

## W4GF Statement to the Global Fund Extraordinary Board Meeting on the Strategic Framework for 2023-2028

Women4GlobalFund (W4GF) urges the Global Fund Board to keep gender equality and the priorities of women and girls in all our diversity<sup>1</sup> at the centre of the next Strategy, as you approve the Global Fund Strategy Framework for 2023-2028 at the Extraordinary Board Meeting on 22 July 2021.

W4GF welcomes the mutually reinforcing objectives that includes people and communities at the centre of the response and that *maximizing health equity, gender equality and human rights* exists as a standalone objective. We highlight again key recommendations<sup>2</sup> made by the W4GF Strategy Working Group<sup>3</sup> ahead of the Partnership Forum and priorities<sup>4</sup> flagged with the Strategy Committee ahead of the March 2021 meeting some of which are noted in the Board documents. Priorities are attached again as Annex 1.

We also appreciate the focus on supporting and incentivizing HIV, TB and malaria service integration, as relevant, together with adjacent health areas of sexual and reproductive health, and other reproductive, maternal neonatal adolescent and child health (RMNACH) services. A focus on **sexual and reproductive health and rights (SRHR)** is central to human rights, gender equality and universal health access. We have worked hard to ensure that countries understand their role in achieving gender equality with support from the Global Fund and that this includes much more than only providing prevention of mother to child transmission (PMTCT) programmes. As part of its action on SRHR we need gender transformative and affirming approaches and care. We welcome a comprehensive approach to integration and reaffirm our request for the Global Fund to **sharpen a focus on gender equality to support women's access to services and rights across the Global Fund portfolio**.

The Global Fund's implementation plan for the [Gender Equality Strategy](#)<sup>5</sup> was presented to the appropriate Board committee in the second quarter of 2009. Many of the promises made remain unmet and are equally important today. These must be clearly articulated in this Strategy Framework as it moves forward. We call on the Global Fund Board to ensure that these four areas are clearly articulated in the narrative so that the next Global Fund Strategy builds on what we know needs to happen to make a difference in the lives of women and girls.

### 1. **Develop a robust accountability framework on gender equality linked to KPIs to show progress**

- 1.1 Only with a rigorous monitoring and evaluation framework can the Global Fund deliver on its three people centred objectives. At least a clear KPI on gender related objective is expected from the Global Fund.
- 1.2 A robust accountability framework on gender equality is essential to hold the Global Fund accountable to deliver human rights and gender equality across its portfolio. Only through regular measurement and evaluation will countries remain focused and deliver effective programmes and make decisions to improve results. We must ensure regular analysis that measures progress and acts on where we know we need to

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<sup>1</sup> 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.

<sup>2</sup> <https://women4gf.org/wp-content/uploads/2021/01/W4GF-Advocacy-Brief-Global-Fund-Strategy-Submission-FINAL.pdf>

<sup>3</sup> The W4GF Strategy Group brings together 64 people from 31 countries

<sup>4</sup> <https://women4gf.org/wp-content/uploads/2021/03/March-2021-W4GF-Statement-to-the-Global-Fund-Strategy-Committee.pdf>

<sup>5</sup> [https://women4gf.org/wp-content/uploads/2021/07/core\\_genderequality\\_strategy\\_en.pdf](https://women4gf.org/wp-content/uploads/2021/07/core_genderequality_strategy_en.pdf)

do more and do it better. This would mean more than only CRG priorities, it should be included as part of country performance indicators and the Country Team’s effectiveness criteria.

- 1.3 This work must take into account the essential work and recommendations from the Technical Review Panel (TRP). The TRP Lessons Learned provide essential guidance and we hope that the Global Fund will continue to share the TRP reports which have given direction to the Global Fund Secretariat to act on and to assist applicants to make proposals that are strategically focused and technically sound. We have to do more to track impact and progress on key issues with an independent approach.
- 2 It is essential that in the new Strategy, the Global Fund holds firm to its original values and ensures that all funding requests are robustly reviewed by independent technical experts with expertise on gender equality, human rights, RSSH, sustainability as well as the disease expertise. This is essential for the Global Fund to have confidence that funds will have the anticipated impact, and will be invested in technically sound and strategically focused interventions that will be sustained by countries and helps them take steps to health equity and equality.
  - 2.1 The Global Fund must lead a data revolution, taking innovative steps to measure needs, including community-led monitoring initiatives, to add equal value to qualitative evaluations on inequities in comparison to quantitative data and priorities; and to stay focused on progress at national and subnational levels so that countries remain dedicated on programme improvement throughout implementation.
  - 2.2 The narrative must include outcome indicators to measure our work on gender equality and that new targets outlined in the global strategies are integrated into the strategy. This includes for example the new targets in the Global AIDS Strategy – specially that community engagement is fully integrated into this Strategy including to *Scale up and fully resource community-led service delivery and monitoring including that 80% of service delivery for HIV prevention programmes for key populations and women are to be delivered by community-, key population- and women-led organizations.*

## 2. Ensure a well-resourced team on gender equality across the Global Fund

- 2.1 The Global Fund can show their commitment to **maximizing health equity, gender equality and human rights** by ensuring that health equity, gender equality and human rights remains everybody’s responsibility in the Global Fund Secretariat. We need the Global Fund to 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. All of this work needs to be led and supported by a team of Gender Advisors at the Global Fund Secretariat. This must change.
- 2.2 Put in place robust structures and systems so that there is always gender equality expertise in 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. Provide funding for communities

- 3.1 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.<sup>6</sup> An important way to redress this is to ensure that women-led, key population-led and community-based organisations are supported to lead our own programmes for services and advocacy.

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<sup>6</sup> [Donor support to southern women’s rights organisations OECD Findings](#)

3.2 In the new Strategy we ask the Global Fund to prioritise funding for all parts of the national response, in particular for:

- 3.2.1 **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 syndemics<sup>7</sup> 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.
- 3.2.2 The Global Fund must follow the [Global AIDS 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.*
- 3.2.3 **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 Principal Recipients, Sub-Recipients and sub-sub recipients. This must include funding for communities of women’s rights and key affected women’s organisations. 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. Meaningfully engage communities and networks of women in developing the narrative

The new Strategy must affirm and strengthen that partnership through meaningful engagement of women and girls - in all our diversity and at all levels of decision making about the work that the Global Fund does and supports. As this moves forward, W4GF requests that we and other communities and constituencies remain engaged in the process to develop the narrative which will further articulate the key actions and accountabilities needed to deliver each element of the Strategy Framework, including the Key Performance Indicators and an M&E Framework.

We must **finish our shared agenda on HIV, TB and malaria.** We note the new language of pandemic preparedness and response (PPR) and the vague boundaries of ‘evolving’ the PPR objective. We reiterate that Global Fund resources must remain sharply focused on ending the three diseases rather than creating a new and separate health objective. This is especially true given that COVID-19 caused significant disruption, particularly for women who have seen increased risk of domestic violence during lockdown and far less access to essential sexual and reproductive health and rights services – especially for women from key affected populations. We expect to see the Global Fund stepping up action on social inequalities and in this future strategy.

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](#)

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<sup>7</sup> [Syndemics: a new path for global health research](#)

## Annex 1 - W4GF Statement to the Global Fund Strategy Committee

Women4GlobalFund (W4GF) wishes the Global Fund's Strategy Committee a successful 15<sup>th</sup> virtual dialogue. As you review progress on Strategic Objective (SO) 3 as well as the outcomes of the Partnership Forums and the Strategic Framework, we trust you will keep gender equality and the priorities of women and girls at the centre as you move forward to develop the new Global Fund Strategy.

Here we highlight [key recommendations](#) made by the W4GF Strategy Working Group<sup>8</sup> ahead of the Partnership Forum as well as key priority interventions made by W4GF Advocates during the Partnership Forums themselves. Direct action is needed if the Global Fund is to successfully deliver on the promise and principles of Strategic Objective (SO) 3. The new Strategy should reflect the need for a sharper focus and demonstrate operational follow-up by the Global Fund if it is to make a real impact in the lives of women and girls in all our diversity – in relation to all three diseases as well as to COVID-19.

Our observations and experiences align with the [Technical Review Panel \(TRP\), which noted in regard to Window 1](#) and echoed in Window 2 that gender equality was the weakest aspect of proposals: “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)”. We highlight the following key priorities and requests for the new Global Fund Strategy:

1. **Maintain a focus on promoting and protecting human rights and gender equality as a stand-alone Strategic Objective**, in order to reverse the slippage and stagnation. 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.
2. **Sharpen a focus on gender equality**. Whilst we celebrate the focused investments in HIV prevention that have increased in the 13 priority countries focusing on adolescent girls and young women or in the 20 Breaking Down Barriers focus countries and acknowledge the 20 TB CRG [Assessments](#) that have begun to enhance our understanding of gender in TB, all of this is a far cry from what is required. **Supporting women's rights across the Global Fund portfolio** requires a more strategic focus on specific sub-groups including intersections of women and girls from key affected populations who remain neglected and, in some countries, invisible – this is especially true for women who use drugs. This means showing leadership in supporting efforts to challenge patriarchal norms that prevent or inhibit women from articulating and advocating for their needs and priorities to be met through quality programmes and services. This means doing more directly to remove legal, human rights and other barriers that get in the way of an enabling environment for all women and girls to access health care and other rights. The Global Fund must do more to leverage its purse strings to challenge human rights barriers, including those which are gender-related.
3. **Step up action on sexual and reproductive health and rights (SRHR)**. The new Strategy should invest in accelerated actions to advance SRHR – which are central to human rights, gender equality and the SDGs. Whilst this is currently part of SO3 it has been a missed opportunity. ECHO gave us clear and strong evidence that integrated SRHR-HIV services are an essential component of effective responses to HIV prevention – but what changed in how the Global Fund did business? W4GF calls 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.

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<sup>8</sup> The W4GF Strategy Group brings together 64 people from 31 countries

4. **Finish our shared agenda on HIV, TB and malaria.** We look to the Global Fund to “go the final mile”. We strongly agree with our [colleagues in the Asia-Pacific region](#) who call for resources to be augmented to include addressing pandemics as an additional barrier to ending the three diseases rather than as a separate agenda. This is especially true given that COVID-19 caused significant disruption, particularly for women who have seen increased risk of domestic violence during lockdown and far less access to essential sexual and reproductive health and rights services – especially for women from key affected populations. We remain disappointed with the Global Fund’s response to address these social inequalities and hope to see more action in the future.
5. **Include a robust accountability framework on gender equality** to hold the Global Fund accountable to deliver human rights and gender equality across its portfolio. This could start with minimum gender equality standards as per the [minimum human rights standards for all Global Fund grants](#). For TB, the [TB Gender Investment package](#) and for malaria the [malaria matchbox](#) can be guides. Only through regular measurement and evaluation will countries remain focused and deliver effective programmes and make decisions to improve results. We look to the Global Fund to reignite a data revolution, taking innovative steps to measure needs, including community-led monitoring initiatives, to add equal value to qualitative evaluations on inequities in comparison to quantitative data and priorities; and to stay focused on progress at national and subnational levels so that countries remain dedicated on programme improvement throughout implementation.
6. **Reaffirm county ownership that respects the involvement, expertise and rights of all stakeholders in the partnership**, especially women and key and vulnerable populations most affected by the three diseases. The CCM model was noted as a successful model in the Partnership Forums, but it was also observed – and we agree – that more needs to be done to remove barriers to equal participation and influence. It is important to remind you that even when we are sitting at the same table, our voices are not equal. Only structural change will create meaningful engagement and respect so that resources support programmes that meet the needs, priorities and rights of women and girls in every country. This is especially during grant making, where civil society are excluded from key decision making.
7. **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 the backbone of robust responses – and especially as the Global Fund transitions out of countries, making the need for sustainable systems led by and delivered to women, in particular from key and vulnerable populations, even more urgent. As part of this we note the significant development of TB Women – and call on the strengthening of this network at the global level, and implementation of their [strategic plan](#) in all TB high burden countries.
8. **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.

Whilst W4GF recognise tremendous gains within this current strategy we also acknowledge that we are not where we should be. We must make sure that efforts RESULT in programmes and services that change – for the better - the lives of women and girls.

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