

Global Fund Strategy 2022 – 2028: Accelerating Action to make a difference for women and girls Advocacy Brief: W4GF Strategy Working Group

1. Introduction

1.1 This Advocacy Brief - by the [Women4GlobalFund \(W4GF\)](#) Strategy Working Group¹ – presents priorities that need to be included in the forthcoming Global Fund Strategy 2023-2028. The W4GF Strategy Group brings together 64 people from 31 countries who are highly engaged and stand ready to work closely with the Global Fund on the 2023–2028 Strategy development, hoping to have as close a working relationship with the Global Fund team as we did on the last Strategy development process (2017-2022). We are committed to supporting the Global Fund, as an innovative partnership, so that together we ensure that the right processes and programmes are accelerated to make a real difference to women in all our diversity throughout our lives, and to achieve the impact and results that are central to the Global Fund’s mission.

What do we mean by diversity? Women are not homogenous. We define diversity as women who are engaged at global, regional and national levels in Global Fund processes and structures in key regions most affected by HIV, TB and malaria. We are not homogenous, & we include women living HIV, affected by TB and malaria; heterosexual; lesbian & bisexual; transgender; intersex and non-binary; women who use drugs; sex workers over 18 years old; adolescent girls & young women; Indigenous women; women who are sometimes displaced; migrants & are/have been incarcerated; & women with visible & invisible disabilities.

1.2 These priorities for the Global Fund 2023–2028 Strategy are generated from our experiences as a diverse range of women who are engaged in Global Fund processes at local level in implementing countries. We are very concerned that the Global Fund’s long-standing strategic commitment to gender equality is still not translating into adequate action. In many countries we are losing ground on progress made on gender equality and there is little traction for scaling up the programmes needed to meet the health needs, rights and priorities of women and girls facing the three diseases. W4GF Advocates are convinced that it is essential that the new Global Fund strategy takes more and better action to deliver on the ambitions set in current Strategic Objective 3 “to promote and protect human rights and gender equality” through the Global Fund.

1.3 The relationship between gender equality, HIV, TB and malaria, and the excess impact on women and girls in many countries, is well understood, which is why we are so disheartened that more impact has not yet been achieved during this strategic period, and indeed that in many places efforts are regressing. Our own observations and experiences, as W4GF Advocates, at country level align with the findings of the [Technical Review Panel \(TRP\) which noted – in its recent review of Window 1](#) - that gender equality was the weakest aspect of the most recent Global Fund proposals. They stated: “Of particular concern were the areas of addressing gender-related barriers to service, where only 44% of funding requests in Window 1 were assessed as good or very good (versus 56% in the 2017-2019 cycle)”.

1.4 The preliminary results of Strategic Review 2020 highlight that (while progress varies widely by geography/region and population group) adolescent girls and young women, as well as key and vulnerable populations, lag significantly behind the wider population and are most affected by human rights violations and gender related barriers to services. As we look to the Global Fund to “go the final mile”, the challenges are clear and well documented. We look to the new Strategy to set a course that will do more and do better.

2. Summary

2.1 It is imperative that the new Global Fund Strategy maintains a central focus on gender equality as a Strategic Objective. This will ensure that funds are invested well across the full portfolio of countries and that action on gender equality is well supported by the Global Fund Secretariat to achieve maximum impact. W4GF calls on the Global Fund to maintain a clear focus on promoting and protecting gender equality as a stand-alone

¹ See Annex 1

Strategic Objective, in order to reverse the slippage and stagnation that is being observed. It remains critical that gender equality should be addressed through all the policies, programmes and actions of the Global Fund, and there should be no weakening of this Strategic Objective to rely just on generalised approaches like 'mainstreaming gender' which can often result in a general dilution of the complex issues and fail to advance robust action to address the priority needs and concerns of all genders.

2.2 To advance the mission, goals and values of the Global Fund, and to strengthen the sustainable impact of Global Fund investments, W4GF calls on the Global Fund Board to accelerate action to make a difference for women and girls, and to ensure the following priorities are central to the new Strategy:

- 2.2.1 Sharpen the commitment to gender equality
- 2.2.2 Support sexual and reproductive health and rights
- 2.2.3 Require women-centred and community-led data collection, monitoring and evaluation
- 2.2.4 Invest in our communities for programmes and advocacy
- 2.2.5 Meaningfully engage us at all levels of decision making.

2.3 A gender sensitive and transformative response is no longer 'nice but not essential'. Anything not done through a gender lens will fail to achieve the ambition of reaching the last mile. Progress towards SDG 3 (ensure healthy lives and promote well-being for all at all ages) can only be achieved if we also deliver on SDG 5 (achieve gender equality and empower all women and girls). The Global Fund is an innovative partnership grounded in a model of country ownership and adhering to the global commitments on aid effectiveness (including the 2002 Monterrey Consensus, and the 2005 Paris Declaration on Aid Effectiveness) which emphasise local strategies, systems and mutual accountability. Through its high-profile and deep-pocketed investments in HIV, TB and malaria efforts, the Global Fund has a substantial influence over whether and how gender-related inequity and inequality, women's health and rights, and gender-transformative approaches are understood, integrated and prioritised in national actions, and whose voices, perspectives and needs are heard. The Global Fund must continue to ensure that funding follows need and responds to women's own priorities, guided by a new Strategy that creates incentives for countries to address their inequalities, punitive laws and policies, and to ensure equitable, sustainable health outcomes for all women and girls, reflecting the diversity of ways in which women and girls are affected by the three diseases and emerging global challenges.

3. W4GF Strategy Working Group Priority Asks

3.1 Sharpen the commitment to gender equality

Under the current strategy, one of the four Strategic Objectives focuses on gender equality and human rights and that should send a powerful signal and direction that gender equality must be central to all that the Global Fund does, and that it is fundamental to the investments in all countries supported by the Global Fund. Right now this is not the case. In particular we see a lack of alignment between Strategic Objective 3 – to promote human rights and gender equality - and the allocations across the full portfolio. In practice, the Global Fund has incentivised action on human rights and gender equality mostly in the 20 focal countries for Breaking Down Barriers (Human Rights), and the 13 priority counties focused on adolescent girls and young women (gender equality). W4GF asks that in the new strategy, the Global Fund:

- 3.1.1 Ensures a focus on gender equality in all Global Fund countries, respecting that the specific needs and women's own priorities will differ in every country, the Global Fund strategy should make it clear that support for countries will only be provided to programmes and services that are gender transformative, or at least gender responsive.² This should emphasise that while the Global Fund is committed to being driven by data – and respecting that in many contexts that will mean focusing on adolescent girls and young women – the overall goal is to achieve gender equality across HIV, TB and malaria services for all women. The new Strategy must set a direction affirming that the Global Fund will no longer support programmes that are gender blind or merely gender aware.
- 3.1.2 Is smarter in the ways it supports all women's rights across its portfolio, bringing into view a more strategic focus on specific sub-groups and intersections of women and girls from key affected populations who remain neglected and, in some countries, invisible. This also means taking proactive steps to challenge

² [Technical note on gender-transformative approaches in the global programme to end child marriage phase ii: a summary for practitioners](#)

patriarchal norms which exist in many contexts and may prevent or inhibit women from articulating and advocating for their needs and priorities to be met through quality programmes.

- 3.1.3 Addresses the full range of gender inequities related to the mandate of the Global Fund, going beyond biomedical approaches to address gender-related vulnerabilities, including harmful gender norms and gender based violence, human rights abuses, and to remove all social and economic barriers that prevent women from accessing health services. This includes continuing to address persistent human rights barriers, including the criminalization of many women and girls, including those who use drugs and exchange sex for goods and money, as well as the laws and policies that prevent access to sexual and reproductive health care. Removing legal and human rights barriers is fundamental to advancing gender equality and meeting the needs of women and girls in all our diversity.
- 3.1.4 Develop, and ensure adherence to, 'minimum gender equality standards' as per the [minimum human rights standards for all Global Fund grants](#). This should be a requirement for receiving funds from the Global Fund, recognising that without this the Global Fund cannot succeed and will not achieve its mandate. Minimum standards should include that all countries supported by the Global Fund:
- Recognise that women's rights, including sexual and reproductive health and rights, are human rights;
 - Have a robust and well implemented national gender equality policy or strategy, as confirmed by advocates in communities;
 - Conduct a gender equity scan to see how countries measure up in supporting women's rights as defended by a number of international and regional conventions and declarations,^{3, 4} signed by most countries, notably:
 - 1979 [Convention on the Elimination of All Forms of Discrimination against Women \(CEDAW\)](#)
 - The 1995 [Beijing Platform for Action](#)
 - The 1995 [World Program of Action for Youth](#)
 - Ensure that all programmes and services explore gender related barriers to access, and analyse the needs of all different genders in order to address gender inequality.

3.2 Support sexual and reproductive health and rights

The new Global Fund strategy should invest in accelerated actions to advance sexual and reproductive health and rights (SRHR) – which are central to human rights and gender equality, and accelerating action is essential in order to deliver on the SDGs. This is a logical extension of the Global Fund's mandate given the clear evidence that integrated HIV-SRHR services are an essential component of effective HIV efforts. COVID-19 has highlighted the insecurity of access to contraceptives and other reproductive healthcare services, including safe abortion care, underscoring the fragility of SRHR, which is often the first service to be neglected.

W4GF calls on the Global Fund to expand its mandate under the new strategy and scale up funding for SRHR programming which is inclusive of the full range of sexual, reproductive and contraceptive services that are needed by women and girls in all their diversity, and that lay the foundation for realizing many global health indicators. The Global Fund should be guided in this work by the normative guidance that has been laid out clearly in the report of the [Gutmacher Lancet commission](#), which provides a holistic and comprehensive definition, and evidence base for SRHR. This report includes the evidence base that lays out the imperative of integrating HIV and SRHR programmes and guidance on how to pay attention to mental health, gender-based violence, and to address the diverse needs of key and vulnerable populations, including adolescent girls and young women, people with diverse gender identities and sexual expressions, drug users and sex workers, as well as engaging men and boys, and providing the evidence base for comprehensive sexuality education.

3.3 Require women-centred and community-led data collection, monitoring and evaluation

It is only through regular measurement and evaluation that countries can remain focused on real needs, and deliver programmes that will have impact and to make the needed decisions to improve results. This principle seems to have been forgotten as the world is driven by global targets, often set by technical partners or to achieve political

³ [Protocol to the African charter on human and peoples' rights on the rights of women in Africa](#)

⁴ [Convention of Belém do Pará](#)

ambition. We look to the Global Fund to reignite a data revolution, taking innovative steps to measure needs, priorities and progress so that countries keep focused on the unique needs and priorities of their populations, and to inform programme improvement throughout implementation, and by ensuring transparency of data so that information and learning is shared among all partners. W4GF asks that the Global Fund to:

- 3.3.1 Rethink the hierarchy of data and recognise the complementarity of qualitative and quantitative data to help deliver on global targets.
- 3.3.2 Prioritise data collection linked to monitoring and evaluation systems that are designed to address gender-related dynamics and that address how gender impacts women (across ages and diversities) including the barriers that impede access to services.⁵
- 3.3.3 Require countries to provide (and technical partners to support) data that is disaggregated by sex, age and gender, and that also includes the nuances and inter-sections of women's lives, in order to differentiate service provision accordingly, for example: "Where are the sex workers who use drugs? Where are the women who use drugs? Where are the lesbian and bisexual women, or transgender sex workers who are also young? How many adolescents and young women are married?" 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.
- 3.3.4 Underscore the importance as communities, and the legitimacy of women-centred and community-led robust data collection systems to support and build a fuller picture around national progress and accountability. The success of gender-transformative programming and its implementation requires the political will and commitment from all partners in the Global Fund, including technical partners who should be required to support countries to always collect age- and gender-disaggregated data. Without this we will continue to flounder or go backwards. Countries and communities rely on accurate evidence to direct resources towards gender inequalities and address vulnerabilities. Transparent data fathering and sharing is imperative for progress.
- 3.3.5 Address the data paradox of investing in countries only where baseline data exists, especially on human rights violations, and about adolescent girls and young women. Absence of evidence does not mean evidence of absence. Gender inequality, violence against women and girls, harmful practices and discrimination exists the world over and are often considered the 'norm' and not recorded. Many countries simply have no data on women and girls from key populations, yet of course they exist and have an equal right to life saving support. More creative, community-led approaches to data collection will break through this challenge.
- 3.3.6 Empower communities to lead monitoring and evaluation processes, including to provide oversight on the quality of Global Fund supported programmes and services and the differences that they make. This needs to be undertaken in a formal, funded and systematic manner that does not depend solely on the Country Coordinating Mechanism (CCM) including community-led monitoring and evaluation in the funding request. Given the Global Fund's lack of country presence, our strategic partnerships and strong capacity is critical - to ensure impact and investment that promotes and protects human rights and gender transformation - as the bedrock of effective programming.

3.4 Invest in our communities for programmes and advocacy

Women- and girl-centred and human rights-based approaches are essential to uphold the right to health, and to deliver the goals of the Global Fund. Yet there has been a chronic lack of funding for women's rights and the OECD has recently identified that only 0.5% of funds intended for gender-focused aid actually reached local women's rights organisations.⁶ The new Global Fund strategy must be robust in upholding the importance of local ownership and community-led services, alongside the right to health as a fundamental principle, and the importance of removing legal, human rights and other barriers that get in the way of an enabling environment for all women to access health care. Too many countries continue to uphold punitive laws around women's rights and to criminalise communities that are most marginalised. Even in countries where good laws exist, politicians, decision-makers and others continue to have policies and practices which ignore, undermine or violate them. Where these exist the Global Fund's investments cannot have impact. An important way to redress this balance is to ensure that women-

⁵ [In Women's Eyes: Key Barriers to Women's Access to HIV Treatment and a Rights-Based Approach to their Sustained Well-Being](#)

⁶ [Donor support to southern women's rights organisations OECD Findings](#)

led, key population-led and community-based organisations are supported to lead our own programmes for services and advocacy. In the new Strategy we ask the Global Fund to prioritise funding for all parts of the national response, in particular for:

- 3.4.1 [Communities Systems Strengthening \(CSS\)](#) - the backbone to build robust responses to the three diseases, and for sustainable resilient systems for health. Too many countries are deprioritizing CSS in funding requests submissions, or linking it to one simple intervention (e.g. community health workers). CSS includes strengthening the engagement of all communities, and advocacy for improving the policy, legal and governance environments that affect the social determinants of health, including the syndemics⁷ of extremely high levels of violence against women and girls. This is particularly important as the Global Fund begins to transition out of countries, making the need for robust, sustainable systems led by and delivered to women, in particular women from key and vulnerable populations, even more urgent.
- 3.4.2 [Bring more focused allocation to support women-led community networks and organisations responding to HIV, TB and malaria.](#) This should include retaining robust policies – such as a quota system – to ensure that community-based organisations become Principle Recipients, Sub Recipients and sub-sub recipients, and to ensure that organisations are supported with capacity building opportunities. This must include funding for communities of women’s rights and key affected women’s organisations.

3.5 Meaningfully engage us at all levels of decision making

The Global Fund was designed as an innovative partnership and the new Strategy must affirm and strengthen that partnership through meaningful engagement of women and girls in all our diversity at all levels of the decisions taken about the work that the Global Fund does and supports. We ask the Global Fund to reaffirm the fundamental principle of Country Ownership and we ask that the new strategy to affirm that this means respecting the partnership of [all](#) country stakeholders, including civil society, community-based groups of women, key and vulnerable populations most affected by the three diseases. As the aid effectiveness principles underscore, “Country ownership” is not just about the current government, rather it means all people in the country. We ask the Global Fund to:

- 3.5.1 Use the incentives of funding to [ensure an environment for women in all our diversity to be meaningfully engaged, and represented](#) so that resources support programmes that meet the needs, priorities and rights of women and girls in every country, in ways that respect local diversity.
- 3.5.2 Scale up expertise and input on gender and gender equality, women and girls, across all Global Fund structures at global, regional and national levels. This includes urgently redressing the current situation where the Global Fund Secretariat no longer has [focused attention on gender equality in the Community, Rights and Gender team](#). This must change.
- 3.5.3 Put in place robust structures and systems so that there is always [gender equality expertise in all of the key decision-making structures of the Global Fund](#), including the Global Fund Board and its committees, the TRP, Grant Approvals Committee, fund portfolio managers and country teams, local fund agents (LFAs), CCMs, principal recipients and sub recipients. The input and influence of gender advocates is essential in the Global Fund’s funding cycle and its critical allocation, planning, proposal, grant-making and evaluation components at country level.
- 3.5.4 Individuals, organisations and institutions that serve on and support these structures and contribute to the funding cycle process, must have [the capacity and commitment to meet the priorities, needs and rights of women and girls living with and vulnerable to HIV, TB and malaria](#). And their actions must follow their commitments.

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⁷ [Syndemics: a new path for global health research](#)

ANNEX: Women4GlobalFund – and the Strategy Working Group

- 4.1 Women4GlobalFund (W4GF) unites and mobilises activists to advance gender equality throughout all policies and processes of the Global Fund, especially through the programmes funded in implementing countries. Created and led by women, W4GF is the only space for women in all their diversity focusing on the Global Fund, and its impacts on the three diseases. At the core of W4GF are nearly 200 community-based Advocates from more than 50 countries.
- 4.2 W4GF uses ‘inside’ and ‘outside’ strategies to raise awareness and attention to critical issues for women (including adolescent girls and young women) within the Global Fund environment. It works closely with the Global Fund Secretariat, including its CRG department, and sometimes pushes the Secretariat or Board to do more and to do things differently.
- 4.3 W4GF aims to make the Global Fund more accessible and practical to all women and girls, as well as more connected with women most in need of the programmes and services supported by the Global Fund, and to make these fit for purpose and relevant to women’s lives.
- 4.4 The W4GF Strategy Working Group was created in July 2020 to generate ideas throughout the process to advocate for concrete ways to keep gender equality central to the work of the Global Fund moving forward. For this reason, we included the UNAIDS strategy given that the Global Fund’s Strategy is aligned to existing international targets from partners such as UNAIDS among others. The W4GF Strategy Working Group includes a diverse group⁸ of 64 people including 7 men and transgender women, coming from 31 countries: Albania, Australia, Austria, Bangladesh, Bolivia, Cameroon, Croatia, Denmark, Egypt, Eswatini, Ghana, India, Indonesia, Jamaica, Kenya, Malawi, Mexico, Nepal, Nigeria, Papua New Guinea, Philippines, Poland, South Africa, Sweden, Switzerland, Tanzania, Tunisia, U.K., U.S.A., Zambia and Zimbabwe.



⁸ Action against NCDs and TB in Eswatini; Advocacy Network Africa; AIDS-Fondet in Denmark (The Danish AIDS Foundation); Al Shehab Foundation for Comprehensive Development; Alliance India; APCASO; Association Tunisienne De Prévention Positive; Australian Injecting and Illicit Drug Users League (AIVL); AVAC; Compass; Blossom Trust; Child Watch; Communities Delegation to the Global Fund Board; Developing Country NGO Delegation to the Global Fund Board; Contact Trust Youth Association; Eastern Africa National Networks of AIDS and Health Service Organisations (EANNASO); Eurasian Key Population Health Network (EKHN); Frida - Young feminist fund; Frontline AIDS; Girls Not Brides; Harm Reduction International; Hope for Future Generations; ICW-Kenya; Indonesian Positive Women Network; International Development for Leadership and Learning Inc (IDLIC); International Community of Women Living with HIV Asia Pacific (ICWAP); International Network of People Who Use Drugs; International Planned Parenthood Federation; Jamaica Community of Positive Women; Katwe Sisterhood; Kenya Sex Workers Alliance; Kids & Teens Resource Centre; Médecins Sans Frontières (MSF); National Coalition of People Living with HIV in India (NCPH+); National Key Population Advocacy Consortium; Paradiso TB Patients Trust; People Living with HIV Albanian Association, Albania; REACH (Resource Group for Education and Advocacy for Community Health); REDBOL;RFSU – Riksförbundet för sexuell upplysning/The Swedish Association for Sexuality Education, Medlem i IPPF; Salamander Trust; SERAC & Founder, Speak & Act; Social Contract Institute; Stop TB Partnership; Tanzanian Network of People who Use Drugs (TaNPUD); UNODC; What Works Association; Women and Harm Reduction International Network (WHRIN); Women Organization for Worldwide Islam Youth Alive Arise/Lean on Me; Zimbabwe National Network of People Living with HIV+ (ZNNP+); and 7street.