

Strategic Objective 2: Build Resilient and Sustainable Systems for Health

2.a. Strengthen community responses and systems

Strategic Objective 3: Promote and protect human rights and gender equality

3.a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health.

3.b. Invest to reduce health inequities including gender and age-related disparities.

3.e. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.

Section 4. Conclusions

Section 4 presents the key conclusions that are drawn from the findings of the Rapid Review.

As detailed in the previous pages, the strategic messages from the Rapid Review of the Global Fund's Strategies/Action Plans on gender equality and key populations are:

Strategic messages from Rapid Review

Strategic message 1: The Strategies/Action Plans on gender equality and key populations have provided clear and strategic frameworks - structuring and mobilizing work in these areas by the Global Fund Secretariat. The profiles and accountability of the Strategies/Action Plans have varied over time, while some aspects of them - such as the Global Fund's definitions of 'gender' and 'key populations' and the relationship between the two - still require further clarity. The Strategies/Action Plans also need constant adaptation, such as to changes in Global Fund policies and the dynamics of the external environment.

Strategic message 2: Through implementation of its Action Plans and rollout of the revised Funding Model, the Global Fund has made significant progress in the areas of gender equality and key populations. Improvements can be seen across the institution's:

- * Policies
- * Processes
- * Tools and good practice
- * Data and evidence
- * Capacity and expertise
- * Leadership

In combination, these provide the 'building blocks' for, and are already contributing to, increased investment in the two areas.

Strategic message 3: Despite progress, in many contexts, the Global Fund's achievements remain significantly constrained by limited national commitment, investment and scale-up of rights and evidence-based programming for gender equality and key populations. This fundamental barrier is exacerbated by further process and policy challenges, such as relating to:

- * Limitations to data
- * Extent of meaningful engagement
- * Quality of representation
- * Translation of issues to investment
- * 'Funding the right things'
- * Grant implementation and monitoring
- * Supporting neglected populations
- * Civil society capacity and funding
- * Transition and sustainability
- * Changing the 'big picture'

In combination, these mean that - despite the overwhelming evidence of need - the Global Fund is not yet able to invest in gender equality and key populations at fast enough pace, large enough scale or high enough quality to fulfill its contribution to national and global commitments for the three diseases.

Strategic message 4: The Global Fund's work on gender equality and key populations has been largely shaped by the HIV field - driven by epidemiological evidence, an active civil society and agreed good practice. Momentum is building within the field of TB, while directions remain less clear for Malaria (such as in terms of the relevance of 'key population' concepts and the importance of addressing gender-related barriers).

Strategic message 5: Commitment to, and capacity in, gender equality and key populations work has grown across the Global Fund Secretariat. However, it continues to heavily depend on the drive and expertise of the CRG Department and needs to be further institutionalized, in particular with stronger capacity in the Grants Management Division.

Strategic message 6: Strategic partnerships - with technical agencies and civil society - are essential to the success of the gender equality and key populations work of the Global Fund (as a financing institution without country presence). There are concrete examples of successful collaborations, such as to agree good practice, develop tools and provide technical support. However, some partnerships would benefit from a stronger focus and transparent accountability framework - to maximize complementarity and ensure greater impact.

Strategic message 7: The Global Fund's new Strategy for 2017-22 presents an unprecedented opportunity to demonstrate institutional commitment to gender equality and key populations, taking the work in both areas to 'another level'. However, success will depend on: integrating action on these areas *throughout* the operational plans; addressing identified gaps and weaknesses; securing positive outcomes on key policies (notably on transition and sustainability); and mobilizing collaborative action across the Global Fund.

The overall conclusion of the Rapid Review is that the Global Fund is poised at a critical and exciting juncture in the evolution of its work on gender equality and key populations. Significant work has been carried out - already leading to increased investments, while laying strong foundations for more in the future. However there remains a range of fundamental challenges that, if unaddressed, will severely limit further progress.

There is overwhelming evidence of the need for the Global Fund to continue to prioritize and support programmes for specific communities – such as adolescent girls and young women in Sub Saharan Africa and MSM, sex workers, transgender people and people who inject drugs throughout the world, including in middle-income contexts. Meanwhile, the new Strategy for 2017-22 provides categorical proof of the institution’s commitment to these groups. The question remains: *‘How far can and will the Global Fund go to put its commitment into action?’* This refers to the Secretariat – in terms of how far it can and will mobilize and support the Global Fund as whole on these issues. However, it also refers to the Global Fund as a whole – in terms of how far the institution can and will - as one player among many, alongside governments and donors - leverage its influence to demand change.

Section 5. Recommendations

Section 5 presents five key recommendations to the Global Fund Secretariat for actions to strengthen its strategic directions on gender equality and key populations.

Based on the findings and conclusions outlined in this report, the following key recommendations are made to the Global Fund Secretariat on strategic directions and entry points to advance the gender equality and key populations agendas within operationalization of the Strategy for 2017-22.

Recommendation 1: Championing rights and needs

The Global Fund Secretariat should, alongside all Global Fund stakeholders, passionately embrace and fully implement its promised commitment to gender equality and key populations, as outlined in the Strategy 2017-22. The institution should remain an unequivocal champion of the rights and needs of women and girls and key populations, playing a leading and catalysing role within the global health and development architecture.

Recommendation 2: Action planning

The Global Fund Secretariat should integrate action on gender equality and key populations throughout all aspects of the operational plan for the Strategy 2017-22. It should also, for each of the two areas, develop a succinct, pull-out Action Plan for 2017-22, accompanied by an accountability framework.

The Review highlighted the need for action on gender equality and key populations to be integrated into *all* aspects of operationalizing the Global Fund’s new Strategy. Detailed and cross-Secretariat plans are needed for the most directly relevant components of the Strategy, such as Strategic Objective 3. This should include: ‘unpacking’ the activities indicated under the Sub-Objectives (such as ‘scale-up programs to support women and girls, including programs to advance sexual and reproductive health’); and, for all activities, identifying responsibilities. In addition, relevant issues should also be fully addressed within the operational plan for *all* of the other Strategic Objectives.

There is also a need for complementary Action Plans that specifically address the Global Fund’s work on gender equality and key populations. These should be pulled out from the overall operational plan – with all activities clearly related to achieving the overarching Strategy 2017-22. The Plans should: be succinct and user-friendly; define key terms (such as the comprehensive meaning of ‘gender’ within the Global Fund’s work) and concepts (relating to the three diseases); articulate the Global Fund’s priorities; outline the key actions (as cited in the overall operational plan for the Strategy); and specify the cross-Secretariat responsibilities for implementation. They should be accompanied by a succinct

accountability framework – that pulls out the relevant KPIs from the monitoring and evaluation framework of the overall Strategy. This should facilitate annual reporting on the Action Plans to the Board of the Global Fund and other stakeholders, including the CRG Advisory Group.

Recommendation 3: Addressing challenges

The Global Fund Secretariat should ensure concerted, cross-Secretariat analysis to better understand the factors that limit national commitment, investment and scale-up of rights and evidence-based programming for gender equality and key populations – and, in turn, identify ways to incentivize and support improvement. The analysis should extend to identifying and implementing adjustments to the Global Fund’s Funding Model, policies and systems. Areas for attention include: addressing gaps in data (such as on access to treatment key populations); ensuring meaningful engagement *throughout* the grant cycle and relevant national processes (including in National Strategic Plan development, Concept Note finalization and grant making, implementation and monitoring); improving the translation of identified gender equality and key population issues into programs and investment; addressing neglected communities (such as transgender communities and young key populations); protecting the gains (especially for key populations) in countries undergoing transition; and improving access to funding for communities.

The Rapid Review identified that, despite important progress, the Global Fund remains fundamentally restricted by countries’ limited national commitment, investment and scale-up of rights and evidence-based programming for gender equality and key populations. It is important that these limits are fully understood – by learning from the experiences and perspectives of a wide range of stakeholders involved. In turn, ways should be identified to encourage, incentivize and support countries to improve, such as by increasing their domestic investment in key population programming.

As detailed in Section 3, the Rapid Review also identified a number of process and policy challenges that present barriers to the Global Fund’s progress on gender equality and key populations. Again, concerted action is needed to fully understand these and, in turn, identify ways to overcome them (in part or in full). Examples of areas for action by the Secretariat include (in collaboration with technical and civil society partners):

- Identifying practical and ethical ways to address key gaps in data, such as on the prevention needs of transgender communities and on access to HIV treatment for key populations.
- Using existing analyses to track the trends in community engagement in the Funding Model and identify how to: strengthen meaningful engagement in critical stages of the process (such as the finalization of Concept Notes); and maintain engagement throughout the process (from the development of the National Strategic Plan to grant making, implementation and monitoring).
- Conducting a study in selected countries to map and quantify the ‘attrition’ rate between attention to gender equality and key population issues in Country Dialogues and their inclusion in final grants and budgets. This should identify the factors that ‘make or break’ the inclusion of relevant programmes in final Concept Notes and grants and necessary adjustments that are required, for example to Funding Model guidelines.
- Addressing neglected communities by strategizing on how to, across the Secretariat, boost attention to specific populations – such as transgender communities and young key populations – that continue to be inadequately served within Funding Model processes and Global Fund grants.
- Ensuring that, within the development and implementation of policies on transition and sustainability, the needs and engagement of key populations are fully addressed and the gains in programming are protected.
- Building on existing research to explore, find flexibilities in, and make modifications to Global Fund financing mechanisms to increase access to funding for communities/civil society.

Recommendation 4: Building capacity

The Global Fund Secretariat should further develop a comprehensive programme to strengthen its gender equality and key populations capacity and expertise. This should primarily focus on the Grant Management Division – providing concise technical tools and practical training (that addresses both technical issues and negotiation skills). The Secretariat should also scale-up and enhance capacity building opportunities for communities/civil society, including by extending the CRG Special Initiative and supporting the consolidation of successful training programmes.

The Rapid Review identified the need to continue to extend capacity and expertise in gender equality and key populations beyond the CRG Department and throughout the Global Fund Secretariat. The priority for attention is the GMD – due to its role as the main inter-face between the Global Fund and country stakeholders. A comprehensive capacity building programme should be developed that addresses some of the lessons documented in this report. For example, it should: emphasize practical training methodologies; and address not only technical areas, but practical skills, such as how to negotiate support for key populations within unsupportive environments.

The Secretariat should also explore additional innovative measures, such as incorporating attention to gender equality and key populations into incentive and performance assessment processes of its staff members, plus facilitating more opportunities for staff to experience related programmes and meet related stakeholders in person.

The programme should be combined with the further dissemination and, where appropriate, simplification of the available technical tools to support programming for gender equality and key populations. For example, this could include supporting the production of two-page summaries of the *Implementation Tools* developed by global key population networks and technical partners. It could also include supporting the production of brief, user-friendly checklists on ‘what good practice looks like’, including brief examples of successful programmes (such as that integrate the three diseases into other health areas or that address neglected areas, such as men and TB).

The Review also identified the critical need for the Secretariat to continue to support capacity building among communities/civil society. This should include through extension – and expansion (to include support for post grant-making processes) - of the CRG Special Initiative, which has provided unique opportunities for technical assistance. It should also include supporting the consolidation and scale-up of successful Funding Model training methodologies, such as those conducted among sex workers and women living with HIV.

Recommendation 5: Strengthening partnerships

The Global Fund Secretariat should strengthen the focus and accountability of its strategic partnerships. This particularly includes partnerships with:

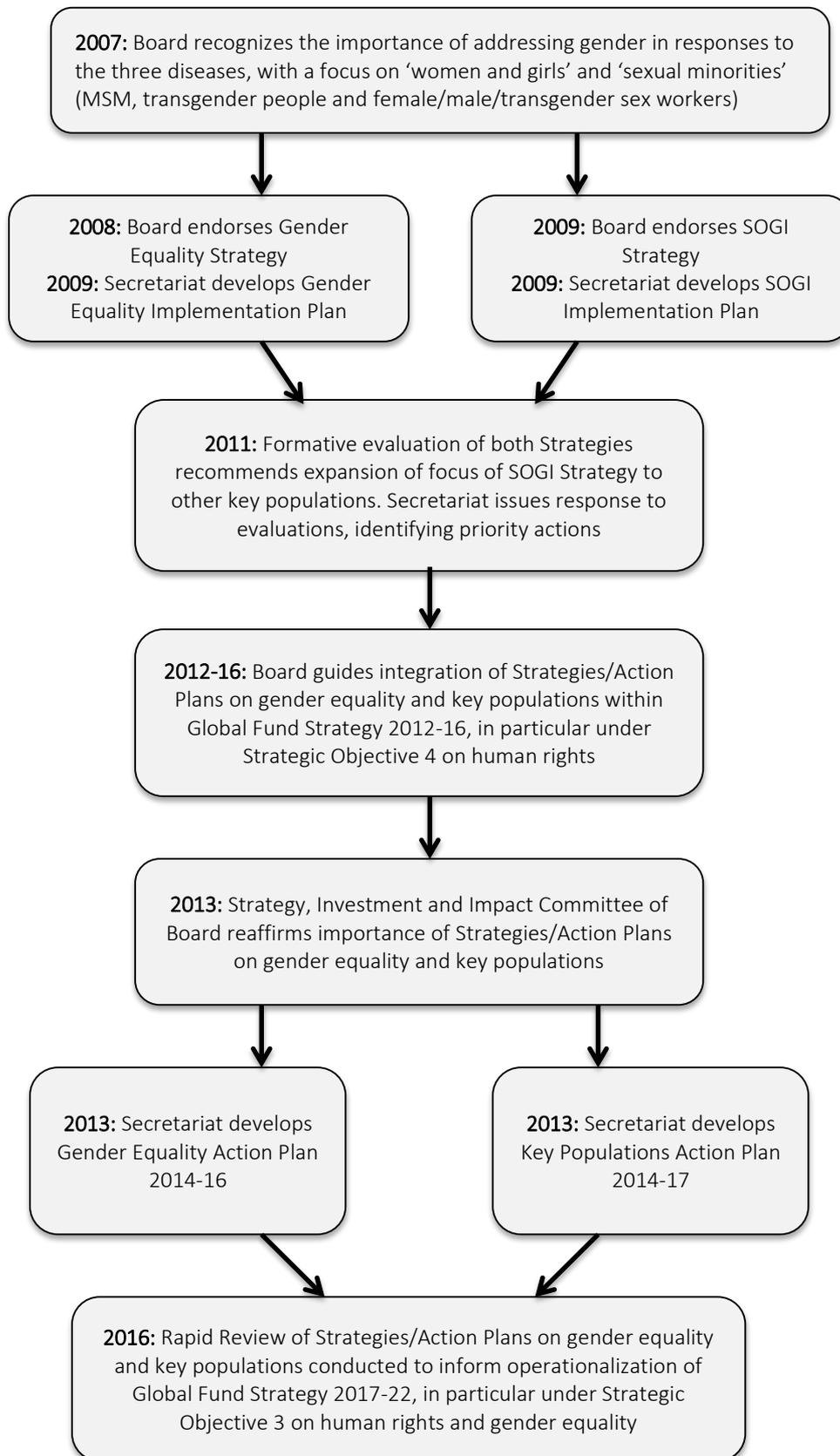
- Technical partners - in order to: more clearly define shared objectives; ensure a transparent accountability framework; maximize the use of existing guidelines and tools; ensure shared conceptual clarity (such as on how gender relates to Malaria); address areas of weakness (such as the use of the results of gender analyses in Concept Notes); and prepare for emerging issues.
- Community networks - in order to: ensure meaningful engagement in Global Fund processes at all levels (such as regional networks that are implementing regional grants) maximize the use of existing good practices and tools; and develop critical policies and processes (such as for transition and sustainability).

The Rapid Review confirmed that partnerships are essential to the gender equality and key populations work of the Global Fund. However, it suggested that, in some cases, partnerships could be stronger and

more strategic. The Secretariat should ensure that its partnerships are based on a clear understanding of, and respect for, each other's added value – with shared objectives, but a clear division of labour. Partnerships should aim to: maximize existing expertise and resources (rather than 'reinvent the wheel'); identify and address gaps and weaknesses (such as how the results of gender analyses are used to design gender-responsive programmes); and ensure shared clarity on, and joint approaches to, both current and emerging issues.

Annex 1: Development of Global Fund Strategies/Action Plans

The following provides a simplified illustration of some of the key steps involved in the development of the Global Fund's Strategies and Action Plans on gender equality and SOGI/key populations.



Annex 2: Objectives and activities – Gender Equality Action Plan 2014-16

Objective 1. Ensure that the Global Fund’s policies, procedures and structures effectively support programs that address gender inequalities

1.1. Ensure that principles of gender equality are integrated throughout policies related to the new funding model

1.1.1. Ensure that the pre-launch process, including the guidance and application manual for the new funding model, fully integrates principles of gender equality. This includes the measurement framework and modular templates for each disease, which requires sex disaggregation of key coverage and outcome data.

1.1.2. Following the first year of implementation, conduct a review of new funding model implementation and make policy recommendations for improvements in integrating gender issues if found necessary.

1.1.3. Work with partners to ensure the synergies between the Gender Equality Strategy and the SOGI strategy are translated into policies and interventions that ensure the needs and rights of female key populations are adequately addressed as per the key population action plan.

1.2. Ensure that principles of gender equality are integrated throughout new funding model-related procedures

1.2.1. Work with partners to encourage and support women representatives’ consolidated input and advocacy during the country dialogue, for example by holding women’s caucuses and making a case for investing in women and girls based on a gender assessment.

1.2.2. Work with partners to ensure a majority of countries submit a concept note that includes an evidence-informed analysis of gender inequalities and related disease response.

1.2.3. Ensure that, following the iterative grant making process, gender responsive programming and activities are retained in the grant as per approved concept notes.

1.2.4. Ensure appropriate tools and guidance on gender integration in TB and malaria programming are available.

1.3. Ensure that principles of gender equality are integrated throughout new funding model related structures

1.3.1. Work with partners to improve representation and meaningful engagement by women and girls so that all Country Coordinating Mechanisms are ready to meet the Country Coordinating Mechanism eligibility requirement no.4, on balanced female representation, 15 by January 2015.

1.3.2. Ensure customized communications packages (see action 17) are distributed to new Country Coordinating Mechanism members to orient them on the Global Fund Gender Equality Strategy.

1.3.3. Work with partners to strengthen Country Coordinating Mechanism performance in ensuring disease programs effectively address gender issues, including through increased use of Country Coordinating Mechanism funding for capacity building.

1.3.4. Prepare briefings on gender to the Technical Review Panels by the first wave of applications under the new funding model. Follow-up with Technical Review Panel members to ensure relevance of guidance provided and enquire about any unmet needs for additional guidance on specific gender topics.

1.3.5. Work with partners to emphasize the strategic importance of the collection and reporting of sex-disaggregated data for recommended indicators and other relevant indicators, and to build the monitoring capacity of Principal and sub-recipients.

Objective 2. Establish and strengthen partnerships that effectively support the development and implementation of programs 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.

2.1. Work in coordination with partners to provide the technical assistance necessary for countries to fully integrate principles of gender equality into national disease plans and Global Fund grants

2.1.1. Work with partners to conduct gender assessments of national disease programs to understand the gender dimensions of both epidemics and responses, and to identify response gaps.

2.1.2. Work with partners to review the first 20 concept notes submitted and assess gender integration, for example the translation of gender assessment recommendations into programming, the engagement of women representatives in the country dialogue process and the use of sex-disaggregated baseline data

2.1.3. Work with partners to ensure the implementation of the proposed gender-responsive interventions, including through civil society monitoring of grant implementation

2.1.4. Work with partners to coordinate gender-related technical assistance plans to support countries throughout the grant cycle

2.2. Strengthen civil society partners, including women’s organizations and organizations of women living with or directly affected by the three diseases, to effectively integrate gender into Global Fund grants

2.2.1. Work with partners to identify capacity gaps and technical assistance needs to strengthen civil society involvement in Global Fund structures and procedures including, inter alia, women’s representation on Country Coordinating Mechanisms.

2.2.2. On the basis of identified gaps, work with partners to provide appropriate technical assistance to women’s communities and their representatives.

2.2.3. Work with partners to advocate for the inclusion of community systems strengthening interventions in concept notes and grants, in order to support the capacity of women’s organizations to engage with processes and decisions at all stages of the grant life cycle.

Objective 3. Develop a robust communications and advocacy strategy that promotes the Gender Equality Strategy and encourages programming for women and girls and men and boys.

3.1. Develop a communication and advocacy strategy to ensure that information on gender equality, including the Gender Equality Strategy, is easily accessible to Global Fund staff and all stakeholders

3.1.1. Develop customized communication packages targeting each group of stakeholders with the most relevant information on gender equality and their work within the Global Fund. This includes, but is not limited to:

- advocacy materials
- gender & TB
- gender & malaria
- gender & monitoring and evaluation
- gender & health systems strengthening
- civil society engagement for gender equality.

3.1.2. Continue to collaborate with civil society partners on the development and use of an online platform¹⁷ to facilitate engagement with in-country civil society partners who are active advocates of the Global Fund

3.1.3. Agree with relevant Secretariat units and partners on an annual communications calendar, including key international and Global Fund-specific events, for example International Women's Day.

3.1.4. Work with relevant Secretariat units to increase visibility for the Gender Equality Strategy and gender equality through official Global Fund communications, for example through the official website, speeches and news releases.

3.1.5. Work with partners including interested donors to spearhead gender integration into Global Fund grants through joint advocacy.

3.1.6. Periodically review the effects of the communication strategy and adapt it to respond to changing practices and emerging need

Objective 4. Provide leadership, internally and externally, by supporting, advancing and giving voice to the Gender Equality Strategy.

4.1. Strengthen the technical capacity of the Global Fund Secretariat to address gender inequalities

4.1.1. In collaboration with relevant technical advisors, develop and strengthen crosscutting training for staff members, including a module on gender.

4.1.2. Conduct crosscutting trainings periodically, giving priority to regional focal points in the Grant Management division.

4.1.3. Continue to engage with and support the work of the Grant Management division's regional focal points.

4.1.4. Organize technical seminars on gender topics in relation to the three diseases and support and facilitate shared knowledge and cross learning approaches on gender responsive programs across the three diseases.

4.1.5. Encourage staff capacity development initiatives to build gender-related capacities.

4.2. Integrate principles and actions to achieve gender equality in all aspects of staff management and culture

4.2.1. Ensure gender equality is integrated into the Global Fund's human resource policy framework and detailed policies, including the areas of recruitment, training, staff development, promotion, performance appraisal, and work and family issues.

4.3. Global Fund governance bodies provide oversight and give greater attention to gender equality principles in governance structures and operations

4.3.1. Include regular reporting on gender equality and the Gender Equality Strategy by the Executive Director to the Board and update to the Strategy, Investment and Impact Committee.

4.3.2. Hold regular strategic sessions on gender for the Board and Management Executive Committee.

4.3.3. Ensure the continued allocation of sufficient budgets for the implementation of the Gender Equality Strategy and related action plan.

4.3.4. Prepare periodical updates, trainings and briefing for Board members and Management Executive

Committee, as requested, to give updates on current gender equality initiatives being implemented throughout the Global Fund and/or critical emerging gender issues.

4.3.5. Whenever possible, encourage the Board leadership to highlight gender equality issues in relation to the three epidemics in their official statements and communications, including through gender trainings and workshops and other events as appropriate.

Annex 3: Objectives and activities – Key Population Action Plan 2014-17

Objective 1. Investment levels targeting key populations

Contribute to the effective implementation of services and programs for key populations in order to reach a target of the maximum plausible level of coverage of core interventions as recommended by technical partners by 2017 in all countries receiving Global Fund financing.

1.1. The Global Fund will help enhance country-level data collection using rights-based approaches regarding the scope of and response to HIV, TB and malaria in key populations and utilize that data to: (1) improve grant performance; (2) direct adequate funding allocations towards key populations; and (3) address systemic barriers to national investments and programming for key populations

Objective 2. Inclusion of key populations in country and regional processes

Support, monitor and document meaningful participation of key populations at every level of implementation of Global Fund financing in each country, including inclusion in country updates of national strategic plans, country dialogues, regional dialogues, concept note development, grant making processes and service delivery.

2.1. The Global Fund will support and encourage sustained and increased resources to support community systems strengthening efforts. Specifically, the Global Fund will work with in-country technical partners and networks representing key populations to: (1) identify effective advocacy and service delivery organizations staffed by and targeted to key populations in order to improve efforts to channel resources to these organizations; (2) ensure that technical assistance is delivered by and for key populations to increase the capacity of local-level organizations serving key populations as providers and as potential Principal Recipients and sub-recipients; and (3) support operational research to understand better effective service delivery approaches to meet key population needs.

2.2. The Global Fund will work with in-country and technical partners, including regional and global networks representing key populations, to: (1) support key population representatives' consolidated input and advocacy during country and regional dialogues, for example by holding caucuses and making a case for investing in key population based assessments; (2) ensure a majority of countries submit a concept note that includes an evidence-informed analysis of key population needs and related responses; (3) monitor key population participation on Country Coordinating Mechanisms, including ensuring robust assessments of Country Coordinating Mechanisms with regard to the meaningful inclusion and participation of key populations, and as Principal Recipients and sub-recipients where appropriate.

Objective 3. Creating measurable deliverables and improved reporting mechanisms

Ensure measurable budget allocations and deliverables related to key populations in Global Fund grant agreements, and support monitoring and reporting against those deliverables and planned expenditures to: (1) improve the ability of organizations representing key populations to participate in program management and service provision; (2) understand grant performance; and (3) replicate successes and remediate failings.

3.1. The Global Fund will seek to increase the number of grants using indicators focused on improving health coverage, health outcomes and community systems strengthening for key populations.

3.2. The Global Fund will develop guidance and strategies for grant administration and risk mitigation that are less burdensome and tailored to better aid implementing organizations, including those that are led by and serve key populations.

3.3. Investigation and reporting by the Office of Inspector General on risk and risk mitigation will include reviews of country level grant-making, implementation, monitoring and governance structures for systematic inequities and processes that create biases against or vulnerabilities for key populations.

3.4. The Global Fund will utilize new processes for grant reprogramming and renewal and allocation of technical assistance and capacity-building funds, as tools to address identified weaknesses and risks in Global Fund grants related to key populations.

Objective 4. Reinforce knowledge among Global Fund staff and partners

Ensure that Global Fund staff and partners involved in all aspects of grant-making and grant management have expertise on the needs and vulnerabilities of key populations.

4.1. The Global Fund will provide Country Coordinating Mechanisms, Local Fund Agents, Principal Recipients, sub recipients, and sub-sub-recipients with basic technical information and training about priority interventions, health systems, community systems, service coverage levels, and human rights for key populations; produce detailed and practical guidance on the role of the new funding model in meeting the needs of key populations; and encourage increased engagement with individuals and organizations that are affiliated with or representing key populations.

4.2. The Global Fund will ensure that Secretariat staff, in particular those working in grant management, the Country Coordinating Mechanism hub and other key teams have access to technical information and training about priority interventions, health systems, community systems, service coverage levels, and human rights for key populations; produce detailed and practical guidance on the role of the new funding model in meeting the needs of key populations; and encourage recruitment of individuals affiliated with or from key populations.

4.3. The Global Fund Secretariat will provide the Technical Review Panel, Grant Approvals Committee and the Global Fund Board and committees with basic technical information and training about priority interventions, health systems, community systems, service coverage levels, and human rights for key populations; produce detailed and practical guidance on the role of the new funding model in meeting the needs of key populations; and encourage increased engagement with individuals and organizations that are affiliated with or representing key populations, including by informing the periodic assessment of Country Coordinating Mechanisms with regard to ensuring the inclusion and meaningful participation of key populations.

Objective 5. Leadership and advocacy by and for key populations

Provide leadership and advocacy, internally and externally, through information dissemination and communication about Global Fund commitments to human rights, as well as the needs of key populations related to the three diseases, and Global Fund resources and grant performance to meet those needs.

5.1. The Global Fund will disseminate information about its funding related to key populations. Specifically, the Global Fund Secretariat will use opportunity of country dialogue to discuss the needs of key populations and Global Fund commitments to meet those needs through expanded health coverage, improved health outcomes and investment in community systems strengthening.

5.2. The Global Fund will support development of best practices of rights-based approaches to address the three diseases among key populations in collaboration with in country key population networks.

5.3. The Global Fund will review programmatic performance to ensure that Global Fund resources are not utilized in ways that violate human rights of people living with the three diseases and other key populations, provide guidance to country partners to prevent human rights violations in Global Fund-funded programming, and report regularly to the Board of the Global Fund about these efforts.

5.4. The Global Fund will develop a communications strategy to promote the Key Populations Action Plan and, where possible, will integrate messaging on key populations into general messaging about the Global Fund.

Annex 4: Enquiry Framework for Rapid Review

1. Overall, to what extent has the Global Fund Secretariat achieved the objectives of the Strategies and Action Plans on Gender Equality and SOGI/Key Populations?

2. What have been the key results from implementation of the Global Fund's Strategies and Action Plans on Gender Equality and SOGI/Key Populations?

For example: What results – changes, outcomes and, where known, impact - have there been due to the strategies and action plans? How significant are those results? What evidence is there of those results? Examples could include results in relation to increased and/or improved:

- *Understanding among key Global Fund stakeholders in relation to Gender Equality and SOGI/Key Populations.*
- *Investment in initiatives to address Gender Equality and SOGI/Key Populations.*
- *Quality Engagement of women and girls and key populations in the Global Fund's processes, such as CCMs and Country Dialogues.*
- *Data of relevance to Gender Equality and SOGI/Key Populations, such as that is sex and age-disaggregated.*
- *Capacity in the Global Fund Secretariat to implement and promote initiatives on Gender Equality and SOGI/Key Populations.*
- *Policies by the Global Fund that advance the organization's aims on Gender Equality and SOGI/Key Populations.*
- *Leveraging by the Global Fund of its influence to enable more strategic investment in programmes that facilitate greater access to services for women and girls and key populations.*

3. How well did the Global Fund Secretariat perform in developing, implementing, monitoring and promoting the Strategies and Action Plans on Gender Equality and SOGI/Key Populations?

For example: Were there clear lines of authority, decision-making, communication and responsibility? Was the right type of capacity in place in the right Departments? Were the right policies in place? Beyond the Secretariat, were the right type and level of stakeholders involved and effective partnerships developed?

4. Overall, what lessons – about 'success factors', challenges and untapped potentials - have been learned from the implementation of the Global Fund's Strategies and Action Plans on Gender Equality and SOGI/Key Populations?

5. In the future, what strategic directions are needed to ensure a high profile and the necessary support for Gender Equality and SOGI/Key Populations within the Global Fund's Strategy for 2017-2022?

6. What key actions – particularly by the Global Fund Secretariat – are needed to fulfil those strategic directions?

For example: What type of actions need to be continued, stopped, started or geared-up? Who within the Secretariat needs to do what, when and why? What factors are going to 'make or break' successful attention to Gender Equality and SOGI/Key Population in the next era of the Global Fund's work?

Annex 5: Literature review for Rapid Review

Global Fund resources: Gender equality

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<http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/resourcekitforglobalfundhivproposals/>

Annex 6: Key stakeholder interviews for Rapid Review

Global Fund Secretariat:	
Name	Department
1. Heather Doyle	Senior Technical Advisor: Gender, CRG Department
2. Motoko Seko	Technical Advisor: Gender, CRG Department
3. Ed Ngoksin	Technical Advisor Community Responses and Key Populations, CRG Department
4. David Traynor	Senior Coordinator: Community Responses, Policy and Strategy, CRG Department
5. Mauro Guarinieri	Senior Technical Adviser: Community Responses and Drug Use, CRG Department
6. Kate Thomson	Head, CRG Department
7. Ralf Jurgens	Senior Technical Advisor: Human Rights, CRG Department
8. Ade Fakoya	Senior Disease Coordinator: HIV, Technical Advice and Partnerships Department
9. Viviana Mangiaterra	Senior Technical Coordinator: MNCH and HSS, Technical Advice and Partnerships Department
10. Scott Filler	Senior Disease Coordinator: Malaria, Technical Advice and Partnerships Department
11. Maria Kirova	Head, Asia, Eastern Europe, Central Asia and Latin America and the Caribbean Department
12. Silvio Martinelli	Head, Access to Funding Department
13. Rene-Frederic LaPleine	Country Coordinating Mechanism Hub Manager
14. Marijke Wijnroks	Chief of Staff
15. Melvyn Young	Office of the Inspector General
16. Ilana Kirsztajn	Analyst: Policy and Strategy, Policy and Strategy Hub
17. Abigail Moreland	Head, Grant Management Support Department
18. Anna Scardigli	Disease Advisor: TB, Technical Advice and Partnerships Department
19. Jinkou Zhao	Senior Specialist: Monitoring and Evaluation, Monitoring Evaluation & Country Analysis Team
20. Gail Steckley	Regional Manager, South East Asia Team
21. Philippe Creac'H	Senior Fund Portfolio Manager, South East Asia Team
22. Maureen Murphy-Richardson	Fund Portfolio Manager, Southern Africa Team
23. Marion Gleixner	Senior Fund Portfolio Manager, MENA Team
24. Joshua Galjour	Fund Portfolio Manager, Western Africa Team
25. Dumitru Laticevschi	Senior Fund Portfolio Manager, High Impact Africa 2 Department
26. Dawran Faizan	Senior Program Officer, High Impact Asia Department
Civil society:	
Name	Organisation
27. Maureen Murenga	International Community of Women Living with HIV (ICW)
28. Rachel Ong	Women For Global Fund (W4GF)
29. Ruth Morgan Thomas	Global Network of Sex Work Projects (NSWP)

30. Elliot Albers	International Network of People Who Use Drugs (INPUD)
31. George Ayala	Global Forum on MSM and HIV (MSMGF)
32. Joanne Keatley	International Reference Group on Transgender and HIV (IRGT)
33. Amitava Sarkar	International Reference Group on Transgender and HIV (IRGT)
34. Blessi Kumar	Global Coalition of TB Activists
35. Nona Turubeskova	TBC Consult
36. Shree Acharya	Raks Thai Foundation
Technical partners:	
Name	Organisation
37. Nazneen Damji	United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
38. Ken Legins	United Nations Children's Fund (UNICEF)
39. Lynn Collins	United Nations Population Fund (UNFPA)
40. Malayah Harper	United Nations Programme on AIDS (UNAIDS)
41. Aurelie Yael Andriamialison	United Nations Programme on AIDS (UNAIDS)
42. Chris Mallouris	United Nations Programme on AIDS (UNAIDS)
43. Annette Digna Verster	World Health Organisation (WHO)
44. Mark Dibiase	United Nations Development Programme (UNDP)
45. Caitlin Boyce	United Nations Development Programme (UNDP)
46. Colleen Daniels	Stop TB Partnership

Annex 7: References

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- ⁶ *Global Fund Gender Equality Strategy*, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2008.
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- ¹⁸ Democratic Republic of Congo, Ethiopia, Kenya and Tanzania.
- ¹⁹ Providing lifelong antiretroviral therapy to pregnant and breastfeeding women regardless of their clinical stage.
- ²⁰ Countries: High Impact Africa 1: Congo, DR, Cote d'Ivoire, Ghana, Nigeria, South Africa and Sudan. High Impact Africa 2: Ethiopia, Kenya, Mozambique Tanzania, Uganda, Zambia and Zimbabwe. Central Africa: Benin and Burkina Faso. Middle East and North Africa: South Sudan. Southern and Eastern Africa: Lesotho, Malawi, (Rwanda) and Swaziland. Western Africa: Cameroon, Chad, Guinea, Mali and Niger. High Impact Asia: Bangladesh, India, Indonesia, Myanmar, Pakistan and Viet Nam. Eastern Europe and Central Asia: Ukraine. *Gender Resource Tracking Analysis*, [Powerpoint], The Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2016.
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⁴⁸ *Mobile Populations: Stop TB Key Populations Brief*, Stop TB Partnership, 2016.

⁴⁹ *Strategy 2017-2021: Community and Civil Society Priorities Synthesis/Summary Report: Overview and Purpose of Report*, September 2015.

⁵⁰ *Formative Evaluations of the Gender Equality and Sexual Orientation and Gender Identities Strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria*, Pangaea, November 2011.

⁵¹ For example, the *Gender Equality Action Plan 2014-16* states that the Global Fund will focus on “achieving strategic, high-impact, gender-responsive investments that will save lives, prevent new infections and help care for those infected and affected by the three diseases.” It specifies three priority areas: 1. Prevention of mother-to-child transmission, through an expanded four-pronged approach and greater linkages to maternal, newborn and child health; 2. The prevention of gender-based violence and the addressing of harmful gender norms; and 3. Responding to the needs of most-at-risk populations of women, specifically female sex workers, including transgender women and drug users.”

⁵² *The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities*, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2009.

⁵³ 1. The prevention of mother-to-child transmission through an expanded four-pronged approach and greater linkages to maternal, newborn and child health; 2. The prevention of gender-based violence and the addressing of harmful gender norms; and 3. Responding to the needs of most-at-risk populations of women, specifically female sex workers, including transgender women and drug users. *Global Fund Gender Equality Strategy*, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2008.

⁵⁴ 1. Scale up services and interventions that reduce gender-related risks and vulnerabilities to infection; 2. Decrease the burden of disease for those most at risk; 3. Mitigate the impact of the three diseases; and 4. Address structural inequalities and discrimination. *Global Fund Gender Equality Strategy*, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2008.

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⁵⁷ For example, the *SOGI Strategy* states that: “Ensuring the health and rights of people affected due to SOGI is strongly linked with work to empower women and girls. This Strategy uses a gender perspective to center its recommendations to address their vulnerabilities in the fight against the three diseases.”

⁵⁸ *The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities*, The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2009.

⁵⁹ Referenced from multiple sources, such as: *Workshop Report: Meeting of the Regional Platform for Communication and Coordination for Anglophone Africa*, EANNASO – Regional Platform for Communication and Coordination on HIV/AIDS, Tuberculosis and Malaria for Anglophone Africa, January 2016.

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⁷³ Anglophone Africa: Eastern Africa National Networks of AIDS Service Organizations (EANASSO); MENA: International Treatment Preparedness Coalition (ITPC-MENA); Eastern Europe and Central Asia: EECA Consortium; Francophone Africa: Réseau Accès aux Médicaments (RAME); and Latin America and the Caribbean: Centro Regional de Asistencia Técnica para Latinoamérica y el Caribe – CRAT (Via Libre).

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