REPORT OF THE WORKSHOP ON SUPPORTING GENDER EQUALITY AND HUMAN RIGHTS CHAMPIONS IN GLOBAL FUND COUNTRY PROCESSES

Bangkok, Thailand
28 June to 1 July 2016
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<tr>
<td>ART</td>
<td>Antiretroviral treatment</td>
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<tr>
<td>CCM</td>
<td>Country coordinating mechanism</td>
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<td>GES</td>
<td>Gender Equality Strategy</td>
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<td>Global Fund</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>NSP</td>
<td>National strategic plan</td>
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<td>PR</td>
<td>Principal recipient</td>
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<td>SOGI</td>
<td>Sexual orientation and gender identity (Global Fund strategy)</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>UNAIDS</td>
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Executive Summary

Forty people, including 17 community advocates from 10 countries, gathered in Bangkok for a workshop in late June 2016 to discuss gaps, challenges and opportunities around Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) programming from a human rights and gender perspective. The participants, mostly women, included a wide range of people living with or affected by HIV, TB or malaria. The workshop was co-organised by Women4GlobalFund (W4GF) and the Communities Delegation to the Board of the Global Fund, supported by the Stop TB Partnership and the Global Fund, and hosted by APCASO.

The workshop’s main overall goal was to raise awareness among representatives of local community, women’s and key population organisations on critical issues associated with Global Fund programming in their countries. In particular, the focus was on identifying challenges to programmes and across all Global Fund processes in regards to gender equality, human rights and meaningful participation by people living with and affected by the three diseases. The following were among the areas and issues that participants identified as challenging in their human rights and other programming efforts:

- **Lack of capacity** for community, key population and women’s organisations to participate effectively in Global Fund processes or to build and sustain support and services for their constituencies. Participants mentioned capacity constraints in many areas, from being able to read and understand Global Fund documents (which are usually available only in English) to difficulties in representing constituencies with varying needs and levels of experience.
- **Lack of sufficient and reliable epidemiological and other data**, especially regarding women and key populations.
- **Hostile and punitive legal environments**, including laws and policies that criminalize key populations and promote stigma and discrimination.
- **Bureaucratic and opaque governments and donors**.
- **Weak or limited coordination** among community and other civil society groups working on similar issues in a country.
- **Lack of meaningful participation** of women and key populations on country coordinating mechanisms (CCMs) and in Global Fund country processes.

The workshop comprised a series of informational and brainstorming activities—including plenary discussions, presentations and group work—in which the following were also discussed extensively:

- The concepts and ideas around the term ‘gender’ and why they matter in Global Fund and other work and should be applied in Global Fund programming
- Detailed overview and discussion of *human rights*, including what they are, how they are assessed and monitored, and their connection with health programming and services.
- An overview of Global Fund structures and processes, including the composition and responsibilities of the Global Fund Board and its main committees; its allocation model and grant making process; and the new Global Fund Strategy (2017–2022). Substantial attention was given to the ways in which civil society and community groups can
influence the grant making process, including through National Strategic Plans (NSPs), CCMs and country dialogue.

The information sessions were followed by a series of comprehensive and extensive sessions centred on effective advocacy tools, strategies and communications. They included simple and clear descriptions of what constitutes advocacy; how, when and why it is effective; and how participants might train and prepare themselves to be better and more influential advocates. These sessions involved substantial role-playing in an effort to highlight ‘real world’ experiences. Most participants also attended a special optional session devoted to existing gender-assessment tools.

The workshop concluded with two sessions in which participants began setting organisational and personal goals for their future Global Fund–related work. What they identified during action planning and detailing personal commitments is expected to help guide their advocacy priorities as they continue to build their knowledge and skills regarding gender and the Global Fund.

One immediate outcome from the workshop was a statement prepared primarily by a working group of participants during the Bangkok workshop and finalized shortly thereafter. This outcomes statement was formally delivered to intended beneficiaries—including the Global Fund Secretariat, its Board, its technical partners, donors and implementing country governments—in early July 2016. The statement summarizes key advocacy priorities discussed at the workshop and includes a list of strategic recommendations aimed at improving gender and human rights priorities across all Global Fund structures and processes.

In general, participants called on stakeholders/partners of the Global Fund that have the influence, resources and/or mandate to initiate change that:

- increases involvement of and access to critical services for women, girls and all key/vulnerable populations across HIV, TB and malaria; and
- 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.

1 More information on the workshop and the outcome statement is available [here](#).
1. Introduction and Overview

Forty people, including 17 community advocates from 10 countries, gathered in Bangkok for a workshop in late June 2016 to discuss gaps, challenges and opportunities around Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) programming from a human rights and gender perspective.

The workshop, from 28 June to 1 July, was co-organised by Women4GlobalFund (W4GF) and the Communities Delegation to the Board of the Global Fund, supported by the Stop TB Partnership and the Global Fund, and hosted by APCASO.

The participants, mostly women, included a wide range of people living with or affected by HIV, TB or malaria. They came from diverse country contexts, backgrounds and experiences, with several based in challenging operating environments (COEs) such as South Sudan. All represent or work directly with women and girls, who are uniquely and highly vulnerable to HIV, TB and malaria. All also work with—and many are members of—one or more of the three diseases, including sex workers, men who have sex with men (MSM), transgender individuals, people who use drugs, indigenous people, prisoners, miners, migrants and young children. As self-reported in a pre-workshop survey, more than half had served on a country coordinating mechanism (CCM) or been directly involved in other Global Fund processes and structures, such as participating in country dialogues or serving as a sub-sub-recipient (SSR).

Also attending all or part of the workshop were 16 resource and support personnel, among them representatives from the Global Fund Secretariat, the Stop TB Partnership, UNAIDS, Malaria No More, the Global Coalition of Tuberculosis Activists and APCASO. Several of them facilitated sessions and/or delivered presentations on relevant topics including the current Global Fund structure and CCM-specific issues; an overview of gender and human rights concepts from international and local perspectives; and advocacy tools and opportunities. (Annex 1 contains a full list of all participants.)

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2 The workshop organisers invited two participants from each country identified, with the exception of Bolivia. The pairs did not work at the same organisations in their country and often did not know each other beforehand and/or had widely varying backgrounds across the Global Fund spectrum and issues concerning key populations.
1.1 Main goal and objectives

The workshop’s main overall goal was to raise awareness among representatives of local community, women’s and key population organisations in a wide range of countries on critical issues associated with Global Fund programming in their countries. In particular, the focus was on identifying challenges to programmes and across all Global Fund processes in regards to gender equality, human rights and meaningful participation by people living with and affected by the three diseases.

The following objectives were specified at the beginning of the workshop:

1. To strengthen the capacity of HIV, TB and malaria community and civil society gender advocates to engage in CCMs as well as relevant country processes, including national strategic plans (NSPs) development and country dialogues;
2. To sharpen the advocacy skills of W4GF advocates on rights-based and gender-transformative HIV, TB and malaria programming;
3. To foster solidarity and support among gender advocates engaged in CCM processes within and across countries and the three diseases; and

The workshop included three main types of activities:

- informational (through presentations and plenary discussion);
- brainstorming and feedback (through working groups); and
- full-group exercises using a range of interactive techniques such as role-playing. These exercises were designed to prompt participants to consider and examine their knowledge and opinions about key populations, gender issues and constructs, and opportunities to support positive change.

The informational activities sought primarily to give some essential background on the Global Fund; gender and human rights concepts and standards; and potentially useful advocacy tools. In working groups, participants identified and applied their context-specific challenges and opportunities in an effort to share experiences and learn from others; to develop potential strategies to increase and enhance their engagement in Global Fund processes; and to set personal and organisational goals correlated with the W4GF mandate.

1.2 About this report

This report is not intended to be an in-depth account of all workshop proceedings. Instead, it provides a basic summary of presentations, discussions and working group inputs over the four main days of the workshop (28 June through 1 July 2016). The intention is to capture and refer to some of the main observations and priorities noted, with particular attention given to those highlighted by workshop participants.
The report is structured as follows:

- **Section 2. Information and awareness**: Participants’ sharing of challenges and roadblocks in their countries and detailed background information on the core themes of the workshop, including gender, human rights, and how the Global Fund is structured and operates
- **Section 3. Advocacy tools and opportunities** for improved, collaborative work
- **Section 4. Next steps**: setting organisational and personal goals to deliver priority change

This report also contains a full list of participants (Annex 1) and the final text of an outcomes statement prepared by participants and released shortly after the workshop concluded (Annex 2). The outcomes statement includes a summary of challenges and obstacles identified by participants as well as priority recommendations specifically targeting the Global Fund Secretariat; its three main technical partners (the Joint United Nations Programme on HIV/AIDS [UNAIDS], the Stop TB Partnership, and Roll Back Malaria); and implementing country governments.

Background material is available at on a Dropbox link shared with participants here. It includes the full text of many of the presentations and other supporting material.

### 2. Background Information and Observations

Participants came from far more diverse contexts than previous W4GF workshops and had widely varying knowledge and experience regarding the four main workshop components: the three Global Fund priority diseases, gender, human rights, and Global Fund structures and processes.

A substantial portion of the workshop therefore focused on information and awareness—from two perspectives, those of participants and resource personnel. Participants had an opportunity to share their needs and challenges with their fellow advocates and resource personnel, an important activity for future coordination and collaboration. In addition, presentations delivered by resource personnel and plenary discussions were used to build a core baseline of understanding about the key workshop components. Summaries of individual informational and ‘getting to know you’ sessions are presented below in Sections 2.1 through 2.5.

#### 2.1 Challenges and roadblocks identified by participants

Through group work, participants discussed challenges and roadblocks they regularly faced in their advocacy and service-delivery work, both directly associated with the Global Fund and beyond. The exercise allowed them to share their own experiences and needs and to learn more about what others face in different environments.

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3 Documents and background information are available at https://www.dropbox.com/sh/grfquaqiyaeflhg/AAACjjeP_fppFYZ-4lC-Mwz7a?dl=0.
Several common themes emerged during each group’s presentation and subsequent plenary discussions. The following were among the areas and issues that were challenging to many participants in their human rights and other programming efforts.

- **Lack of capacity** for community, key population and women’s organisations to participate effectively in Global Fund processes or to build and sustain support and services for their constituencies. One result is **under-representation of women and key populations** on CCMs and other critical country-level Global Fund structures and processes, including country dialogues, concept note writing, and monitoring and evaluation (M&E) mechanisms.

- **Lack of sufficient and reliable epidemiological and other data**, especially regarding women and key populations. Civil society and community groups often do not have the resources and ability to collect vital data on their own. In some cases, governments withhold and manipulate data.

- **Cultural traditions and religious beliefs** that harm women and key populations and prevent them from being heard or obtaining important health services and support.

- **Hostile and punitive legal environments**, including laws and policies that criminalize key populations and promote stigma and discrimination.

- **Bureaucratic and opaque governments and donors**. Community-based advocates and organisations face too many restrictions and complicated and time-consuming requirements (e.g., around paperwork).

- **Weak or limited coordination** among community and other civil society groups working on similar issues in a country. The lack of common messages and objectives limits advocacy and policy-change effectiveness.

- **Lack of integration**—among HIV, TB and malaria programmes; across overall health systems; and more broadly across the many social, economic and health areas needed for comprehensive, holistic care and support for people living with or affected by one or more of the three diseases.

During plenary discussion, many comments from participants stressed the **lack of meaningful participation** of women and key populations on CCMs and in Global Fund country processes. Several emphasized **capacity constraints** in many areas, from being able to read and understand Global Fund documents (which are usually available only in English) to difficulties in representing constituencies with varying needs and levels of experience. Others noted that the group work reminded them of the importance of **learning from each other**: even though many came from diverse contexts, many of the challenges were similar and together they brought useful perspectives and ideas.
2.2 Overview and trends for the three Global Fund priority diseases

The workshop included a brief session in which experts on each of the three Global Fund diseases provided basic information about transmission and risk; current epidemiological trends; prevention and treatment developments; and notable priorities, challenges and opportunities. The rationale for this session was that many community and Global Fund advocates focus only on one of the diseases and thus often have limited understanding of one or both of the other ones. Such gaps in awareness reduce effective opportunities for integration and coordination in the civil society and community sectors in particular.

Listed below are samples of some key points and observations made in presentations about the three diseases and in following plenary discussions.

**Tuberculosis**

- One third of all the world’s people are infected with TB. Most have no symptoms and are not infectious, a condition known as ‘latent’ TB. Around 5 or 10 percent of those people do get sick, however, and then are considered to have ‘active’ TB. Scientists and medical researchers do not know what triggers this transition, but it is more likely to happen among people with relatively weak immune systems (such as people with untreated HIV).

- Even though TB is curable and preventable, it is the leading cause of death of people living with HIV worldwide. HIV-positive individuals are 50 times more likely to contract TB and 2 times more likely to die from it, even with treatment, than their HIV-negative counterparts.

- More robust and consistent infection control is needed, which is why the Stop TB Partnership and other stakeholders are emphasizing intensive case finding. The core of this approach is going into communities to test for TB instead of waiting for people to become ill and thus infectious.

- More men than women are diagnosed with active TB. The lack of reliable, consistent data makes it difficult to know the extent of this gap or why men appear to be more susceptible.

- Most TB drugs are decades old. Many have side effects, a situation that contributes to inadequate adherence to treatment regimens. These two factors are among the main reasons behind the increase in drug-resistant TB. Individuals diagnosed with multidrug-resistant TB (MDR-TB) and extremely drug-resistant TB (XDR-TB) have fewer treatment options, face much longer and harsher treatment periods, and are far more likely to die from their infection. The rise in MDR-TB and XDR-TB represents a major health crisis in many parts of the world.

- TB can be hard to diagnose efficiently or quickly (or at all) in some people. This is partly due to the fact that the most common diagnostic tool still used (smear/sputum test) is more than a century old. Development and uptake of newer, more effective diagnostics has been slow.
Malaria

- There are four different species of malaria parasites that affect humans. All are spread by mosquitoes; one of them, *P. falciparum*, is by far the most dangerous and deadly.
- Children under the age of five and pregnant women are the most vulnerable, jointly comprising most of the estimated 214 million malaria cases worldwide in 2015.
- Significant progress has been made in the past several decades in controlling and eliminating malaria in some parts of the world. Today, malaria is highly prevalent in several sub-Saharan African countries and in certain regions of countries in South-East Asia and Latin America. Current predictions suggest that malaria will be confined only to parts of sub-Saharan Africa by 2025, assuming elimination efforts continue and are strengthened. Full elimination could be possible by 2040 with good partnerships, more targeted work, and sufficient financial and technical resources.
- Among the main challenges to successful malaria responses are the emergence of drug and insecticide resistance and the lack of predictable and sustained international and domestic financing.
- Many new tools represent current and emerging opportunities to improve responses. They include advances in surveillance and improved diagnostic testing and treatment. No effective vaccine is yet available, but several candidates in development are considered highly promising.

HIV

- Nearly half (17 million) of the estimated 37 million people living with HIV in the world have been initiated on antiretroviral treatment (ART). This is an incredible achievement that has mostly occurred in less than 15 years. One major downside is that reaching those not on treatment is difficult since a large share have not been diagnosed.
- Research showing the value of antiretroviral drugs for ‘treatment as prevention’ and PrEP (pre-exposure prophylaxis) has given us a major opportunity to make further progress. Effective ART not only saves the lives of many living with the virus, but it can also make them far less likely to transmit HIV.
- We have the tools and knowledge to end AIDS. Yet the opportunity could be lost due to numerous challenges such as:
  - complacency and reduced attention among donors, governments and health agencies;
  - continued difficulty in reducing barriers among key populations and women to adequate HIV services and support; and
  - insufficient support for civil society and community-based organisations despite clear evidence of their value in all aspects of comprehensive HIV care and support.
- Many of the main challenges were highlighted at the recent UN General Assembly High Level Meeting on Ending AIDS (HLM). Yet the meeting declaration failed to prioritize key populations or contexts where gains are likely to be reversed as donors shift priorities (e.g., middle-income countries).
2.3 Understanding gender and applying in Global Fund programming

Presentations and discussion around gender considered both theoretical and practical issues: the concepts and ideas around the term ‘gender’ and why they matter in Global Fund and other work. The following summary covers some of the main points and observations made during presentations by resource personnel and by participants during plenary.

There is a difference between ‘sex’ and ‘gender’. Sex refers to biology, while gender is socially constructed. This is an important distinction because gender is related to stereotypes: how we are taught to think about how people should look and behave. Two other essential terms are sexual orientation and gender expression. The first refers to who or what people are attracted to sexually, while the second refers to how people choose to express themselves. One is inherent and biologically determined and the other is related to choice.

Gender-related stereotypes are usually linked to power and control as well, which is why social constructs are harmful. For example, although men and women are both included in an expansive consideration of ‘gender’, it is usually the case that women-identified individuals—who may be biologically female or not—have less agency, earn less money, are more likely to experience violence, and have worse access to services and support in health and other systems.

The power dynamics are reflected in assumptions about which roles are appropriate for men and women. As is true nearly everywhere in the world, men have dominant roles in most social, economic, governmental, and health decision-making situations. This tradition of control remains strong in most contexts, with men usually being more privileged. It is why gender is one of the social determinants of health—gender-related power, control and stereotyping directly influence men’s and women’s access to health and ability to have their needs recognized and addressed. (Other common social determinants of health include economic power and freedom, poverty, cultural and religious expectations, etc.).

For the reasons summarized above, it is essential to take gender into account when considering the value and impact of responses to HIV, TB and malaria. The most effective services from the standpoints of both health outcomes and human rights are those that are widely welcoming to and reach everyone, regardless of how they consider themselves or what they need. It is problematic from a gender perspective, for example, when MSM cannot easily access treatment while heterosexual men can. This example further illustrates the important fact that gender is not only about women.

The Global Fund has sought to prompt programmes to be more gender sensitive, and to respond ambitiously, by implementing its Gender Equality Strategy (GES) and a separate Sexual Orientation and Gender Identity Strategy (SOGI). These two strategies provide detailed explanations of how to view and structure programmes and interventions through the lens of gender equality.
The GES and SOGI lay the groundwork for important consideration of how an intervention can be categorized across what is known as the ‘gender equality continuum’. The figure below gives a basic overview of the main points along that continuum, from bad to good: exploitative, blind, aware, accommodating, transformative.

As suggested in the figure above, the ultimate goal is for all programmes and interventions to be gender-accommodating at the very least, and ideally gender-transformative. Workshop participants acknowledged that this requires significant shifts in thinking and changes in mindset in their own work and across their countries’ disease responses.

Distinctions across the gender quality continuum can be difficult to identify. Gender-accommodating interventions are those that acknowledge or ‘notice’ gender dynamics and needs and then are designed to respond. Such interventions represent a useful preliminary step toward the gold standard: gender-transformative interventions. They not only acknowledge and respond to gender gaps and challenges, but actively seek to change existing harmful gender dynamics, norms and relationships.

The following are examples of interventions cited as gender-transformative at the workshop. Of note is that many of them do not focus directly on HIV, TB or malaria treatment.
or prevention, but instead seek change in social, legal and economic areas that have important effects on health-seeking behaviour and activities:

- Providing privacy for women to provide sputum samples for TB diagnosis. This relatively minor programme adjustment directly addressed a gender-related obstacle related to it being considered culturally inappropriate or unappealing in some contexts for women to make loud and aggressive noises, which are needed to cough up sputum samples.

- Using a female health worker/nurse/doctor to collect sputum samples from and conduct health examinations among women—and use men for the same purposes when working with male clients.

- Altering clinic opening hours so that they are more convenient for all people, men or women, to have the opportunity to visit conveniently. This would mean, for example, that clinics are open early in the morning, late in the evening and/or at special times on weekends.

- Delivering medication more flexibly, which can reduce challenges women face in traveling to clinics and thus address issues around child care and maintaining households, etc. A gender-transformative approach might be to provide enough medication to last for a week or more (e.g., for TB treatment) along with relevant treatment literacy.

- Reforming property rights to allow women to inherit land, which could make a huge difference in their economic prospects and thus ability to access treatment and care services.

- Working with local community leaders to identify ways to allow girls to stay in school. Similarly, changing laws so that girls do not have to wait until a certain age to get tested for HIV or obtain contraceptives (for example).

### 2.4 The promise and pitfalls of human rights

Workshop information sessions on human rights centred on an overview of what they are, how they are assessed and monitored, and their connection with health programming and services. Although some participants might not have been aware of the specific descriptive language, most understood that human rights are “claims/entitlements inherent to every human being”. Collectively, they also identified key characteristics of human rights, including that they are universal, inalienable (i.e., cannot be taken away), and indivisible.

Also notable is that human rights are legally binding on governments that are signatories to relevant international laws and conventions, including the Universal Declaration on Human Rights (which sets minimum standards) as well as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Convention on Economic and
Social Rights, among others. Participants were pointed to these sources as places where all obligations can be viewed by anyone around the world. The rights specified in the various conventions and laws include rights to life, liberty and security, food, education, shelter, freedom of expression, freedom of assembly, and freedom of discrimination.

The right to health is a particularly vital one for individuals and organisations working on Global Fund issues. The internationally agreed language is explicit in what is guaranteed: the right to the highest standard of physical and mental health. Achieving that right in any context also depends to some extent on successful progress in upholding many of the other rights. The interdependence can be seen in the fact that programmes related to health can only be considered to meet human rights minimum standards when they are accountable, uphold the right to privacy, allow full participation, do not discriminate, etc.

Participants were reminded that human rights–based approaches and principles should inform all aspects of all Global Fund programmes and at every stage, from design to implementation to monitoring. Moreover, organisations and individuals involved in Global Fund work therefore should keep in mind that human rights violations and gender inequality can happen at the individual and community level as well as at much higher levels.

A substantial part of the workshop’s human rights discussion centred on enforcement and implementation. Several participants questioned how relevant these rights are “on the ground”, with one observing for example that “the way TB is addressed in my country violates every possible right.” Some options to respond include raising awareness about violations through advocacy and using the legal system to attempt to force governments and other stakeholders to uphold international laws and conventions they have signed.

Also of potential benefit is the universal periodic review (UPR), a UN process that brings member states together to consider their progress toward meeting certain human rights targets. This peer-review process (governments reviewing each other) takes place every four years. It also offers an opportunity for civil society groups to make presentations in which they present analysis and recommendations for how their own governments can improve. During this process, they can give examples of situations in which governments have claimed to do something beneficial but there is no evidence of it on the ground.

The UPR and other forms of external pressure and review often have limited effectiveness, however, because the concept of sovereign states means there is little that can be done internationally to force countries to change. Yet targeted pressure can have a positive impact: in Uganda, for example, international condemnation of the country’s proposed anti-gay law played a role in the government stepping back from the most extreme version. But the fact remains that anti-gay sentiment, harassment and abuse continue.

Some of the other issues, concerns and opportunities raised during the discussions on human rights are listed below:

- In some countries, working on human rights issues and raising concerns is seen as working against the government. This perception can be a major roadblock to
community and other civil society groups, even putting advocates’ freedom, safety and lives at risk.

- **Rights can be conflicting at times.** For example, the ‘right’ to innovation and intellectual property conflicts with right to health (and access to medicines). The rights of people living with TB and HIV are violated when they are forcibly detained, but detention of this sort could perhaps be justified as safeguarding others’ right to health. Such examples suggest that the concept of rights is not as straightforward as it may seem. International law recognizes the possibility of conflicts of this sort by specifying that a government can limit a right as long as that step is ‘proportionate’ and legitimate.

- **Practical examples of rights violations in HIV, TB and malaria programming** could include, for example, a country providing first-line ART only or refusing to offer the highest-quality TB medicines. These actions and policies violate clients’ right to health and the fruits of scientific progress. Less-direct but important other violations could include women dying in childbirth, which should not be happening anywhere in the world at this point.

- **UNAIDS** is one suggested option for technical assistance about human rights concerns regarding the three diseases. Its in-country staff should be able to identify whether the Global Fund or other donors can provide support for community, women’s and key population groups. The shared Dropbox folder prepared for workshop participants also contains a brochure detailing where and how to complain about human rights violations specific to Global Fund programmes.

### 2.5 Overview of Global Fund structures and processes

Many participants had direct experience with the Global Fund in their countries, including participation on a CCM. Others, though, were new to Global Fund work or otherwise were not familiar with some or all of its core structures and organisation or what it can realistically do. A tag team of resource personnel gave an overview to ensure all had a basic understanding of the following:

- the **composition and responsibilities** of the Global Fund Board and its main committees;
- that the Global Fund is a **financing mechanism**, not an implementer or advocacy organisation, which is why it does not have in-country offices or staff;
- where the Global Fund’s **resources** come from and **how it raises money** (i.e., its replenishment process);
- the Global Fund’s **allocation model**, which determines the amount of money made available for each country and for each of the three diseases;
- the Global Fund’s **grantmaking process**, which includes mechanisms, steps and structures such as country dialogue, CCMs, an independent Technical Review Panel (TRP), and grant approval and budgeting; and
- the history and content of the **new Global Fund Strategy (2017–2022)**, for which the strategic key performance indicators (KPIs) have been finalised (although the Global
Fund has yet to finalize the operationalisation KPIs). The approved Strategy represents a significant improvement from the previous one in terms of formal commitment to gender and human right. Most notably, one of the four strategic objectives focuses on promoting and protecting human rights and gender equality. Various components of all four strategic objectives are relevant to the work of community and women’s organisations, including in regards to monitoring of programmes as well as implementation.

One priority objective was to indicate where civil society and community groups can engage across the Global Fund, both in terms of providing input and obtaining support. Substantial attention was given to the ways in which civil society and community groups can influence the grant making process, including through National Strategic Plans (NSPs), CCMs and country dialogue. The Global Fund requires the share of women on all CCMs to be at least 30%, and it can intervene if it is determined that this target is not reached. CCMs are also supposed to reserve one seat for key populations. There are legitimate concerns in many countries that this seat often is not filled by someone who is able or willing to engage meaningfully, or that the member only focuses on one or more key populations (and not all). The Global Fund has prepared a checklist regarding CCM membership that can help indicate whether and to what extent Global Fund expectations regarding key populations and civil society are being met.

Other representation and participation opportunities mentioned at the workshop⁴ include the following:

- **One Board seat is reserved for communities, with one each also reserved for civil society from developed and developing countries.** Members of community-based organisations worldwide are potentially eligible to serve on one of these three delegations to the Board, provided they meet the terms of reference (ToRs) that each delegation has drafted for itself.
- **Oversight** is a critical role that civil society should play regarding the overall Global Fund grant making process. This can be done through targeted engagement on CCMs and in country dialogue.
- CCMs can request technical assistance from Global Fund country teams, including for capacity-strengthening for communities and key population members.
- Some **non-voting Board members** regularly represent and seek to prioritize the interests of communities and key populations. The non-voting seat reserved for partners includes the three technical agencies (UNAIDS, the Stop TB Partnership, and Roll Back Malaria) as well as the Partnership for Maternal, Newborn and Child Health (PMNCH). The Stop TB Partnership, for example, organises regular calls on Global Fund issues that are open to all community-based and civil society organisations.
- The Global Fund has set aside some money that countries can use to **collect better data**, which is often a civil society priority. CCMs must specifically request such assistance.

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⁴ Detailed information about the Board’s structures and systems is available in shared the Dropbox folder made available for participants. Documents in that folder also discuss where and how civil society groups across the spectrum can get involved or seek technical and financial support.
• The CCM Hub at the Global Fund Secretariat can support civil society’s engagement on CCMs. As with CRG support, it must be specifically requested.

• The Global Fund Secretariat is in the process of developing guidelines for how to chair a CCM. This is being done in response to complaints and gaps observed in how many CCMs function. In the past, the Secretariat was hesitant to be involved at all because it wanted to respect the country ownership principle. Yet even if and when guidance is made available, CCMs have the final decision about whether they want to use them (as the Secretariat cannot force change). During the workshop, Global Fund representatives were urged to include civil society representatives in finalizing guidelines and to try to come up with ways to better hold CCMs accountable to them. Doing so was stressed as an important step to overcome the challenge of enforcement.

• Extensive civil society advocacy takes place through the Global Fund Advocates Network (GFAN), including its regional affiliates in Asia-Pacific and Africa. GFAN has taken the lead in calling attention to the negative impact of the Global Fund de-emphasizing support for middle-income countries and other places where key populations and women (especially) face huge challenges in service access. GFAN Asia-Pacific, for example, has two hashtag campaigns—#theelephantintheroom and #theglobalfundthatwewant—that aim to expand and concentrate its campaigns and social movements.

The workshop’s discussion of Global Fund structures and processes concluded with an interactive exercise that proved highly popular: a mock CCM meeting. Participants were assigned to different groups and CCM seats and provided with a basic script about who they were playing and some key facts about a fictitious country.

The exercise was intended to highlight dynamics among members from wide experience and expectations—e.g., as donors, government officials, civil society representatives and technical partners. It helped show how people might typically act during a meeting, including ‘lines in the sand’ as determined by their constituencies, the difficult yet necessary task of personal negotiation, and the importance of being prepared with data and statistics.

Among the observations from participants after the mock CCM meeting was that it seemed vital for representatives from communities and civil society to be as organised as possible and to push for a common agenda. Coordination of this sort, which should start as far as possible in advance of a meeting, can help prevent people from being ‘shut out’ if they are timid or unprepared. Another priority step for civil society could be sharing experiences across countries. Contexts always differ, but often civil society stakeholders face similar obstacles and have similar needs that they want to have addressed in a CCM.

And finally, the mock CCM elicited questions and comments about conflict of interest. The risks are common and extensive on CCMs: for example, a principal recipient (PR) participating in a committee charged with overseeing the PR’s work, or a proposed PR voting in a poll to select a PR, etc. The Global Fund requires that CCMs have minimum standards of conflict that are reflected as well in ToRs for PRs and other members. Civil society representatives are encouraged to learn the specifics of the requirements and to speak up when they are violated.
3. Opportunities and Tools to Promote Priority Change

Section 3 summarizes presentations and discussions related to the second of the workshop’s two primary themes: tools and advice for improved and sustained advocacy and service-delivery work regarding Global Fund programming. Workshop sessions focusing on these issues included presentations and group work to explore how tools and information might be used.

3.1. Existing gender-assessment tools

Workshop organisers offered a voluntary extra session for the presentation and discussion of two gender-assessment tools that could be used to review Global Fund programmes and other interventions. Such tools have been developed by UN partners to support and encourage countries to comprehensively evaluate whether programmes and initiatives, including Global Fund concept notes and grants, meet a set of minimum gender standards. More specifically, gender assessments aim to determine whether men, women and key populations are treated differently and to identify gaps in services, products, policies and plans. Communities and civil society stakeholders are encouraged to use these tools in advocating for change in their countries. They are particularly useful where information is not available on gender disaggregation because policies and gaps in programming cannot be decided/implemented without the evidence to support them.

One tool, developed by UNAIDS, has been adapted by the Stop TB Partnership. It is designed to assess either (or both) national TB and HIV responses. It was first tested in Lesotho, Namibia and Niger. The Partnership is now trying to get funding to support its use in up to 25 TB high-burden countries.

The tool consists of a series of suggested stages that include getting in-country buy-in and support; collecting relevant data and information on national TB and HIV epidemics and contexts; and coming up with recommendations based on the assessment’s findings. The tool is structured to encourage users to specify challenges and concerns in categories such as socioeconomic, legal/political, and care and support issues (among others). The baseline information and observations collected by using the tool can then be translated into specific recommendations for concept notes and other Global Fund entry points.

One example cited of gaps and other notable observations from the tool’s use to date was low condom use among people practicing multiple concurrent partnerships. This challenge has a gender component because it tends to make women uniquely vulnerable to HIV. A recommendation to address it was to introduce a public campaign to promote acceptability of condoms. A comprehensive set of remarks in the tool might also discuss results from mapping to identify where condoms are most needed and how and why to ensure adequate supplies are provided.

Another example, from a legal/political standpoint in Kenya, refers to the difficulty widows have in some contexts to retain the property of their deceased husbands due to customary law that forbids women to own property. This gender challenge has important ramifications for
HIV, TB and malaria vulnerability because many of these widows face sudden and chronic poverty when they lose this land. Recommendations for HIV and TB programmes in this case included a legal strategy that leads to women being protected from having their land seized and a country’s constitutional law being upheld.

International consultants and other experts have been explicitly trained to undertake assessments using this tool. One of the first steps is to hold a workshop that brings together a wide range of stakeholders, including community groups and leaders, policy makers, and relevant private-sector representatives.

A second tool presented was developed and launched by the United Nations Development Programme (UNDP) in 2014. At its core is a checklist with specific questions for reviewers to ask themselves and others. The checklist is applicable to HIV, TB and malaria programming; although usually used for gender only, it also can be used to assess SOGI compliance. It includes sections on performance monitoring as well as examples of actual programmes that the Global Fund has said it will fund.

For example, one set of questions refers to whether the needs and rights of women and key populations are represented on the CCM, with specific inquiry as to whether the CCM has a balanced representation of men and women. In addition, the tool includes a critical step about analysing NSPs to ensure that gender-assessments have taken place during their development and whether the actual plans have gender-specific elements of need and value. Other notable checklist areas focus on the concept note development process and grant negotiation processes involving external stakeholders.

Additional information about the UNDP and UNAIDS tools is available in the Dropbox toolbox for participants. Support for using the UNDP tool, which has been available for a longer period of time, can potentially be available from the Global Fund’s CRG.

3.2 Learning and using the full range of advocacy tools and strategies

APCASO experts delivered comprehensive and extensive sessions on effective advocacy tools, strategies and communications. They included simple and clear descriptions of what constitutes advocacy; how, when and why it is effective; and how participants might train and prepare themselves to be better and more influential advocates. The sessions, spread over two days, included presentations, group work and role play. This section summarizes some of the activities and observations by resource personnel and others.

What is advocacy? No concrete definition exists, although most people agree that advocacy is at the centre of a “fuzzy terrain” (in the presenter’s words) in which certain actions are undertaken to deliver change, to alter the status quo (e.g., by changing laws, policies, etc.). A more obscure yet evocative definition is ‘moving mountains’, which gets to the heart of advocacy work because it is impossible to actually move mountains, but people’s positions and attitudes can be changed nevertheless. Advocacy and service delivery are distinct areas with different impacts: service delivery is measured through outputs, while advocacy is measured through outcomes (and thus can have much bigger and far-reaching impacts).
The following are among the many terms, approaches and components of advocacy work, as discussed during the presentations:

A series of ‘steps to do advocacy’ might include two broad categories: understanding the problem, which requires research and listening to others; and planning for actions, which includes setting the main goals and identifying targets and activities. Identifying the problem(s) in advance, succinctly and clearly, is critical in order to pin down exactly what the change should be. The goal or goals should be carefully considered so they are realistic and achievable.

Examples of advocacy activities include lobbying decision-makers in various sectors, campaigns, letter-writing, education materials and story-telling. Recent trends are to have campaigns be primarily online, which also has the benefit of being cheaper. Yet some evidence suggests that offline campaigns have greater impact. Story-telling, meanwhile, is often underutilized even though it is often a highly effective way to engage people and therefore sway them.

Communications is the main tool in advocacy to influence those who can bring about change. Investing in communications is crucial since advocacy depends on convincing others. Often, though, community and other civil society groups fail to adequately invest time and money in developing robust communications strategies. Insufficient attention to this priority increasingly is a disadvantage due to the diffusion of outlets (e.g., across social media) and the filtering of messages that results.

A central underlying fact is that ‘message is king’. In practice this means that no matter how many beautiful photos and fancy materials are developed, they will be wasted if the message is not viable. A message is only good if it reaches and engages the intended audience. The approach thus should be to identify what will resonate with that audience and then tailor a message to do this.

Messages should be short (perhaps 30 words at most), straightforward, specific, and refer to the main points. They are different from a slogan or sound bite, both of which should be
derived from messages. While a message is the ‘meat’ of the communications, slogans are an illustration or expression of the message and a sound bit is a colourful statement that can be used in interviews. Neither slogans nor sound bites mean much if anything on their own; for example, the commonly used sound bite in the Global Fund world of ‘leave no one behind’ is meaningless when used indiscriminately and with no clear connection to a core message. Sound bites’ and slogans’ value comes from their identification with a strong message and therefore compelling messenger and campaign.

Well-known slogans for Nike (“Just do it”) and the DeBeers (“Diamonds are forever”) stem from strong, compelling messages. In both cases, the effective messages and resulting slogans helped create huge demand for questionably useful products. In a more serious and relevant example from the perspective of development-world advocates, the combined slogan and sound bite “Domestic violence hurts more than one person” is a shorter and yet still powerful statement of the main message: “Domestic violence is a form of human rights abuse that has many negative consequences. The more commonplace it becomes, the more acceptable gender-based violence becomes.”

Tips offered in crafting a message:

• be truthful and concise, especially since intensive fact-checking now happens immediately;
• be repetitive, which refers to keeping the same basic message even as different versions might be crafted for different audiences;
• be ‘RUM’: relevant, unexpected, memorable;
• use tried-and-true words and themes, including ‘love’, ‘courage’, ‘hope’. Substantial evidence indicates they resonate well. The downside to keep in mind is that there could be unintended consequences from the use of such language given its optimistic and inspiring connotations;
• keep uncomplicated and consistent, by using one message for one issue; and
• ‘know your audience’, including the vulnerabilities and ‘pain points’ that might prompt them to act.

Public speaking is typically a part of many advocates’ responsibilities. This activity is difficult for many people. Understanding limitations and vulnerabilities can help make the process easier, and there is no substitute for in-depth preparation before a speech or presentation. This should include defining objectives, knowing the audience, have all necessary facts at hand and memorized, and practicing as often as needed. Telling stories during public speaking can also be hugely powerful and influential, especially if they are about struggle and redemption (for example). And finally, delivery is critical. Retaining audiences’ attention can be difficult when speeches are ‘yelled’, for example, or when speakers are obviously nervous. Practice can help reduce these shortcomings, as can adaptive strategies to limit anxiety.

The following were two other notable advocacy-associated observations during discussion:

5 For DeBeers, the message is: “A diamond, like a relationship, is eternal. Giving diamonds is a proof of eternal love.” For Nike, the message is: “Nike brings inspiration and innovation to every athlete in the world. It shows the grit, determination and passion of those who want to achieve more.”
• Having a clear monitoring mechanism and plan in place in advance is necessary. This can help advocates determine if the advocacy campaign or intervention has worked or is working. Measuring impact can help determine if any shifts are needed or if the entire intervention should be reconsidered, etc.

• Advocacy work is not simple and calming, especially when dealing with government. Tension and difficult should be expected, especially if relationships between government and civil society tend to be tense or weak.

Putting lessons into action: group work with interactive exercise

Participants used group work to experiment with the definitions, approaches and tips learned during the advocacy presentations. Four separate groups filled in a ‘message map’, which included category headings for issue, solution, target audience, message, and slogan or soundbite. They were asked to develop an advocacy message based on a pressing issue they want to change. The message ideally should be relevant and crafted in response to the problem, a solution, and a call to action. The lengthy exercise was intended to prompt participants to develop an ‘elevator pitch’, based on the message. (An elevator pitch is a term used to describe what one might say to a government minister in an elevator. With just two minutes or less time, how would the issue, need and possible solution be conveyed effectively and concisely?)

After completing their message maps, each group engaged in a role play in which resource personnel were government ministers and their personal assistants. The two-minute elevator pitch role plays were energetic and compelling, as they underscored the difficulty in crafting successful approaches that policy-makers respond to. The following were among the observations during feedback after the role plays:

• Knowing a minister’s ‘pain points’—e.g., he or she may hate to be embarrassed or may consider herself a strong ally of civil society—is an excellent strategy to be heard and listened to.

• Ministers and their assistants will almost always be distracted and thus unable or unwilling to concentrate for more than a brief period. This is one reason that writing down messages and information and having that ready to hand over is important. The minister and/or assistants may take a look at a less distracted time.

• Ministers are never alone. Dealing directly with one or more assistant may therefore be the only reasonable entry point.

• Practice the initial introduction and put a human face in it. This would mean being straightforward and avoiding acronyms and development-speak, which ministers may not recognise or find annoying if they do.

• Be very specific about what you want the minister(s) to do.

• Consider a hook such as mentioning that you are from the minister’s district and/or that you have friends or acquaintances in common—and, better yet, that one of those links is in need of change you’re seeking.

• Make it clear that the change being sought will make the minister look good in the media, or will make him or her be perceived as a competent problem-solver. Stroking their egos is always useful.
• Be flexible with prepared messages. It may come out, unexpectedly, that the minister has no idea what is being mentioned or refuses to discuss a controversial topic (e.g., MSM). In such instances, personalizing the issue as much as possible might be helpful, such as by referring to the suffering and vulnerability of MSM in the minister’s district.

• Be mindful of who is selected to be the messenger. For example, in some cases a member of the specific vulnerable group or population can make the most powerful case, since the minister will have ‘evidence’ of the problem right in front of her.

Self-reflection and examination: using personality tests to support advocacy and strengthen communications effectiveness

Individuals tend to be more effective advocates when they are aware of the strengths and limitations of their own personalities. This includes how they learn, communicate and express themselves, as well as the ‘comfort zones’ that delineate what they can and cannot easily do. Some people, for example, learn better through reading, while others find visual approaches more useful.

All workshop participants were asked to take a basic Myers-Briggs Type Indicator (MBTI) test to help them start thinking more closely about such things. The idea was that self-examination of this sort could inform considerations about whether they are the appropriate person to undertake specific tasks and how they might successfully approach and engage with people of varying temperaments and expectations.

Most participants had never undertaken such a test. An interactive exercise during the workshop proved highly engaging, as participants and resource personnel discussed the results of their tests and brainstormed about what they might mean for their future personal and work lives.

4. Next Steps

The workshop concluded with two sessions in which participants began setting organisational and personal goals for their future Global Fund–related work. What they identified during action planning (Section 4.1) and detailing personal commitments (Section 4.2) is expected to help guide their advocacy priorities as they continue to build their knowledge and skills regarding gender and the Global Fund.

4.1 Action planning

Participants did action planning by country. They based their work on a template that included four categories:

• A change desired—for example, in their country’s legal environment or within a Global Fund process (e.g., the NSP, CCM, country dialogue, concept note development, grantmaking)

• What: the action(s) needed to achieve the change

• When the action(s) will take place

• Who will take the action(s)—in other words, who is responsible and/or who or what is likely to be most effective

Participants were told that they could identify more than one thing they would like to change, or contribute to change. Yet they were encouraged to focus on detailing a full overall process
for at least one change instead of less detailed ones for numerous changes. They could choose any change or changes they considered important, with the understanding that their decisions ideally would reflect what they had identified as challenges or otherwise focused on during the workshop. One example mentioned in advance as a possibility was more and better representation of women’s organisations on a CCM, which is related to issues around gender and capacity-building.

The following are verbatim examples of the action plans developed and presented by each country group to the full workshop. For each entry: (1) Change; (2) What; (3) When; (4) Who

- (1) Concept note includes data differentiated by gender-specific indicators; (2) national health information systems should include gender indicators; (3) 2017; (4) Ministry of Health (MoH), Fund Portfolio Manager

- (1) Legal aid for gender-based violence issues; (2) improve the implementation of existing services for gender-based violence services; (3) within this year; (4) human rights organisations, KPI, IPI, Ministry for Women’s Empowerment

- (1) Increase number of women on CCM; (2) discuss this issue at the meeting of civil society institutions working in the three domains; (3) when funds are available; (4) current CCM members of civil society

- (1) NSP implementation according to guidelines; (2) empower key population organisations and women’s civil society organisations so they can act on the implementation activities, empower M&E tools to have better monitoring, key populations and women platform; (3) 2016 onwards; (4) key population civil society organisations, MoH, UNAIDS, national AIDS control programme

- (1) Access to quality medicines (and no stock-outs); (2) shadow reporting, supply chain management (procurement, distribution, monitoring), treatment literacy; (3) ongoing; (4) government, key population and other civil society groups

- (1) Get women’s and key population organisations as Global Fund sub-recipients (SRs) and sub-sub-recipients (SSRs); (2) put in a request for resources for capacity building for women’s and key population civil society groups; (3) from August 2016; (4) CCM representatives from civil society

The following were among the comments and observations made during a brief plenary discussion after the presentations to provide feedback:

- One participant expressed concern that participants had been too ambitious, since in most contexts it would not likely be possible to undertake all of the actions and to achieve the requested change in the time period specified. Picking one priority and having one distinct message is a more realistic approach. Progress will then become more apparent and targeted. Another respondent disagreed, however, arguing that advocates should set ambitious goals and there is no need to lower expectations.
This view is based on the belief that since all of the identified changes and actions are considered important, then they need to happen. Achieving all of them within a constrained time period is less of a concern than moving forward on a full range of challenges. And, with adequate support (such as from regional platforms and W4GF), participants and their allies could make significant headway.

- A reasonable and viable action plan depends on a clear understanding of the feasibility of each step. When planning for change in CCMs, for example, it is necessary to determine in advance what the parameters are (e.g., what the CCM can and cannot do in regards to funding for technical assistance).

- The theme of meaningful involvement on CCMs was consistent across all action plans—including in regards to participating effectively as well as ensuring allocation of seats as per Global Fund eligibility requirements.

- Several action plans referred to Global Fund support and funding, or otherwise appeared likely to succeed only with it. The full range of opportunities mentioned earlier in the workshop includes a separate pot of money at the CCM Hub for activities associated with CCMs, for technical assistance primarily. Targeted support for CSOs and key populations might be available through the CRG Special Initiative. Also, the Global Fund website includes a section under ‘CCM Funding’ that provides an overview of what can and cannot be done.

- Participants regularly raised the linked issues of accountability and enforcement. Some of the desired changes appeared more likely to succeed if all CCM members had greater understanding of what CSOs and key population groups do and their works’ impact on individual lives and disease responses more generally. On participant recommended that the Global Fund include a clause in CCM requirements that would force the entire CCM membership to “find out what key populations and civil society are doing”.

4.2 Personal commitments

The Bangkok workshop was intended in part to galvanize participants’ advocacy work and engagement with the Global Fund moving forward. To help maintain momentum, participants were asked to list at least one specific activity related to gender and the Global Fund that they would take by each of three time periods: ‘immediately’ after the workshop, within two months, and within six months.

Participants will not be accountable for their personal commitments, but W4GF representatives and other resource personnel agreed to check in periodically to ask about progress and offer support if needed. The following are some examples of personal commitments made by participants:

Now/immediate

- Share information and key messages from the workshop with my local constituency.
• Provide a basic summary and other information about the workshop on all my social networks.
• Share documents (including presentations) from the workshop with key population networks and other civil society partners.
• Prepare advocacy letters on TB, malaria, HIV and gender priorities for health minister, CCM chair, and other key policy makers.
• Begin translating priority workshop materials into Spanish
• Embark on an ART uptake awareness initiative targeting HIV-positive mothers, with the goal of encouraging them to deliver in hospital settings.
• Prepare a brief report on the workshop and share with the TB programme.
• Initiate dialogue with key population representatives, youth representatives and women’s organisations for consensus building.
• Initiate and support a process on the CCM to prioritize women’s issues, which will include an issue paper that will be presented to the CCM and shared with W4GF.

2 months
• Receive the key affected young people in my country and give them more information about the Global Fund.
• Facilitate the meaningful involvement of women and adolescents in all HIV, TB and malaria programmes and activities in all regions that promote ART uptake, adherence and retention to enhance positive living.
• Meet the TB and CCM representation and share concerns for improved coordination and sharing of civil society organisations on process and timeframes.
• Keep on pushing for key population engagement and participation in the CCM.
• In the monthly meeting, report to the HIV/TB technical working group on integration
• Discuss with key population networks about a programme for gender equality and human rights and deliver messages from the discussion to key population representatives on the CCM.

6 months
• Replicate this workshop in coordination with my local UNAIDS and UNFPA teams.
• Prepare a workshop for civil society representatives on gender equality and human rights.
• Establish an integrated programme so that TB is a key focus area in the work of my organisation.
• Develop a Global Fund advocacy tool to be used for renegotiation, lobbying and advocacy for key populations.
• Provide technical support to 10 civil society/community groups on Global Fund country processes focused in my country, and hold an implementation workshop to share experiences of Global Fund processes at the national level.
Annex 1: List of Participants

Listed below are individuals who attended all or part of the 28 June through 1 July 2016 W4GF workshop in Bangkok. Participants are listed in two categories: community-based participants and resource/support personnel. The country mentioned is where the individual is based.

Participants

<table>
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### Resource/support personnel

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Appendix 2: Outcomes Statement

A working group of participants contributed to the development of an outcomes statement that was prepared during the Bangkok workshop and finalized shortly thereafter. The final version, presented below, was formally delivered to intended beneficiaries—including the Global Fund Secretariat, its Board, its technical partners, donors and implementing country governments—in early July 2016. The statement summarizes key advocacy priorities discussed at the workshop and includes a list of recommendations aimed at improving gender and human rights priorities across all Global Fund structures and processes.


A call from participants and collaborators of Women4GlobalFund global workshop 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 challenges 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;

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6 The workshop “Supporting Gender Equality and Human Rights Champions in Global Fund Country Processes” was held from 28 June through 1 July 2016 in Bangkok, Thailand, and organised by W4GF with the support of the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, ViV Healthcare, the 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.

7 Please see Annex A for details.
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 to monitor the Global Fund’s role across all countries in gender equality needs to be addressed rather than relying on indicators that might only serve a subset of populations.

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.

#theglobalfundthatwewant #fullyfundtheglobalfund

For more information, please contact Rachel Ong, Global Coordinator, 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.