Advocacy Brief: Prioritising Gender in the Global Fund Strategy 2017 - 2021

1. Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is currently developing its Strategy for 2017-2021. While the current Global Fund Strategy 2012-2016 focuses on investing for impact, and has a framework to transform the Global Fund into the most effective vehicle for investing in impact on the three diseases, the new Strategy will focus on ambition and a differentiated approach for the Global Fund to demonstrate impact and be fit-for-purpose in the post-2015 world. The Global Fund will be rolling out a series of online consultations, as well as three Partnership Forums (PFs)1 to ensure an inclusive and participatory consultation process. The discussions and outcomes of the PFs will be collated and submitted for Board approval at the 34th Global Fund Board Meeting2 on its goals and strategic objectives.

This Advocacy Brief has been developed by Women4GlobalFund (W4GF) jointly with the International Community of Women Living with HIV (ICW) through consultation with gender equality and women’s rights advocates. This advocacy Brief is to enable broader participation of women and gender equality advocates by providing additional information on gender equality and key asks for those participating through the online consultations and/or in person meetings organised by the Global Fund.

2. Global Context: Women, Girls, and Gender

In many countries, women and girls are treated as second-class citizens and face a number of health risks.3 Women and girls bear the socio-economic brunt of HIV, Tuberculosis (TB) and malaria and often face multiple forms of stigma and/or discrimination, violence and other human rights violations. A lack of sustained investment in women’s leadership, engagement, and participation across HIV, TB and malaria policy, programme development, implementation, and monitoring and evaluation underpin gender-blind or -insensitive programming perpetuating ongoing challenges for women and girls across the three diseases. In addition, despite the progress in responses to AIDS, TB and malaria - advancement has been too slow for key affected women who often experience multiple and intersecting forms of discrimination and violence in their own homes, health care settings, or other socio-political systems in countries.

As of June 2014, 13.6 million people living with HIV had access to antiretroviral therapy.4 Women living with HIV, especially pregnant women, account for approximately half of all people accessing treatment globally.5 Despite this incredible scale up, not enough is known about how women access care and treatment across their life span and the numerous barriers faced while accessing prevention, treatment, care and support. Furthermore, barriers facing adolescents, teenage girls and women who are not pregnant are particularly unclear.

Globally, young women between 15 and 24 years of age have a 50% higher risk of contracting HIV compared with their male peers. In sub-Saharan Africa, due to biological and social reasons new HIV infection among young women remains double or greater than that among men in the same age group.6

In regions that have concentrated epidemics (mainly among male populations), comprehensive programming for women and girls within the HIV response is particularly challenging. Specific needs of key affected women remain neglected and punitive laws, policies and practices, stigma, discrimination and violence, continue to increase their vulnerabilities to HIV and block access to sexual and reproductive health services.

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1 The 1st PF will be held in Addis Ababa, Ethiopia May 7-8 2015; 2nd PF will be held in Bangkok, Thailand June 24 – 25, 2015; and the 3rd PF is tentatively scheduled for Panama City, Panama September 2-3, 2015.
2 The 34th Global Fund Board Meeting is scheduled to take place on November 16 – 17, 2015.
3 The Beijing Platform for Action Turns 20
4 UNAIDS World AIDS Day 2014 Report - Fact sheet
5 UNAIDS Treatment 2015
6 Challenges and achievements in the implementation of the Millennium Development Goals for women and girls: Report of the Secretary-General
HIV also disproportionately affects key affected women including sex workers, transgender women and women who use drugs. In some regions, particularly in Eastern Europe, one of the main challenges is the lack of substitution treatment and support centres for pregnant women who use drugs and access to Prevention of Mother To Child Transmission (PMTCT) programmes. Globally, maternal mortality and HIV remain the two leading causes of death among women of reproductive age therefore a stronger alliance between the reproductive, maternal, newborn and child health (RMNCH) and the HIV community is essential.

TB is one of the main causes of mortality for women of reproductive age in low-income countries. TB may cause infertility (exacerbating stigma faced by women living with Tuberculosis) and is also associated with an increased risk of vertical transmission. Annually approximately 700,000 women die of TB, and over three million contract the disease, accounting for around 17 million Disability Adjusted Life Years (DALY).

Malaria during pregnancy is one of the leading risk factors for infant mortality and sub-optimal growth and development. There is increasing evidence that where they occur together, malaria and HIV infections interact and malaria worsens HIV by increasing viral loads in adults and pregnant women; possibly accelerating progression to AIDS and potentially increasing the risk of HIV transmission between adults, and between a mother and her child. In 2013, approximately 82% of malaria cases and 90% of malaria deaths occurred in the WHO African Region, with children aged under 5 years and pregnant women most severely affected.

Gender inequality (as a driver of HIV and cause and consequence of violence) has not been consistently addressed within national policy and programmes as a critical area of concern affecting entire communities. Women are often only addressed in programmes that seek to end vertical transmission (mother to child transmission); address sex work that do not take into account human rights based approaches; and/or in generic youth programmes that deny young women’s sexual rights and focus on abstinence, prevention and an entrenched ‘moral’ code that governs women’s bodies and sexual autonomy. More attention is needed around young women – especially those born with HIV who are growing up and taking on new identities as adults. The sexual and reproductive rights of all young women must be upheld and respected in decisions to become professionals, lovers, wives, mothers, advocates and leaders.

There is no quick fix for addressing gender issues in the context on HIV and AIDS, especially around Gender-Based Violence (GBV). GBV is not only a violation of human rights, but also fosters the spread of HIV/AIDS by limiting one’s ability to negotiate safe sexual practices, disclose HIV status, and access services due to fear of reprisal. Women and girls are disproportionately affected by violence and an estimated one in three women worldwide has been beaten, coerced into sex, or otherwise abused in her lifetime, with intimate partner violence as the most common form of violence experienced by women globally.

Most approaches addressing violence fail to adequately respond to violence in all its forms, and/or recognise the impact of violence on women’s participation and in accessing healthcare. Achieving gender equality requires political will and financial resources. When countries are faced with stagnant or shrinking budgets - not large enough to deal with these dynamics, biomedical approaches, (such as treatment, treatment as prevention and male circumcision, and rape kits) are frequently prioritised over empowering women to have control over their lives, money and bodies. In addition, key affected women, including migrants, female sex workers, drug users and transgender women – face even more biases in accessing healthcare, thus further disempowering them in seeking support in addressing violence.

Currently the Millennium Development Goals (MDGs) are being redefined into Sustainable Development Goals (SDGs) and the struggle to ensure focus on HIV, TB and malaria remains a key issue. Gender equality and the

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7 World Health Organization - Women’s health, Fact sheet No334 Updated September 2013
8 World Health Organization - 2014 Every Woman, Every Child: A Post-2015 Vision
10 World Health Organization - Tuberculosis in Women
11 World Health Organization - Tuberculosis and Gender
12 UNICEF, malaria
13 World Malaria Report 2014
14 UNFPA, “Ending widespread violence against women.”
15 The eight Millennium Development Goals (MDGs) – range from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world’s countries and all the world’s leading development institutions.
realisation of women rights as human rights are fundamental in achieving human rights, peace and security, and sustainable development, and must be central to the post-2015 development agenda.

3. The Global Fund Response on Gender


A gender review of 20 first iteration concept notes under the funding model was undertaken in late 2014 found that many HIV and HIV/TB concept notes had weak gender analysis, while malaria proposals had no gender analysis. Proposed interventions were not always evidence-based, including programs to address GBV and HIV prevention for adolescent girls; and proposed programming to address gender-related barriers to services was often included in “above allocation” requests as opposed to the core allocation and therefore risk being unfunded.

4. Priority Demands across HIV, TB and malaria

a. Meaningful engagement and representation at all levels: The Global Fund must promote an environment for women in all our diversity to be meaningfully engaged, and represented at all levels of Global Fund processes so that resources support programmes that meet the needs and rights of women, including:

- At the Global Level: Expertise on Gender Equality, including on women and girls, are needed in various mechanisms to ensure that Global Fund funded programmes are approached through a gender lens. This includes increasing gender expertise on the TRP, ensuring sustainable gender expertise within the Global Fund Secretariat and Grants Approval Committee (GAC), and across gender Technical Support partners/agencies at the international/regional/country level – including UN Technical agencies, Stop TB Partnership and Roll Back Malaria Partnership.

- At the Country Level: Global Fund processes at the country level, such as the Country Coordinating Mechanisms (CCMs), Country Dialogues, concept note development and grant making, implementation and monitoring – should ensure meaningful inclusion of women, including young women, women living with disabilities, female sex workers, female drug users, and transgender women. This should not be delinked with the need for investment in community networks and organisations of women (discussed in more detail under c).

Although important steps have been taken to involve civil society within the current funding model, more is needed within the new Strategy so that gender equality and women’s rights advocates are engaged meaningfully and effectively throughout national, regional, and global processes that influence how Global Fund resources are...
allocated and used – including in NSP processes. All processes should be documented and conducted in appropriate local language accessible to communities. Mechanisms must be in place to safeguard the consistent engagement of all communities along the grant cycle.

b. **Supporting communities in need** - The Global Fund must have a comprehensive and differentiated approach to the countries it supports to ensure that no person is left behind. Given that HIV/AIDS remains one of the top 10 leading causes of death for women in Lower Middle Income and Upper-Middle Income countries, the focus should be on the people (not the countries) in need as it responds to HIV, TB and malaria. The Global Fund must ensure continuous efforts and investments in Middle-Income Countries (MICs) given that the majority of the world’s poor now live in MICs, in order to protect and sustain the gains that Global Fund investments have achieved. Furthermore, health needs are high amongst the poor and marginalised, including key affected women, regardless of a countries’ economic status.

c. **Increased investment in communities of women and girls** - Communities Systems Strengthening (CSS) and supporting community responses should remain distinct from Health Systems Strengthening (HSS), as CSS is the backbone to building robust health care systems. This is essential in achieving real and concrete impacts as community groups are best placed to reach, support, and often provide services to key affected women. The Global Fund provides entry points for such funding, but too few interventions on community responses are adequately understood, proposed and funded due to the prioritisation within countries deprioritising CSS in concept note submissions. CSS goes over and beyond providing health services, it also includes strengthening communities' engagement and advocacy for improving the policy, legal and governance environments that affect the social determinants of health, organisational and leadership strengthening, monitoring and evaluating health programmes, amongst others. The Global Fund should make a concerted effort to increase understanding and uptake of CSS in all countries and must strengthen institutional systems of key women’s networks as a transition plan for the countries it is transitioning from. This is especially important given that many decision-makers often do not have gender expertise, even when provided with sex- and age-disaggregated data. Women, including from key affected communities, have to be enabled to part of decision-making. The new Global Fund Strategy could pay more attention to investment in empowering women’s leadership and investing in alliances between women’s organisations and networks in a sustainable manner.

d. **Supporting the right programmes**: The Global Fund must support HIV, TB and malaria programmes that make a difference to women's lives, which are complex and interlinked with issues around poverty, violence, sexual and reproductive health and rights, and other social determinants. Above all, programmes must respect and uphold human rights. Greater support and emphasis needs to be placed on building awareness of what women need at the country level – including the creation of demand for strong HIV, TB and malaria programmes to address women and girls. Concept notes must address women through gender-transformative programming: through programmes and interventions that take women into account by either adapting to prevailing gender norms to achieve health impacts (a gender-sensitive approach) or working to change harmful gender norms that are drivers of negative health outcomes (a gender-transformative approach).

e. **Addressing structural issues, in health care settings**: The Global Fund should increase investment to address structural issues in health care settings that impact women’s access to services including addressing issues of stock outs, stigma, discrimination, human rights abuses, as well as addressing violence against women, including:
   - Health services interventions that ensure training for health care providers on human rights, gender and sexuality;
   - A more holistic cascade of care for women moving beyond the traditional focus on biomedical approaches. An example could be to encourage countries to adopt successful models of people living with and/or affected by the three diseases working as part of the formal health care system to provide peer support, as in the cases of mentor mothers in vertical transmission prevention programmes;

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21 Women4GF - W4GF Workshop 2013 - Africa Outcomes Statement
22 World Health Organization - WHO Fact Sheet Number 334 (Updated 2013)
23 Women4GF - W4GF Workshop 2013 – Asia-Pacific Outcomes Statement
24 Global Fund - Addressing gender inequalities and strengthening responses for women and girls – Information note
Women4GF
Women in all their diversity for the Global Fund Gender Equality Strategy

- Data collection linked to monitoring and evaluation systems that are able to design services to meet gender-related needs, including how gender dynamics impact diverse key affected communities; and
- Removing legal barriers and other interventions to address a more enabling environment for women to access health care.

f. **Stronger links to Sexual and Reproductive Health and Rights (SRHR):** The new Strategy poses an opportunity for leveraging global funding to secure the advancement and realisation of human rights and in particular, women’s SRHR. Sexual rights protect the rights of women to decide when, where, how and with whom they choose to have sexual experiences. Women should have information about how to protect themselves and their sexuality. Sexual rights include mutual respect, consent from both parties and equality. Reproductive rights protect both genders. It is a woman’s right to be able to make informed and educated choices about starting a family, to decide how many children to have, including when and how to have children. Reproductive rights include women being free to make their own educated decisions about contraception or birthing methods. These human rights are of particular relevance in the context of HIV and AIDS given the forced sterilisation of some women living with HIV, lack of access to reproductive technologies to people living with HIV, punitive laws against sexual exposure/transmission of HIV in some countries; punitive laws against sex workers and transgender people; discriminatory laws and policies against young/unmarried women and their sexual practices.

We demand more focus on broader issues of SRHR linking women to HIV, TB and malaria services. The Global Fund emphasis on preventing vertical transmission needs to shift to comprehensively and holistically addressing all four prongs of PMTCT. By primarily focusing on PMTCT prong 3, the focus remains mainly on children and women in motherhood, and results in many women without access to key reproductive health information and services.

g. **Collecting the right data through the right indicators:** Countries have struggled around collecting data that looks at the complexity of women’s lives that overlaps with sex and age disaggregation. Collecting the right sex and age-disaggregated data is now a Global Fund requirement but the Global Fund and its technical partners must develop new Key Performance Indicators (KPIs) on women and girls for data collection – this includes creating new operational and corporate KPIs.

Data that is collected seldom speaks to nuances, for example: “Are there sex workers who use drugs? Are there women who use drugs? Are there lesbian and bisexual women, or transgender sex workers who are also young?”

The data quality should speak to these nuances and not assume that ‘key populations’ or ‘women and girls’ or ‘people who use drugs’ are static and homogeneous groups who are all affected by HIV, TB and malaria.

To conclude - the new Global Fund Strategy has an opportunity to produce more robust processes that can support countries in achieving and implementing quality programmes for women and girls, and securing women’s human rights. W4GF Advocates, ICW and partners are organised, engaged and willing to work with the Global Fund as it develops its new Strategy to ensure that the right processes and programmes are supported to make a real different to women in all our diversity.

Women4GlobalFund (W4GF) is a movement that brings together women’s rights advocates and organisations – especially women living with HIV, and directly affected by TB and malaria – to advance gender equality through the Global Fund. W4GF mobilises women in all their diversity to ensure that the world’s most important financing mechanism for HIV, TB and malaria supports programmes that meet the rights and needs of women and girls to improve and deliver equitable health outcomes. For more information, please visit the website or contact info@women4gf.org.

The International Community of Women Living with HIV/AIDS (ICW) is the voice of, and represents women living with HIV, in all our diversity. ICW works in 120 countries and through 10 regional networks. ICW is committed to addressing the multiple oppressions experienced by women living with HIV globally. For more information contact ICW Global Director – Ms Rebecca Matheson at globaldirector@iamicw.org.

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25 Asia Pacific, Caribbean, Central Africa, East Africa, Europe and Central Asia, Latin America, the Middle East and North Africa (MENA), North America Southern Africa, and West Africa