



Maximizing Impact through Strategic Investments

Improving the Health of Women and Girls

December 2015
Geneva, Switzerland

Introduction

Since the Global Fund was created in 2002, remarkable progress has been made: 17 million lives have been saved and the Global Fund is on track to meet the target of 22 million lives saved by 2016. More than 75 percent of high-impact countries where the Global Fund invests and where quality data are available have reduced HIV incidence by 50 percent or more.¹ Underpinning this success is the Global Fund's support to countries to include women and girls in health sector decision-making processes, reach them with critical services, and advance gender equality. Currently between 55 and 60 percent of Global Fund spending directly benefits women and children, translating to more than US\$15-US\$16 billion invested since 2002.²

The Global Fund's Gender Equality Strategy (2008), and the related Action Plan (2014) reflect the organization's commitment to advancing gender equality, and to improving the health of women and girls in all their diversity. Global Fund investments for women and girls span a wide range of programmatic interventions, including integration of tuberculosis and HIV services with reproductive, maternal, newborn, child and adolescent health (RMNCAH); gender based violence services; prevention of mother-to-child transmission (PMTCT) services; malaria prevention among pregnant women; and HIV prevention programs for adolescents, young people, female sex workers and transgender women.

Under its funding model, the Global Fund is scaling up investments in prevention programs for adolescent girls and young women in the places where this is needed most. These investments respond to HIV, but also contribute to more just and equitable societies. However, it is not just investments in HIV that are changing realities for girls and women. A recent study found that Global Fund investments in malaria control campaigns had significant positive effects on grade level and/or reductions in schooling delay in 16 of the 22 countries studied. The study authors concluded that if the Global Fund increased its yearly per-capita disbursement over a child's education career by US\$0.50, this would contribute to nearly an additional grade level of education.³ Keeping girls in school has been proven to be a protective factor against HIV acquisition, and also for early pregnancy and other health risks.

The Global Fund was among the earliest and strongest advocates for addressing the gender inequality that fuels the HIV epidemic. It is proud to be a leader on gender equality, engaging political leaders to speak out on gender equality and pursuing an active partnership with the education and social development sectors. When we imagine a world where every community is focused on gender equality, we can clearly see a more just and healthy world. We cannot achieve *any* of the Sustainable Development Goals unless gaps in gender equality and equity improve. As such, addressing gender inequality is a high-level strategic objective in the proposed Global Fund strategic framework for 2017-2022.

This report present how the Global Fund is advancing gender equality, and investing in women and girls, including:

- The results of Global Fund investments on the health of women and girls and the challenges that remain
- Empowerment of girls and women, and reducing gender-related barriers to care;
- Resilient and sustainable systems for health to better reach women and girls;
- A gender-responsive funding model.

¹ Global Fund Results Report 2015.

² Global Fund Results Report 2015.

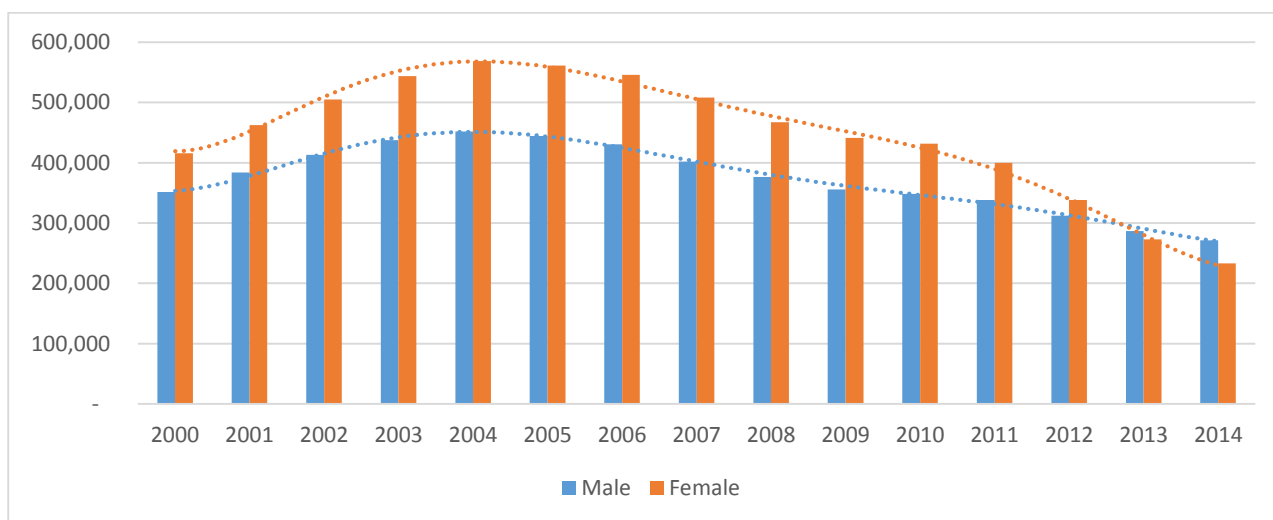
³ <http://www.worldbank.org/content/dam/Worldbank/Feature%20Story/Africa/afr-marie-anne-valfort.pdf>

I. Results and Challenges

01 Saving the lives of women and girls

Global Fund investments are saving the lives of women and girls, particularly in countries with the highest HIV burden. As indicated in Figure 1, when the number of AIDS-related deaths globally peaked in 2004, the estimated number of AIDS-related female deaths exceeded those of male deaths by more than 100,000. By 2014, the number of estimated AIDS related deaths among women had significantly declined and there were approximately 40,000 fewer estimated AIDS related deaths among females compared to males. Between 2005 and 2014, there was a 58 percent decline in AIDS-related deaths among women 15 years and older in 13 high-burden African countries where the Global Fund invests.

Figure 1: Number of AIDS related deaths globally among the population over 15 (2000-2014)⁴.



An assessment of the Global Fund's contribution to Millennium Development Goals 4 and 5⁵, commissioned in 2013 by the Global Fund's Technical Evaluation Reference Group, found that the organization's investments were associated with reduced maternal mortality in all 150 countries receiving Global Fund financing. It also noted a consistent positive relationship between Global Fund disbursements and subsequent accelerated improvement in coverage of PMTCT services.⁶ More women are accessing antiretroviral (ARV) therapy and staying on treatment. Figures 2 and 3 show the scale-up of ARV therapy coverage from 2010 to 2014 in the thirteen Global Fund high-impact countries in Africa. In 9 out of 11 of these countries, the estimated number of new HIV infections declined by 22 percent (data unavailable for two countries).⁷

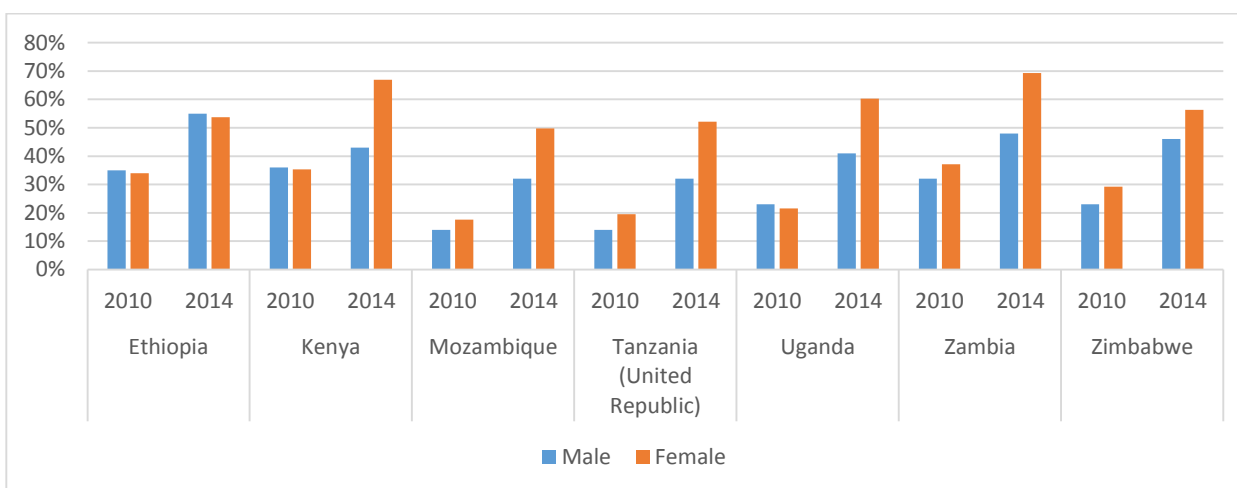
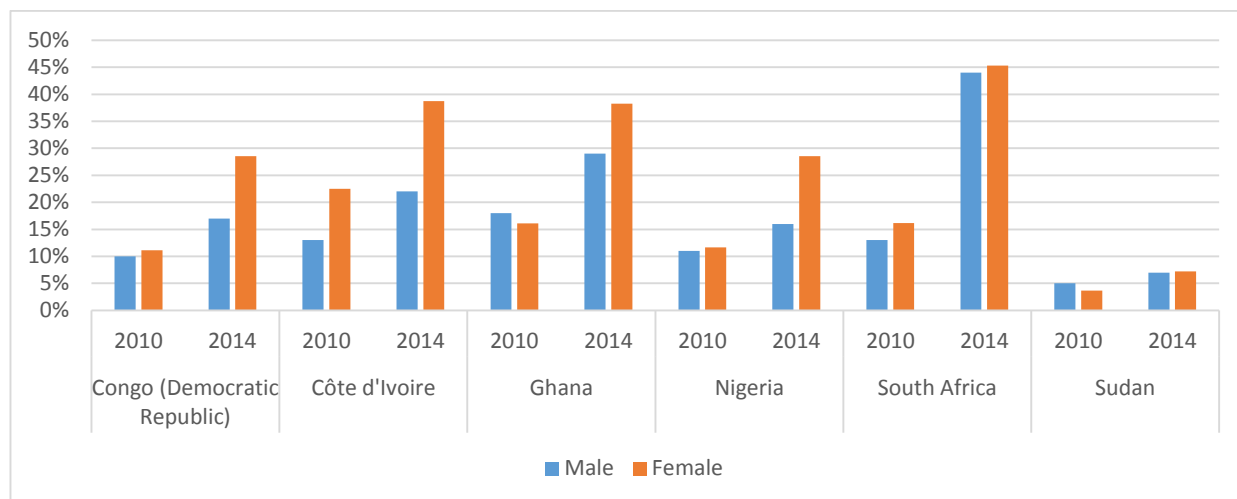
⁴ UNAIDS, AIDSinfo, <http://aidsinfo.unaids.org/>.

⁵ MDG 4: Reduce child mortality; Target 4.1: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate. MDG5: Improve maternal health; Target 5.A: Reduce by three quarters the maternal mortality ratio; Target 5.B: Achieve universal access to reproductive health.

⁶ SEEK Development. Thematic review of the Global Fund's contribution to MDGs 4 & 5. Berlin: SEEK Development; 2013 Nov (unpublished draft, commissioned by the TERG of the Global Fund).

⁷ Sex disaggregated data on new infections was not available for Ethiopia and Sudan for this period.

Figures 2 and 3: ARV therapy coverage by gender among all estimated people living with HIV in high-impact 1 countries⁸.



02 Many women and girls still at risk

While we celebrate these collective achievements, there are still considerable challenges to be addressed. HIV is the leading cause of death worldwide for women aged between 15 and 44, and TB remains one of the leading causes of death for women of reproductive age.⁹ According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), there are 16 million [15.2 million–16.9 million] women aged 15 years and older living with HIV, 80 percent of whom live in sub-Saharan Africa.¹⁰ In 2013, an estimated 3.3 million women fell ill with TB, of which the sub-Saharan African and South East Asia regions accounted for nearly 70 percent of cases.

In many places, adolescent girls and young women between the ages of 15 and 24 are still at much higher risk of acquiring HIV than their male peers. In sub-Saharan Africa, young women 15 to 24 years old are twice as likely as young men to be living with HIV.¹¹ A number of factors contribute to the higher risk of HIV infection experienced by girls and young women, including early marriage, high rates of intimate partner violence, discrimination that keeps them out of school and other social services, and health services that do not address their needs.

⁸ See *ibid.*

⁹ World Health Organization Tuberculosis Factsheet N104. Reviewed March 2015. <http://www.who.int/mediacentre/factsheets/fs104/en/>

¹⁰ UNAIDS Gap Report.

¹¹ UNAIDS Gap Report.

II. Empowerment of Girls and Women, and Reducing Gender-Related Barriers to Health Care

01 Empowered women and girls

The empowerment of girls and women has immediate health results, and ensures the long-term impact of Global Fund investments. As part of PMTCT funding, the Global Fund invests in providing comprehensive sexuality education to girls and young women, particularly in the highest HIV prevalence settings like South Africa, Kenya, and Swaziland. The Global Fund is investing in programs such as know your rights and life-skills education programs for girls to be better informed and be better able to protect themselves. As part of the community response to HIV in Mozambique, with the leadership of Graça Machel, the civil society organization Fundação para o Desenvolvimento da Comunidade supports young adolescent girls (10-14) to get information about HIV prevention and training in negotiation. Because early marriage is very common in Mozambique, it is important to start information and empowerment at an early age, not only to reduce their vulnerability to HIV infection, but also to give them better opportunities in life. In many places, including South Africa and Zambia, the Global Fund is working with communities of men and boys to address harmful gender norms. This is sometimes done through using voluntary medical male circumcision sites to host discussions and sensitization sessions on masculinity, and the role of boys and men in reducing violence in their communities.

02 Addressing gender-based violence

The link between violence and HIV has been well established. The Global Fund is funding programs to address gender-based violence in more than 50 countries, translating to nearly US\$50 million in investments. Programs provide for the integration of HIV, TB, gender-based violence, and reproductive and sexual health services, and the provision of comprehensive post-rape care which includes psychosocial and legal support. In South Africa, for example, Global Fund investments meant that 28,000 women were able to receive comprehensive post-violence care, including post-exposure prophylaxis against HIV infection that included psychosocial support and access to legal services. The new grant under negotiation has plans to build on this work, and has dedicated US\$15 million to expand violence prevention and care services.

In Uganda, the Global Fund is supporting country partners to identify and equip regional gender-based violence survivor support sites in four regions with high HIV and gender-based violence burden. It will also accelerate high-level political advocacy to raise the profile of gender-based violence within HIV, TB and gender programs, in partnership with the Uganda Women Parliamentarian Association. Along with the planned gender-based violence-related training of health workers, judicial officers and law enforcement officers, addressing gender-based violence should be further integrated into national HIV responses.

03 Using the grant-making process to address challenges to women and girls

An internal review of concept notes submitted in the first three windows of the revised funding model noted an improvement in gender analysis, but that in many cases programmatic interventions to address gender inequities lacked a corresponding budget and implementation plan. When Technical Review Panel recommendations include improving the gender dimensions of a grant, the Global Fund country teams have been able to use the grant-making process to work with country partners to expand the role of interventions for gender equality.

In Zambia, the initial HIV concept note review showed few programs that dealt with gender equality or the gender-related barriers to services. However, the grant-making process galvanized support from partners to bring much more clarity on how the approaches and design of interventions would address gender equality. The PMTCT component was designed to include work with adolescent girls to prevent unwanted pregnancies, and services to work with men to address harmful gender norms.

In another example, Papua New Guinea's HIV concept note identified high prevalence of gender-based violence as a highly significant factor in vulnerability to HIV infection, but included gender-based violence sensitization only in the behavior change communication for key populations. After review, the Global Fund country team worked with partners to re-invest cost savings to integrate additional funds for gender-based violence responses throughout the grant, particularly in the expansion of clinical and psychosocial services for survivors of violence and vulnerable women.

04 Keeping girls in school in Eastern and Southern Africa

The Global Fund is increasingly working with partners to reach adolescent girls and young women with services that span across health, education and social protection sectors. For example, the Global Fund - in partnership with national ministries, the President's Emergency Plan for AIDS Relief (PEPFAR), the World Bank, and private sector partners - is supporting countries to implement social protection programs to keep adolescent girls and young women in school, a proven protective factor against HIV infection. Programs are being supported in selected HIV endemic and hyper-endemic geographic areas in Kenya, Swaziland, and South Africa. The programs target adolescent girls and young women between the ages of 14 and 22 and require the Global Fund and partners to ensure an intra-Ministerial approach across health, education, and social protection sectors, to provide holistic and coordinated responses for adolescent girls.

05 Gender responsiveness in challenging operating environments

The number of countries experiencing fragility has increased over time and this trend is likely to continue in the foreseeable future. The Global Fund recognizes over 20 states as challenging operating environments that require a different approach to investing. These countries comprise 23 percent of the Global Fund's investment portfolio, and are mostly in Africa and the Middle East, the majority being low- or lower-middle income with a higher disease burden. Women and girls are more likely to experience physical and sexual violence in post-conflict and post-disaster areas, and the instability negatively impacts their ability to access health services. The Global Fund invested nearly US\$6 million in programs to prevent gender-based violence and to provide post-violence services in challenging operating environments in grants made in 2014.

Women in these settings often require a focused and tailored approach to accessing and receiving services. Afghanistan is one of 22 of the world's most highly burdened countries for TB, and the only country where more women are diagnosed with new smear-positive TB cases than men. In 2007-2013, women accounted for 60 percent of all registered TB cases and 63 percent of the total notified multidrug-resistant TB cases. The lack of female staff in remote and insecure areas was preventing many women from receiving basic health services – including TB screening and treatment. While the Afghan National Strategy focuses on training female community health nurses and mobilizing them across the country, the low literacy rate among women meant that there was a continual shortage of women to train. In response, Global Fund resources enabled the country to support local female nursing schools. The enrolment of women in community health nursing programs dramatically increased, and in turn, the number of nurses and midwives in Afghanistan increased from around 200 to 4,500, delivering much-needed services to women and girls across the country.

06 Scaling up human rights services for women and girls

Advancing and protecting human rights is one of the five pillars of the Global Fund's current strategy. More than US\$34 million has been committed since 2014 to specific programs that address human rights barriers to services, including legal and policy barriers, particularly for key populations, including women living with HIV. Botswana, for example, has prioritized US\$500,000 for legal aid services and support to women and girls, including transgender women, who suffer from gender-based violence. They have invested additional resources on legal and policy review and reform advocacy to address barriers to accessing services for adolescent girls and young women. A regional grant to the International Community of Women Living with HIV (ICW) will support women living with HIV in Latin America and the Caribbean to know their rights, advocate for policies that reduce discrimination and gender-based violence, and increase their access to services.

In 2015, the Global Fund launched a Human Rights Complaints Procedure to effectively respond to complaints on violations of any of the five minimum standards on human rights incorporated in the new Framework Agreement. The five minimum standards - which include non-discriminatory access to services, informed consent and respect for the right to privacy and confidentiality - are designed to effectively respond to, and prevent, among other things, gender- and age-based discrimination against women and girls, including transgender women. It will also help prevent initiation of testing and treatment without informed consent in the context of PMTCT, forced sterilization, and the breach of the right to medical confidentiality and privacy of women and girls in Global Fund-supported programs.

The Global Fund recognizes that effective partnership and coordination with technical partners are key to increasing its capacity to effectively identify and respond to human rights barriers, including gender-based violence and discrimination against women and girls. The Global Fund is actively seeking to strengthen its partnerships with technical partners, including the Office of the High Commissioner for Human Rights (OHCHR) who provided valuable technical inputs to the *Global Fund Information Note on Human Rights for HIV, TB, Malaria and HSS grants* and the conceptualization of the Human Rights Complaints Procedure. A meeting with the High Commissioner for Human Rights, Mr. Zeid Ra'ad Al Hussein and the Global Fund Executive Director, Mr. Mark Dybul in October 2015 was part of on-going efforts to establish a coordinated and systematic partnership.

III. Resilient and Sustainable Systems for Health to Better Reach Women and Girls

Approximately one-third of investments by the Global Fund contribute to building resilient and sustainable systems for health. These investments make a significant and positive difference to the health of women and girls through integrated patient-centered services, data management, critical commodities and community responses that address gender inequalities.

01 Scaling up prevention of mother-to-child transmission and other antenatal care services

As already noted, the Global Fund has made a major contribution to the enormous success in PMTCT scale-up. This includes funding across the four prongs of PMTCT, from preventing HIV among women of reproductive age before they get pregnant to comprehensive care for women living with HIV and their families. Increasingly, the Global Fund is supporting countries to implement Option B+, which provides lifelong ARV therapy to pregnant and breastfeeding women regardless of their clinical stage. Option B+ reduces barriers of women living with HIV to initiating treatment, but also enables them to remain on treatment.

Since 2002, 3.1 million pregnant women living with HIV have received services to prevent HIV transmission to their babies.¹² In Kenya, Global Fund and partner support has contributed to 55,400 women receiving PMTCT services, representing more than 70 percent coverage. The recently signed grant aims to increase PMTCT coverage to 90 percent by 2018. This scale-up is enabling significant progress towards an AIDS-free generation, supporting countries towards the elimination of mother-to-child HIV transmission and keeping mothers alive.

Responding to the WHO-recommended prevention strategy for pregnant women in sub-Saharan Africa of intermittent preventive treatment in pregnancy (IPTp); use of insecticide-treated nets; and effective case management of clinical malaria and anemia, the Global Fund is expanding its investments to support malaria in pregnancy interventions as well as to strengthen antenatal care for delivery of malaria in pregnancy services. These investments create ancillary health benefits, such as reducing anemia in pregnancy. For example, in Nigeria, where up to 11 percent of maternal mortality is estimated to be caused by malaria¹³, about US\$15 million will be invested in scaling-up IPTp of three or more doses during antenatal care visits, from 5.8 percent national coverage in 2013 to 50 percent in 2016. This investment will cover 80 percent of the resources needed to achieve the national target.

02 Reaching key populations with critical health services

The funding model has brought an increased focus on investing in key and vulnerable populations, including diverse communities of women and girls. Preliminary results from a Global Fund investment tracking report indicate that approximately 28 percent of key population programming goes to key affected women, including transgender women, female sex workers, women who inject drugs, and female partners of men who have sex with men.¹⁴ The Global Fund will continue to focus on scaling up programs for key populations, and integrating a gendered approach to the design of these services. In Moldova, the Global Fund-supported harm reduction services designed specifically with the needs of women who use drugs in mind. This includes taking into account the location of the clinic to ensure that women feel safe enough to access the services, access to reproductive health services, and comprehensive violence services. The Global Fund is supporting RedLacTrans, the network of transgender organizations in Latin America and the Caribbean, to develop and implement advocacy plans to decrease their gender-related barriers to services, as well as to document and address human rights violations amongst transgender people.

¹² Global Fund Results Report 2015.

¹³ Nigeria National Malaria Strategic Plan 2009-2013

¹⁴ DRAFT Key Populations Investment Tracking Report 2015 (under development).

03 Integration of HIV and TB and other health services

Under the new funding model, the Global Fund required integrated TB-HIV concept notes from the 38 countries with the highest co-morbidity of TB and HIV, thus bringing together TB and HIV actors and fostering joint planning and implementation. For example, in Kenya, the Global Fund has provided funding for the integration of TB screening services into PMTCT programs, which have been incorporated into the antenatal care platform. This has resulted in a 43 percent increase in the number of women screened for TB during antenatal visits where HIV testing services are also provided.

04 Integration across health Issues impacting women and children

The Global Fund supports integrated service delivery in the area of RMNCAH. It is estimated that between 2003 and 2010, the Global Fund contributed US\$3.12 billion to maternal, newborn and child health overall. Over 90 percent of the funding requests for RMNCAH interventions have come from low-income, high-burden countries, where women, children and adolescent girls are among the most vulnerable to HIV and malaria infection. The Global Fund continues to explore how to use integration platforms to improve the overall health of women. With decision point GF/B33/DPO8 on co-infections and co-morbidities by the Global Fund Board at its Thirty-Third Meeting in April 2015, funding on cervical cancer screening and early treatment programs is something that can be supported in concept notes.

In Ethiopia, the Global Fund is one of the biggest contributors to the health extension workers program, filling about 30 percent of the total resource needs. The new health system strengthening grant signed in 2015 includes a US\$16.3 million investment for the health extension worker program, and an additional US\$12 million invested in the delivery of HIV and TB services by health extension workers at the community level. This investment includes scale-up of a pilot project that worked with health extension workers to bring TB diagnosis to the community level, significantly increasing the number of women diagnosed with TB. Among those screened by health extension workers for TB, 53 percent of smear-positive TB cases diagnosed were women, which is much higher than the national share of women among smear-positive TB cases (45 percent).¹⁵ The program is also enabling 38,000 women to earn salaries, get trained in disease and maternal and child health responses, and gain respect from the community they serve – an important contribution to transforming gender roles in the community. Health extension workers continue creating demand for PMTCT services by reaching out to pregnant women at the community level and referring to them to antenatal clinics with PMTCT services. The program contributed to the sharp increase of ARV therapy coverage among pregnant women, from 2 percent in 2009 to 55 percent in 2013.

The Global Fund has entered into new partnerships to better respond to the challenge of integrating disease programs with RMNCAH programs. It is partnering with the World Bank to support selected countries to expand access to essential health services for women and children through facility-level performance-based financing. For example, in the Democratic Republic of Congo, partners are working together with the government to expand performance-based financing programs to cover larger geographical areas, and to ensure essential health commodities reach populations most in need, particularly women and children. The Global Fund supports the provision of essential malaria test kits and drugs as well as TB/HIV commodities to health facilities. The United Nations Children's Fund (UNICEF) and GAVI complement this support by focusing on child health services and critical commodities. The World Bank supports the design and management of the performance-based financing program and the verification of results.

¹⁵ Yassin et al.(2013) Innovative community-based approaches doubled tuberculosis case notification and improve treatment outcome in Southern Ethiopia

Another important partnership for integration is with the Global Financing Facility (GFF), which recently joined global efforts to end preventable maternal, newborn, child and adolescent deaths by 2030 through increased financing for RMNCAH. The Global Fund worked closely with key partners in the development of the GFF, particularly in the preparation of the business plan and in engagement with the four focus countries (Democratic Republic of Congo, Ethiopia, Kenya and Tanzania). The Global Fund supports the GFF's efforts to finance RMNCAH at scale through the mobilization of increased domestic financing. It also supports the vision to drive learning and innovation in relation to effective financing approaches, with the goal of financial sustainability for RMNCAH and the health sector more broadly.

05 Gender-responsive information systems and data management

Strong health management and information systems with sex and age data disaggregation are essential for understanding epidemics and ensuring the right investments, in the right places, for the people that need them. The Global Fund is working with many partners to support the collection of critical sub-national data, including increasing the quality of data for critical services for key populations and specific sub-groups, and data disaggregated by sex and age relevant to the epidemic/country context. Availability of such sex- and age-disaggregated data is essential in order to enable Global Fund investments to monitor trends in reducing gender-based gaps for women and girls.

The Global Fund is investing in improving national data systems in some 50 countries. In South Sudan, Global Fund support allowed the country to build a health management information system platform customized to function with its poor telecommunications infrastructure. As a result, 100 percent of states have reported results into the national system, including sex-disaggregated data.

In addition to country-level investment in health information systems, the Global Fund will collect sex- and age-disaggregated data, where available, to be reported in all grants that were agreed under the funding model for key impact and outcome indicators (aligned with WHO and UNAIDS strategic information 2015 guidelines). These data will help the country, as well as the Global Fund Secretariat, to manage investments and reprogram as necessary, based on strategic data analysis.

The Global Fund Secretariat has launched a process to work with technical partners to review and revise its data systems so that they are better able to capture, verify and use data. An important part of this review focuses on how tools such as the concept note, the modular templates and the grant-making forms include sex and age disaggregation, as well as how to track interventions related to advancing gender equality. With support from the Karolinska Institute, the Secretariat is also looking at key performance indicators relevant to addressing gender equality, and scaling up programs for women and girls. One element of this work is to assess the data readiness of countries to produce disaggregated data. These processes will result in better indicators that drive programming, and systems better equipped to produce the programmatic and investment data needed for decision-making.

06 Commodity management: essential medicine and supplies for women and girls

With approximately 50 percent of the Global Fund's total investments supporting procurement of medicines, health products and equipment, procurement and supply chain management is and will remain a central feature of the Global Fund's efforts. Working closely with UNICEF, the United Nations Population Fund (UNFPA), the World Bank and, more recently, the GFF, the Global Fund invests significantly in integrated delivery of services close to people in need. A Memorandum of Understanding was signed with UNICEF in April 2014 to maximize the availability of essential non-HIV, TB and malaria medicines and commodities for pneumonia and diarrhea treatment for iCCM and to strengthen the antenatal care platform (i.e. through the provision of iron, folic acid, deworming pills, syphilis screening and treatment for pregnant women) in ways

that complement Global Fund's inputs. There are currently twenty-five priority countries for the Global Fund-UNICEF partnership. Similarly, an agreement signed in August 2014 with UNFPA seeks to maximize the availability of essential medicines and commodities to women as a complement to Global Fund grants. Thirteen priority countries have been selected for the initial implementation phase. Together, both Memoranda of Understanding are generating further co-investments in RMNCAH that benefit women and girls.

07 Community systems and responses to reduce vulnerability and to improve access for women and girls

Effective community systems and responses are an essential component of national efforts to respond to the three diseases. This is particularly the case for communities that have difficulties accessing public health clinics and hospitals, which, in many contexts, includes women and girls. Community responses must also be embedded within the strategies and implementation arrangements of grants, as they play a critical role in ensuring services reach excluded people and that approaches are addressing social and cultural gender barriers. In India, the Global Fund supports the Pehchan Program, building the capacity of community-based organizations of transgender individuals in 17 states to be more effective partners in the government's HIV prevention program. This is leading to increased coverage and demand for health services, as well as decreased risk behavior. In both the Congo (Democratic Republic) and Nigeria, the Global Fund provided additional technical support to ensure gender concerns were mainstreamed in the new TB/HIV grant, paying particular attention to addressing gender-based violence through effective engagement of women-led community organizations.

IV. Gender-responsive Funding Model

Gender-responsive policies and processes are essential to ensuring diverse and meaningful participation of women and girls, and effective and diverse governance that will lead to smart investments. Taking this into account, the current funding model is designed to maximize quality investments in programs that reach women and girls with critical services.

01 Integrating gender in national health strategies

Investing effectively to achieve better health outcomes for women and girls requires supporting the development and implementation of gender-responsive national health strategies and national disease strategic plans. In some cases, the Global Fund has invested in national processes and tools to achieve better investment outcomes for women and girls. In Lesotho, the Global Fund supported the development of the 2013 National Guidelines for PMTCT of HIV, as well as related tools that promote the inclusion of HIV counseling and testing, TB screening, provision of ARV therapy, family planning, sexually transmitted infection management and other services in the RMNCAH setting.

In many countries, the Global Fund works collaboratively with technical partners to integrate gender into the national decision-making processes. Since 2014, the Global Fund has worked closely with UNAIDS to develop a gender assessment tool for HIV. This tool has been used to support more than 40 countries undertaking gender assessment to inform the development of the national strategic plans and concept notes. In 2014, the Global Fund supported the Stop TB Partnership in the development and piloting of a complementary TB component in the UNAIDS gender assessment tool to enable undertaking of joint TB/HIV gender assessments. Five countries undertook TB gender assessments in 2014-2015 for the first time in their TB response histories, to inform concept note development as well as grant implementation.

02 Gender-responsive Global Fund policies

The governance, policies and processes of the Global Fund take gender equity into consideration, and work toward increasing the meaningful engagement of women. At the Secretariat level, there is regular monitoring of the gender balance of staff at different salary and grade levels, as well as surveys to explore any gender-related differences in staff motivation and satisfaction. As a result of these surveys, the Secretariat has initiated proactive strategies towards addressing work-life balance issues that were impacting women more than men. A gender and human rights component is being added to the onboarding training for all new Global Fund staff. Further, a programmatic gender and human rights training is being developed by the Grant Management division and the Community, Rights and Gender department.

The Secretariat has also taken steps to ensure that its procurement and supply chain policies and procedures do not violate human rights, and promote women's rights when possible. The Secretariat is adopting a clear Supplier Code of Conduct, prohibiting discrimination and harassment in all forms. Core suppliers are now proactively evaluated to determine whether they have the foundational policies and systems in place to prevent and respond to harassment, discrimination, or other abuse of women. For the procurement of insecticide-treated nets, the Sourcing department requires all manufacturing sites to have policies on discrimination and harassment, all-female sexual harassment committees to hear issues from women workers, and records to support regular committee meetings and resolution of issues.

At the country level, the funding model requires a robust and inclusive country dialogue to inform the design of the concept note. Countries are required to describe how key populations, including key affected women, are involved in country dialogues.

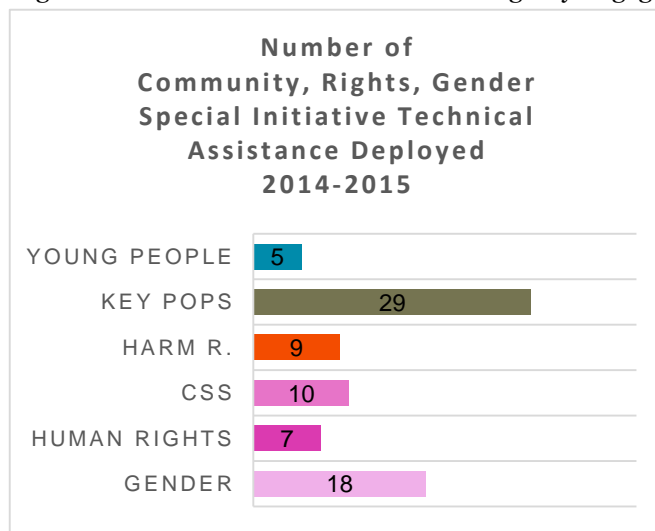
As part of the reforms to scale up programs targeting women, analysing the gender dimensions of the epidemic and disease responses and the gender-related barriers to accessing health services is an obligatory component of the concept note. Country Coordinating Mechanisms now have guidelines for inclusion of expertise on gender and for striving toward equal representation of men and women in Global Fund-related decision-

making. As of 2015, Country Coordinating Mechanisms must have at least 30 percent representation of women. The current level of female representation across all Country Coordinating Mechanisms is 40 percent, increased from 34 percent in 2010. While there is substantial room for improvement, there is progress not just in the number of women but also how women are meaningfully engaged. The number of Country Coordinating Mechanisms chaired by women, for example, increased from 28 in 2010 to 37 in 2015.

The Secretariat continues to regularly assess Country Coordinating Mechanisms for a range of governance and programmatic issues, including their capacity to design and oversee programs promoting gender equity. A gender training module is being developed to be incorporated in all Country Coordinating Mechanism induction trainings as of 2016. The United Nations Development Programme (UNDP) is working in concert with the Secretariat and the Country Coordinating Mechanism in Namibia to pilot more intensive gender and human rights support to the Country Coordinating Mechanism. If successful, it may be something to implement in other countries in the region.

03 Involving women and girls in designing, implementing and reporting on the response

Since its foundation, the Global Fund has recognized and championed the vital role of communities. Civil society partners have worked to develop the capacity of gender advocates and women to meaningfully engage in country dialogues. Bilateral and technical partners (including the German BACKUP Initiative, Stop TB Partnership, UNAIDS, WHO, UNDP and UN Women) have been instrumental in increasing the meaningful engagement of gender advocates in Global Fund processes at the country level. With the support of the German BACKUP Initiative, women’s organizations and gender advocates in South Africa, Malawi and Uganda are meaningfully engaging in country dialogues and concept note development processes.¹⁶ In Uganda, they were able to successfully advocate for a gender technical working group that provided technical inputs on how to address gender-related barriers to services throughout the concept note development process. In South Africa, women’s sector representatives played central roles in integrating gender into the concept note, which now has more than US\$50 million for HIV prevention programs targeting adolescent girls and young women.



Through the Community, Rights and Gender Special Initiative, the Global Fund is investing US\$15 million to increase the capacity of civil society to engage in the Global Fund processes. The CRG Special Initiative consists of three components: 1) short-term technical support for country dialogue, concept note development and grant-making; 2) a partnership with the Robert Carr Civil Society Networks Fund (RCNF); and 3) regional communication and coordination platforms.

Nearly 25 percent of all short-term technical support deployed through the CRG Special Initiative was to inform the development of sound gender-responsive interventions for concept notes (mostly for HIV or HIV/TB), including helping women’s groups to engage in country dialogue. Through the Global Fund/RCNF partnership, civil society groups such as the Global Network of Sex Work Projects (NSWP) and the International Community of Women Living with HIV (ICW) have received support to conduct regional

¹⁶ Athena Network Briefing Paper: *Global Fund Advocacy in Action – What are we learning from women around the rollout of the new funding model.*

trainings for their constituencies on meaningfully engaging in Global Fund processes at the country level. The International Network of People Who Use Drugs (INPUD) has used resources from the CRG Special Initiative to recruit a Women's Policy Officer to advocate for improved services for women who inject drugs.

The regional platforms - aiming to strengthen coordination and communication between civil society organizations – present an opportunity to connect women's groups to broader health advocacy work. The platforms will provide context specific information on Global Fund processes and related technical resources in the following six regions: Anglophone Africa, Asia and the Pacific, Eastern Europe and Central Asia, Francophone Africa, Latin America and the Caribbean and Middle East and North Africa.

04 Strengthening partnerships and innovative collaboration

The Global Fund relies on the active engagement of and collaboration with a range of partners – including implementing countries, governments, donors, civil society, the private sector, foundations, representatives of communities living with the three diseases, the UN and other technical partners. Without country presence, the Global Fund relies on partners to provide necessary support for integration of evidence-based, gender-transformative interventions into concept notes and grant implementation.

As the Global Fund increases investments in tailored approaches for adolescents, it is also developing partnerships to amplify the impact. The Global Fund sits on the leadership committee of All-In to #EndAdolescentAIDS initiative, a multistakeholder partnership galvanizing attention and action around HIV prevention and treatment services for adolescents. The Global Fund coordinates with PEPFAR on the recently launched DREAMS initiative, aiming to reduce HIV incidence among adolescent girls in the highest-prevalence settings. The Global Partnership for Education, the World Bank, DFID, and NORAD are also working with the Global Fund to find new ways to approach comprehensive prevention programs for adolescent girls in Eastern and Southern Africa. High-level commitments from the Global Fund were included to support the recently launched *Every Women Every Child* strategy.

Civil society groups are key partners in the implementation of the Global Fund's Gender Equality Strategy, and in pushing for the integration of gender in the Strategy Framework 2017-2022. Women 4 Global Fund has carried out six trainings with diverse groups of women from different regions on the funding model, giving grass-roots women the resources and tools to meaningfully engage. They also connect women from different constituencies to an advocacy network focused on Global Fund processes. Groups like the ICW and the NSWP participate on the Secretariat's Community, Rights, and Gender Advisory Group and are also recipients of network strengthening support through the CRG Special Initiative. They are using these funds to train their network members on Global Fund processes, and develop the capacity of their members to engage with impact at the country level. The Global Fund is forging new partnerships in the areas of women and children's health, such as with the Partnership for Maternal, Newborn and Child Health (PMNCH). The Global Fund used the occasion of the 59th Commission on the Status of Women to partner with the International Women's Health Coalition to host a community consultation on the Global Fund Strategy 2017-2022 with gender advocates from around the world.¹⁷

¹⁷ International Women's Health Coalition (IWHC). *Community Consultation on Gender Equality and the Global Fund*; June 2015; Women4Global Fund and International Community of Women Living with HIV. *Advocacy Brief: Prioritising Gender in the Global Fund Strategy 2017-2021*.

V. Conclusion

The Global Fund is improving the health of women and girls around the world through strategic investments and country-driven process grounded in principles of equity and inclusiveness. The recently launched Sustainable Development Goals re-emphasize the critical importance of gender equality and the empowerment of all girls and women, and commit to ending the epidemics of HIV and TB, and malaria by ensuring healthy lives and the promotion of well-being for all at all ages. The Sustainable Development Goals will guide economic, environmental and social initiatives for the next 15 years, and their success will in large part hinge on how well they promote equality, including gender equality. The Global Fund remains fully committed to advancing gender equality as a critical part of its mission, and knows that we will fail to end the epidemics if we don't. The strategic vision of the Global Fund is aligned with the Sustainable Development Goals, elevating gender equality as a strategic objective in the proposed strategic framework for 2017-2022, with increased focus on addressing inequities in access to health care and reducing vulnerability to disease.

Globally, there are decreasing rates of new HIV infections among women, decreasing death rates among women and increasing coverage of critical services for women and girls. However, far more needs to be done to end the epidemics, and to reach all girls and women with critical services. The Global Fund is committed to scaling up innovative and comprehensive prevention services for women and girls, particularly where they are bearing a disproportionate burden of disease. Through advancing strategic and innovative partnerships, the Global Fund is better able to support in-country stakeholders to design and implement gender-responsive interventions. This includes more robust and diverse partnerships with civil society to expand the participation of women in decision-making processes, and in designing and implementing health services that meet the specific needs of women and girls to end epidemics.