

How & why to improve the Global Fund Strategy Narrative 2023 – 2028 for women and girls in all their diversity

1. Overview

- 1.1 On 8 September 2021 58 people gathered in a Women4GlobalFund (W4GF) webinar to explore the Strategy Narrative with the W4GF Strategy Development Working group and partners. This was organised, together with the Global Fund Secretariat; the Developing Country NGO Delegation and the Communities Delegation to the Global Fund Board. This discussion and the presentations enabled greater understanding of what is in the Strategy Narrative, given that this document is not available in the public domain. The discussion has been consolidated here as feedback to the Global Fund through the Community and civil society Delegations to the Global Fund Board.
- 1.2 Overall, those who had seen the Strategy Narrative agreed that many of the points for which communities and civil society had advocated have been included; and this new Strategy provides more robust direction and language around human rights; gender equality; gender transformative and responsive programming, sexual and reproductive health and rights, gender based violence (GBV) and adolescent girls and young women.
- 1.3 Nonetheless, the webinar participants agreed that details of what is planned in the Strategy need to be clearly defined in the Narrative, in order to ensure that the goals of the Strategy will indeed be achieved.
- 1.4 This paper outlines key points raised on the webinar by the Delegations and webinar participants and then additional points highlighted by W4GF for consideration.

2. Key points raised by the Communities Delegations

- 2.1 We welcome the prominence of specific language, especially around: ‘communities are at the centre’; around building capacities; and around the Global Fund stepping up and using its voice more strategically to protect and safeguard human rights and gender equality. **RECOMMENDATION:** Although this document is not focused on implementation, it is important that the Narrative should clarify *how* communities will be placed at the centre.
- 2.2 language of ‘communities at the centre’ particularly can be subjective and interpreted differently at the national level. For instance key populations, and young women and girls, especially young people in key populations are often overlooked, dismissed or ignored. This can easily result in communities not having the funding that they need to be able to lead the work to ensure that communities really are at the centre. So gender equality needs to be achieved in countries at national level, and not just at global level. **RECOMMENDATION:** Clearly define what ‘communities at the centre’ means. Include direct funding streams specifically for communities. This clarity will be essential in all countries, especially in those who do not acknowledge women, men, adolescent girls and young women, including non-binary key affected populations.
- 2.3 The terminology around precision prevention is appreciated given that no one size fits all. **RECOMMENDATION:** Whilst this is appreciated it is important to provide more clarity on this terminology and guidance to countries on including precision prevention in national strategies.
- 2.4 The focus on sexual violence (SBV), intimate partner violence (IPV) and violence is welcomed and will be a game changer in many countries. Some of the Delegation members felt that this should be broadened to include addressing violence against men and transgender communities.

3. Key points raised by the Developing NGO Delegation

- 3.1 The box on page 43 “What is different about this new Strategy?” appears too far into the document. **RECOMMENDATION:** move this box to the start of the document as this will help to shape the Strategy Narrative and clearly spells out what needs to be done differently and why.
- 3.2 The Strategy Narrative, whilst not an implementation plan, is still a document that will be used to leverage funding. **RECOMMENDATION:** make the language around gender equality and human rights stronger so that the priorities of the Global Fund can be leveraged to access additional funds to deliver on this ambitious Strategy.
- 3.3 If this Strategy hopes to make a real difference, then addressing structural barriers needs to be reflected in Key Performance Indicators. **RECOMMENDATION:** The Strategy Narrative must clearly define how it will address structural barriers that communities are facing in accessing services and treatment.
- 3.4 Although the document is not an operational plan, all sections should provide some highlights around the ‘how’ areas will be actioned. This starts to become clearer under the Roles and Accountabilities under each section, which outline clearly the role of technical partners and governments. However, the role of communities requires clarification and currently has too much of a narrow focus on advocacy and monitoring. **RECOMMENDATION:** Strengthen the language around the diverse roles of communities and civil society throughout the Narrative, to make it clear that their involvement in implementation too is necessary and essential in grant implementation.

4. Key points raised by participants

- 4.1 **Language:** The language around gender equality in the strategy is an improvement compared to the current Global Fund Strategy – *Investing to End Epidemics*. **RECOMMENDATION** Strengthen the Global Fund Secretariat’s capacity to support countries to uphold gender equity and equality across its portfolio. The integration of the objective is clear but the Strategy Narrative must expand on how the Global Fund Secretariat will support this work under roles and accountabilities.
- 4.2 The Strategy Narrative should be mindful of language throughout. **RECOMMENDATION:** e.g. spell out the letters when they relate to PEOPLE in line with UNAIDS terminology guide and various guides created by women living with HIV. Remove the use of all militaristic language – for example “combat GBV” as used on page 10. This too is a manifestation of structural violence.
- 4.3 **Viral Hepatitis and other comorbidities:** Viral Hepatitis B D C is not mentioned as an issue affecting women in all their diversity. **RECOMMENDATION:** The Strategy Narrative should bring in a gender lens to clarify how Viral Hepatitis and other co-morbidities, such as diabetes, are addressed by the Global Fund.
- 4.4 **Intersectionalities/social determinants/structural drivers:** There is a huge wealth of evidence linking HIV to poor nutrition, poor SRHR status, lack of access to integrated SRH/HIV services (eg condoms and other contraceptives), violence against women and girls (VAWG) at home and in healthcare settings, mental health, lack of harm reduction strategies etc. and the need to work on all these issues, concurrently. **RECOMMENDATION:** the Strategy Narrative should spell out the importance of explicitly addressing intersectionalities to address the complex and diverse challenges that women in all their diversity, including adolescent girls and young women, face. **RECOMMENDATION:** Data must be

PrEP: WE offer an example of how intersectionality plays out! PrEP is being offered in some countries to young women without access to condoms or condom negotiation skills. This results in young women having to develop strategies of concealment to enable them to use PrEP without being discovered; and can result in unplanned pregnancies and/or other STIs, which can also result in infertility and/or cervical cancer. If they are discovered to be using PrEP this can result in IPV; or their partners can violate their bodily autonomy by demanding unprotected sex, on the principle that they are not going to acquire HIV from the woman. Again this highlights the crucial need for a holistic, woman-centred, gender equitable, rights based response, which focuses first and foremost on each woman’s own priorities and not just on HIV.

disaggregated by sex, age and gender, and that also includes the nuances and inter-sections of people lives.

4.5 Sexual and gender based violence (SGBV); GBV as well as Intimate Partner Violence (IPV): We offer the following recommendations on SGBV; GBV; and IPV”

- 4.5.1 **RECOMMENDATIONS:** Clearly articulate that this work will address prevention, respond to violence and provide redress as three separate areas of work.
- 4.5.2 **RECOMMENDATION:** Ensure TRAINING of health care providers (including e.g. trauma-informed care) to ensure there is no SGBV happening in healthcare settings. This goes on being overlooked yet is so critical in ensuring positive health outcomes for all.
- 4.5.3 **The focus on partnerships to address violence and intersectionalities is welcome.** There is clear evidence that strong feminist movements see reduced violence against women. Partnerships linked to GBV including sexual violence will be essential for the Global Fund to nurture: **RECOMMENDATION:** The Global Fund needs to articulate a body of work that strengthen partnerships with feminist movements at global as well as national levels. It should also emphasise the power of partnerships, including women most affected at the centre and how it will support partnerships to work together to achieve accelerated change.
- 4.5.4 Networks of women across diversities have been addressing gender inequality, GBV/IPV using feminist and gender-transformative approaches for a long time. **RECOMMENDATION:** This Strategy Narrative should articulate a clear funding stream for women’s rights organisations leading this work in countries.
- 4.5.5 Community-based and led violence-reduction programme funding: Work in communities forms a vital part of an effective, ethical and sustainable response to HIV. Gender transformative social norms change programmes have a proven track record to address the complex structural drivers of HIV, early child marriage and other intersectional challenges (e.g. condom negotiation skills, shared decision-making, shared household income), for both older women and adolescent girls and young women, when properly funded and adapted across all diversities.^{1, 2} **RECOMMENDATION:** The Strategy Narrative should explicitly include the importance of properly funded and adapted gender transformative evidence-based social norms changes programmes led by and with communities, as a key part of an effective response.
- 4.5.6 Climate change is already proving to have a significant effect on livelihoods, with extreme weather events causing increased pressure on land and resources and forcing displacements. Food security, water supplies, homes and communities are also all being severely disrupted. In addition, increasingly vulnerable environments are known to promote more zoonotic diseases, and climate change disruption consequences are increasing VAWG. **RECOMMENDATION:** The Strategy Narrative needs to include a strong statement about the severe effects of climate change on both the structural drivers of HIV and its consequences. Funding needs to be made available to address these wider indirect linkages between climate justice, HIV and women’s SRHR.

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https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/14791/EIR21e_guidance_note_on_scaling_up_social_norm_change_main_note.pdf?sequence=107&isAllowed=y%2520and%2520https://www.alignplatform.org/resources/building-momentum-scaling-prevention-gender-based-violence-importance-norm-change

² [https://www.jahonline.org/article/S1054-139X\(19\)30109-0/pdf](https://www.jahonline.org/article/S1054-139X(19)30109-0/pdf)

4.6 Global AIDS Strategy Targets: We welcome the recognition of the structural barriers and one mention of the 10-10-10 targets in the Strategy. The Strategy Narrative places heavy reliance on co-investment, using tailored co-financing requirements or catalytic investments to incentivise national or global partners to undertake or scale up programs to address structural barriers to HTM outcomes. **RECOMMENDATION:** All the high-level 2025 targets and commitments must be articulated as key targets for the Global Fund or we will be unable to secure funding for the Global AIDS Strategy for the 10-10-10 targets on social enablers if we are relying on governments alone for this funding.

4.7 RECOMMENDATION Bring more focused allocation to support women-led community networks and organisations responding to HIV, TB and malaria. The Global Fund must follow in the footsteps of UNAIDS 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, the new Strategy could include a quota system or should more clearly direct all partners toward the importance, in terms of successful outcomes, for 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 other civil society partners are supported with increased and more sustainable capacity-building opportunities.



4.8 Participants affirmed the Delegations points on Communities at the centre: The Global Fund must clearly articulate and emphasize “**Communities at the centre**” and many governments do not agree with this sentiment. We recommend the following that will help ensure that communities are at the centre:

- 4.8.1** Communities must engage in the design, **implementation**, monitoring and advocacy otherwise this remains part of the rhetoric that supports inaction. **RECOMMENDATION:** Have a clear stand-alone priority with guidance so that ‘communities at the centre’ is not diluted by mainstreaming.
- 4.8.2 RECOMMENDATION:** To support community engagement in **implementation**, the Strategy Narrative must include a direct funding stream, articulated throughout the document. This can then be later thought out in the allocation methodologies, setting pre-defined volumes for investments both in community health workers, and community chosen and led change agents, peer mentor networks and related systems.

- 4.8.3 **RECOMMENDATION:** Add a section called ‘Areas of work’ should appear under each sub objective that lists key activities. This can then be expanded on in the implementation plan. It is here that each objective can call out specific work around communities at the centre and the need to strengthen linkages between communities, community healthcare workers, and health facilities (i.e., a ‘three legged stool’) as part of building resilient and sustainability systems for health.
- 4.8.4 The narrative mentions funding CCMs to fund communities, but we know all too well that this does not happen in the majority of countries. **RECOMMENDATION:** The Strategy Narrative must articulate how the Global Fund will ensure that the programming on human rights and gender will be funded in-country and to be done by communities.
- 4.8.5 The group also articulated the desire to engage in developing the **KPI framework**. It is essential that we include indicators around gender equality. Even basic indicators like the numbers of national programme staff trained on gender equality, assessments around barriers to services; or whether national programmes have gender equality frameworks and strategies that are being implemented. It is not sufficient to have this information just attached as a reference document in Global Fund funding requests.

4.9 The Global Fund Advocacy role: Some of us have been citing the Global Fund and Global AIDS Strategy to WHO’S HIV Department and PEPFAR as they develop their new strategies, to encourage them to follow suit. We appreciate that the Strategy Narrative is not about operational issues but echo others here and the devil is in the detail. For example, the Global Fund strategy’s primary goal focuses on community ‘needs’: but ‘our’ needs are too often defined by policy makers who do not understand *our own* priorities and agenda. The great work of MPACT to influence PEPFAR around its COP/ROP document around gay men’s rights could and should be done by women too in all our diversity around our SRHR - but we need funding to do this in every country and globally. **RECOMMENDATION:** In order to ensure that the *intentions* of the Global Fund play out in *practice* in every corner of the its work, the Strategy Narrative should spell out that there is solid substantial **funding** for women’s rights organisations to engage meaningfully at policy level to influence and shape Global Fund policies and programmes from A to Z and back again. This needs to include funding to deliver gender inclusive and gender transformative programmes to promote and ensure safety, respect and support for women and girls in all our diversity in our communities.

5. Additional points raised by W4GF

- 5.1 A gender-based approach to TB addresses the social, legal, cultural and biological issues that underpin gender inequality and contribute to poor health outcomes. It encourages gender-responsive investments to prevent new cases of TB, and to strengthen the response to fulfil the right to health of women and girls, men and boys in all their diversity. **RECOMMENDATION:** The TB section in the Strategy Narrative is gender blind and requires review.
- 5.2 W4GF continues to call on the Global Fund to expand its mandate under the new strategy and scale up funding for SRHR programming - inclusive of the full range of sexual, reproductive, contraceptive and violence reduction and mitigation services that are needed by women and girls in all their diversity, and that lay the foundation for realising many global health indicators. COVID-19 has highlighted the insecurity of access to contraceptives and other reproductive healthcare services, including safe abortion care, underscoring the fragility of SRHR, including for men. In addition to this the Global Fund should articulate a minimum package of care around sexual and reproductive health.
- 5.3 Community systems strengthening (CSS) is weak in the Strategy Narrative and is mostly mentioned in relation to COVID-19. This needs to be adequately spelt out further.



5.4 The Strategy Narrative should articulate the following points:

- 5.4.1 Develop a “DO NO HARM” set of ‘minimum gender equality standards’ that countries should adhere to as per the minimum human rights standards for all Global Fund grants. This should be a basic requirement for receiving any funds from the Global Fund, recognising that without this the Global Fund cannot succeed and will not achieve its mandate. This should include a minimum package of integrated SRH/HIV provision, including contraceptives access (including condoms), VAWG prevention programmes and mitigation and response services, mental health support / trauma-informed care training, harm reduction services, disability access and nutritional support.
- 5.4.2 Enhanced coordination of investments in multisectoral programs including education and social protection to address structural barriers that drive HIV acquisition, such as poverty and poor access to education.
- 5.4.3 The Global Fund voice must also be used to speak out on issues around gender-equitable laws and policies. This includes calls to end inequitable laws and policies and to promote gender-equitable replacements. Topics include e.g. property and inheritance rights, child marriages, child custody rights, age of consent to accessing HIV and SRH services, marital rape and disability rights in addition to criminalisation which is clearly spelt out in the Strategy Narrative.

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](#)