



OUTCOME STATEMENT: Enabling Women to Track Global Fund Investments Towards Gender Equality Across HIV, Tuberculosis & Malaria: A call from the Women4GlobalFund Accountability Toolkit Implementation Group to Country Coordinating Mechanisms, technical partners, the Global Fund Secretariat, and donor partners

We make up 30 Women4GlobalFund (W4GF) advocates from [Cameroon](#), [India](#) and [Tanzania](#) who gathered virtually from 19–28 April 2021 to learn more about community-led monitoring (CLM) and the Global Fund. We came together to strengthen our capacity to track Global Fund–supported services to ensure that they have the greatest possible impact over the next three years in the lives of women and girls in all our diversity and further drive progress toward the core Global Fund principle of gender equality.

We believe that an active and well-coordinated group of women engaged in CLM at national levels can complement existing monitoring being done by implementing partners. We aim to highlight what is and is not working well in Global Fund–supported programmes and services, particularly from the perspective of women, and advocate if needed to reprogramme or scale up programmes and services that are effective.

We represent women in all our diversity. We 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; migrant women; Indigenous people; and women with visible & invisible disabilities.

Our workshop took place virtually due to COVID-19, a global pandemic that has exacerbated existing inequities and vulnerabilities that affect the health and lives of women 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 ability to enjoy our [sexual and reproductive rights and health \(SRHR\)](#). All of these vulnerabilities heighten our risk to HIV, TB and malaria and make the lives of those of us living with or otherwise affected by the three diseases even more challenging.

We are at a critical time when the Global Fund is developing its new post-2022 Strategy. We hope and expect that the vulnerabilities we continue to face reinforce the need for gender equality to remain a key strategic objective, and one that the Global Fund prioritises more extensively in all its investments. We hope to see the Global Fund step up action on SRHR and gender transformative and affirming approaches and care. Our role now and during the new Strategy is to hold the Global Fund and partners accountable to better meeting the needs of women affected by the three diseases. **Now is the time for us to [take strong and bold actions](#) to improve the health and well-being of women and girls in all our diversity by tracking investments and using the evidence to inform targeted advocacy that leads to radical improvements.** We also hope to further our steps toward gender equality and human rights at national levels – including by building strategic partnerships with the organisations and institutions implementing the grants, including our governments, which is essential to our meaningful engagement.



Recommendations

We recognise that our countries are diverse and face a myriad of different challenges, but our overall priorities for CLM are similar: to promote and protect human rights and gender equality in Global Fund-supported programmes. We call upon our partners globally and in our three countries to support and work with us in the following ways:

Country Coordinating Mechanisms (CCMs)

- We demand that CCMs **recognise our voices and expertise through the country ownership model and respect our involvement, expertise and rights as key stakeholders in the Global Fund partnership**. This is especially important for young women and key and vulnerable populations most affected by the three diseases. Whilst we agree that Conflict of Interest policies are important, they should be implemented equally and not be used as a barrier to the engagement of people living with the three disease on the CCM as happens in India. Whilst the Global Fund's recent Partnership Forums noted the CCM as a successful model it was also observed – and we agree – that more needs to be done to remove barriers to equal participation and influence. Even when we are sitting at the same table, our voices are not equal. One critical step to overcoming this barrier is for CCMs to expand our engagement and acknowledge we are experts by taking the evidence we present seriously, listening to us, and integrating changes and recommendations that we bring to your attention. We should be included in all final decisions made by the CCM.
- We request that CCMs **support our efforts to collect qualitative rights-based data** to monitor the Global Fund's impact in parts of Cameroon, India and Tanzania. We want CCMs to ensure we have the information we need to understand what is happening and where so that we can complement the global indicators that currently only count people tested and treated but do not speak to the quality of services or the reality of our lives. To address this gap, we hope to collect qualitative data to measure progress around women and girls in all our diversity, and we want and need CCMs' support.

Technical partners

- We acknowledge the action and coordination around CLM. **As we move forward, we request continued support as we engage in this work and further complement and diversify it**. As we collect and build an evidence base, we need you to support and facilitate our connections, as we provide feedback and validation, and build our collective voice to advocate for changes we consider vital.
- As we scale up CLM, **we ask you to continue to invest in community systems as a backbone of health care and therefore an essential component of overall health systems**. Strengthened community structures, mechanisms, and processes are necessary to support our work – especially now in the context of COVID-19. We need adequate resources to sustain and expand our efforts to manage and deliver services, support women who are marginalised or discriminated, address broader determinants of health, conduct advocacy and monitor services.

The Global Fund Secretariat

- **Maintain a focus on promoting and protecting human rights and gender equality as a standalone strategic objective**. Gender equality should be addressed specifically and measurably through all Global Fund policies, programmes and actions and remain at the heart of everything the Global Fund does. Generalised approaches such as 'mainstreaming gender' will result in a dilution of complex issues and fail to advance robust action to address the priority needs and concerns of all genders.
- **Clearly acknowledge, promote and support the principle of local ownership and the community-led approach to deliver services**. The Global Fund cannot deliver on its mandate without better ensuring that women-led, key population-led and community-based organisations are supported to enhance capacity and lead our own programmes for services and advocacy. In addition to and as part of this strategic emphasis, communities systems strengthening (CSS) must become a core component of robust responses.



Ensure that more focused allocations **support women-led community networks and organisations responding to HIV, TB and malaria at the national levels**. Our CCMs must follow the new [UNAIDS Strategy](#) and work towards achieving the target of 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations. In addition to securing more focused community allocations, we want a quota system that clearly directs funding to community-based and other local civil society organisations to become Principal Recipients, sub-recipients and sub-sub recipients. This could require more directive requirements regarding dual-track financing and also ensuring that communities and women in all our diversity are supported with increased and more sustainable capacity-building opportunities.

Donors partners: Thank you for supporting this work. As we move forward, we will need your continued support and investment. Funding women's networks and organisations – including for mobilisation, service delivery, monitoring, and advocacy – is a shared responsibility to strengthen community responses that contribute to stronger national systems and programmes grounded in reality.

While W4GF recognise tremendous gains achieved through Global Fund investments, we also acknowledge that we are not where we should be. We must make sure the evidence we collect through our unique and important CLM work has demonstrably positive impacts on the lives of women and girls who access services supported by the Global Fund.

Who we are in Cameroon: Emilia Miki, Denis Miki Foundation; Evelyne Lum, Hope for Vulnerable Children Association; Loique Chanel Kouankep, TRANSAMICAL; Miranda Ekema Ndolo, HER Voice Fund; Nancy Bolima, Health Development Consultancy Services; Ngatcha Sonia Calixte Ndjamen, EMPOWER CAMEROON; Nghombomboung Glory Mbeghe, Positive Vision Cameroon; Suzanne Bilo'o Meye, Cameroon Youths Network; Tebi Honourine Azoh, Sustainable Women Organization; Yougang Tame Henriette Nafissa, Women Organization for Worldwide Islam.

Who we are in India: Amrita Sarkar, India HIV/AIDS Alliance; Anandi Yuvaraj, Positive Women Network of India; Arunida Khumukcham, Ya_All; Ayesha Rai, National Network of Sex Workers; Daisy David, National Counsel for People Living with HIV/AIDS; Daxa Patel, National Counsel for People Living with HIV/AIDS; Mona Balani, National Coalition of People Living with HIV in India; Pooja Mishra, Bihar Network for People living with HIV/AIDS Society; Poonam Zankhariya, Gujarat State Network of People living with HIV AIDS Sobhana Sorokhaibam, Nirvana Foundation

Who we are in Tanzania: Happy Assan, Salvage women, youth and children from drug abuse; Hellen Benedict, Voice of Young Girls and Women; Hortencia Nuhu Mbalahami, Her Voice Fund; Irene Mongo, Green Community Initiative; Janeth Kiko, Binti makini foundation; Joan Chamungu Msuya, Tanzania Network of Women Living with HIV and AIDS; Lulu Nyenzi, Women with Dignity; Veronica Lyimo, Dignity and Well-being of Women Living with HIV in Tanzania; Veronica Rodrick, Safe Space For Children And Young Women Tanzania/ Women With Dignity; and Victoria Emmanuel, Green Community Initiative.

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 Yumnah Hattas, Project Director W4GF [EMAIL](#) | [WEB](#) | [FACEBOOK](#) | [TWITTER](#)

To find out more about the national work – please click on our countries: [Cameroon](#), [India](#) and [Tanzania](#)