

How and why to improve the Global Fund COVID-19 Response Mechanism (C19RM)

Women4GlobalFund (W4GF) calls on the Global Fund to take stronger and more targeted action to address the gaps, needs and vulnerabilities across the lives of women in all our diversity.

1. Overview: COVID-19 and restrictions imposed to control it are making women more vulnerable in multiple ways

COVID-19 has drawn into sharp focus and exacerbated already existing inequities and vulnerabilities that affect the health and lives of women and girls on a daily basis. These include direct threats to our economic stability, our food and nutrition security, our overall health and security (including safety when faced with violence), our self-determination, and our agency to enjoy our sexual and reproductive rights and health. All of these vulnerabilities heighten our risk to HIV, TB and malaria and make the lives of those of us living with the three diseases even more challenging.

W4GF applauds early action by the Global Fund to support countries' responses to COVID-19. Just like the three priority diseases, COVID-19 has magnified fault lines and systemic inequalities in societies as well as health systems. This reminds us that providing health and social services to mitigate the impact of a disease cannot be dissociated from the social issues that define how service provision is designed, and which impact our ability to access services and to have bodily autonomy.

There is an urgent need for Global Fund efforts to better address the social, health and economic challenges that the COVID-19 continues to wreak on women and girls in all our diversity. We see:

- Current conditions, exacerbated by COVID-19, **reinforcing existing violence** or provoking new violence and impeding women's access to HIV, TB and malaria and other health-related services. *The just released WHO global [violence against women report](#) highlights the huge dimension and consequences of violence on women's lives during and in the pre-COVID-19 era.*
- With the exception of a few programmes, little action going **beyond biomedical responses** to COVID-19.
- Countries **perpetuating inequalities by ignoring gender-related barriers** to accessing services, which indicates that they are unwilling or unable to embrace human rights – a core guiding principle of the Global Fund.

In COVID-19 responses, women need rights-based social protection mechanisms that protect us as well as our livelihoods. We need programmes and services that reach all of us and do not exclude sex workers, women who use drugs and other women from key populations. We need the Global Fund to leverage its purse strings to challenge the status quo and push countries to do more and do better to address inequalities and inequities. We need governments to understand what makes women vulnerable to HIV, TB, malaria and then respond accordingly – especially now in the context of COVID-19. To ensure that none of us are left behind, the Global Fund must strengthen integration with and create synergies between COVID-19 mitigation programmes and existing HIV, TB and malaria programmes, an approach that will enhance effectiveness and efficiency.

2. What we see: limitations in C19RM scope and ambition

During a W4GF webinar on 16 March 2021 organised together with the Global Fund and UNAIDS, the Global Fund presented to a few survey results from consultations with civil society around its response to COVID-19. We highlight the following that must be addressed moving forward, as well as what gets funded:

- **Only 76% of civil society CCM members had timely and relevant information on C19RM.**
- **Less than 15% of civil society were involved in the writing, costing and budgeting of C19RM funding request**
- **32% of civil society CCM members did not see the final version of the funding request.**
- **51% of civil society CCM members said their priorities were not included in the funding request.**

In addition, we are concerned that programmes supported by the C19RM are **not integrated adequately with existing programmes on HIV, TB and malaria**, thus diverting already limited health care resources (human, financial and system infrastructure) and possibly creating disruptions in services.

3. Recommendations

A critical future priority for the Global Fund will be to strengthen community engagement at all stages of the next phase of the C19RM. Countries should be strongly encouraged to prioritise key actions for women and girls in all our diversity. This will require actions on acknowledging and responding to inequities faced by sex workers, women who use drugs, transgender women, refugees and migrant women, and all women and girls who face further exclusion and marginalisation.

While these considerations are well articulated in the Global Fund [COVID-19 Guidance Note: Community, Rights and Gender](#), **we do not see enough action in translating guidance to practice**. Failure to ensure improvements in these areas would mean the Global Fund is also continuing to fail to meet its commitments under Strategic Objective 3 to promote and promote human rights and gender equality.

We highlight the following areas – some of which are already in the CRG guidance note and some that are new issues from our perspective – that the Global Fund must prioritize for support in the next phase of the C19RM:

1. **Step up direct financial support** to women's rights organisations as they respond to the increased violence that women are experiencing.
2. **Expand on 'implementer safety' guidance** and raise with countries the status of how organisations addressing human rights and gender-related barriers are classified. The work they do must be acknowledged as essential services so they are able to continue working during lockdowns and curfews, and they must also have the proper personal protective equipment (PPE) for this work. (NEW)
3. **Resource communities' virtual platforms and call centres**. For example, [The Musasa Project](#) in Zimbabwe went from 500 calls to 2,500 calls in one month of women reporting violence – with limited corresponding support.
4. **Invest in 'taking care of the carer' programmes**, especially frontline workers, in responses to violence against women and girls. (NEW)
5. **Prioritise support to mobile one-stop centres of services**. These could be integrated services for *all* women, ensuring inclusion especially of those who are young, from key affected communities and survivors of violence. These types of models and approaches are needed so that a full range of services can be easily and conveniently reached, including health, essential psychosocial support and legal services for redress, access to sexual and reproductive health services (including family planning and dual protection methods), violence against women support, and maternal health care, among others. (NEW)
6. **Invest in community-centred support**, information, and gender-transformative violence against women reduction, and COVID-19 prevention training programmes that address pre-existing stigma, discrimination. These should ensure inclusion, especially related to sex workers and women who use drugs, as the pandemic and restrictions and challenges related to responses to it continue to disrupt their access to services.
7. **Invest in community adolescents treatment supporters (CATS)** who support and link adolescents and young people to HIV testing and, in some instances, collect medications for between 60 and 80 clients from their own or neighbouring communities (NEW)
8. **Support women-led community monitoring** of Global Fund supported programmes as an essential component of increased support for community-related research.

W4GF is a dynamic 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 our diversity. For more information, please contact Sophie Dilmitis, Global Coordinator, Women4GlobalFund (W4GF) [EMAIL](#) | [WEB](#) | [FACEBOOK](#) | [TWITTER](#)