Advancing Gender Transformation and Human Rights Beyond Rhetoric:
A call from participants and collaborators of Women4GlobalFund global workshop¹ to the Global Fund
Secretariat, Board, Technical Partners, Donors, and Implementing Countries

Gender equality and human rights are central to ending the AIDS, TB and malaria epidemics. Women4GlobalFund (W4GF) and partners celebrate the enshrinement of Strategic Objective: “Promote and Protect Human Rights and Gender Equality” in the Global Fund 2017 – 2022 Strategy. We stand with the Global Fund in the belief that investments in gender equality and human rights are essential towards ending the three diseases. We thereby call on the Global Fund Board and Secretariat, and other duty bearers to operationalise the new Strategy rhetoric into reality by funding, implementing, and supporting, through appropriate indicators and institutionalised corporate policies and programmes towards gender transformation and advancement of human rights.

Taking stock of successes and failures against previous strategies, noting obstacles and challenges, we urge the Global Fund to revisit its undelivered commitments under its Gender Equality Strategy and its Action Plan, Sexual Orientation and Gender Identity (SOGI) Strategy, and Key Populations Action Plan. We likewise draw the attention of the Global Fund to persisting and underlying challenges² in the work of gender equality and human rights advocates, and highlight key obstacles, which particularly hinder the capacity of communities and civil society to effectively engage in Global Fund-related processes, including Country Coordinating Mechanisms (CCMs):

1. Gaps in data, including epidemiology, disaggregation by gender, aged, and key populations; lack of support for community monitoring, data collection, and validation;
2. Punitive laws and policies, as well as cultural or religious practices and beliefs against women and key populations;
3. Bureaucratic and non-transparent CCMs, National Strategic Plans (NSPs), and Global Fund-related country processes, structures, and systems; the under-representation, or lack of meaningful representation of women and key populations in these structures and processes;
4. Vertical and highly medicalised approaches to HIV, TB and malaria programmes and interventions;
5. Lack of access to technical and financial resources – including for community mobilisation, capacity development, and advocacy for women and key population communities and civil society groups;
6. Lack of meaningful and effective platforms and mechanisms for community and civil society coordination within and across the three diseases, and for communities and civil society to coordinate and meaningfully engage with other stakeholders, including governments; and
7. Lack of accountability mechanisms for communities and civil society to seek accountability and action from ineffective CCMs or Global Fund country teams.

Noting that none of the above challenges are new, we draw caution against the Global Fund doing business as usual, especially where gender equality and human rights are concerned in the 2017 – 2022 Strategy. In the operationalisation of the new Strategy, we call on related stakeholders/partners of the Global Fund that have the influence, resources and/or mandate to initiate change that:

1. increases involvement of and access to critical services for women, girls and all key/vulnerable populations across HIV, TB and malaria; and
2. Enhances, increases, sustains, and monitors the impact of programmes and interventions that have been independently validated as being gender transformative and promoting and protecting human rights.

Recommendations for moving forward
The Global Fund Secretariat and/or Technical Partners to:

1. Work with countries to strengthen and support robust data collection in a rights-based environment ensuring justice necessary for programmatic responses needed to realise the Global Fund Strategy 2017 – 2022 Strategic Objective 3. The lack of robust systems for collecting the needed data across the three diseases

¹ The workshop “Supporting Gender Equality and Human Rights Champions in Global Fund Country Processes” was held from 29th June through 1st July 2016 in Bangkok, Thailand, and organised by W4GF with the support of Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, VIV Healthcare, Communities Delegation to the Board of the Global Fund, and hosted by APCASO. The participants included communities living with HIV and/or affected by TB and malaria from diverse country contexts, backgrounds, experiences, with several working in Challenging Operating Environments (COEs). All represent or work directly with women and girls, and men and boys who are uniquely and highly vulnerable to HIV, TB and malaria. Participants are from (or work with) communities of Key Populations – including men who have sex with men (MSM), Transgender people, People who Use Drugs, Indigenous People, prisoners, miners, migrants, and affected TB and malaria communities.
² Please see Annex A for details.
2. Develop a simple and reliable tool that enables community and civil society organisations to collect comprehensive and independent data independently of government for monitoring the implementation of Global Fund programmes across the three diseases to effectively collect age- and sex-disaggregated data across the three diseases.

The Global Fund Secretariat, Technical Partners, Countries and donors to:

1. Fund networks and organisations of women and key populations, including for mobilisation, service delivery, monitoring, and advocacy. This should never be seen as only within the ambit of Global Fund funding, but rather as a shared responsibility of stakeholders and governments as they move towards greater and increased domestic investments for their HIV, TB, malaria, and health systems responses. Investments in strengthening community responses will contribute towards the reforms of CCMs, and allow for the advocacy towards more transparent and less bureaucratic Global Fund and related country processes and structures.

2. Develop accountability mechanisms for the performance of Fund Portfolio Managers (FPMs) and country teams to ensure that they provide the necessary support and guidance to communities and civil society implementers, and for truly gender transformative and human rights-based programming. We strongly encourage for this could be integrated within their performance assessments.

3. Earmark or provide clear allocations and strong guidance to encourage concept notes to apportion funding towards gender equality and human rights, within country and regional grants, and other special initiatives.

The Global Fund Board to:

1. Improve Global Fund policies and guidance notes on human rights and gender equality and for them to be packaged and communicated more effectively to be utilised by communities and civil society.

2. Sustain financial support towards Community, Rights and Gender (CRG) Special Initiatives, including expanding CRG TA beyond grant-signing, and financial support towards the regional coordination and communications platforms.

Implementing countries to:

1. Work with community, women’s and key population groups to end stigma and discriminatory impacts of laws, policies and cultural traditions that harm and/or disadvantage individuals from communities of key/vulnerable populations and the public health system. Concrete developments could lead to improved health systems and greater progress toward reducing the economic and social impact of HIV, TB and malaria.

2. Work closely in a transparent and accountable manner with the Global Fund Office of the Inspector General (OIG) to ensure timely redress of Global Fund audit queries and adhere to recommendations for meaningful and impactful outcomes for communities.

The new Global Fund Strategy 2017 – 2022 brings exciting and new opportunities, alongside a refreshed mandate, for the Global Fund to through the programmes and interventions it funds, advance human rights and gender equality as a means to ending the three diseases. Failing to effectively realise the human rights and gender equality strategy objective would mean failing women and girls, men and boys, and key and vulnerable populations across the three diseases first and foremost, and resulting in ineffective and non-maximised investments and non-sustainable responses.

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For more information, please contact Rachel Ong, Global Coординator, Women4GlobalFund (W4GF) – rachel@women4gf.org, www.women4gf.org or https://www.facebook.com/women4globalfund/

Women4GlobalFund (W4GF) is a dynamic and global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and specific needs of women and girls in all their diversity.
ANNEX A: Challenges and Obstacles identified by Workshop Participants

Information, knowledge and awareness
1. Capacity-building gaps and limitations, ranging from limited technical and financial resources to lack of ability to collect and review community-validated data to language gaps. All these limit women’s, key and vulnerable populations’ involvement, influence and strength on CCMs and in other processes.
2. Insufficient epidemiological and other data, especially regarding women in all their diversity and key populations. Effective and focused programming is impossible without this grounding.

Policies and systems
1. Punitive legal environments, including laws and policies that criminalise diverse sexual behaviour and gender expression. Particularly in such contexts, it is difficult to offer critical prevention, treatment or other services or to reduce the harmful impacts of stigma and discrimination.
2. Obstructive bureaucracies and entrenched power centres, usually dominated by men. Moreover, health professionals are often highly medicalised and focused on prescribing pills instead of providing holistic health in an integrated manner, especially when evidence clearly shows a holistic health system and services is the only approach to provide effective HIV, TB and malaria prevention, care and support.
3. Cultural traditions and religious beliefs that directly and indirectly discriminate against and stigmatise women and girls and key populations. Many therefore have limited opportunities to access vital health and other services (as they have a right to do); to overcome harmful stereotypes; and to meaningfully participate in decision-making tables.

Participation
1. Weak or limited coordination. Civil society stakeholders often fail to coordinate successfully among themselves to develop shared, unified positions and strategies to influence CCMs and other Global Fund processes such as monitoring. Cooperation and coordination needs to be also strengthened amongst civil society and other stakeholders, including with governments.
2. Weak programme and system integration. HIV, TB and malaria programmes are rarely integrated, and even more rare when they are integrated across different health services in a health system. Evidence clearly shows that holistic structures deliver better care and support and is underscored by real-world observations that people living with HIV are 50 times more likely to develop TB annually than their HIV-negative counterparts.
3. Underrepresentation in all Global Fund processes. Women and key populations continue to face barriers to full, consistent and meaningful representation on CCMs and in other critical country-level Global Fund structures and processes.