Donor brief: Dialogue with development partners

The Global Fund to Fight AIDS, Tuberculosis and Malaria: Leveraging the commitment to gender equality in a time of change and austerity

The Global Coalition on Women and AIDS

Cover photo: UNAIDS / P. Virot

JC2252E / ISBN: 978-92-9173-961-5

The Global Coalition on Women and AIDS
20 Avenue Appia CH-1211 Geneva 27 Switzerland T (+41) 22 791 36 66 F (+41) 22 791 48 35

Contents

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Introduction 2

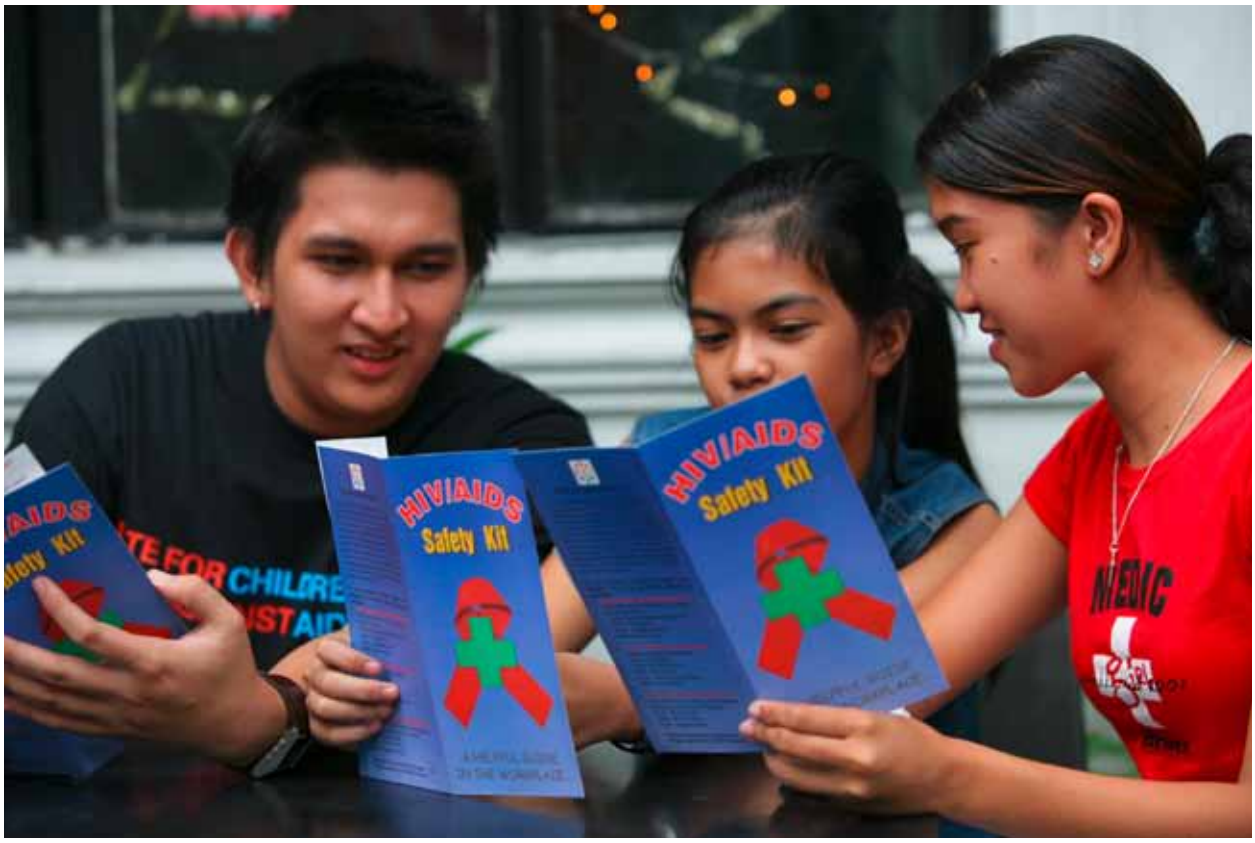
Core structures 4

- Strategic guidance 5
- The role of women's organizations in Global Fund policy and review processes 6
- Evaluation of the Gender Equality Strategy 6
- Broader Global Fund context 8
- Further implementations for the Global Fund Gender Equality Strategy within a changing environment 9
- Opportunities for networks of women living with HIV and women's groups 11

Conclusion 14

References 15

Introduction



UNAIDS

This donor brief is part of a series of briefing papers published by the Global Coalition on Women and AIDS designed to provide up-to-date information on donor policies concerning human immunodeficiency virus (HIV) prevention, treatment, care and support related to women and girls. The brief aims to assist partners in better leveraging the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to deliver on its commitment to empower women and girls and encourage the inclusion of gender equality in their grant portfolios.

The Global Fund was created in 2002 as a unique public–private partnership committed to fighting three of the world's most deadly epidemics. The Global Fund is mandated to attract, manage and disburse resources for effective HIV and acquired immunodeficiency syndrome (AIDS), tuberculosis (TB) and malaria responses in most affected countries. Its major donors include governments, mainly from the world's high-income countries, nongovernmental donors and the private sector.

Over the past decade, the Global Fund has been one of the most powerful engines driving the significant increase in global health financing. As of 30 June 2011, the Global Fund had invested US$ 22.4 billion in 150 low- and middle-income countries towards prevention, treatment and care programmes for HIV and AIDS, TB and malaria *(1)*. To date, it is estimated that programmes supported by the Global Fund have saved 7.7 million lives by providing AIDS treatment for 3.2 million people, anti-TB treatment for 8.2 million people and 190 million insecticide-treated bednets for the prevention of malaria.

After several years of operations, major donors to the Global Fund, in cooperation with partner governments, agreed that the grant mechanism should serve as a catalyst for a more gender-sensitive response to health services. This step was taken to ensure "greater attention and appropriate resources are allocated by the Global Fund to HIV/AIDS prevention, treatment and care that addresses the needs of women and girls" *(2)*.

These needs are stark: globally, 50% of all people living with HIV are women and girls, and young women account for 22% of all new HIV infections. In concentrated and generalized epidemics alike, women and girls are increasingly infected through sexual transmission. In addition, violence against women fuels the HIV epidemic, with up to 71% of women experiencing physical or sexual violence in their lifetime *(3)*. As HIV emerged as the leading cause of mortality among women of reproductive age, the urgency for increased financing to address the gender dimensions of the pandemic became apparent *(4)*.

In November 2008, the Global Fund Board approved a Gender Equality Strategy, which sets strategic directions for the Global Fund to advance gender equality *(5)*. This strategy intends to ensure that biomedical programmes can be supported by interventions to address inequalities in health service access. It aims to make health programming more responsive to structural factors,[1] such as sociocultural, legal, political and economic inequalities and discrimination, which result in increased vulnerability to the three diseases and HIV in particular. The Gender Equality Strategy also seeks to provide programmes that empower women and girls to protect themselves from such vulnerabilities by taking female-controlled prevention measures and accessing sexual and reproductive health education. A related Sexual Orientation and Gender Identities (SOGI) Strategy was launched in March 2009 *(6)*, which articulates the intentions of the Global Fund to support programmes that address the social determinants of health and barriers faced by people from sexual minorities[2] and key populations and the factors that result in increased vulnerability[3] to HIV infection. The Gender Equality Strategy and information notes aim to support grantees' proposals in describing how gender equality will be taken into account in the planned interventions and budget.

The Gender Equality and SOGI strategies were evaluated in mid-2011, revealing some weaknesses in the Gender Equality Strategy implementation, especially at the country level. In November 2011, the Global Fund Board endorsed a 5-year strategy (2012–2016), which provides key opportunities to reassert the importance of integrating gender equality and sexual orientation and gender identities issues into the grant lifecycle and promotes a human rights approach. Due to resource constraints and a reform programme stipulated by the Global Fund Board, the Global Fund slowed the expansion of its grant programme and cancelled Round 11 and its call for proposals. Although this has significant implications for new grants across the three diseases, resources and opportunities for reprogramming current grants exist.

This brief describes the mandate and set-up of the Global Fund and gives a review of the Global Fund's response to the vulnerabilities of women and girls to HIV. It discusses the Global Fund reform process and agreed changes to available funding. This includes the current transitional funding mechanism and the Secretariat's response to the evaluation of the Gender Equality Strategy within the context of its Consolidated Transformational Plan. The brief concludes by putting forward some options for continued and expanded funding for women, girls, gender equality and HIV.

---

1 As asserted by the Social Drivers Working Group of the AIDS 2031 Research Consortium, the key dimensions of the social, political and economic context, referred to as "structural factors", are essential in shaping HIV and other health outcomes. AIDS 2031 Working Paper 24 (http://www.aids2031.org/pdfs/aids2031%20social%20drivers%20paper%20 24-auerbach%20et%20all.pdf).

2 Key populations that are the focus of the SOGI Strategy are defined as sex workers and their clients; men who have sex with men; transgender people, including transgender, transsexual and intersex people; and people from other sexual minorities, including women who have sex with women, especially in high HIV prevalence countries.

3 Vulnerability, as defined by the AIDS 2031 Social Drivers Working Group, is a sociological concept that refers to the extent to which the risk of transmission is affected by factors in the broader social or physical environment, which may be beyond the control of any or all individuals involved.

Core structures

UNAIDS / P. Virot

The operations of the Global Fund are managed by a secretariat and overseen by an international board, including representatives of donor and recipient governments, nongovernmental organizations (NGOs), the private sector and affected communities. This structure reflects the important principles of the Global Fund, including country ownership of the grant process, and the consideration of civil society as equal partners in all aspects of the Global Fund's work and governance. The Global Fund supports the "inclusion of innovative private sector initiatives and values other partners' provision of key technical assistance" *(7)*. The Global Fund strives for optimum results-based financing, working with partners to ensure effective implementation of grants at the country level.

Led by a general manager and executive management team, the Geneva-based Global Fund Secretariat is responsible for mobilizing resources, managing grants, providing financial, legal and administrative support, and reporting information on the grant portfolio. A senior advisor coordinates and leads the gender-related efforts within the Secretariat with the support of the Internal Gender Task Team and an external advisory team that plays a technical leadership function. The Global Fund does not have country offices but receives support in financial grant management at a decentralized level from outsourced local fund agents and technical country support from specialized United Nations (UN) agencies.

The Global Fund is governed by a board of 20 voting members and 8 non-voting members, who provide leadership on policy and budget, make final decisions on grant recommendations, and operate through committees including representatives from civil society. Representatives from NGOs and civil society organizations comprise three delegations to the Global Fund Board: the Developed Country NGOs, the Developing Country NGOs and the Communities Affected by the Diseases (Communities) delegations. Each of the delegations has voting rights exercised by an elected representative.

At the country level, the activities of the Global Fund are managed by a country

coordinating mechanism (CCM). A CCM is made up of country-level participants who represent a range of stakeholders. Not all CCMs have the same membership characteristics, but ideally the constituencies include national government, normally represented by the Ministry of Health; UN technical agencies; donor governments; programme implementers, such as international NGOs and national civil society organizations; and representatives of affected communities, including women's organizations and networks of women living with HIV.

The Global Fund Secretariat announces a call for proposals, referred to as funding rounds. The Global Fund has called 11 rounds and dispersed 10 rounds since 2002. Country coordinating mechanisms develop proposals in consultation with key implementing members and non-CCM members. Technical assistance for proposal development is often provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS) family, including through the UNAIDS Technical Support Facilities.

Once a grant is approved, the CCM serves as the grant oversight body for the allocation and use of the funding at the country level, as per the grant agreement, developed in conjunction with fund portfolio managers and a country team in the Country Programmes Department of the Secretariat. The implementation of the grant agreement is taken forward by Principal Recipients, in collaboration with Subrecipients and Sub-subrecipients, which are selected from implementing partners in government civil society, private sector, academia and, in exceptional cases, multilateral agencies.

STRATEGIC GUIDANCE

The Gender Equality Strategy outlines the strategic directions the Global Fund has adopted within the scope of its mandate and architecture to ensure gender-equitable responses to HIV and AIDS, TB and malaria. It provides guidance to support grantees' efforts to ensure that gender dimensions of vulnerabilities to infection and disease are taken into account in proposals and are addressed in grant implementation. The strategy states that the Global Fund will champion and fund proposals that:

- scale up services and interventions that reduce gender-related risks and vulnerabilities to infection;
- decrease the burden of disease for people most at risk;
- mitigate the impact of the three diseases;
- address structural inequalities and discrimination.

The SOGI Strategy provides guidance to grant implementers to overcome the significant challenges that vulnerable groups have faced in accessing Global Fund resources. It has been successfully leveraged to address key populations, including men who have sex with men, transgendered people and sex workers.

The new Global Fund 5-year strategy (2012–2016) defines how the Global Fund will aim to build on past successes and investments, evolve to address challenges, and shift to a new model of "investing for impact". To achieve this, the strategy sets five strategic objectives:

- Invest more strategically in areas with high potential for impact and strong value for money, and fund based on countries' national strategies.
- Evolve the funding model to provide funding in a more proactive, flexible, predictable and effective way.
- Actively support grant implementation success through more active grant management and better engagement with partners.
- Promote and protect human rights in the context of the three diseases.
- Sustain the gains and mobilize resources by increasing the sustainability of supported programmes and attracting additional funding from current and new sources.

THE ROLE OF WOMEN'S ORGANIZATIONS IN GLOBAL FUND POLICY AND REVIEW PROCESSES

Organizations representing women's empowerment and gender equality interests, including issues such as women's rights, maternal health, and sexual and reproductive health and rights, have engaged with the Global Fund since its inception. Such organizations have been involved in advocacy to ensure a positive benefit of the Global Fund's mandate on community system strengthening and to improve health services, including linking sexual and reproductive health and HIV services and ensuring the Global Fund portfolio is maximized for positive effects on systems for maternal, newborn and child health.

Advocacy leading towards the development of the Gender Equality Strategy was an important entry point for women's organizations to engage with the Global Fund. They have joined other civil society efforts to encourage the donor community to provide sustainable and innovative financing of the Global Fund. Some organizations have been members of the delegations to the Board, and others have engaged with the Secretariat through the Civil Society Team in the Partnership Unit. Consultative relationships have not been consistently maintained, however, and continue to evolve as the Gender Equality Strategy is implemented and other trends emerge.

The Global Fund Secretariat published an analysis of Round 10 proposals and found that "among the countries that submitted proposals in Round 10, 81% of the CCMs included experts or organizations working on women's issues in the proposal development process. However, only 20% of the CCMs included women's organizations among their membership" *(8)*. Data on whether these women's organizations represented women living with HIV were not included in the analysis. By Round 10, "there was an increase in the membership of women in CCM structures compared to Rounds 8 (2008) and 9 (2009); however despite this improvement, the gender balance in these bodies still poses a concern, with many countries continuing to have male dominated CCMs" *(8)*. The analysis noted that women's leadership on the CCM was increasing in the Latin America and the Caribbean Region, while the lowest participation of women in CCMs was in the South and West Asia Region.

EVALUATION OF THE GENDER EQUALITY STRATEGY

In 2011, the Global Fund Board requested an evaluation of the Gender Equality and SOGI strategies. The review aimed to assess "progress meeting the common challenges faced in implementing both strategies; progress achieved through a separate focus on the Gender Equality Strategy; and progress achieved through a separate focus on the Sexual Orientation and Gender Identities Strategy".

The external evaluation was managed by Pangaea Global AIDS Foundation and supported by an expert advisory group selected specifically for the evaluation process. The report of the formative evaluations noted that the Gender Equality and SOGI strategies already provide adequate underpinning for the Global Fund's work with key affected populations and that the challenge is not further policy refinement but sustained advocacy and implementation.

The report suggested that the Secretariat should develop, as part of the implementation of the Global Fund 5-year strategy (2012–2016), individual operational plans for girls and women (particularly in sub-Saharan Africa), men who have sex with men, transgender people, sex workers, and people who inject drugs. These plans should be coordinated by the senior advisers, with the full engagement of other Secretariat staff, particularly fund portfolio managers and country teams. These should identify time-bound priorities for the Secretariat, technical

partners and CCMs to ensure that existing and future grant submissions have evidence-driven programmes for these populations, rooted in respect for their human rights *(9)*.

The independent evaluation report was shared with the Secretariat and he Executive Director's presentation to the 25th Board Meeting acknowledged the recommendations of the report. The recommendations of the report. The Secretariat responded that it would apply an explicit gender and sexual orientation and gender identities lens in its actions. The Consolidated Transformation Plan identifies these actions as "transforming resource allocation, risk management, and grant management through an enhanced iterative grant management process that will include a focus on access to funding". The Consolidated Transformation Plan encourages in-country participatory equity assessments as part of the periodic review of grants. Through these assessments, the Secretariat can make explicit linkages to equity and human rights *(10)*.

To complement the Global Fund's own independent evaluation, Fundación para Estudio e Investigación de la Mujer, in collaboration with the Global Coalition on Women and AIDS and the International AIDS Women's Caucus, conducted a global survey of the implementation of the Gender Equality Strategy *(11)*. The findings pointed to significant gaps and limitations in implementation of the Gender Equality Strategy. A series of key recommendations were made:

- The Global Fund should develop a strong advocacy and communication campaign to disseminate the strategy at the international, regional, national and community level, working with country partners, including UN and bilateral agencies; civil society networks, especially groups for women living with HIV and other women's groups; and governments.
- The Global Fund Secretariat should ensure that gender equality is included as an explicit component of the next Global Fund 5-year strategy.
- The Global Fund Secretariat must engage technical partners such as UNAIDS and the World Health Organization (WHO) to develop technical guidance on translating the strategy into practical programming for women and girls, so that the strategy has greater impetus and support for its implementation.
- The Global Fund should strengthen its work with technical partners to ensure the development of technically sound, gender-sensitive proposals that address the needs of the diversity of women and girls in the context of the three diseases. This should include putting in place mechanisms to ensure that the programmes they fund integrate all women and girls as a priority group in themselves[4] and that programming is comprehensive.[5]
- The Global Fund should dedicate a specific percentage of funding in the next round to grants that directly respond to the Gender Equality Strategy, and work with technical partners to build the capacity of women's organizations and networks of women living with HIV in preparing Global Fund proposals to ensure they are more involved as Principal Recipients and Subrecipients.
- The Global Fund should take action to strengthen and ensure women's equal access and meaningful participation in decision-making processes within all of its governance structures. This includes improving gender balance in CCMs and

[4] Round 10 included a key populations reserve funding channel, which allowed for CCMs to apply for funding activities targeted specifically at people most at risk for HIV, mainly in concentrated epidemics. Women and girls within generalized epidemics were not necessarily included.

[5] Including women's health interventions – not only prevention of vertical transmission, but also sexual and reproductive health, the elimination of all forms of violence, sexual abuse and stigma and discrimination against women and girls, and comprehensive sexuality education.

UNAIDS

training all CCM members on gender equality, with the support of technical partners.

BROADER GLOBAL FUND CONTEXT

Recently the Global Fund has faced resources constraints from its donor base. Many government donors have been affected by the global economic downturn, and they have increasing concerns about aid effectiveness and accountability in the Global Fund's grant portfolio. Underfunding raises concerns that "work on building synergies with other sectors to provide a holistic and integrated approach to improving people's health and wellbeing and addressing many of the drivers of the [HIV] pandemic – such as interventions focusing on social protection, education, and gender equality – will fall by the wayside" *(12)*.

A High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms investigated the Global Fund's operations. In September 2011, the High-Level Panel issued its report, which confirmed inefficiencies in management and recommended a series of changes to Global Fund Secretariat operations and Global Fund Board governance to increase accountability, protect investments and drive more effective grant performance.

The 25th Board Meeting in November 2011 endorsed the High-Level Panel's recommended reforms. The Global Fund Board also made an unprecedented decision to suspend further rounds of funding until 2014, while limiting the eligibility criteria for reprogramming of existing grants. To mitigate its impact, the Board established a transitional funding mechanism *(13)* to replace Round 11 and provide funding for the continuation of essential prevention, treatment or care services of the three diseases currently in the grant portfolio.[6]

[6] The transitional funding mechanism application process prioritizes countries that are not currently implementing another HIV and AIDS, TB or malaria grant from a recent round to ensure bridging funds for programmes most reliant on continued Global Fund support. Prospective applicants are also required to review other sources of funding from national resources and multilateral/bilateral development grants and demonstrate their reliance on Global Fund support.

In the intervening years, the Global Fund will develop a new funding model consistent with the aims of the 5-year strategy (2012–2016), to begin in early 2012. The Global Fund is also undertaking a Consolidated Transitional Plan, which will address organizational and structural issues.[7] In January 2012, the Global Fund created a new position of General Manager to implement the organization's transformation plan.

The objectives of the 5-year strategy (2012–2016) include the promotion of equity and human rights as key strategies of the grant portfolio. The Global Fund will "ensure that human rights principles – including non-discrimination, gender equality, participation, transparency and accountability – are integrated in all aspects of the Global Fund's work. It will "define roles, responsibilities and capacity needs of all Global Fund structures and country-level stakeholders" in assessing the integration of these principles.

The Global Fund's objective to invest more strategically will focus on highest-impact populations and inclusion of key populations at higher risk and gender issues in proposals. It will "strengthen and build on existing Global Fund policies and mechanisms ... that seek to ensure better focus on gender and most-at-risk populations throughout the grant cycle" *(14)*.

As competitors for funds through the transitional funding mechanism, programmes supporting gender issues and women's groups are at risk. Funding for interventions tailored to the needs of women and girls is equally compromised. Therefore, there is a need for intensified advocacy for increased funding for networks of women living with HIV and other women's groups. These networks will be not only advocates on their own behalf but also for essential partners in developing effective HIV and AIDS responses.

FURTHER IMPLICATIONS' FOR THE GLOBAL FUND GENDER EQUALITY STRATEGY WITHIN A CHANGING ENVIRONMENT

Reviews of proposals to the Global Fund on Rounds 8, 9, and 10 demonstrate that proposals remain weak in incorporating gender equality. In Rounds 8 and 9, the proposals disregard the issues of long-term treatment access to women and harmful gender norms. In Round 10, although all approved proposals had some kind of intervention specifically targeting women, only eight of those proposals contained components to combat gender-based violence. To maintain advances in gender programming, CCMs, Principal Recipients, Subrecipients and women's groups will need to advocate and justify the inclusions of these important gender-related interventions within the UNAIDS Investment Framework.

Overall access to antiretroviral treatment for women has improved, but many women find out they are living with HIV during their pregnancy and thus require targeted interventions for their own health and the health of their unborn children. There are still many barriers in ensuring that all pregnant women living with HIV receive antiretroviral treatment to prevent HIV transmission to their babies. These barriers include violation of the sexual and reproductive health and rights of women living with HIV and women representing key populations; limited access to HIV testing; fear of violence and abandonment; weaknesses in maternal and child health services, including stigma and

[7] Reorganizations and work plan revisions include a focus on grant management; risk management; internal governance; resource allocation, investment, results measurement and evaluation; streamlining the grant approval process; Secretariat organization; empowering management; and reallocating the staff balance to better support country partners.

discrimination by health workers; low numbers of skilled birth attendants for deliveries; and client-unfriendly service delivery.

Although prevention of vertical transmission has received Global Fund support since grant making began, there remains a concern that few countries implement comprehensive prevention of vertical transmission in line with the four pillars recommended by WHO. These pillars represent a series of interventions to ensure the maximum benefit to women and their families, which includes (i) primary prevention of HIV infection among women of childbearing age; (ii) preventing unintended pregnancies among women living with HIV; (iii) preventing HIV transmission from women living with HIV to their infants; and (iv) providing appropriate treatment, care and support to mothers living with HIV and their children and families *(15)*.

Stakeholders working to improve the inclusion of a gender focus, especially HIV prevention for women and girls, should strategically use the next several years to advocate for sufficient funding for the response and encourage further CCM commitment to implementation of the Global Fund 5-year strategy and Gender Equality Strategy. Organizations that have not been involved in proposal development should build capacity to understand Global Fund processes, develop relationships with CCM members, and review

A gender-transformative approach to proposal development

Before starting to write a proposal, applicants have been encouraged to conduct an analysis based on the epidemiological and behavioural data and the context in their country in order to "know their epidemic" from a gender perspective and determine the best responses. Applicants have been asked to look at gender as one aspect in understanding how affected groups are able to access the services they need. A gender analysis should use both quantitative and qualitative data and consider cultural and sociological differences that drive the epidemic that can shape what will or will not be effective in the response.

In 2011, an equity assessment was introduced to encourage better use of existing data to inform and improve proposals. It was proposed that from Round 11 onwards, the collection of gender-disaggregated data, originally mandated by the Gender Equality Strategy in 2008, would be part of the epidemiological background of the proposal, along with the indicators for planned outcomes over the grant period. This recommendation would also apply to grant renewal as definite in phase 2 and periodical review processes. Given the cancellation of Round 11, the undertaking of the equity assessment will be reconsidered in the context of the revised arrangements.

Country coordinating mechanisms are encouraged to describe the extent of marginalization and vulnerabilities of key populations, including people who inject drugs, men who have sex with men, transgender people, sex workers, and women who have sex with women. The Global Fund has noted that CCMs should not take these as homogeneous groups and should ensure analysis takes into consideration subgroups divided along age, class, caste, religious, ethnic and socioeconomic lines.

The epidemiological and behavioural data available in the country should lead to a gap analysis to identity areas of gender-related gaps or weaknesses. This should suggest opportunities for effective reach, paying particular attention to people who previously may have been excluded. If the analysis shows that existing services do not address inequities, there is a need to redefine policy and programme implications in light of the gender gap analysis.

their own activities to see how they could further maximize the potential for funding in subsequent years. The Gender Equality Strategy urges that a gender analysis is undertaken by the CCM to assess the country context. The UNAIDS Secretariat is currently facilitating a multi-partner process to develop a standardized gender assessment tool, which is expected to be available by March 2012.

Following the gender analysis, including an assessment of the impact of sociocultural gender norms and values on women and girls, applicants should ensure that proposals describe how the planned activities or interventions take these findings into consideration. This could include the design and inclusion of specific interventions, such as the programmatic examples outlined in the Global Funds guidelines for Round 11.[8]

These guidelines, developed by the Global Fund Secretariat and partners, including civil society, networks from affected populations, UNAIDS, WHO, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and UN Women, are still relevant when developing proposals for the transitional funding mechanism. The guidelines are outlined in a series of information notes on technical topics, including scaling up comprehensive prevention of mother-to-child transmission (PMTCT) interventions and strengthening maternal, newborn and child health interventions, and thematic issues, including addressing women, girls and gender equality and addressing sex work, men who have sex with men, and transgender people in the context of the HIV epidemic.

OPPORTUNITIES FOR NETWORKS OF WOMEN LIVING WITH HIV AND WOMEN'S GROUPS

The Global Fund Board has decided that the Global Fund will reprioritize efforts to increase the quality of gender equality and programming for key populations. In addition, the fund will aim to build capacities of countries through training and technical assistance of Principal Recipients, partners and CCMs, including ensuring equal access, meaningful representation and engagement of women and key populations in CCM decision-making processes. A particular focus will be placed on creating and using opportunities in the reprogramming of existing grants to improve gender-transformative programming and targeting and involvement of key populations.

Stakeholders should seek to engage with the Secretariat's response to the formative evaluation of the Gender Equality and SOGI strategies to ensure these focus areas are reprioritized within the 5-year strategy and Consolidated Transformational Plan. The Secretariat has committed to undertake a strategic focus on women and girls in the areas of prevention of vertical transmission (expanded four-prong approach) and maternal, newborn and child health; the prevention of gender-based violence and harmful gender norms; and key populations of women, specifically female sex workers and drug users.

Given that prospective applicants have been asked to take into consideration the limited amount of funding available through this mechanism, depending on the resources available at the time the Board approves applications,[9] there is a need for increased

[8] The information notes can be accessed at http://www.theglobalfund.org/en/application/infonotes/.

[9] Available resources depend on several factors, including the receipt of funding anticipated from donors. The timing of receipt of donor funding will also influence the ability of the Global Fund to commit resources in a timely manner to minimize the disruption of essential services. The Global Fund Board will approve applications on a rolling basis and stagger the timing of commitments (and, if necessary, vary the duration of commitments) to apply available resources to minimize the disruption of services.

UNAIDS

advocacy for gender equality. Limited resources available for the transitional funding mechanism and slower portfolio growth could potentially have a significant impact on the response to women, girls and gender equality within national HIV programming, as few other sources of funding for these responses exist. In addition, the transitional funding mechanism application will lead CCMs to revise their Round 11 proposals, with some countries reprioritizing key budget components such as treatment access at the expense of other programme components such as innovations in gender-transformative interventions. This would not only undermine the above-mentioned Global Fund Board decision but also undo the gains made through enhanced CCM preparation and the revised information notes, resulting in increasing inclusion of gender-related activities and scale-up of prevention of vertical transmission and integrated impacts for maternal, neonatal and child health in earlier rounds.

In view of the above, civil society must be engaged in political advocacy to hold governments to account for resource mobilization, in particular to ensure that Global Fund grants consider gender equality as a critical enabler of basic services for women and girls. Women's organizations that have sought or will seek support from the Global Fund should demonstrate, as part of these advocacy efforts, the impact of funding shortfalls on women and girls in the communities with which they work as a key argument underpinning the need to fully fund the Global Fund and to advocate for sustained and increased funding for women and girls. During the reapplication process, organizations that have proposed to be involved in the delivery of gender-transformative programming and prevention of vertical transmission and support for maternal, neonatal and child health will need to develop recommendations to national governments and development partners to indicate how these interventions will be taken forward.

As will be the case with all current and potential Global Fund grantees, women's empowerment and rights organizations will

have to look for other available national resources and multilateral/bilateral grants for any opportunities for continued funding over the next 2–3 years. In doing so, they may want to align their advocacy and resource mobilization efforts with the newly developed HIV investment framework, which identifies gender equality and human rights as critical enablers for an effective HIV response. A number of bilateral donors have prioritized the delivery of development achievements through meeting the needs of women and girls in the response to HIV and AIDS, and the Global Coalition on Women and AIDS has issued donor briefs on several of these.

Simultaneously, networks of women living with HIV and women's groups must continue to advocate for gender-transformative HIV responses that accelerate social change for women and girls. This means that the national strategic plan on HIV must be designed around the gaps identified through a gender analysis of the epidemic, context and response, so that interventions are tailored to the specific HIV and sexual and reproductive health and rights needs of women and girls in all their diversity, as well as address their HIV vulnerabilities.

At this critical time of change, national authorities, development partners and civil society are urged to jointly ensure stronger involvement of women living with and affected by HIV – in all their diversity – in Global Fund processes. This could be undertaken through a number of means:

- Advocate for gender to be included within transitional funding mechanism-funded programmes, rationalizing within the UNAIDS investment framework.
- Advocate for reprogramming efforts to focus and support gender programming and efforts focused on women and girls.
- Women's groups and NGOs should engage with the iterative process of programme development in future rounds.
- Increase the presence of women, including women living with HIV, in high-level decision-making processes at the national level, on CCMs and on the Global Fund Board.
- Participate in the activities of civil society delegations to the Global Fund Board and support their efforts in campaigning for full funding of the Global Fund.
- Identify and recommend experts on gender equality interventions in the context of the three diseases to the TRP.
- Build country capacity on the development and implementation of gender-transformative HIV responses.
- Engage in the work of CCMs, either as members or as stakeholders, responding to the transitional funding mechanism and subsequent guidance for operational changes and future rounds.
- Organizations that feel they have the capacity to serve as a Principal Recipient or Subrecipient for subsequent funding rounds should be further involved in CCMs for grant negotiations and reprogramming of activities to pave the way for future funding.
- Participate in structures aimed at community systems strengthening, which can support the capacity of women's organizations to be involved in the national HIV response, the creation of demand, and the shaping of good-quality services.

Conclusion

UNAIDS / P. Virot

The suspension of Round 11 puts grant performance under a stark light, providing new opportunities to review what is and is not working at the country level and to urge for gender-equality measures to be part of sustainable Global Fund grant management. Given the intensified call for tailored interventions to better support women and girls, there were high expectations that Round 11 would result in a robust set of interventions grounded in the Gender Equality Strategy. Stakeholders involved in Round 11 preparations are encouraged to engage equally in the proposal development as part of the transitional funding mechanism, where relevant, and in the renegotiations of existing grants.

It took the Global Fund 7 years of operations to acknowledge that it could and should do more to address gender-related risks and vulnerabilities to HIV and other infectious diseases, and several more years to reorient operations to begin to realize the aspiration of the Gender Equality Strategy. The slow pace at which gender-equality issues were made a policy priority and translated into concrete actions at the country level underline the need to accelerate the implementation of the Gender Equality Strategy in line with the Global Fund commitments to the cause of women, girls and gender equality.

The Global Fund Secretariat must proactively ensure that the Consolidated Transformation Plan is used to enhance resource allocation for interventions addressing the needs of women and girls, while advancing gender equality and social change. At the country level, development partners and representatives of networks of women living with HIV and women's groups should work together with CCMs to intensify efforts for women, girls and gender equality, so that the reform process enables the Global Fund to become a robust mechanism to catalyse life-saving gender-transformative HIV responses. To help mitigate the impact of the suspension of Round 11 on gender-equality interventions, country-level partners and governments should ensure that reprogramming of existing grants includes and maintains a focus on women and girls living with and affected by HIV.

Networks of women and girls living with and affected by HIV and women's groups must be fully engaged in the negotiations around the transitional funding mechanism and renegotiation of existing grants, at all levels. Equally important, networks and groups of women, in all their diversity, must be supported in their efforts to establish a gender-transformative HIV response that fosters social change for gender equality. This will require increased funding for their own scope of work, capacity building and organizational development, and an HIV response that is tailored to the needs, and advances the rights, of women and girls. We will achieve zero new infections, zero stigma and discrimination, zero tolerance for violence, and zero AIDS-related deaths only when women and girls are enabled to engage as equal partners.

References

1. *Secretariat structure and contacts*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2012 (http://www.theglobalfund.org/en/about/secretariat/).

2. *Growth and responsibility in Africa: Heiligendamm Summit declaration*. G8, 2007. http://www.canadainternational.gc.ca/g8/summit-sommet/2007/growth_africa-croissance-afrique.aspx?lang=eng&view=d

3. García-Moreno C, Jansen HA, Watts CH, Ellsberg M, Heise L. *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization, 2005 (http://www.who.int/gender/violence/who_multicountry_study/en/).

4. *Women and health: Today's evidence tomorrow's agenda*. Geneva, World Health Organization, 2009.

5. *Global Fund gender equality strategy*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2008 (http://www.theglobalfund.org/en/library/publications/other/).

6. *The Global Fund strategy in relation to sexual orientation and gender identities*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2009 (http://www.theglobalfund.org/en/library/publications/other/).

7. *Partnership*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2012 (http://www.theglobalfund.org/en/about/partnership/).

8. *Analysis of gender-related activities in Global Fund HIV proposals from Round 10*. Geneva, Global Fund to fight AIDS, Tuberculosis and Malaria, 2011. http://www.theglobalfund.org/en/civilsociety/reports/

9. *Formative evaluations of the Gender Equality and Sexual Orientation and Gender Identities Strategies of the Global Fund*. Oakland, CA, Pangaea Global AIDS Foundation, 2011.

10. *Response to the evaluation of the Global Fund's Gender Equality and Sexual Orientation and Gender Identities (SOGI) Strategy*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011. http://www.theglobalfund.org/en/civilsociety/reports/

11. *Recommendations for the evaluation of the Gender Equality Strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria: Based on findings from a virtual consultation and focus group discussions*. Buenos Aires, Fundación para el Estudio e Investigación de la Mujer (FEIM) and International AIDS Women Caucus, 2011. http://www.womenandaids.net/CMSPages/GetFile.aspx?guid=82f90464-a0c8-4361-be83-beb33c6d422d

12. *Don't stop now: How underfunding the Global Fund impacts on the HIV response*. Hove, International AIDS Alliance, 2012.

13. *Transitional funding mechanism*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2012 (http://www.theglobalfund.org/en/application/).

14. *Our strategy: The Global Fund Strategy 2012–2016 – investing for impact*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011 (http://www.theglobalfund.org/en/about/strategy).

15. *PMTCT strategic vision 2010–2015*. Geneva, World Health Organization, 2010 (http://whqlibdoc.who.int/publications/2010/9789241599030_eng.pdf).

16. *Information notes*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2012 (http://www.theglobalfund.org/en/application/infonotes/).

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 4577

www.womenandaids.net