

# GLOBAL FUND GENDER EQUALITY STRATEGY



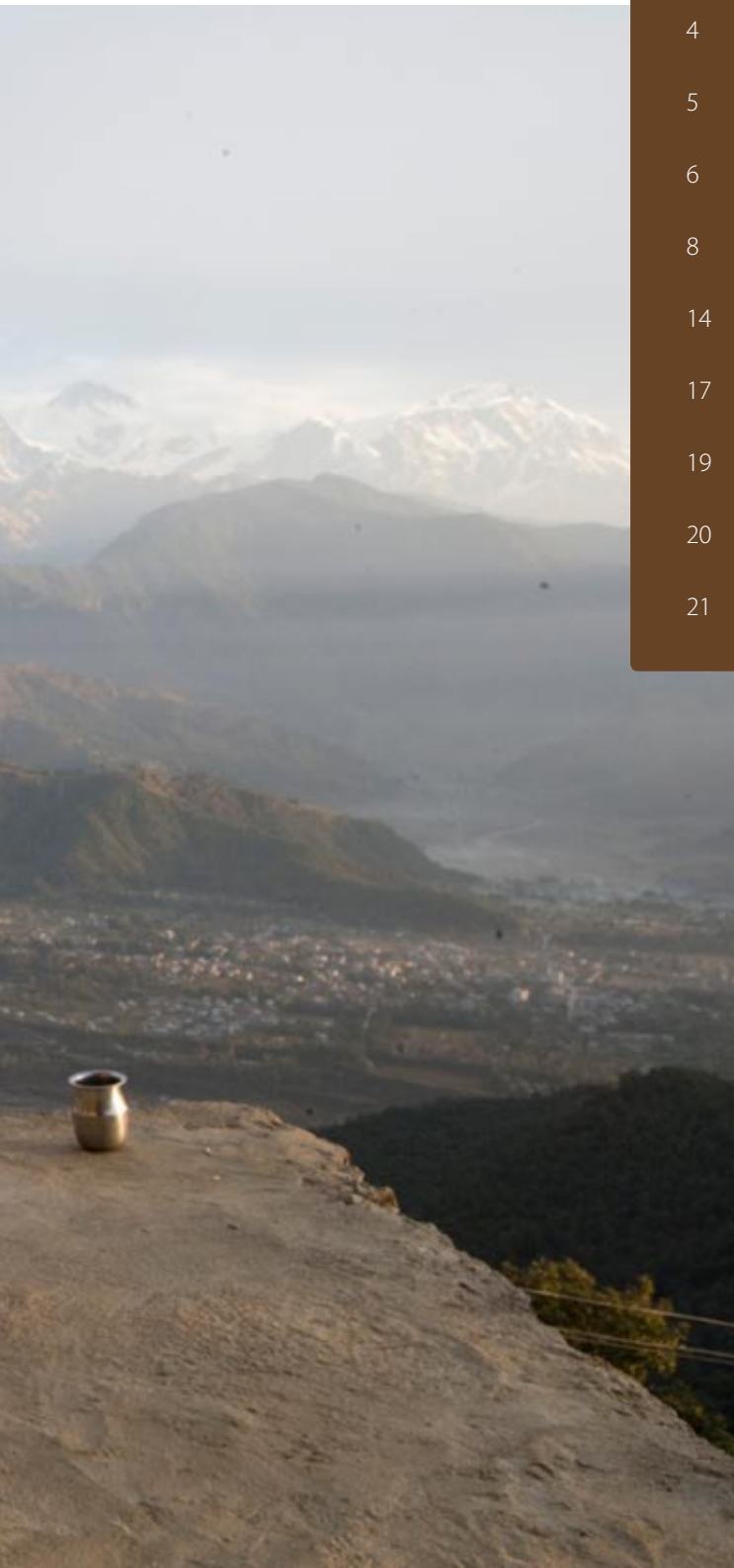
Investing in our future

**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria







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## THE GENDER EQUALITY STRATEGY

The Global Fund's Strategy for Ensuring  
Gender Equality in the Response to  
HIV/AIDS, Tuberculosis and Malaria



## EXECUTIVE SUMMARY

1. Gender inequalities are a strong driver of the HIV/AIDS, tuberculosis (TB) and malaria epidemics and close attention needs to be paid to how such inequalities fuel the spread of disease and affect the ability of women and girls, men and boys to access health care and other services equitably. The Global Fund is committed to ensuring that its grants support the equal and equitable access to prevention, treatment, care and support for all those who need it.

2. The Global Fund is a financing institution. It does not provide normative guidance or technical assistance, and is not an implementing agency. The strength of the Global Fund is its ability to be a catalyst, supporting countries' efforts to take the gender dimensions of the three epidemic(s) into account in their proposals and subsequent program implementation, while recognizing the need for a broad network of partners to support countries to do this.

3. The Gender Equality<sup>1</sup> Strategy explores how the Global Fund can encourage a positive bias in funding towards programs and activities that address gender inequalities and strengthen the response for women and girls. In many societies women do not enjoy the same rights, opportunities and access to services as men. Because it is the needs of women that are often marginalized, this strategy focuses primarily on the needs of women and girls. However, the most vulnerable in society also includes men who have sex with men, transgender people, bisexual and lesbian populations<sup>2</sup> – groups that have failed to receive the attention and focus they rightly deserve. Recognizing that there is a gender dimension to the issues affecting these at-risk populations, the Global Fund is developing a separate but complementary strategy focused on their specific needs.

4. The Gender Equality Strategy highlights the areas that require attention and outlines strategic directions that the Global Fund will adopt within the scope of its mandate and architecture to ensure gender equitable responses to HIV/AIDS, TB and malaria. A detailed work plan elaborating on this strategy will soon follow and be implemented.





## PART 1: RATIONALE

1. Internationally, the standards recognizing gender equality<sup>3</sup> have been set out in a number of declarations and plans of action. In the majority of countries applying for funding from the Global Fund, the government has committed to realizing gender equality and women's empowerment through the adoption of various human rights instruments, including the Convention on the Elimination of All Forms of Discrimination (CEDAW).<sup>4</sup>

2. Both biological and social differences make women and girls, men and boys vulnerable to different health risks, engage in different health-seeking behavior and comply differently with treatment. Often women and men receive different responses from health systems, which results in less-than-optimal health outcomes. Because gender differences play a role in who is infected and affected by the three epidemics – especially with HIV/AIDS, as is well-documented, but also to some extent with TB and malaria – interventions must take gender differences into account, since this will determine the success or failure of these interventions. It is therefore important for the Global Fund to give a very clear message to countries: that they are expected, through their proposals to the Global Fund, to demonstrate an understanding of the issues and address these different health risks.

### HIV/AIDS

3. Gender inequality fuels the HIV epidemic and intensifies its impact. In sub-Saharan Africa, three-quarters of the people living with HIV between the ages of 15 and 24 are young women. Women and girls bear a disproportionate burden of care for sick family members and children orphaned by AIDS. Most prevention of mother-to-child transmission (PMTCT) programs only prevent infection to the newborn baby and do little for the HIV-positive mother.<sup>5</sup> Harmful gender norms – including those that reinforce the submissive role of women, cross-generational sex, concurrent partnerships, and gender-based violence – are key drivers of the HIV/AIDS epidemic. Economic, educational, legal and political discrimination faced by women and girls contribute to their vulnerability.

4. Norms around masculinity also puts men at risk of HIV and creates barriers to their access to care. Homophobia (which results in the stigmatization of men who have sex with men, as well as bisexual and transgender people) makes these populations more likely to conceal their sexual behavior, which can increase their risk of infection. Homophobia may also affect their ability to access HIV services. This also creates a greater risk for women whose partners may be men who have sex with men. Reducing gender inequality and addressing the economic, legal and political discrimination faced by women and girls should be part of a comprehensive programmatic response.<sup>6</sup>

### TUBERCULOSIS

5. Globally, men account for two-thirds of the notified TB cases. However, in sub-Saharan Africa, because of the co-epidemic of HIV and TB and because rates of HIV are higher in women than in men in this region, more TB cases among women have been reported recently (especially in those aged 15–24). In several countries in sub-Saharan Africa, the majority of notified TB cases are now in women.<sup>7</sup> This shift highlights the need to target both men and women in TB responses.

### MALARIA

6. Although malaria affects both men and women, vulnerability to malaria and access to treatment is often different for women and men, and is influenced by gender roles and issues. Women – in particular pregnant women – are at the greatest risk of contracting and dying of malaria in both high- and low-malaria endemic areas.<sup>8</sup> Inequitable access to health care both intensifies a woman's vulnerability to malaria and affects her ability to access prevention and treatment services appropriately.<sup>9</sup> Plus, socially-determined gender norms mean that women most often carry the extra burden of caring for sick family members. Men are also vulnerable to contracting malaria through occupational exposure (for example, working in gold mines, working at night) and malaria programs must also meet their needs.



## PART 2: THE GLOBAL FUND AND GENDER EQUALITY

1. The *Framework Document of the Global Fund* states that the Global Fund will support proposals that include “public health interventions that address social and gender inequalities, as well as behavior practices that fuel the spread of the three diseases.”<sup>10</sup>

2. Three key areas promoted by the Global Fund can be useful in creating a meaningful response that takes gender issues into account:



### HEALTH SYSTEMS STRENGTHENING

3. If appropriately designed and implemented, national health management information systems can provide key information on assessing gender inequalities, informing gender-related program strategies and assessing program performance with respect to gender disparities. Information systems must be strengthened to capture the types of data needed to analyze and report on key gender dimensions of the epidemics. This will help target interventions to diminish the gender gap.

### COMMUNITY SYSTEMS STRENGTHENING

4. Supporting people who are infected and affected with HIV/AIDS, TB or malaria and their families often happens at the community level. It is community-based organizations (many of which are staffed mainly by women) that have the reach and expertise to support DOTS (the basic package that underpins the Stop TB strategy) treatment, care for family members sick with malaria, provide home-based care and care for children orphaned by AIDS. Applying for funding to strengthen community responses is strongly encouraged by the Global Fund and where this is done in a manner that addresses gender inequality these activities will help alleviate the burden placed on caregivers and service providers at the grass-roots level (for example, funding compensation for caregivers).

### DUAL-TRACK FINANCING

5. Civil society and community health organizations are powerful vehicles for addressing gender inequality in the policy, advocacy, management and delivery of health care services. In fact, many prevention and care interventions are spearheaded by civil society organizations. The Global Fund dual-track financing mechanism provides an opportunity for funding of civil society organizations that strengthen and complement existing efforts.

6. As noted above, gender equalities play an important role in the development of the pandemics of HIV/AIDS, TB and malaria. The Global Fund has committed itself to addressing this issue in the programs which it supports as it seeks to expand its investments in programs which focus on women and girls and those most at risk of the three diseases.

7. The Global Fund will champion and fund proposals that:

- Scale up services and interventions that reduce gender-related risks and vulnerabilities to infection;
- Decrease the burden of disease for those most at risk;
- Mitigate the impact of the three diseases, and
- Address structural inequalities and discrimination.

7. Concrete examples of programs the Global Fund will champion and fund are noted Annex 2.

8. The Global Fund will do this by focusing on the following four areas of intervention:

**I. Ensure that the Global Fund's policies, procedures and structures** – including the Country Coordinating Mechanism and the Technical Review Panel – effectively support programs that address gender inequalities.

**II. Establish and strengthen partnerships** that effectively support the development and implementation of programs that address gender inequalities and reduce women's and girls' vulnerabilities, provide quality technical assistance, and build the capacity of groups who are not currently participating in Global Fund processes but should be.

**III. Develop a robust communications and advocacy strategy** that promotes the Gender Equality Strategy and encourages programming for women and girls and men and boys.

**IV. Provide leadership**, internally and externally, by supporting, advancing and giving voice to the Gender Equality Strategy.





## PART 3: ACTIONS

1. This section outlines the specific areas in the Global Fund model and within the four strategic objectives noted above that provide opportunities to realize the Gender Equality Strategy.

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### **3.1 Ensure that the Global Fund's policies, procedures and structures support programs that address gender inequalities.**

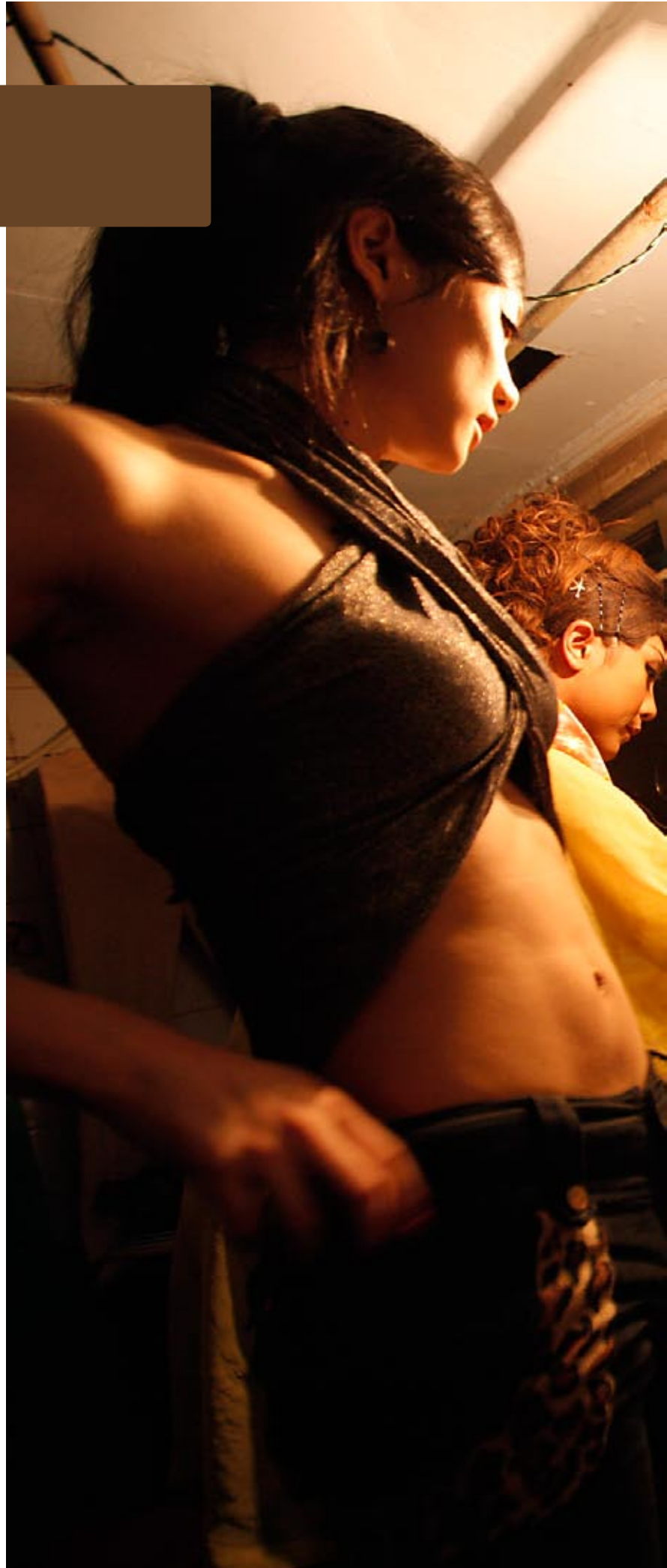
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#### THE COUNTRY COORDINATING MECHANISM

2. Because the Country Coordinating Mechanism is responsible for developing and submitting new requests for funding, it is pivotal in ensuring that gender equality is taken into account in country proposals. The Country Coordinating Mechanism guidelines<sup>11</sup> currently reference the need for appropriate programming for women and girls, and encourage the inclusion of women's groups and civil society networks as Country Coordinating Mechanism members. But more must be done.

3. There are a number of ways that Country Coordinating Mechanisms can incorporate and promote gender equality throughout their work. Strong drivers of change at the country level are the requirements in the Guidelines for Proposals that are issued for each round, since Country Coordinating Mechanisms are obliged to respond to these in order to receive funding. The Country Coordinating Mechanism Guidelines will be strengthened to provide clearer guidance on how gender issues should be taken into account in Country Coordinating Mechanism operations, and a gender analysis should be the basis for program development. Country Coordinating Mechanisms will be required to declare their capacity in gender as part of the application process (modeled on the conflict of interest statement) and would then receive an allocation to support strengthening their capacity in this area.

4. In order to change approaches in programming, guide appropriate proposal development, and provide technical assistance for implementation, Country Coordinating Mechanisms need to be able to access high-quality gender expertise.<sup>12</sup> Partners in country







can play an important role in this area and they should be active in providing training, capacity building and support to facilitate strong gender programming in all sectors.

5. Tools provided by the Global Fund will include terms of reference for gender experts and other Country Coordinating Mechanism members. Country Coordinating Mechanisms must strive to achieve sex parity among their membership and leadership.

## PROPOSALS SUBMISSION

### Ensuring Quality Programming

6. Programming on AIDS, TB and malaria that takes gender issues into account should build on national health and disease strategies. These can then be the basis for Global Fund proposals. The Global Fund will, together with partners at the country level, promote a gender analysis in the context of national strategy development and proposal preparation (see Annex 3, for Opportunities for Partner Engagement).

7. The Global Fund is also working on a National Strategy Application process, which – together with partners – defines a number of attributes that need to be considered in order to validate the strategy.<sup>13</sup> A gender analysis and appropriate interventions targeting vulnerable groups (according to age, sex and sexual behaviors) should be included in the criteria for validating national strategies.

8. In-country partners must promote the necessary operational research in the area of access to health services for specific groups, in particular health-seeking behaviors. This operational research should be part of the request submitted to the Global Fund for funding either through specific grants or through the National Strategy Application.

### Guidelines for Proposals

9. The Global Fund's Proposal Guidelines will be strengthened by introducing a mandatory requirement for a gender analysis, based on age- and sex-disaggregated data, which would be supported by the measures described above. Countries that are not yet able to provide this must submit proposals to strengthen their systems so that a proper gender analysis will be possible.

## TECHNICAL REVIEW PANEL

10. The Technical Review Panel bases its review on the technical quality of the proposal, according to criteria approved by the Board. The criteria are based on accepted, evidence-based interventions that are proven to be effective against the diseases.

11. The current Technical Review Panel reviews proposals based on three key criteria:

- a. soundness of approach;
- b. feasibility; and
- c. potential for sustainability and impact.

12. The Technical Review Panel places equal weight on each area and takes a “know your epidemic” approach to its reviews. Proposals that do not provide evidence of a thorough gender analysis will not be seen as exhibiting a “soundness of approach”. Proposals should include a gender analysis, an explanation of how vulnerable groups will be reached and how interventions will have a sustained impact for women and girls.<sup>14</sup>

13. An understanding of and experience in gender issues for the three diseases must be a more important criterion in the selection of Technical Review Panel members. Methodologies will be developed to ensure the immediate reinforcement of the Technical Review Panel with gender experts.

## MONITORING AND EVALUATION

14. In the Global Fund context, there is a strong link between performance against agreed objectives and continued funding, and the Performance Framework<sup>15</sup> provides the basis for how this happens. The Global Fund works closely with technical and other partners to ensure the monitoring and evaluation is based on technically sound and agreed measures that are harmonized with those of other funders and country actors. The third version of the *Monitoring and Evaluation Toolkit*,<sup>16</sup> which systematically addresses issues of gender inequality for the three diseases and provides recommendations for doing a gender analysis, was published in 2009.

15. The Global Fund will require countries to ensure that data – disaggregated by sex and by relevant age group<sup>17</sup> – are available for regular analysis of gender-

equality approaches in health care services. Many countries already collect this data; countries that need to establish systems in order to disaggregate data will be asked to include requests for funding these efforts.

16. The overall Global Fund approach will ensure the strongest consistency between what is requested at the proposal submission stage, the national strategy application and the implementation process and performance-based funding decisions.

17. The Global Fund will take into account gender equality as a central measure of success in future evaluations. A specific evaluation of this strategy will be planned and an update available in 2010.

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### 3.2 Establish and strengthen partnerships that effectively support the development and implementation of the Gender Equality Strategy

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18. As part of the wider development of a partnership strategy for the Global Fund, attention will be given to building a network specifically focused on activities that address gender inequality. Many actors are currently engaged in work of this nature, including the United Nations, multilateral and bilateral agencies, private foundations, the private sector and civil society, including communities affected by the diseases. The role the Global Fund can play is catalytic, by providing resources to enable rapid scale-up of relevant activities.

19. In-country partnerships are crucial to ensuring action. Government ministries responsible for gender and the sexual and reproductive health departments of ministries of health must be included in planning processes with the national AIDS commissions and ministries of health. Involvement of global partners – multilateral and bilateral organizations, foundations, the private sector, and international, regional and national civil society organizations – in all aspects of Global Fund grants (from proposal development to implementation) will help ensure that attention is given to gender equality (See Annex 3 for More Opportunities for Partner Engagement).







20. For an ambitious partnership agenda to succeed, it will need strong collaboration and commitment from the Secretariat: Fund Portfolio Managers and those who work directly with the stakeholders – the Partnerships unit, Local Fund Agent and Country Coordinating Mechanism teams, the Proposals team, the Strategy, Performance and Evaluation cluster – all play important roles. The Gender Advisor will take the lead in coordinating these efforts and ensure cohesion in the approach.

21. Collaboration on this issue will also require strong involvement and direction from the Global Fund Board, which includes representation of all stakeholders.

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### **3.3 Develop a robust communications and advocacy strategy**

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22. The Global Fund will play a strong advocacy role in ensuring that gender equality is taken into account in preparing and implementing interventions related to HIV, TB and malaria. Where possible, the Global Fund's communications strategy will integrate messaging on gender issues into general messaging about the Global Fund, positioning a commitment to gender equality as a key component of "who we are." To this end, the internal guidelines on branding<sup>18</sup> will be an important tool in ensuring internal consistency of messages on this issue and as reference material for staff who communicate externally.

23. The Global Fund leadership (the Chair and Vice-Chair of the Board and the Executive Director) will play a key role in communicating these messages and promoting the Gender Equality Strategy.

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### **3.4 Provide leadership, internally and externally, by supporting, advancing and giving voice to the Gender Equality Strategy**

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## **ROLE AND CAPACITY OF THE SECRETARIAT**

### **Technical capacity**

24. The Global Fund has strengthened its technical capacity by recruiting a senior-level Gender Advisor. A Senior Advisor on men who have sex with men, transgender people, bisexual and lesbian populations has also been recruited. The Gender Advisor will have the responsibility of developing a detailed implementation plan to accompany the Gender Equality Strategy.

25. A gender section of the Secretariat Skills Bank will be developed so that staff with specific skills, or with specializations such as sexual and reproductive health, violence against women, or experience working on issues affecting bisexuals, men who have sex with men, women who have sex with women or transgender people can be easily accessed to provide specialist input.<sup>19</sup>

### **Secretariat Culture**

26. Gender equality and awareness and non-discrimination of other differences, especially sexual identity, will be part of the organization's values and culture and become a key component of the working environment of the Secretariat. Gender equality will be integrated into all aspects of staff management and culture.

27. Overall in the Secretariat, the current gender balance is 60 percent women, 40 percent men. However, in the management categories, the ratio changes to 29 percent women, 71 percent men.<sup>20</sup> By ensuring gender balance and diversity, including men who have sex with men, transgender people, bisexual and lesbian populations in staffing and public representation of the Global Fund, the values of the organization will be clearly conveyed.

28. The leadership must set an example and “live the values”, as this will be an important factor in the implementation of new policies on gender equality.

## **GLOBAL FUND GOVERNANCE STRUCTURES**

29. All Global Fund governance structures will make it their priority to give sufficient attention to gender equality principles in their operations. The Board and its committees will strive for a gender balance in all leadership appointments. Achieving a gender balance in membership is challenging because of the representative nature of the Board, but the Board and its committees will ensure they have access to appropriate gender expertise when necessary.

30. There is an important leadership and advocacy role for the Board (in particular by the Chair and Vice-Chair) to play by highlighting gender equality issues in their activities and through living the values in the manner in which they operate. Board decisions, and the emphasis put on issues such as gender equality by the Board, can be catalytic at the country level and have a dramatic impact. Therefore all members of the Board should champion gender quality. The Board should consider having a “Gender Equality Champion” on the Board. Regular strategic sessions at the Board dedicated to gender equality issues in the portfolio will be important to maintain a focus on the issue and track progress.







## PART 4: IMPLEMENTATION AND NEXT STEPS

1. The Global Fund developed the implementation plan for the Gender Equality Strategy and presented it to the appropriate Board committee in the second quarter of 2009. The implementation of the strategy will be everybody's responsibility at the Global Fund Secretariat and in the governance structure, and not just that of the Gender Advisor.
2. The Global Fund will establish a rigorous monitoring and evaluation framework for the implementation of the gender strategy. The baseline review of Rounds 1-7 as well as a gender analysis of Round 8 will form the basis for measurement of progress. These reviews will take into account the work already done by partners. The Secretariat will measure some outcomes itself but the Technical Evaluation Reference Group will also be requested to undertake a full evaluation of the Gender Equality Strategy within three years of its implementation. The Global Fund will also encourage partners' evaluations of the strategy as well as the establishment or strengthening of global watchdogs that can keep track of progress on key issues with an independent approach.
3. The implementation plan for the Gender Equality Strategy was published in the fourth quarter of 2009 and is available on the Global Fund website.







## Endnotes:

1. The term “gender equality” entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. “Gender equity” means fairness of treatment for women and men, according to their respective needs. Fuller definitions of both terms are provided in Annex 1. The term “equality” is used primarily in this strategy because of ease of understanding and translation. Where relevant, the term “equity” is used.
2. In Global Fund Board discussions, the term “sexual minorities” has been used to describe these groups. The the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board has agreed to use “men who have sex with men, transgender people, bisexual and lesbian populations” to describe the same group and that terminology is used in this paper.
3. So that there is a common understanding of the meaning of the key terms being used, two key definitions are:
  - **Sex** refers to the biological characteristics which define humans as female or male.
  - **Gender** refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviors, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, changes over time and varies widely within and across cultures, religions and class and ethnicity. Gender is relational and refers not simply to women or men but to the relationship between and among them. See Annex 1 for other useful definitions.
4. Other key international declarations and instruments on women’s rights include the *International Conference on Population and Development Report (Cairo, 1994)*, the *Beijing Declaration and Platform for Action, 4th World Conference on Women (Beijing, 1995)*, and *United Nations Millennium Declaration* (MDG 3: gender equality and women’s empowerment).
5. Only 12 percent of pregnant women assessed during antenatal clinics received antiretrovirals (ARVs).
6. UNAIDS, Policies and Practices, Gender ([www.unaids.org](http://www.unaids.org)).
7. Stop TB Partnership. *The Global Plan to Stop TB 2006-2015: Actions for Life: Towards a World Free of Tuberculosis*. Geneva: World Health Organization; 2006. (Available from: <http://www.stoptb.org/globalplan/>)
8. About 10,000 pregnant women die each year as a result of *falciparum* malaria during pregnancy.
9. Roll Back Malaria Partnership. *Guide to Gender and Malaria Resources*. Geneva: World Health Organization; 2007.
10. The framework document of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Section 4, H; p. 4. Geneva: Global Fund; [date unknown]. Available from: [http://www.theglobalfund.org/documents/TGF\\_Framework.pdf](http://www.theglobalfund.org/documents/TGF_Framework.pdf).
11. Guidelines on the purpose, structure, composition and funding of Country Coordinating Mechanisms and requirements for grant eligibility. Geneva: Global Fund; [date unknown]. Available from: [http://www.theglobalfund.org/documents/5\\_pp\\_guidelines\\_ccm\\_4\\_en.pdf](http://www.theglobalfund.org/documents/5_pp_guidelines_ccm_4_en.pdf)
12. Gender Expertise is defined as having:
  - familiarity with the determinants of girls’ and women’s vulnerability to the three diseases;
  - expert knowledge of and experience in using methodologies to assess sex and risk differentials in disease burdens and their consequences, and in access to and utilization of prevention, treatment, care and support programs; and
  - expert knowledge of policies and programs to reduce girls’ and women’s vulnerability and secure their health.
13. The current version of attributes states: “national strategy based on sound situational analysis of epidemiological, social, cultural and gender context.”
14. The gender assessment tool developed by the World Health Organization (WHO), which is used in the “mock Technical Review Panel” process, could be a useful tool for the Technical Review Panel itself.
15. The Performance Framework contains a summary of key indicators and targets measuring output and coverage on a routine basis (quarterly or six-monthly depending on reporting frequency) and outcome and impact in the long-term perspective (yearly, biannually or every three years).
16. The toolkit is a compendium of recommended indicators to monitor and evaluate the three diseases and health system strengthening in the context of Global Fund-supported programs.
17. Age groups are defined by partners for each specific disease component and indicators.
18. “Branding” refers to the process of identifying and differentiating the Global Fund as a particular entity. It positions the Global Fund within the broader health and development architecture and is an attempt to define and describe “who we are.”
19. The current seminar series which has focused on issues such as sexual and reproductive health and the social determinants of health will be reinforced by a series featuring women from the grass roots who can share their experiences with Global Fund staff.
20. As at 4 September 2008.



## ANNEX 1: USEFUL DEFINITIONS<sup>1</sup>

**Sex:** Sex refers to the biological characteristics which define humans as female or male. These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females.

**Sexuality:** Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.<sup>2</sup>

**Men who have sex with men, transgender people, bisexual and lesbian populations** refer to persons whose sexual identity does not conform to the standard of heterosexuality or heteronormativity. Most societies reinforce the supremacy of heterosexual identity and behaviors and apply sanctions against sexual identities and behaviors that do not fit within that norm, up to and including criminalization and the death penalty. Stigma and discrimination against people who identify as lesbian, gay, bisexual or transgender people and other sexual minorities is often referred to as homophobia. Homophobia often leads to people in these groups being unable to disclose their sexual identity if they want to maintain their employment, secure their housing and access health care. Discrimination in health care settings against men who have sex with men, transgender people, bisexual, gay and lesbian communities is prevalent in many countries and lack of recognition of the health care needs (especially sexual and reproductive health including HIV) of these communities leaves many vulnerable to poor health.

**Gender:** Gender refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviors, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, changes over time, and varies widely within and across cultures. Gender is relational and refers not simply to women or men but to the relationship between them. [1]

**Gender Equality:** Gender equality entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles or prejudices. Gender equality means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female. [2]

**Gender Equity:** Gender equity means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of women. [3]

**Gender Analysis:** Gender analysis is a systematic way of looking at the different impacts of development, policies, programs and legislation on women and men that entails, first and foremost, collecting sex-disaggregated data and gender-sensitive information about the population concerned. Gender analysis can also include the examination of the multiple ways in which women and men, as social actors, engage in strategies to transform existing roles, relationships, and processes in their own interest and in the interest of others. [4]

**Gender Mainstreaming:** Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres, such that inequality between men and women is not perpetuated. [5]

**Gender-Neutral, Gender-Sensitive, and Gender Transformative:** The primary objective behind gender mainstreaming is to design and implement development projects, programs and policies that:

1. do not reinforce existing gender inequalities (Gender Neutral)
2. attempt to redress existing gender inequalities (Gender Sensitive)
3. attempt to re-define women and men's gender roles and relations (Gender Positive/Transformative)

The degree of integration of a gender perspective in any given project can be conceptualized as a continuum: [6]

<sup>1</sup> Definitions are drawn from the *Glossary of Gender-related Terms and Concepts*, United Nations International Research and Training Institute for the Advancement of Women (INSTRAW).

<sup>2</sup> Source: WHO RH and Research <http://www3.alliance-hpsr.org/reproductive-health/gender/sexualhealth.html>.

**Gender-sensitive indicators:** a gender-sensitive indicator is an indicator that helps to measure gender-related changes in society over time. Their usefulness lies in their ability to point to changes in the status and roles of women and girls, men and boys over time, and therefore to measure whether gender equity is being achieved. Indicators of health are particularly important for the determination of changes in women's status over time. Gender-sensitive health indicators can provide a rigorous information base for policy and program action that can improve health outcomes and reduce unjust health inequities resulting from the social construction of gender. In general, gender-sensitive indicators are gender-specific (wherever possible), take into account existing gender differences in sexual behavior, and address risk and vulnerability factors for females and males such as age, socioeconomic status and physiological, cultural and legal factors. It is widely accepted that the most appropriate strategy with gender-sensitive indicators is one of using quantitative and qualitative methods in combination to measure gender-related changes in society over time.

**Gender-sensitive programs:** programs, approaches or activities that recognize and respond to the different needs and constraints of individuals based on their gender and sexuality. These activities significantly improve women's and girls' and or men and boys' access to protection, treatment or care but by themselves do little to change the larger contextual issues that lie at the root of gender inequities. These program approaches are sufficient to fundamentally alter the balance of power in gender relations or address structural inequalities and discrimination.

**Gender-transformative programs:** programs, approaches or activities that actively seek to build equitable social norms and structures in addition to individual gender-equitable behavior. Transformative approaches seek to transform gender roles and create more gender-equitable relations. Examples include efforts that foster constructive roles for men in sexual and reproductive health and facilitate critical examination and dialogue on gender and sexuality and its impact on health and relationships.

<b>Gender Negative</b>	<b>Gender Neutral</b>	<b>Gender Sensitive</b>	<b>Gender Positive</b>	<b>Gender Transformative</b>
Gender inequalities are reinforced to achieve desired development outcomes  Uses gender norms, roles and stereotypes that reinforce gender inequalities	Gender is not considered relevant to development outcome  Gender norms, roles and relations are not affected (worsened or improved)	Gender is a means to reach set development goal  Addressing gender norms, roles and access to resources in so far as needed to reach project goals	Gender is central to achieving positive development outcomes  Changing gender norms, roles and access to resources a key component of project outcomes	Gender is central to promoting gender equality and achieving positive development outcomes  Transforming unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment

[1] *Exploring Concepts of Gender and Health*. Ottawa: Health Canada, 2003  
[www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/explor1-eng.php](http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/explor1-eng.php)

[2] *ABC of Women Worker's Rights and Gender Equality*, Geneva: ILO, 2000 [http://www.ilo.org/gender/Informationresources/Publications/lang--en/docName--WCMS\\_087314/index.htm](http://www.ilo.org/gender/Informationresources/Publications/lang--en/docName--WCMS_087314/index.htm)

[3] *Ibid. and Gender and Household Food Security*. Rome: International Fund for Agricultural Development, 2001.

[4] *Health Canada, 2003 and ILO 2000 and Gender and Biodiversity Research Guidelines*. Ottawa: International Development Research Centre, 1998.  
[http://www.idrc.ca/uploads/user-S/10267409810gender\\_biodiversity.pdf](http://www.idrc.ca/uploads/user-S/10267409810gender_biodiversity.pdf)

[5] *Agreed Conclusions on Gender Mainstreaming*. Geneva: United Nations Economic and Social Council, 1997. <http://www.un.org/documents/ecosoc/docs/1997/e1997-66.htm>

[6] Adapted from Eckman, A, 2002.



## ANNEX 2: SUGGESTED GENDER EQUALITY ACTIONS

**Some examples of interventions that the Global Fund will champion and fund include activities that:**

- a. Take into account the different needs and vulnerabilities of women and men, girls and boys, and of men who have sex with men, transgender people, bisexual and lesbian populations;
- b. Provide for the specific health needs of women and girls, men and boys, and reduce barriers that inhibit equitable access to prevention, treatment and care (including lack of specialized, targeted and integrated health services, user fees, discriminatory practices and attitudes by health care workers, etc.)
- c. Address factors that impose disproportionate burdens of care and support on women and the elderly and put in place programs to mitigate these burdens;
- d. Reduce the risks and vulnerabilities that increase women's and girls' susceptibility to infection by the three diseases, and mitigate the impact for those already infected (including gender-based violence, female genital mutilation, early or forced marriage, lack of access to education, wife inheritance, increased risk due to pregnancy, discrimination in employment, etc.)
- e. Focus on women who face challenges in being able to access health services, many of whom are at risk of HIV infection or are particularly marginalized, such as sex workers, injecting drug users, lesbian, bisexual or transgender people, partners of bisexual men.
- f. Include programs that empower women and girls so they can protect themselves by having access to sexual and reproductive health care access to female-controlled prevention measures (female condom, negotiating condom use, etc.), and access to education. In this context the Global Fund will champion activities that strengthen sexual and reproductive health-HIV/AIDS service integration.
- g. Target the structural issues that increase the vulnerability of women, girls, men who have sex with men, transgender people, bisexual and lesbian populations, including sociocultural, legal, political and economic inequalities and discrimination;
- h. Ensure that men and boys are targeted with appropriate interventions in prevention, treatment and care activities.
- i. Use transformative approaches that involve and/or engage men and young boys in the gender inequalities fight.

## ANNEX 3: OPPORTUNITIES FOR PARTNER ENGAGEMENT

### **1. Capacity building, including for dual-track financing and community systems strengthening and in the preparation of national strategies**

- a. preparing women's organizations and networks (or other relevant groups) to be sub-recipients or Principal Recipients ;
- b. supporting government gender or social affairs departments and the sexual and reproductive health departments of ministries of health to integrate better with other health department representatives and other processes in preparing national strategies,
- c. Encouraging government ministries to engage civil society in the development of relevant national strategies and systems, and supporting civil society organizations to build planning and financial management capacity and to engage in broad strategic planning processes, including at the national level.

### **2. Technical assistance**

- a. both for proposal development (identifying appropriate interventions) but also for implementation, especially on management and financial skills, M&E and procurement where there are often gaps
- b. UN agencies, bilateral donors, the private sector, private foundations and civil society (including international nongovernmental organizations) should endeavor to harmonize technical assistance efforts between various providers for a more coherent and comprehensive approach in country.

### **3. Normative guidance and capturing what works**

- a. UN agencies have a key role in the development and dissemination of "best practice" and user-friendly guidance for use in country as well as briefing the Technical Review Panel on new developments. These guidance documents must also be adapted for use by the Global Fund itself in determining its own compliance with its human rights principles and gender transformative objectives and strategy.
- b. Many other actors, including civil society, have helped in developing recommendations for appropriate programming, e.g. on sexual and reproductive health-HIV/AIDS service integration and linkage.

### **4. Supporting advocacy work to ensure approaches that promote gender equality are addressed in program development, governance and implementation, including:**

- a. issues of unequal access to services - including stigma and discrimination by health care providers (especially toward men who have sex with men, transgender people, bisexual and lesbian populations, and the sexual and reproductive health requirements of people living with HIV) need to be publicized;
- b. country-level "watchdog" organizations can provide evidence for advocacy outreach;
- c. country partners can also influence Country Coordinating Mechanism membership and functioning and ensure that all Country Coordinating Mechanism deliberations are fully participatory and that representatives selected for gender and/or expertise with men who have sex with men, transgender people, bisexual and lesbian populations are not discriminated against by other Country Coordinating Mechanism members;
- d. partners can also help by providing transport, translation, capacity building and training to strengthen the representation skills of women's groups and networks, and facilitate communication and consultation with their constituencies.

### **5. Co-financing or other investment in implementation capacity that would broaden the base of activities focused on interventions that either target women and girls, or address gender inequalities**

- a. Coordination is essential to expand the reach of gender-transformative programming, including joint reviews between co-funders which do not increase the administrative burden on grant recipients.

### **6. Establishing a clear evidence base through pure and operational research on what works**

- a. Providing guidance and assistance to country actors to capture their experience using more rigorous methodology.
- b. Build models of innovative programming that can be scaled up and replicated.

### **7. Developing – and making available on a large scale - new technologies with a particular focus on women and girls**

- a. There is a need to find ways to implement some new or under-funded technologies on a large scale with effective programs (e.g. the female condom and male circumcision where this is seen as effective), while at the same time ensuring respect for human rights and with attention to gender-differentiated impacts.



## LIST OF ABBREVIATIONS AND TERMS

<b>ARV</b>	antiretroviral
<b>MDG</b>	Millennium Development Goal
<b>PMTCT</b>	prevention of mother-to-child transmission (of HIV)
<b>TB</b>	tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>WHO</b>	World Health Organization







