REPORT OF THE WORKSHOP ON STRENGTHENING CAPACITY OF WOMEN’S AND GENDER EQUALITY ADVOCATES TO EFFECTIVELY PARTICIPATE IN GLOBAL FUND COUNTRY PROCESSES UNDER THE NEW STRATEGY

Johannesburg, South Africa
12–14 December 2016
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Acronyms and abbreviations

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AGYW</td>
<td>Adolescent girls and young women</td>
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<tr>
<td>CBO</td>
<td>Community-based organisation</td>
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<td>CCM</td>
<td>Country coordinating mechanism</td>
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<td>CRG</td>
<td>Community, Rights and Gender¹</td>
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<td>CSO</td>
<td>Civil society organisation</td>
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<td>CSS</td>
<td>Community Systems Strengthening</td>
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<tr>
<td>EANNASO</td>
<td>Eastern Africa National Networks of AIDS Service Organizations</td>
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<td>ESA</td>
<td>Eastern southern Africa</td>
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<tr>
<td>GAC</td>
<td>Grants Approval Committee</td>
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<tr>
<td>FPM</td>
<td>Fund Portfolio Manager</td>
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<tr>
<td>Global Fund</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>KPI</td>
<td>Key performance indicator</td>
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<tr>
<td>MIC</td>
<td>Middle-income country</td>
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<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>NSP</td>
<td>National strategic plan</td>
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<td>PR</td>
<td>Principal recipient</td>
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<td>SOGI</td>
<td>Sexual orientation and gender identities (Global Fund strategy)</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TRP</td>
<td>Technical Review Panel</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>W4GF</td>
<td>Women4GlobalFund</td>
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Note on text: All ‘$’ figures are U.S. dollar amounts.

¹ CRG, or “Communities, Rights, and Gender,” refers to an approach to HIV, TB, malaria and related responses that promotes and advances community systems strengthening and responses, human rights, and gender transformation. A CRG lens centres programmes and interventions to the needs and realities of key populations and communities disproportionately impacted by the diseases. Within the Global Fund, the emphasis on CRG interventions is manifested through the establishment of the CRG Department and the CRG Strategic Initiative, which aims to ensure that communities affected by the diseases can meaningfully engage in Global Fund processes, and that GF-supported programmes respond to their needs (Source APCASO)
Executive Summary

Twenty-nine people, including 22 community advocates from 11 countries in southern and eastern Africa, gathered in Johannesburg for a workshop from 12–14 December 2016 to discuss a wide range of issues associated with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The participants, nearly all of whom identified as women, included several individuals living with or affected by HIV, TB or malaria. All represent or work directly with women and girls, who are uniquely and highly vulnerable to one or more of the three diseases in their countries. Most also work with—and some are members of—key affected populations, including sex workers, men who have sex with men (MSM), transgender people, people who use drugs, and youth.

The workshop was organised by Women4GlobalFund (W4GF) and hosted by Access Chapter 2, a South African non-governmental organisation (NGO). It aimed primarily to strengthen participants' understanding of (1) new and existing Global Fund policies, systems and processes and (2) core gender and human rights concepts and developments, including new and emerging ones directly associated with the Global Fund. The knowledge and support participants received and provided at the meeting are expected to enable them to become stronger advocates at local, national and global levels, particularly in regard to Global Fund programming from a human rights and gender perspective.

The workshop had two main components: information sharing and planning. The information-sharing sessions included presentations and plenary discussions that allowed participants to ask extensive questions and brainstorm ideas to challenges raised. The following were among the main discussion areas and topics:

- The composition and responsibilities of the Global Fund Board and its main committees; its allocation model and grant making process; and the new timelines and expectations for implementing countries for the 2017–2019 funding cycle.
- How and why gender and human rights are integrated into the new Global Fund Strategy (2017–2022) and are central to all health programming and services.
- Opportunities, entry points and tips—including for technical assistance and other vital support—that can help community, civil society and key population advocates meet their Global Fund priority goals and objectives.

Planning activities that followed were influenced by those discussions. In one, participants began developing advocacy plans to set national-level priorities for joint work with other community, women's and key population groups. They also set personal goals and commitments to guide their future efforts to advance gender-transformative and rights-based programming including community systems and responses within the Global Fund.

One immediate output was a statement prepared primarily by a working group of participants during the Johannesburg workshop and finalized shortly thereafter. This outcomes statement includes a summary of who the participants are; why they are passionate about the workshop's core focus areas; and why they want and need increased and improved support on behalf of
people living with and affected by HIV, TB and malaria in their countries (and women and girls in particular). The statement concludes with a series of recommendations specifically focused on the Global Fund Secretariat, technical partners, donors, implementing country governments and all CCMs.

In general, participants called on these Global Fund stakeholders and partners to ensure that women’s, community and key population groups can participate more effectively and consistently, especially on CCMs and throughout their countries’ grant making processes. They agreed that their increased and sustained influence is essential for the needs and priorities of their constituencies—who are at the core of the Global Fund’s mission and programming—to be better met.

1. Introduction and Overview

Twenty-nine people, including 22 community advocates from 11 countries in southern and eastern Africa, gathered in Johannesburg for a workshop from 12–14 December 2016 to discuss a wide range of issues associated with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The workshop aimed primarily to strengthen participants' understanding of existing and emerging Global Fund policies, systems and processes. The knowledge and support they received and provided at the meeting are expected to enable them to become stronger advocates at local, national and global levels, particularly in regard to Global Fund programming from a human rights and gender perspective.

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2 The full text of the outcomes statement is in Annex 2 of the full Johannesburg workshop meeting report. It is also available on the W4GF website here.

3 The participants and their countries are listed in Annex 1. The workshop organisers deliberately sought to have two attendees from all countries in order to promote collaborative action planning. They were successful with all but one country (Lesotho), which was represented by only one participant. South Africa had three participants, taking into account one of the Access Chapter 2 attendees who was more of a participant than a resource person.
The workshop was organised by Women4GlobalFund (W4GF) and hosted by Access Chapter 2, a South African non-governmental organisation (NGO). Access Chapter 2 focuses on promoting human rights and empowering women and LGBTI4 people, and enabling the participation of civil society organisations (CSOs) in governance and policy processes.

The participants, nearly all of whom identified as women, included several individuals living with or affected by HIV, TB or malaria. All represent or work directly with women and girls, who are uniquely and highly vulnerable to one or more of the three diseases in their countries. Most also work with—and some are members of—key affected populations, including sex workers, men who have sex with men (MSM), transgender people, people who use drugs, and youth.

The shared understanding of the many challenges that limit the scope and effectiveness of HIV, TB and malaria services in their different contexts, including those supported by the Global Fund, created natural bonds between participants. Such links are essential for building the W4GF movement and the type of community- and gender-oriented advocacy networks that W4GF seeks to support. This understanding and relationship building between participants are important during W4GF workshops like the one in Johannesburg, where participants came from diverse country contexts, backgrounds and experiences, including awareness of and interaction with Global Fund structures and processes. For example, as self-reported in a pre-workshop survey, most respondents said they were familiar with gender norms and human rights. Yet only about half noted participating in a Global Fund country dialogue; just five had been or are currently country coordinating mechanism (CCM) members; and the majority of survey respondents said they had limited or very little knowledge about Global Fund grant making, how its Board Delegations work, or monitoring tools such as those focused on gender.

Also attending all or part of the workshop were eight resource and support personnel, among them community-based experts on the Global Fund, gender and human rights and Access Chapter 2 staff. Resource personnel facilitated sessions and/or delivered presentations on relevant topics including the current Global Fund structure and CCM-specific issues; an

4 LGBTI is an acronym commonly used to refer to a wide range of sexual minorities, in this case lesbian, gay, bisexual, transgender and intersex individuals.
overview of gender and human rights concepts; and capacity-building and advocacy tools and opportunities. (Annex 1 contains a full list of all participants.)

1.1 Main objectives and outputs

The following objectives were specified at the beginning of the workshop:

1. To strengthen the capacity of women’s rights and gender equality advocates to engage effectively in Global Fund country processes to ensure funding requests respond to the needs of women and girls in all their diversity across HIV, TB and malaria;
2. To increase knowledge and awareness of the 2017–2022 Global Fund Strategic Framework and Key Performance Indicators Framework and changes in the Global Fund’s funding model and application methodology;
3. To develop action plans to sustain community-led efforts on gender equality across HIV, TB and malaria—especially highlighting the Global Fund’s key focus on adolescent girls and young women in participating countries; and
4. To foster global solidarity among women’s rights and gender equality advocates within and across countries on HIV, TB and malaria.

The workshop had two main components: information sharing and planning. The information-sharing sessions included presentations and plenary discussions that allowed participants to ask extensive questions and brainstorm ideas to challenges raised. Also included as part of the methodology were participatory approaches to understanding the relationship between gender inequality and power. Planning activities that followed were influenced by those discussions. In one, participants began developing advocacy plans to set national-level priorities for joint work with other community, women's and key population groups. They also set personal goals and commitments to guide their future efforts to advance gender-transformative and rights-based programming within the Global Fund.

A key output was an outcomes statement prepared by participants and released shortly after the workshop concluded. Annex 2 contains the text of this statement. It includes a summary of who the participants are; why they are passionate about the workshop's core focus areas; and why they want and need increased and improved support on behalf of people living with and affected by HIV, TB and malaria in their countries (and women and girls in particular). The statement concludes with a series of recommendations specifically focused on the Global Fund Secretariat, key technical partners (the Joint United Nations Programme on HIV/AIDS [UNAIDS], the Stop TB Partnership, and Roll Back Malaria); donors; implementing country governments; and all CCMs.

1.2 About this report

This report is not intended to be an in-depth account of all workshop proceedings. Instead, it provides a basic summary of presentations, discussions and other inputs over the workshop's three full days. The intention is to capture and refer to some of the main observations and
priorities noted, with particular attention given to new and emerging concerns and priorities highlighted by workshop participants.

The report is structured as follows:

• Section 2. Information and awareness: Background information on how the Global Fund is structured and operates, its key funding developments and trends, and how and where gender and human rights are reflected in its new 2017–2022 Strategy
• Section 3. Overview and discussion of gender and human rights as concepts and practical applications
• Section 4. Opportunities, entry points and tips that can help community, civil society and key population advocates meet their Global Fund priority goals and objectives
• Section 5. Moving forward: setting organisational and personal goals to deliver priority change.

This report also contains a full list of participants (Annex 1) and the final text of the outcomes statement (Annex 2).

Background material is available through a Dropbox link shared with participants. It includes the full, final text of many of the presentations and other supporting material.

2. Background Information and Observations

2.1 Overview of Global Fund structures and processes

As noted previously in this report, some workshop participants had direct experience with the Global Fund in their countries, including participation on a CCM. Others, though, were new to Global Fund work or otherwise were not familiar with some or all of its core structures and processes.

One point made early on was that it is important to understand exactly what the Global Fund is and what it can realistically do. The Global Fund is a financing institution, not an implementing one: in other words, it is like an HIV, TB and malaria bank. It does not have offices or staff outside of its headquarters in Geneva, Switzerland and it does not play any direct role in programming or service delivery. CCMs and other institutions in recipient countries make such decisions and actions. This overall structure reflects the Global Fund's key operating principle: country ownership, which refers to partners and organisations in implementing countries (including civil society and communities) deciding what Global Fund resources should be spent on and who should receive them.

Other key underlying principles and approaches of the Global Fund include:

• It considers itself a "multi stakeholder partnership" that specifically includes civil

5 The URL for the Dropbox link is www.dropbox.com/sh/y40cvak1ks8lnm4/AABdwtcFhvjzh4U-DXYzoQDca?dl=0.
society, communities and people living with and affected by the three diseases. This is the main reason that many of the Global Fund's guidelines, policies and procedures not only refer to these sectors but also often recommend or require that they be adequately represented.

- It stresses and seeks to operate on the principle of transparency. In practice this means, for example, that most documents and information are publicly available on the Global Fund's website and other places. Anyone who searches should be able to find out how much money has been allocated to a country and what it is being used for (among other things).

Workshop facilitators provided an overview to ensure all attendees had a basic understanding of the following, which are a sample of the many concepts, structures and policies discussed:

- several critical Global Fund policies, including those on gender and human rights as well as others referenced in this report (e.g., the Sustainability, Transition and Co-financing Policy);
- the composition and responsibilities of the Global Fund Board and its main committees, including the Strategy Committee, which in reality makes most of the important policy decisions that the Board typically then approves;
- the roles and responsibilities of the Global Fund Secretariat, the main administrative division;
- where the Global Fund’s resources come from and how it raises money (i.e., its replenishment process), including the types of campaigns involving civil society and communities that typically support resource-mobilisation efforts;
- the Global Fund’s allocation model, which determines the amount of money made available for each country and for each of the three diseases;
- the Global Fund’s grant making process, which includes mechanisms, steps and structures such as country dialogue, CCMs, an independent Technical Review Panel (TRP), and grant approval and budgeting (see Section 2.2 below); and
- the roles and responsibilities of the Office of the Inspector General (OIG), an independent Global Fund structure that receives and investigates allegations of corruption or mismanagement. (Workshop participants were encouraged to contact the

Staying abreast of the Global Fund

Workshop participants were reminded that the Global Fund is not a static institution. Changes are made regularly, including the names and components of committees, policies and structures.

For example, a major change three years ago introduced a completely different funding system. Recently the term "concept note" was changed to "funding request" and the name of the main policy-setting committee was changed to Strategy Committee from Strategy, Investment and Impact Committee (SIIC). What was recently known as "incentive funding" has been reconceptualised and termed "matching funds" within a new overall funding category now called "catalytic investments". And so on. The constant changes highlight the importance of being aware to the fullest extent possible of what is happening and being announced across the Global Fund.

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6 The participants’ shared Dropbox folder contains detailed information about all of these processes and structures, plus many others,
OIG directly, using the contact information available on the website, any time they see evidence of improper behaviour related to Global Fund programming.

Box 1. Challenges and barriers: participants' introductory responses

In an informal session at the beginning of the workshop, all participants had the opportunity to mention one main challenge or barrier that they consider especially significant. Some of the responses referred to the Global Fund specifically, while others were broader in nature (e.g., regarding health, social, political or legal contexts in their countries). Listed below are examples of some of the challenges mentioned. All are presented as closely as possible to participants’ original language:

- Difficulty women's networks face in accessing global funding.
- Women in general, and in particular women living with HIV, are not able to access the Global Fund.
- Civil society is not as coordinated as it needs to be. Although some members of the CCM are pushing on gender and human rights, there is not enough overall support to make sure these priorities are reflected in national documents or concept notes.
- Youth do not have a voice. Most notably, there is insufficient youth involvement and representation on CCMs and most other Global Fund and disease-response structures. This is a key reason youth groups cannot access money or other kinds of support.
- Community voices are not strong or recognised. This has a negative impact on what we need to achieve as a country.
- Global Fund templates are not friendly to community groups and systems. They are one-size-fits-all, and we are diverse and different. Because many groups find the templates frustrating and confusing, and therefore struggle to meet their requirements, the ultimate impression is that communities and civil society are not good implementers.
- Governments continue to marginalise key populations and seek to remove them from all frameworks related to the disease responses. This is part of overall efforts to deal more harshly with them socially, legally and economically. With Global Fund processes, for example, health ministries say they work with key populations, but in reality they do not—which means little or no money is made available for their needs.
- The government has limited understanding of what the Global Fund is. This is a key reason it does not prioritise the most effective interventions or comply with important policies and procedures.
- HIV is prioritised far more than TB or malaria, including among CSOs. This makes it difficult for TB constituencies (for example) to find the space and influence to obtain financial support from the Global Fund and other funding options.
- Global Fund recipients have rarely changed in the country over the years, as the principal recipient (PR) always gives money to the same groups.

The OIG is considered “independent” because it reports directly to the Board, not the Secretariat. In addition to being the best place to raise concerns about corruption, it also is a good option for those who want to report human rights and other such violations or misdeeds, such as implementing programmes that marginalise key populations, women and girls. For these and any other type of complaints, the OIG has a whistle blowing platform called “I Speak Out”, which can be accessed on the Global Fund website. It is a confidential platform that is open to all to use.
2.2 Setting the terms of Global Fund support: funding cycle and grant making process

The Global Fund currently operates in three-year funding cycles. The Johannesburg workshop took place just prior to the start of the 2017–2019 cycle, for which the Global Fund has a total of $11.1 billion in funds to disburse. Of that total, $10.3 billion is available for country allocations, with the remaining $800 million reserved for what are called "catalytic investments"—a series of special funding streams that the Global Fund sets aside to promote and support the achievement of specific goals and objectives in the Fund’s Strategy for 2017-2022. Catalytic investments include funding for multi-country approaches, strategic initiatives and matching funds (to incentivise country programming towards certain strategic objectives of the Global Fund).

On 15 December 2016, the day after the workshop ended, all countries were sent a letter informing them how much money they will be allocated in the upcoming new funding cycle. The letter also suggests how funding should be split among the three disease components (HIV, TB and malaria), although each country's CCM has ultimate decision-making power over this split. CCMs also can choose to submit their funding request in one of three "windows" in 2017, which have the following deadline dates: 20 March, 23 May and 28 August. In theory, the sooner a funding request is submitted, the sooner funds will be available in a country.

A funding request—recently known as a “concept note”—is just one of several steps along the Global Fund grant making process. The image below shows the full process. Listed below the image are some other observations about the process that were introduced as especially important for women's, community and key population stakeholders.
• The "country dialogue" is not a formal Global Fund structure. It refers to a country-organised process in which a wide range of people, institutions and organisations are involved in discussing and making decisions about HIV, TB and malaria programming in their countries. A country dialogue should be considered an ongoing, regular process that continues throughout the overall grant making period (and beyond).

• Global Fund funding requests are based on a country's national strategic plans (NSPs), which cover national funding and resource needs. The Global Fund does not cover all that is outlined in an NSP. It focuses on the "gaps" in an NSP after taking into account all funding to be made available by governments and other donors such as PEPFAR. Because funding requests are based on NSPs, it is imperative that advocates' programmatic and key priority concerns around gender equality and human rights are included in an NSP.

• The first version of a funding request (termed a "concept note" in the image above) is not the final one. This is what the Global Fund refers to as an "iterative process" in which a funding request is reviewed by Global Fund structures and then returned to a CCM with requested changes. This process can happen numerous times. The two main Global Fund structures involved are the TRP and the Grant Approvals Committee (GAC). The TRP, an independent body of technical experts, considers things such as whether the funding request reflects the NSP and whether it refers sufficiently to gender, human rights, community systems strengthening (CSS), etc. The GAC looks at things such as whether the proposed budget can accommodate the specified activities (i.e., can they be realistically funded?).

• After a funding request is finalised based on the GAC's final comments, it is submitted to the Global Fund Board for approval. The Board rarely votes against a submitted proposal at this stage, but it can (for example) refuse to approve one if it does not think human rights will be respected, upheld or improved.

• The final stage along the process is called grant implementation. This refers to finalising the budget, including indications of what money will be allocated to specifically; the principal recipients (PRs) signing the grant contract; and funds being spent on services and activities in the country. The process continues throughout the life of a grant because it is essential for monitoring to regularly take place.

Community, civil society, women's and key population advocates have important roles to play in all stages of grant making and the funding cycle. In particular, several participants and presenters at the workshop noted that their influence and engagement can prevent their priorities from being abandoned throughout the process or not being funded in final budgets. With the new funding cycle about to begin when the Johannesburg workshop was held, participants were reminded that they have only a short time to get prepared for funding requests. They were
encouraged to remain vigilant about following the process to the very end and insisting on an iterative dialogue that includes community and gender equality champions (see Box 2).

**Box 2. Funding requests: crucial process for community advocates’ engagement**

As indicated in Section 2.2, funding requests are at the heart of all Global Fund grant making processes. They can be complicated and "difficult" documents of more than 100 pages, filled with technical language. The Global Fund is likely to introduce new guidance for funding requests for the 2017–2019 funding cycle (it had not done so by mid-December 2016). Yet it is expected that changes will not significantly alter the type of information required in concept notes submitted over the 2014–2016 cycle. One notable overall change for the new cycle will be the use of what the Global Fund calls a “differentiated” application and review process. This means that three different approaches and funding request forms are to be used, depending on a country’s specific needs and priorities. In escalating order of detail and complexity, the three are programme continuation, tailored proposal and full proposal.

**Understanding the funding request process and its main proposal form can help advocates engage better in CCM meetings and thus help ensure that the grants meet high gender, human rights and community standards.** Advocates who are familiar with the form are more likely to know where to search for information about the kinds of interventions they support, including language about women, girls and key populations. They then can more thoroughly and easily monitor whether these interventions are included and funded in the final budget.

The current structure has four parts: country context, funding landscape, funding request to the Global Fund, and implementation arrangements and risk assessment. The third section is the most relevant for civil society and community advocates because it includes information on the activities and budget. For example, information in this section can indicate the extent to which a country proposal to the Global Fund is "gender-transformative" and addresses human rights barriers (e.g., legal, social and economic) that largely affect key populations. (Section 3 of this workshop report summarises discussions on gender and human rights concepts and considerations.)

**2.3 Transition and Global Fund withdrawal from countries**

To many observers and stakeholders, the Global Fund's most controversial strategy shift in recent years was to focus its funding on low-income countries (LICs) with high burdens of HIV, TB and/or malaria. That decision was made as part of its effort to provide support where the needs are greatest. The shift also means that the Global Fund is stepping away from middle-income countries (MICs), and an increasing number of them are already ineligible for Global Fund programming or will soon be.

The move away from MICs—which are home to the majority of poor people and those living with HIV and TB—is already leaving many people living with and at risk for the three diseases facing cuts in services and other critical support. In some cases, there are insufficient other sources of funding (including domestic) to cover what the Global Fund has been providing. In others, the main problem is that governments are not willing to sustain Global Fund investments for social or political reasons, especially in places where epidemics are concentrated among stigmatised and marginalised key populations. Such emerging gaps in coverage and related developments in MICs are the consequence of the Global Fund and other donors using country
income as an indicator of health care quality and access. Many other observers, including a growing number from the civil society and community sector, believe that funding decisions instead should look at more specific health statistics and country situations to determine greatest need and potential impact.

The Global Fund has not formally moved away from using blunt country income figures as a basis for eligibility and allocation amounts. As countries get richer based on this criterion, they eventually will still "transition" out of eligibility for Global Fund support. However, in the face of persistent advocacy pressure, the Global Fund through its Sustainability, Transition and Co-financing Policy is seeking to make transitions smoother and more efficient by making special transition funding available for countries for up to one allocation period after they become ineligible. It also has been pushing countries to undertake transition readiness assessments and to start preparing for transition as early as possible. Special transition-related policies are also in place for the 2017–2019 funding cycle; details can be found on the Global Fund website.

Some of the countries represented at the Johannesburg workshop are already classified as middle-income (e.g., Botswana, Kenya and South Africa). Many others will soon reach that level as well. The sooner countries prepare a transition strategy, the less disruptive and more successful eventual transitions will be.

One fact cannot and should not be ignored: Women and key populations are at particular risk for being left behind in a transition. Advocates therefore are encouraged to take action and make noise nationally and globally. At country level, they can document the opportunities and barriers for support that are most prominent and then consider where and how to advocate successfully for needed interventions. Globally, they can join forces with other community-oriented advocates worldwide to confront the global health and development trends in which donors are providing less money in general, with the greatest reductions among MICs.

One new global campaign was initiated recently at a meeting of community, civil society and key population advocates in Amsterdam. They developed a preliminary call for action that includes demands that all donors for HIV, TB and health (including the Global Fund) fully fund HIV responses and ensure that transitions, if they happen, are done responsibly so that no one is left behind. More information about this new campaign is expected to be widely available in early 2017, please visit the W4GF website here to find out more now.
Box 3. Observations from the front line: Workshop participants share experiences on CCMs and country dialogues

Listed below are quotes from Johannesburg workshop participants who have served on national CCM and/or who were involved elsewhere in a country dialogue. Of those with direct CCM backgrounds, experience varied from those with several years to some only recently attending one or more meetings. Their first-hand observations illustrated the type of challenges many women and community members—and the organisations who support them—face when seeking meaningful roles in Global Fund processes.

Representation
(1) There are times when women represent and do a great job, but sometimes not. The difference can be related to whether their organisation allows them to have the time and support to be present and be involved. This is just one of many time and resource obstacles.

(2) Constituency representation is a major challenge. You get to sessions and there’s only a couple of you. I tried to get people to show up, asking them why weren’t here when it’s so important. Some were saying they just can’t attend because they don’t have money, or they have deadlines and other things to do and can’t afford to step away. What this tells me is that we must find a way to allow people to be committed, to support them to be meaningfully involved as civil society.

Leadership
There are many female doctors in our country who have experience in HIV, including giving treatment, and are very outspoken. But there were few women at the CCM meeting I recently attended. And they seemed to be treated tokenistically. At that meeting there was an election to lead a committee, and it was two men competing to be the chair. A woman was proposed for vice-chair, to serve under whichever man became the chair.

Support for our CCM members
It is important for all of us to remember that most CCM members are volunteers. It’s a huge amount of work. We should reach out to and support our CCM members, including by being proactive and responding in a timely way. They are our representatives—whether a young woman, a sex worker, someone who injects drugs, a man from the MSM community—and we should help them. They can only represent us well if we are open and willing to respond as well.

Non-performance of CCM members from our constituencies
It’s important not to just attack people. In my country, instead of just telling them they are not doing well, we give them suggestions on how to improve and then give them a set period of time (a quarter, usually) to show they can do better. And only if they don’t improve then do we replace them.

Prepared and responsible decision-making
Sometimes we in civil society rubberstamp things, especially when we do not have much time to read important documents before a CCM meeting. We shouldn’t do this. We should complain and resist when, for example, we get documents late and are expected to respond immediately. We should get other members and allies to support us and push back. Everyone on a CCM should have the time and resources to understand all areas of discussion and then be able to make informed decisions.

Questionable decisions in allocating funds
Global Fund money is often not allocated to groups with experience and historical knowledge about how to do the intended work, especially those at the grassroots level. Instead it is going to organisations that are closely tied to the PR or who have a lot of resources for lobbying. This is a problem. Especially since it’s the people who need services who suffer when a poorly prepared organisation is supposed to support them.

Conflicts of interest
Several workshop participants mentioned concerns about existing and potential conflicts of interest. For example, some referred to situations in which they are overseeing grant programmes at the same time they might want or need Global Fund support for their organisations and networks. By remaining on a CCM or a proposal writing team, which bars them from accessing funds, they could compromise the financial security of their groups’ work. This is one reason that some civil society advocates are unwilling to join a CCM, even though they may be highly qualified and their engagement would greatly boost overall civil society influence.
2.4 Gender equality, key populations and the Global Fund's 2017–2022 Strategy

The Global Fund has several strategies, policies and action plans that are supposed to influence and direct the decisions of all partners, including the Secretariat, implementing country governments, CCMs and civil society groups. Advocates can use them to hold other partners accountable to complying with Global Fund principles as several refer to gender and human rights.

In addition to the Global Fund new Strategy 2017–2022, “Investing to End Epidemics”, the following were among the guidance materials mentioned at the workshop:
  • Gender Equality Strategy (GES) and its Action Plan 2014–2016
  • Sexual Orientation and Gender Identities (SOGI) Strategy
  • Key Populations Action Plan 2014–2017

Through a series of community guides, the Eastern Africa National Networks of AIDS Service Organizations (EANNASO), which is the Regional Platform for Communication and Coordination for Anglophone Africa, seeks to support community-based advocates in understanding and monitoring such strategies and plans. Workshop participants had the opportunity to explore some of these guides as well as the original, full-length Global Fund documents they are based on. Through participatory exercises they identified strengths and weaknesses of Gender Equality and SOGI Strategies and considered whether and to what extent the action plans had been implemented.

In general, participants felt that the strategies had some key strengths, such as highlighting the importance of considering gender issues in programming and the unique needs of key populations. Most agreed, though, that in their countries the impact has been limited. For example, many said that even when key populations are engaged in Global Fund processes, such as by having a representative on the CCM, they still have little influence and few leadership opportunities.

One optimistic development is that much of what is in the two strategies is reflected and integrated in the new Global Fund 2017–2022 Strategy. Strategic Objective 3, to “promote and protect human rights and gender equality”, includes two sub-objectives that directly relate to gender equality:
  • Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights;
  • Invest to reduce health inequities including gender- and age-related disparities.

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8 Several of these guides, including all that were referred to during the workshop, are available in the Dropbox folder made available to participants.
The only key performance indicator (KPI) attached to Strategic Objective 3, in regards to reducing gender and age disparities in health, is “HIV incidence in women aged 15-24”. It remains to be seen how the Global Fund will support countries to consistently report on this and have the data readily available.

As the new Strategy rolls out, the Global Fund wants to identify effective ways to meet the ambitious gender and key population objectives. With that in mind, it launched an internal initiative called the Strategic Actions to Advance Gender Equality (SAGE), which includes a focus on adolescent girls and young women in 13 priority countries for intensive gender and rights interventions over 2017–2022. The Global Fund selected the 13 countries based on new HIV infections; incidence rate; male to female ratio; and availability of data around adolescent girls and young women. Eleven of the 13 priority countries were represented at the workshop. Participants were urged to take advantage of opportunities such as additional matching funds that would be offered to countries should they chose to prioritise adolescent girls and young women as well as available technical assistance for their countries.

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9 The focus for 13 countries is on Strategic Objective 3a: "Scale up programmes to support women and girls, including programmes to advance sexual and reproductive health and rights".

10 The 13 priority countries are Botswana, Cameroon, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. The data used for selection were for the year 2015, as reported by UNAIDS in 2016.
3. Explaining and Analysing Gender and Human Rights

Presentations and discussion around gender, gender equality and equity, and human rights considered both theoretical and practical issues: the concepts and ideas around the terms and why they matter in the Global Fund and other work. Below are summaries of some of the main points and observations made during presentations by resource personnel and by participants in plenary.

3.1 Gender

There is a difference between “sex” and “gender”. Sex refers to biology, such as physical characteristics. Depending on their share of male and female hormones, a person may be biologically determined to be male, female or intersex (when the sex is indeterminate at birth). There can be and are a variety of physical appearances among people everywhere.

Gender is a social construct and learnt through socialisation. When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices or social exclusion—all of which adversely affect health. For example, when a child is born with a vagina, we consider her a female and expect her to grow up to be feminine. Girls and women tend to be expected to cook, clean and take care of children. Boys and men are often expected to be masculine, "tough" and aggressive if needed, with all the negative consequences (e.g., violence, efforts to control women) that often result from such behaviour and expectations.

The following are some terms and concepts useful to keep in mind when considering sex and gender:

- **Sexual orientation** refers to who or what people are attracted to sexually. Attraction differs along the scale between being completely and only attracted to males at one end, or solely attracted to females at the other end.

- **Gender expression and gender identity** refer to how you choose to express and identify yourself (e.g., as male, female, both, neither, etc. and how this is expressed)—and not how someone else identifies or perceives you.

- **Gender fluid** refers to when a person's gender expression shifts between masculine and feminine. It can be displayed in how that person dresses, expresses and describes himself or herself.

The wide range of possibilities across the gender and sex spectrum underscore the need for expansive and accommodating approaches to gender. Responsible HIV, TB, malaria and other health responses rely on inclusiveness and acceptance, based on the principles of non-
discrimination and leaving no one behind. The most effective services from the standpoints of both health outcomes and gender equality are those that are widely welcoming to and reach everyone, regardless of how they identify themselves or what they need. It is problematic from a gender perspective, for example, when MSM cannot easily access treatment while heterosexual men can or when transgender women are included in programmes to address MSM. These examples further illustrates the important fact that gender is not only about women.

The Global Fund has committed to removing barriers to services and support that are related to gender. An understanding of what this means in practice should be shared among programme designers, monitors and advocates as to what progressive developments would be. The figure below gives a basic overview of how an intervention supported through the Global Fund or any other source can be categorised along a "gender equality continuum", from harmful to resulting in good health outcomes: exploitative, blind, aware, accommodating, transformative.

As suggested in the figure above, the ultimate goal is for all programmes and interventions to be gender-transformative (or at the very least, gender-accommodating). These two types of responses acknowledge and seek to respond to gender differences and inequalities. Gender-transformative interventions go even further by not only responding to gender gaps and challenges, but actively seeking to change existing harmful gender dynamics, norms and
relationships. They are based on ensuring equity, which is a farther-reaching and sometimes more appropriate than gender equality. And because they are about changing society, it is much harder to programme such interventions. Workshop participants were encouraged to try to "think gender-transformative" when they are on funding request writing teams and when engaged in any other Global Fund activity that could influence programming approaches.

The following are some examples of gender-transformative interventions that were referred to during the workshop. Of note is that many of them do not focus directly on HIV, TB or malaria treatment or prevention, but instead seek change in social, legal and economic areas that have important effects on health-seeking behaviour and activities:

- Altering opening hours of clinics so that it is more convenient for men or women, especially those who work during the day. For example, clinics could open early in the morning, late in the evening and/or at special times on weekends.
- Delivering medication more flexibly, which can reduce challenges women face in travelling to clinics and thus address issues around childcare and maintaining households, etc. A gender-transformative approach might be to provide enough medication to last for a week or more (e.g., for TB treatment) along with relevant treatment literacy.
- Reforming property rights to allow women to inherit land, which could make a huge difference in their economic prospects and thus ability to access treatment and care services.
- Working with local community leaders to identify ways to allow girls to stay in school. Similarly, changing laws so that girls do not have to wait until a certain age to get tested for HIV or obtain contraceptives (for example).
- Addressing gender-based violence by bringing both men and women together and talking together openly, directly and extensively about why this is violence and what might be done about.

### 3.2 Human rights

Workshop presentations and discussions on human rights focused on what they are, how they are assessed and monitored, and their connection with health programming and services. Key points included the following:

- Human rights are those that every person automatically has as a human being: all of us are entitled to them.
- Human rights are equal and non-discriminatory: no one has "more" rights than someone else.
- The term "duty bearers" refers to people and institutions (e.g., governments) that are responsible for protecting and promoting rights at a particular time and context.

Human rights are legally binding on governments that are signatories to relevant international laws and conventions. The five basic rights in the Universal Declaration Human Rights (which sets minimum standards), are equality in rights, the right to life, freedom from slavery, and
freedom of expression. Other rights have been outlined in agreements including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on Economic and Social Rights, among others. The right to health—usually described as "the right to the highest standard of physical and mental health"—has over the years come to be recognised internationally as another fundamental right.

One issue that received substantial attention is the reality that rights can be conflicting at times. For example, the rights of a person living with TB could be considered violated if he is arrested and forcibly detained for not taking his medication. Yet his detention could be seen as a reasonable response to his violating the health rights of other citizens who face a risk of being exposed to TB because of him. In another complicated scenario, a man who tested positive for HIV has unprotected sex with a woman but never discloses his status due to fear. The man might feel he has a right to privacy. The woman might feel, upon knowing his HIV-positive status, that her right to health is being endangered. Yet she might also be concerned for her economic and physical security if she were to challenge him, as he might then leave her or subject her to violence. Such examples suggest that the concept of rights is not as straightforward as it may seem. International law recognises the possibility of conflicts of this sort by specifying that a government can limit a right as long as that step is “proportionate” and legitimate.

The Global Fund and human rights

The Global Fund has sought to promote and support improved programming from a human rights perspective for many years. Often, though, the impact has been limited. For example, internal research has shown that previous funding requests often only described human rights barriers to services and priorities, but did not actually include specific activities to reduce those barriers. Other times, human rights-centred activities have been implemented at a very small scale, and thus have not addressed the issues or population in need. The previous Global Fund Strategy also only focused on what should be done if human rights violations occur but did not extend to preventing any human rights violations.

The elevation of human rights to one of the four top-level strategic objectives in the 2017–2022 Strategy is an attempt to improve the situation as widely and deeply as possible. Notably, the Global Fund will seek to boost and sustain funding to overcome human rights barriers in accessing services such as stigma and discrimination, gender-based violence and bad laws and policies. One approach it will use is to focus on 15–20 countries and intensify human rights programming efforts in them. This is intended to help obtain evidence and data on human rights so that better programmes can be developed and implemented not only in those countries, but in all Global Fund implementing partner nations.

In the meanwhile, women's, community and key population advocates should keep in mind the fact that all Global Fund-supported programmes currently are required to meet the following five minimum human rights standards:

• Non-discriminatory access to services for all, including people in detention;
• Employing only scientifically sound and approved medicines or medical practices;
• Not employing methods that constitute torture or that are cruel, inhuman or degrading;
• Respecting and protecting informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered;
• Avoiding medical detention and involuntary isolation, to be used only as a last resort.

Anyone who observes or has evidence of a violation of one or more of these standards can report anonymously to the Global Fund's Office of the Inspector General (OIG). As noted previously in this report, information about how to reach the OIG is available on the Global Fund's website.

Box 4. Tools to assess gender in Global Fund programmes and beyond

Several tools have been developed specifically to support and encourage countries to consider whether their health and development programming, including Global Fund funding requests and grants, meet minimum standards on gender. Some of them can be used by advocates and others to review Global Fund programmes, documents and other interventions through a “gender lens”—including whether men, women and key populations are treated differently and to identify gaps in services, products, polices and plans. Based on the results, they can then advocate for change at country level in particular. Three of the tools mentioned at the workshop are summarised below:

• **UNAIDS and the Stop TB Partnership have developed a gender assessment tool that is designed to assess either (or both) national TB and HIV responses.** It has been used so far in Lesotho, Namibia and Niger, and there are plans to introduce it in at least eight countries in the near future. This comprehensive tool consists of a series of steps and questions that consider issues such as the different treatment of men and women and key populations. The main output is a report that includes recommendations and lessons learned in addition to extensive analysis and presentation of data. The formal process is detailed and time-consuming, requiring the formation of a country team, consultants to review hundreds of documents and formal buy-in from relevant government ministers.

• **The United Nations Development Programme (UNDP) created a checklist on gender when the Global Fund’s new funding model was introduced for the 2014–2016 funding cycle.** It is a concise and basic tool that allows fairly rapid analysis of whether programme developers and other stakeholders have done enough to integrate gender. The tool covers all stages of the funding model, from preparation of NSPs through to grant making and approval of funding requests by the Global Fund Board. Sample checklist areas include, for example, whether a “high-level champion” has been appointed to advocate for consistent attention to gender and whether and an “adequate budget” has been prepared to ensure implementation of priority responses from a gender perspective.

• **The International Council on AIDS Service Organizations (ICASO) in July 2016 released a document, “More than a Seat at the Table”, which provides clear, helpful guidance for new CCM members.** It directly answers some of the most important questions, such as what a CCM is and how to monitor engagement. The document is especially helpful because it explains a lot of the internal Global Fund jargon in clear, simple ways. It also includes a series of useful resources and links, including to other guides.

Resource support for initiating and using the tools may be available from either or both technical partners (UNAIDS and the Stop TB Partnership), among other sources. Support for using the UNDP tool, which has been available for a longer period of time, can potentially be available from the Global Fund’s Community, Rights and Gender (CRG) Department.
4. Getting Involved and Making a Difference: Strategic Opportunities and Entry Points to Influence Global Fund Programming

Section 4 focuses on opportunities and entry points that can support women’s, community, civil society and key population advocates to meet their Global Fund priority goals and objectives. Discussed in this section are some basic tips for how and where to engage followed by resource and capacity-support options.

The Global Fund funding cycle includes many opportunities for advocates to influence outputs and outcomes—and thus get more resources for their communities and priorities. Among the most useful entry points are being involved in drafting an NSP and funding requests and then monitoring the grant cycle all the way to the end. Fully effective monitoring consists of paying particular attention to whether priority interventions are not only included in the grant agreement but are specifically budgeted for at the very end. Engaging the whole way along the overall cycle is essential, especially at the critical grant making and budget-finalisation points. Analysis indicates that these are the points where civil society engagement in country dialogues is most limited and also where most gender-focused interventions are lost during the grant making.

Being a CCM member, and a well-prepared and active one, offers perhaps the most direct opportunity to influence country-level Global Fund programming.

Women’s, community, civil society and key population advocates also can play a role in structuring and changing Global Fund processes at the global level. Decisions made by the Secretariat and Board, for example, guide what can and should be done with programmes at the country level. Civil society partners fill three Global Fund Board seats: one seat is reserved for communities (including key populations), with one each also reserved for civil society from developed and developing countries. Members of CBOs and key population networks worldwide are potentially eligible to serve on one of these three delegations to the Board provided they meet the terms of reference (ToR) that each delegation has drafted for itself.11

Global, regional and national advocacy campaigns are another broad entry point for women and community advocates everywhere. Some campaigns focus specifically on Global Fund policies and procedures, while others aim to influence health and development issues that have an impact on Global Fund resources and programming. One example, discussed in Section 2.3, is the newly launched global campaign to halt negative trends in donor financing for HIV, TB and malaria and to prevent irresponsible and damaging transitions in middle-income countries. The W4GF website includes information about some of these campaigns, as do websites and Facebook pages for many leading civil society advocacy and service groups such as Health

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11 Each of the three civil society delegations holds open calls periodically for interested people to apply to be members. Information about each delegation’s eligibility and application requirements is available on the Global Fund website. Workshop participants were encouraged to reach out for support if they were interested in potentially joining one or more of these delegations.
Global Access Project (GAP), the International HIV/AIDS Alliance, EANNASO and the International Coalition of AIDS Service Organizations (ICASO).

4.1 Tips and troubleshooting

Listed below are key strategies identified by workshop participants and other women’s, community and key population advocates to be effective in Global Fund processes in their countries:

- **Build support and engage in focused advocacy** with civil society CCM representatives or those who have influence otherwise. Contact the CCM more generally and build relationships by offering support as well as reminding them of their accountability to the communities they represent. Further build allies and support around the table for those making decisions to raise awareness around key points being deliberated at that level. For those on a CCM: form alliances and support with other members as a way to increase and sustain understanding of your priorities.

- **Ensure gender is at the core of your NSP**, and that gender-transformative activities and approaches are costed.

- **Demand to be part of the funding request writing team**, and **make the case that you bring technical expertise to the table** in one or more areas. If you are not on the funding request writing team, **find an ally who is** (e.g., a representative from your constituency who is on the team) and tell that person what you want and what your lines in the sand are.

- **Lean on Technical Partners for coordination support.** Technical partners are mandated to support women’s, communities and key population groups in their efforts to engage effectively with the Global Fund. We should demand and expect more accountability in upholding their responsibilities. Our ability to participate fully in country dialogues depends on their support, especially since CCMs often refuse to earmark funds for these activities.

- **Follow the process and demand accountability at each stage.** If the CCM blocks you from seeing the funding request, contact your Global Fund Fund Portfolio Manager (FPM) and seek assistance. (All FPMs’ contact information is on the Global Fund website).

- **Attend CCM meetings even if you are not a member.** Anyone is allowed to attend a meeting as an observer, as long as you have written to the CCM chair to get formal permission to observe.

- **Know the schedule:** Access country’s allocation letters as soon as possible and **find out when your CCM plans to submit funding requests for one or more disease**
programme. This can help you and your allies plan for maximum impact. As mentioned elsewhere in this report, the Global Fund has scheduled three application windows for 2017, with the following deadlines: 20 March, 23 May and 28 August. The Global Fund suggests when a country should consider applying, but countries have ultimate responsibility for picking a window. Another important part of such preparatory work is to know whether your country will do a full proposal or a shorter one. The quickest way to find this out is to ask a CCM member. (The type of proposal matters because only the full ones offer substantial opportunities to get improved programmes from gender and human rights perspectives.)

• Be prepared to receive Global Fund money, if that is a goal. Only organisations that have sufficient administrative capacity will be funded. This includes having at minimum basic structures and systems that indicate your organisation is legitimate. This includes having a guiding constitution or a similar structure for your organisation and policies regarding human resources; procurement, etc. If you know you can do great work but do not have the capacity, find a partner and apply collaboratively.

• Build a relationship with the FPM and Global Fund country team and turn to them as often as you need to. For example, a good option for raising concerns about struggling or ineffective implementation of Global Fund programmes is to contact your FPM and organise a meeting to discuss.

• Understand the Global Fund's 2017–2022 Strategy, “Investing to End Epidemics”. The top-level strategic objective on gender and human rights can be ammunition for your efforts to make your country’s Global Fund programming more responsive to and reflective of gender equality and the needs of key populations (for example).

• Advocate for evidence based interventions. To learn more about effective evidence based interventions (especially related to HIV) that meet top-quality gender standards, review the website What Works for Women & Girls (www.whatworksforwomen.org/). It includes evidence and specific examples from around the world.
4.2 Support and resource options for women’s, community and key population groups

Financial and other resources are available outside of the allocation process for women’s, civil society and key population groups that want to build capacity to engage in Global Fund processes. Some options were presented and discussed at the workshop, including those summarised below. Additional detail about each option, including contact information, is available in documents in the Dropbox folder made available to all workshop participants. Guidance may also be obtained by contacting W4GF or EANNASO directly, among other resource hubs.

The Global Fund has three top-level technical partners, for HIV, TB and malaria: UNAIDS, the Stop TB Partnership, and Roll Back Malaria. They are the “normative” agencies that set up guidelines regarding goals, strategies, etc. around the three disease responses. The technical partners are supposed to be supportive of civil society in all implementing countries and have a key role as conveners. To that end, their roles (as discussed during the workshop) may include:

- providing funding directly to CSOs to cover gaps at times;
- supporting resource mobilisation and advocacy efforts;
- offering a wide range of technical expertise and documentation (e.g., support for improved engagement in country dialogue processes and “cheat sheets” on how civil society can advocate for specific programmatic areas—for example addressing gender-based violence); and
- collecting and making available data and evidence that can influence programming decisions.

Participants with experience dealing directly with technical partners suggested contacting them only after preparing a clear plan or road map and ensuring that requests are submitted ahead of time.
Three donor governments offer a range of different kinds of support for communities and women’s groups through bilateral initiatives. PEPFAR, for example, can provide analysis and information-sharing of best practices. BACKUP Health, sponsored by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), offers support opportunities in specific areas such as CCM strengthening and grant management. The French government’s 5% Initiative, which supports mostly French-speaking countries (as well as Mozambique), can support NSP engagement and funding request writing.

The Global Fund itself offers financial support for increased and improved engagement and to prompt higher-quality programmes. For 2017–2022 funding cycle, it has set aside $800 million for what it calls “catalytic investments”. This will be used in three ways:

- **Matching funds.** Nearly half of that money (44.5%) is characterised as “matching funds”, which refers to “extra” money that the Global Fund will allocate to countries if they include specified priorities (e.g., on gender and human rights) in their funding requests. Advocates are encouraged to remind CCMs that they can get more money if they make certain that their funding requests meet these high standards.

- **Multi-country approaches:** A total of $272 million (34% of catalytic funds) will target key, strategic multi-country priorities deemed as critical to meet the aims of the 2017–2022 Strategy and in line with global disease priorities.

- **Strategic initiatives:** An additional 21.5% ($172 million) is to be reserved for what the Global Fund previously called “special initiatives” but now calls “strategic initiatives”. There are 14 of these initiatives in the new funding cycle, up from 6 in the previous one. They make funds available, upon request, for things such as building the capacity of principal recipients (PRs) to manage grants; drafting strong funding requests; and support for transitions and sustainability.

**CRG opportunities: community-focused support**

Perhaps the most important from women’s and communities’ perspective is the Community, Rights and Gender (CRG) strategic initiative. This is a pot of $15 million over the new funding cycle intended for technical assistance for communities and key population groups exclusively.

One part of the CRG strategic initiative focuses on short-term assignments of about $30,000 or so for technical assistance for activities such as grassroots consultations. Support can be obtained by filling out a fairly simple technical assistance (TA) request form, which can be accessed here. The CRG has a directory of 34 organisations that can provide the type of assistance requested, a large pool that makes it more likely that support will be provided by people and organisations already familiar with applicants’ countries, regions and needs.

Previously, CRG technical assistance was only available to support engagement through the submission of concept notes. In the new 2017–2019 funding cycle, however, the CRG’s mandate has been extended across the entire grant making cycle. This welcome change offers far more opportunities for critical support at country level, including for vital activities such as community monitoring (“watchdogging”).
CRG money also flows through the Robert Carr civil society Networks Fund (RCNF), a separately administered funding opportunity that seeks to fund regional and global networks representing inadequately served populations (ISPs). Such networks are traditionally among the most difficult to reach and support. Similar challenges have limited funding opportunities for many women’s rights organisations and networks, especially those not focused solely or specifically on a Global Fund priority disease. The difficulties they experience have prompted calls for the Global Fund to explore setting up a special, dedicated funding stream similar to the RCNF, ideally through CRG.

CRG support through both the short-term technical assistance and RCNF channels is demand-driven. This means that interested organisations must take the initiative to apply on their own.

Regional platforms are another main branch of CRG funding. Six of these platforms, one of which is EANNASO, have been established to enhance knowledge of civil society and community groups on the Global Fund. They also often can help with coordination, capacity development and communications within civil society constituencies. More about the regional platforms can be found here.

**Box 6. Civil society priorities charters**

Several countries have undergone processes to develop "civil society priorities charters", including many of the countries represented at the workshop (e.g., Kenya, Malawi, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe). These charters are intended to help coordinate and strengthen civil society's collaborative work on HIV, TB, malaria and other health and development areas. The overall goal is to improve engagement and become more influential across the entire country dialogue in the Global Fund's grant making system.

Recent analysis shows wide variations across countries in regards to getting civil society priorities into Global Fund funding requests. Among the main recommendations is for the Global Fund to invest in elements of community systems strengthening (CSS) which support people’s ability to speak freely, join groups to raise an issue and hold their governments accountable.

Some workshop participants expressed complaints or frustrations about the charter-development process. In some countries, it appeared to be a rushed and top-down process that was inappropriately influenced by external facilitators. That observation is linked to broader ones about processes not taking into account different country contexts, environments or needs.

Future charter-development processes reportedly will be more inclusive, including by engaging at the district level or lower for input. The effort will seek to further broaden participation in country dialogues that have not consistently included a broad range of stakeholders.

Additional information about civil society charters can be found here.

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12 The International Community of Women Living with HIV (ICW) has received RCNF support.
5. Action Planning and Next Steps

5.1 Setting organisational and personal goals

The workshop concluded with two sessions in which participants began setting organisational and personal goals for their future Global Fund–related work. What they identified during action planning and detailing personal commitments is expected to (1) maintain momentum from the workshop and (2) help guide participants' advocacy priorities as they continue to build their knowledge and skills regarding gender and the Global Fund. W4GF hopes to monitor and support participants to follow through on their plans and commitments as part of an effort build and sustain community-level and women's advocacy that supports positive change across the Global Fund.

Participants did action planning by country. This meant that the two attendees from each country represented sat together and considered how to approach the national process when they returned home. They based their work on a template that included six categories:

- What they wanted to influence or change. (For example, their country's NSP, CCM, country dialogue, funding request development, legal environment.) Also asked: what they want to push for to achieve gender equality
- What action(s) are needed to achieve the change
- Who the targets need to be, including who is likely to support or oppose efforts (i.e., allies and foes)
- When the action(s) will take place, and what they now know about the timeline
- Who will take the action(s)—in other words, who is responsible and/or who or what is likely to be most effective
- Where they might turn for technical assistance

Participants were told that they could identify more than one thing they would like to change, or contribute to change. Yet they were encouraged to focus on detailing a full overall process for at least one change instead of less detailed ones for numerous changes. They could choose any change or changes they considered important, with the understanding that their decisions ideally would reflect what they had identified as challenges or otherwise focused on during the workshop.

The following are a few verbatim examples of the action plans developed and presented by each country group to the full workshop. For each entry: (1) Change; (2) What actions are needed; (3) Who are the targets? (4) When does this need to happen; (5) Who will do it? (6) Where they might turn for technical assistance?

In Namibia one intervention was: (1) Country Coordinating Mechanisms (CCM) - Ensure that information is disseminated to all the relevant stakeholders so that they are able to feed it to their

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13 Two-person planning took place for all countries except Swaziland, which was represented by one participant only. She did her action plan on her own.
relevant constituencies; (2) Skills Capacity Building: Strengthen the representation of Women Networks sitting at the CCM - By having the representatives (main member & alternate) empowered with skills to negotiate the inclusion of women’s issues in the Funding request. Women network leaders able to document issues from their regions which will be forwarded to the CCM main members and alternative for action; (3) Main members and alternates sitting at the CCM, Representatives of key populations sitting at the CCM and women networks.; (4) As of mid-February when the CCM holds their 1st meeting throughout 2017 (5) NWHN & WSN (6) Women for Global Fund, ICW Global, UN agencies, PEPFAR, CSOs and national stakeholders

Swaziland wanted to focus on a number of areas all at different time and with different communities – the first of which was (1) Global Fund process (Country Dialogue, Funding request development, grant-making) (2) Conduct 3 days capacity building workshop on gender transformative initiative and priority setting for young women and girls in Swaziland (3) Women living with HIV (4) February 2017 (5) Positive Women together (6) ICW SA and Swaziland CCM secretariat;

Zambia’s first intervention identified was: (1) NASF (NSP) responds to gender transformation and human rights programming (2) Set up/strengthen community led AGYW, WLHIV and human rights network/coalition; engage technical assistants charged with drafting NSP and organise an indaba/dialogue to influence involvement of adolescent girls and young women and women living with HIV (3) adolescent girls and young women CSOs -Women Living with HIV CSOs -NAC (CCM); (4) January 2017 Currently Zambia is drafting its 2017 to 2022 NSP 5)CTYA and COZWA/6)W4GF/EANNASO/Local technical assistants;

In Tanzania one focus was: (1) Gender sensitive dialogue/ discussion around TNCM (CCM); (2) Assessment of the country situation (Data); Introduce the assessment to the TNCM members; Mapping out of the supportive TNCM members; Train the TNCM members on the importance of Gender programming (3) Names TNCM members; (4) Early 2017 (5) Advocates; EANNASO; CHESA; TTI (6) CRG and EANNASO;

Malawi produced a calendar of events from January to March with a specific focus on a gender training for women from Paradiso using the resource materials from the W4GF workshop in late January;

Zimbabwe highlighted 5 initiatives one of which was (1) Advocate for a key populations and young people seat at the CCM (2) draft and submit a signed petition to lobby for this seat; (3) CCM secretariat and CCM members and UN Partners (4) Dates to be confirmed (5) Youth Engage and CSO and UN Agencies (6) UN Agencies;

Lesotho had three interventions – the first of which was: (1) NSP (2) NSP consultations; Review the gender assessment report and demand for integration of the findings (3) NACA BONASO BONEPWA; (4) The consultant has already been appointed to start the process, we will keep track; (5) Women and Girls groups HR groups Other key affected populations (6) EANNASO and ARASA;
Kenya highlighted one need to: (1) Build a strong coalition of young women & adolescents & engage them in the GF processes; (2) Bring the young women network leadership together to form the coalition forming policies and process to sustain the coalitions; (3) UNAIDS, UNICEF, CRG & AIDS ALLIANCE; (4) 1st quarter of 2017; (5) The chapter of young women adolescent and girls (ICW); (6) CRG, Technical partners.

The following were among the comments and observations made during a brief plenary discussion after the presentations to provide feedback:

- Participants expressed concern that some of the plans were too ambitious, since in most contexts it would not likely be possible to undertake all of the actions and to achieve the requested change in the time period specified. Picking one priority and having one distinct message is a more realistic approach.
- The theme of meaningful involvement on CCMs was consistent across all action plans—including in regards to participating effectively and ensuring that the voices of women, young people and key populations are heard and responded to.
- Participants were urged to pay close attention to building support for their objectives and priorities on the CCM and in funding request writing processes. This requires considering who or what the government will listen to. Therefore it is critical to have the technical partners in the room, but that does not always happen.
- UN Women would seem to be a natural partner for workshop participants as they seek to strengthen gender and human rights in all Global Fund processes. Although some participants had reservations about the agency’s ability or inclination to provide support, most agreed that it is a good idea to be in contact with in-country representatives to discuss possible options.

In terms of personal commitments, participants were asked to list at least one specific activity related to gender and the Global Fund that they would take by each of three time periods: ‘immediately’ after the workshop (by the end of January 2017), within three months, and within six months.

Participants will not be accountable for their personal commitments, but W4GF will follow up to ask about progress and offer support if needed. The following are some examples of personal commitments made by participants:

**Now/immediate (within one month)**

- I will share my experience of this workshop with other women in my network.
- I am going to start a conversation with other relevant and affected CSOs around organizing for a meeting with the CCM to know how far [my country] has gone in the ongoing country dialogue.
- Review the NSP that is just about to end; to familiarize myself with gender issues if any in it.
To organize women living with HIV in [my organisation] and make them understand the importance of their voices in the Global Fund.

Mapping out women and girls’ organisations, introducing myself and building relationships with them for other arrangements.

To have established a strong youth stand/voice in the CCM, with specific aim of being a part of the writing team for the next fund application…with or without a seat.

Sensitize trans women around the new funding model, which puts emphasis on gender issues and trans being among them.

Solicit technical assistance (TA) support from EANNASO, ICW and UNAIDS for priority charter.

3 months

- Mobilise women to participate in proposal writing.
- Identify three active female-led organisations that I will work with to drive action plan.
- Recruitment of adolescent girls to support them in SR health rights.
- Get funding for the youth leaders within the ESA region which focus on AGYW [adolescent girls and young women].
- Set up a coalition involving AGYW, women living with HIV and human rights CSOs.
- Participate in quarterly constituency meetings of HIV, TB CSOs to ensure that issues of gender are consistently discussed in these forums.

6 months

- Inclusion of gender and human rights transformative interventions in the NSP and in the request for funding.
- Follow through the process to ensure that issues of women and girls are clearly captured and full budget allocated.
- To have a weekly blog on human rights and gender issues.
- Media campaign about gender-transformative information, dialogue.
- Lobby to start the funding request process early and to be part of the writing team.
- Aggressively follow up and provide feedback to constituencies on the concept note development processes.
- Have functioning self-sustaining female-specific group(s) allowing for female PWID/UDs to transform themselves, strengthen themselves.

5.2 Next steps

Workshop organisers, resource personnel and participants discussed a series of other steps to be taken or considered after the workshop ended. The following were related specifically to the workshop and follow-up engagement through the W4GF platform:

- W4GF will organise a webinar for all participants about three months later (e.g., March
W4GF will set up a WhatsApp group to serve as a support and strictly an information-sharing platform for participants to support women as they engage in Global Fund-related processes for the next year. It will be up and running by the end of 2016. It is assumed that this group will be useful as participants begin to engage in Global Fund grant making processes, including the writing of funding requests, for the imminent 2017–2019 funding cycle.

W4GF will post relevant background information and other resources on its website, including the workshop's final outcomes statement and meeting report.

Participants were also encouraged to connect with W4GF through its Facebook page. W4GF will highlight, share and promote news and information as part of its continual effort to support women in implementing countries.

Some other potential follow-up actions included the following:

- Resource personnel currently serving in Global Fund structures will share relevant Global Fund documents as they become available, including those that are related to ongoing changes regarding grant making and other areas. All W4GF participants were urged to provide feedback.

- W4GF will propose developing a “toolkit” to support W4GF advocates in tracking priority interventions through the full Global Fund grant making process in their countries (e.g., from drafting and submitting a funding request through all stages of grant implementation). The goal will be to determine whether, where, how and why vital activities have not been funded. Such work is similar to what EANNASO and partners have done in a handful of countries. Results have shown extensive gaps (sometimes called "leakage") between funding levels specified in funding requests and much lower amounts, if any, eventually allocated.

- Access Chapter 2 representatives at the workshop discussed developing a pilot project aimed at helping ensure that women-led organisations have the capacity to apply for and implement interventions supported by the Global Fund. Such an initiative would be aimed at addressing a common situation in which these organisations' leaders and other staff claim they need funding but then struggle to clarify and be specific about how they would spend it, etc. The goal of a pilot project would be to focus on a few countries and organisations and then seek to apply lessons learned more broadly.
Annex 1. List of Participants

Listed below are individuals who attended all or part of the 12-14 December 2016 W4GF workshop in Johannesburg. Participants are listed in alphabetical order by surname in two categories: community-based participants and resource/support personnel. The country mentioned is where the individual is based.

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Appendix 2: Outcomes Statement

A working group of participants contributed to the development of an outcomes statement that was prepared during the Johannesburg workshop and finalised shortly thereafter. The final version, presented below, was formally delivered to intended beneficiaries—including the Global Fund Secretariat, its technical partners, donors and implementing country governments—within one week after the workshop ended on 14 December 2016. The statement summarises key advocacy issues and needs discussed at the workshop as well as how and why they are important to recognise as the new 2017-2019 funding cycle begins. At the heart of the statement is a list of recommendations aimed at improving the ability of women's, civil society and community groups; key populations; and women in all their diversity to participate fully in all Global Fund structures and processes.

Building and Improving the Engagement of Women and Key Populations in all Processes: How to Achieve the Global Fund’s Gender and Human Rights Strategic Objective

A call from participants at a Women4GlobalFund (W4GF) workshop to the Global Fund Secretariat, Board, Technical Partners, Implementing Countries, Country Coordinating Mechanisms (CCMs), and Donors

More than 20 community-based advocates from across East and Southern Africa\(^\text{14}\) gathered in Johannesburg from 12–14 December 2016 to discuss key opportunities and challenges to improve Global Fund programming in our countries. As W4GF advocates, our priorities are to increase and sustain our ability as essential partners to participate in Global Fund processes and to benefit fully from its funding. We represent:

- Women in all our diversity—especially adolescent girls and young women;
- Civil society and community-based groups involved directly and indirectly in HIV, TB and malaria responses—especially those promoting gender equity; and
- Members of key and vulnerable populations\(^\text{15}\), including local, regional and global networks.

Our workshop took place at a critical and opportune time as this month the Global Fund is notifying countries of base allocation amounts for the 2017–2019 funding cycle. This cycle is the first to be rolled out under the new Global Fund 2017–2022 Strategy, which includes the top-level Strategic Objective “Promote and Protect Human Rights and Gender Equality”. We welcome and applaud the elevation of gender equality to a core pillar of the Global Fund’s overall approach for the next several years. And we hope and expect that the decision will positively influence the quality and scope of programming in our countries, especially around adolescent girls and young women. Yet, we also recognise how much work needs to be done for all Global Fund partners to collaborate effectively to build resilient and sustainable systems for health—including community systems and responses—that leave no one behind, a principle that all our countries accepted when they agreed to the Sustainable Development Goals (SDGs).

Now, at the start of the 2017–2019 funding cycle, is the time to take strong and bold actions to achieve this goal to improve the health and well-being of the most vulnerable to HIV, TB and malaria: girls, young women and other key and vulnerable populations. Some of our countries have just three months to prepare and submit funding requests that will steer resources towards vital interventions and services over the next three years. We are determined to guarantee that our countries’ final grant agreements include specific, costed interventions that address

\(^{14}\) Botswana, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

\(^{15}\) We represent communities living with HIV and/or affected by TB and malaria from diverse country contexts, backgrounds, and experiences. We are from (or work with) communities of key populations—including women living with HIV; men who have sex with men (MSM); lesbian, gay and bisexual women; transgender people; people who use drugs; indigenous people; and affected TB and malaria communities.
the critical gender and human rights barriers to our HIV, TB and malaria responses and ensure that final budgets allocate funds for these interventions.

Recommendations moving forward
Our priorities and objectives resonate with those in the Global Fund’s new Strategy. We are a long way from fulfilling these, due to longstanding challenges and barriers to equal decision-making, influence and power. This new funding cycle must be the era in which equity in all Global Fund processes is more than just lip service. Action in response to the following recommendations would represent a first, critical step toward overcoming these challenges:

1. **Implementing countries and the Global Fund’s Grant Approvals Committee (GAC) and Technical Review Panel (TRP) must:**
   Ensure the inclusion of and funding for gender-transformative interventions in all Global Fund grants. This requires following numerous steps of the country dialogue process. In particular:
   - National Strategic Plans (NSPs) should be gender-transformative;
   - Submitted and approved funding requests should include substantial and actionable gender-transformative interventions that fully respond to adolescent girls and young women in our countries; and
   - Submitted funding request that do not include such interventions should automatically be returned to countries with specific instructions to revise and strengthen gender-transformative interventions.

2. **Country Coordinating Mechanisms (CCMs) must:**
   Better support civil society and improve communications channels to ensure equal participation and representation of all CCM members. The needs and resources available to civil society CCM members differ greatly and we face particularly large and consistent challenges to effective communication with groups we represent. CCMs have a duty to support civil society members and our organisations with the capacity and resources needed to meet our representation responsibilities.

3. **Technical partners must:**
   Step up and more effectively support us. We need evidence and documentation to make the case for interventions and services we want to see supported in Global Fund programmes. We also need capacity support for critical activities such as convening constituents and building our knowledge base. Technical partners are mandated to support us in such efforts and we demand more accountability in upholding their responsibilities. Our ability to participate fully in country dialogues depends on their support, especially since CCMs often refuse to earmark funds for these activities.

4. **The Global Fund Secretariat must:**
   Mandate CCMs to strictly adhere to the Global Fund’s policies and procedures on CCMs. The eligibility requirements around inclusion and consultation among all stakeholders—including communities and key populations—across the entire grant cycle, from the development of NSPs and beyond grant making are essential. The existing policies are good and progressive, but often not implemented or enforced.

5. **The Global Fund Secretariat must:**
   Ensure that organisations and networks of women, and especially those from key affected populations, are able to access funding from the Global Fund for the important work we are doing. We are service providers and play key roles as well in raising important alarms when gaps are evident in programmes provided by Principal Recipients and our governments—and we are tired of our work being neither valued nor financially resourced. The Global Fund will not be able to turn the tide and really promote gender equality without women in communities who are the backbone of the health care system in our countries.
6. **The Global Fund Secretariat, CCMs, and all civil society CCM members must:**

Ensure that women and those from key population-led organisations are meaningfully involved across all Global Fund processes. We demand to be heard during country dialogues and included as beneficiaries: in addition, again we reiterate that we should be designated as implementers of services and actually receive the financial and technical support promised in grants.

This overall effort should recognise and respond to the following:

- All CCM members should be given guidance on gender and human rights to better understand our needs and priorities. Such preparation is vital for all CCM members, since it’s a core obligation for them to work closely with and support woman and key population representatives (of whom there is usually only one or small number on any CCM). Guidance is essential to overcome the fact that many Principal Recipients and other key decision-makers have insufficient knowledge or awareness of our needs and rights and ignorance makes it easy for those in power to dismiss or ignore us.

- Community and other civil society groups need technical assistance to support us to participate more meaningfully on CCMs. Often, though, our CCMs do not allocate or request money for this objective even when it is requested. The Community Rights and Gender (CRG) Department at the Global Fund Secretariat should therefore make concerted efforts to ensure that all civil society CCM members are aware of technical support opportunities available to them and act on any evaluation that shows that civil society partners are unaware of the available technical assistance.

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**Women4GlobalFund (W4GF)** is a dynamic and global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and priorities of women and girls in all their diversity.

For more information, please contact Sophie Dilmitis, Global Coordinator, Women4GlobalFund (W4GF): sophie@women4gf.org. www.women4gf.org or www.facebook.com/women4globalfund/