



Annex 2 to the Analysis of the Implementation of the Global Fund Gender Equality Strategy in Round 8 and 9 HIV Programs

Thought Piece
***The Global Fund's New Funding Model:
Steps to secure gender transformative responses to AIDS through
Strategic Investment Frameworks***

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Disclaimer:

The views and opinions expressed in this article are those of the author and do not necessarily reflect the position of the Global Fund to Fight AIDS, Tuberculosis and Malaria or UN Women.

Why this paper?

Throughout 2012 AIDS Strategy Advocacy and Policy (ASAP) has been working with the Global Fund secretariat and UN Women to review nine HIV programs funded by the Global Fund in Rounds 8 & 9 to establish the extent to which gender responsive programs have been supported. In September 2012, a country case study was undertaken in Zambia¹.

Overall, the review has found limited implementation of activities scaling up responses to HIV to address the needs of women and girls in a way that would transform local responses to HIV and better the lives of women, their families and communities. This despite the clear direction set by the Global Fund's Gender Equality Strategy (GES) and supported by clear guidance notes issued to countries by the secretariat. The review found substantial attrition from the time of the proposal – where countries included a fair range of activities that would be gender sensitive – to the period of implementation, where these activities dropped away, or could not be tracked – including through budgets. Learning from this review is important to inform the new Global Fund model, and in particular the strategic investment framework (SIF) that will assist countries to apply funds to programs that will achieve the most impact. The review highlighted that countries had a weak understanding of the most strategic gender-transformative programs required to maximise impact on women and girls, and structural barriers within the Global Fund processes limit strategic investments (as reflected in the new strategy and new funding models).

What processes can the Global Fund employ to ensure that investments are strategic and respond to the gendered aspects of HIV?

The ASAP case study in Zambia provides clear evidence for the need to better integrate gender in Global Fund programs and procedures as well as to improve monitoring of the implementation of gender responsive programming. The case study identified key constraints, including significant difficulties tracking implementation of gender-responsive programming, limitations and confusion around accessing Global Fund resources, especially among smaller organizations, and organizations of women living with HIV, and a lack of sex disaggregated data, which makes it challenging to see whether men and women are benefitting equally from programs. These findings led to a series of recommendations which should be addressed through the new funding model for the Global Fund, including:

1. Organizations of women living with HIV should be thoroughly consulted and engaged in all structures and processes (eg CCMs), at the point of proposal development as well as implementation and monitoring and evaluation; this should be the case for national strategies as well as Global Fund-specific activities.
2. The Strategic Investment Framework promoted by the Global Fund should highlight a number of gender-related program activities, critical enablers and synergies to inform and incentivise quality, gender-transformative programming by countries; the SIF should maintain a focus on collecting evidence on HIV and gender issues.
3. The Global Fund secretariat should ensure that the full cycle of all grant negotiations with countries (from concept note stage on) are informed by quality advice from gender experts – as well as advice grounded in expertise on human rights and vulnerable populations.

¹ This review “Analysis of the Implementation of the Global Fund Gender Equality Strategy in Round 8 and 9 HIV Programs” was undertaken by ASAP associates, Hanke Bokma de Boer Nubé and Sophie Dilmitis, with Robin Gorna

4. Programs to address and reduce gender-based violence should be considered as a core activity, especially in those countries where evidence suggests that violence is a driver of the epidemic. In all other contexts it should be considered in the least under development synergies.
5. Evidence of gender responsiveness program implementation should be required for future funding.
6. The Global Fund should require the use of sex- and age- disaggregated data² to enable all stakeholders at national level, as well as global partners, to track the progress of the Global Fund's investment for women and girls, to identify service provision gaps, and to highlight consistently the need for gender-responsive programming and implementation.
7. Sex- and age- disaggregated data should inform the selection of all areas of the SIF including critical enablers, basic programmatic activities and development synergies.
8. The Global Fund should ensure that the Performance Framework (PF) indicators, which drive the focus of the Global Fund review and reporting structures, are gender transformative to track that services are responding to the needs, rights and visions of women and girls.
9. The Global Fund should encourage qualitative M&E that documents good practices, in addition to tracking (sex- and age- disaggregated) data recording numbers of people served and specific services delivered. Examples of good practice related to gender should be required in the Progress Update and other means of documenting impact.

What investments are most strategic for women and girls?

The Global Fund is in the processes of developing a new funding model that will support more strategic investments in the future. While the case study in Zambia did not review strategic interventions per se, the Desk Review Analysis that ASAP has undertaken with the Global Fund and UN Women has been grounded in best practice. ASAP has reviewed a range of different models defining the qualities and elements of gender-transformative responses in the response to AIDS and these form the basis of the overall review, as well as the specific "deep dive" into Zambia's Round 8 programming. The proposals made in this paper derive from both that broader context as well as the review of recent Global Fund programming.

There is substantial evidence showing that tailoring programs and services to meet the needs and rights of women and girls is essential to have the greatest impact – the exact range of programs will, necessarily, vary according to the epidemiological profile of a country, but several papers show that gender responsive programming is always a fundamental aspect of evidence-based investments³. The current Global Fund thinking for strategic investments in HIV responses is based on a paper, published in *The Lancet* in June 2011⁴, that laid out a new framework for investing in the global HIV response. Often known as the UNAIDS Strategic Investment Framework (UNAIDS SIF), this described how a committed, results-focused investment now will

² This is in line with the directions contained in the *Global Fund's Gender Equality Strategy*

³ UNAIDS 2012, *Together we will end AIDS*. Retrieved 21 August 2012 from:

http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf; UNAIDS Action Framework. *Addressing women, girls, gender equality and HIV* (August 2009); UN Women: *The 4th Decade of women and HIV: The role of gender equality in reversing the HIV pandemic*. (Draft)

⁴ Schwartländer et al

turn the epidemic around, by applying investments to programs that will have the greatest impact in the shortest time frame. Systematic prioritization, focused on recent advances, and ensuring resources are not spread too thinly across many parallel interventions, will make countries' responses to AIDS more effective and sustainable.

The UNAIDS SIF framework proposes three categories of investment: six basic program activities with proven effectiveness; a set of critical interventions that create an enabling environment for achieving maximum impact; and support for programmatic efforts set in wider health and development sectors related to AIDS. Gender equality in the UNAIDS SIF is considered as one of "Synergies" area, along with other development issues. Gender inequality is a key obstacle to preventing HIV and providing treatment and care for women and girls living with HIV, and to reaching better family planning, maternal and reproductive health outcomes. The UNAIDS SIF is "gender blind", ie it does not identify the programs necessary to scale up programs that will impact women and girls, despite the clear evidence of need. However, it is relatively straightforward to integrate a gender sensitive approach in the UNAIDS SIF, and thus achieve maximal impact. The table below takes the components of the UNAIDS SIF and identifies (*in italic*) strategic, evidence-based, gender responsive programs that ought to be considered in most epidemiological contexts. It is important to emphasize that this list provides examples of the types of activities that should be considered to ensure that the SIF is gender responsive; it is not intended to be comprehensive nor does it cover all aspects of the UNAIDS SIF:

Basic program activities	Critical enablers	Synergies
<p>1. Programs for key populations</p> <p><i>Programs differentiated to meet the specific needs of women and girls from key populations, including women and girls who use drugs, women and Trans* sex workers, women prisoners, female partners of men who have sex with men, Trans* people</i></p>	<p>1. Political commitment and advocacy</p> <p><i>Enact legislation, eg Anti-GBV Act, to address women's rights and the specific vulnerabilities and needs of women and girls; Ensuring that political leaders raise the rights and needs of women and girls in the context of the national HIV strategy and plan; Track HIV spending on women and girls through national and local budgets;</i></p>	<p>1. Health Systems Strengthening</p> <p><i>Ensure that health care providers understand and respect the rights of all women and girls living with HIV, irrespective of age to access quality services; Ensure that HIV and SRHR services meet the needs of all women and girls, irrespective of sero-status; Addressing gender specific aspects of task shifting, task sharing and human resources for health, to ensure that women supporting health professionals (eg Mentor Mothers) are adequately remunerated and trained; Ensuring that supply chain management systems procure and distribute HIV and SRHR medicines and diagnostics meeting the needs of women and girls;</i></p>

		<i>Securing focused programs to address the rights of women and girls to access services addressing their varied medical and structural needs; Strengthen health information systems to collect and report with sex-disaggregated data.</i>
<i>2. Elimination of new HIV infections in Children Scaling up all 4 Prongs of PMTCT, with particular attention to programs to prevent HIV in women and girls, to meet the family planning needs of women living with HIV, and to keep mothers alive; Promote men’s involvement in PMTCT without jeopardizing women’s access to services in the absence of men’s involvement.</i>	<i>2. Legal environment Support for programs to address legal needs and rights’ violations of women and girls, including to address gender-based violence, coerced sterilization, property theft, inheritance laws, “widow cleansing” etc</i>	<i>2. Education Focused efforts to keep girls in school⁵; Ensuring that all young people have access to comprehensive sexuality education delivered by people who are comfortable with their own and others sexuality Education programs addressing gender norms, cultural values and highlighting the different needs and rights of women and girls, and men & boys</i>
<i>3. Behavior change programs Behavior change programs differentiated for women and men to address sexuality, HIV, SRHR, gender norms, violence; Involving men and boys in HIV programming to address gender norms and disparities; Comprehensive HIV education ensuring that men and women understand the full range of risk factors and are empowered to change behavior to reduce risk</i>	<i>3. Community Mobilization Support, including core funding, for networks of women living with HIV to plan, implement and monitor effective responses; Mobilising women and men living with HIV to ensure that all understand their rights and are able to access quality services; Addressing issues surrounding harmful gender norms in the traditional communities; Facilitating better communication between women’s organizations and HIV organizations for better synergies.</i>	<i>3. Gender Securing gender expertise, and the meaningful involvement of women living with HIV in all structures to plan, implement and monitor HIV programs, to secure gender transformative programming as the norm; Capacity building and other steps to ensure that policy makers understand the evidence for, and importance of, gender transformative programming</i>
<i>4. Condom promotion Distribution of female, as well as, male condoms,</i>	<i>4. Stigma reduction Interventions to address stigma among health care</i>	<i>4. Social protection Programs for the economic empowerment of women and</i>

⁵ Evidence shows that girls who complete education have better health outcomes, including less risk of HIV

<p><i>accompanied by education to address cultural norms and values</i></p>	<p><i>providers and others responsible for securing women’s access to services; Support for programs to address cultural beliefs and values that place women at special risk to HIV and do not enforce their human rights (such as widow cleansing and inheritance rights); Programs that support the empowerment of women and girls living with HIV, and women from key affected populations – including peer support groups and networks – to promote human rights and tackle stigma.</i></p>	<p><i>girls, recognizing the economic disparities and limited access to the labour market of women in most societies, inc through micro finance programs Targeted efforts to meet the needs of girls and young women, including orphans and other girl children withdrawn from education to care for families affected by AIDS</i></p>
<p>5. Treatment (ART), care and support for people living with HIV <i>Voluntary and confidential counseling and testing, ART, care and support programs differentiated for women and girls and focused on different medical needs - eg family planning, sexual, reproductive, maternal health and rights; Structural areas to be strengthened – eg youth friendly services, mobile clinics, child care; Programs addressing psychosocial issues facing discordant couples (eg voluntary and confidential couples counseling to address “shame & blame”, stigma from family members, violence, conceiving a child etc); Engaging men and boys in home based care programs, to reduce the burden of care on women and girls</i></p>	<p>5. Mass Media <i>Develop and disseminate campaigns that address gender issues, including women’s rights, anti-stigma, action against GBV, involvement of men and boys.</i></p>	
<p>6. Male circumcision <i>Focused HIV education for</i></p>	<p>6. Program management <i>Ensuring that women living</i></p>	

<p><i>female partners of circumcised men, as well as for mothers of boys considering circumcision</i></p>	<p><i>with HIV, and gender experts, are always involved in CCMs, key committees and TWGs, and other processes for program planning and oversight;</i></p> <p><i>Securing gender expertise on the Global Fund TRP and other structures to secure quality, strategic investments;</i></p> <p><i>Ensuring that program planning is based on quality evidence of what works for women;</i></p> <p><i>Putting in place processes to secure sex-disaggregated data to monitor the reach of all programs, and track whether they reach women and girls;</i></p> <p><i>Requiring reporting and evaluation of the gender impact of programs, including highlighting best practice</i></p>	
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