



**Formative Evaluations of the Gender Equality and
Sexual Orientation and Gender Identities Strategies of
The Global Fund to Fight AIDS, Tuberculosis & Malaria**

September 2011

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Formative Evaluations of the Gender Equality and Sexual Orientation and Gender Identities Strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria

Executive Summary

Introduction

1. Between May and August 2011, the Pangaea Global AIDS Foundation conducted formative evaluations of the Gender Equality (GES) and Sexual Orientation and Gender Identities (SOGI) Strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). This executive summary sets out our key recommendations. The full report describes the evaluation process, findings and recommendations in further detail.
2. The Board of the Global Fund approved the two strategies in 2008 & 2009, with the requirement that independent evaluations be conducted after two years. While it is too early to assess their on-the-ground impact in improving services for key affected individuals and communities, the purpose of these formative evaluations was to assess the degree to which the structures & workplans of the Global Fund have used these strategies to advance their implementation.

Findings

3. **The approval of the two strategies by the Global Fund's Board set an important precedent: These are the first thematic priorities for the world's only financing mechanism established to fund technically sound country proposals for AIDS, TB and Malaria.** The Global Fund sent a strong message to implementing countries in particular, of the importance of meeting the health needs of populations too often overlooked in general population-based infectious disease strategies. However, the key test of the Global Fund's commitment to GES and SOGI will be sustained implementation across all the Global Fund's structures, providing sound guidance and support for countries. It will need to include mechanisms to ensure both the Global Fund and its grantees are transparent in GES and SOGI implementation, and accountable to the communities which they serve.
4. **The Global Fund has not as consistently prioritized their implementation, as would be demanded by such critical issues in the response to global infectious disease.** It is untenable to rely on individual staff members (namely the GES and SOGI Senior Advisers) to lead the implementation of what should essentially be Secretariat-wide priorities. Nevertheless, we found consistently strong, at times passionate, support from stakeholders for the two strategies. SOGI particularly, has been an invaluable advocacy tool to promote services for key

affected populations. Disappointingly, the GES has been less influential, which, given the disproportionate effects of HIV in sub-Saharan girls and women, is a key concern.

Key Recommendation

5. The Global Fund Secretariat should develop, as part of the implementation of a new Five Year Strategy (2012 – 2016), individual operational plans linked to GES and SOGI for:

- **Girls & Women (particularly in sub-Saharan Africa)**
- **Men who have Sex with Men (MSM)**
- **Transgender peoples**
- **Sex Workers; and**
- **Injection Drug Users (IDUs)**

6. These operational plans should be coordinated by the GES and SOGI Senior Advisers, building on existing programs of actions, and with the full engagement of other Secretariat departments, particularly Country Teams. The plans should identify time-bound priorities for the Secretariat, technical partners and Country Coordinating Mechanisms (CCMs) to ensure that existing and future grant submissions have evidence-driven programs for these populations, rooted in respect for their human-rights.

7. We are not recommending that either strategy be revised and resubmitted to the Global Fund Board. The strategies already provide adequate underpinning for the Global Fund's work with key affected populations: The challenge is not further policy-refinement, but sustained implementation.

Additional Recommendations for the Global Fund Board

8. The Global Fund Board should endorse the commitment of the Secretariat to develop operational plans for all key affected populations listed in paragraph 5, without having to approve the individual plans.

9. The Global Fund Board should extend the eligibility criteria (and associated) budget of the MARPs ring-fenced funding to include sexual and gender-based violence, recognizing the relevance for populations currently defined under MARPs, as well as girls and women.

10. All new and existing Board members should be educated and updated regularly on the objectives and action items of the GES and SOGI. Many early champions have moved off Board delegations, and new members are not adequately aware of the strategies.

Additional Recommendations for the Global Fund Secretariat

11. The new Senior Policy Adviser for Gender should lead, with the Senior Technical Gender Adviser, the reprioritization of the GES program of action, in particular:

- a) **Develop operational plans for girls and women**, with internal and external engagement, and with a focus on mainstreaming cross-Secretariat action. The girls and women operational plan should have a particular emphasis on the needs of the under twenty-fives in sub-Saharan Africa, who carry the burden of new infections.
- b) **Lead and coordinate training for CCMs, in collaboration with the CCM team, on the new priorities of the GES**, with particular focus on the opportunities in the reprogramming of existing grants.
- c) **Develop a partnership and advocacy plan for GES**, building on the experience of SOGI.

In addition, the three Senior Advisors for GES and SOGI should develop operational plans for MSM, sex workers and IDUs.

12. Secretariat Country Teams should develop and implement plans with the support of the Senior Advisers to ensure that gender equality and key populations strategies are appropriately prioritized in the reprogramming of existing grants, proposal development and agreement of new grants.

13. Non-CCM GES and SOGI proposals should be encouraged for funding by the Global Fund (in both reprogramming and new grant submissions), particularly in instances where the existing CCM will support proposals that address gender equality and sexual minorities, when such programs are responsive to a country's epidemic.

14. Data collection and reporting should be dis-aggregated by “male” and “female”. The Secretariat should also examine the most effective strategies to collect and report out data on program participants who identify as transgender and other sexual minorities, while at the same time ensuring the full protection of their human rights. The particular expertise of technical partners from the UN, NGOs, academia, and affected communities should be called upon as part of this process.

Additional Recommendations for Technical Partners

15. Key technical partners, including UNAIDS, UNDP, WHO and key international NGOs should develop, with the Global Fund Secretariat, clear, regularly updated guidance on how countries should address gender and key affected populations in reprogrammed and new grant proposals, and to assist the Technical Review Panel (TRP) and Global Fund Secretariat to

evaluate such proposals. This guidance should include country situation analyses on the links between gender inequalities, key affected populations and HIV, TB and malaria.

16. UNAIDS should develop updated guidance for the Global Fund and other partners on how to provide HIV-related services to transgender peoples– with a particular focus on the needs of transgender men (trans* men).

17. Technical partners should reach direct, formal arrangements with individual countries to ensure that the CCMs, Principal Recipients and Sub Recipients have access to the technical assistance needed to make sure that existing grants and future applications appropriately address gender inequalities, and promote the health of sexual minorities.

Additional Recommendations for Country Coordinating Mechanisms

18. CCMs should demonstrate how they have meaningfully incorporated the two strategies, and how technical assistance offered by Global Fund partners has been incorporated, when submitting new proposals or negotiating the reprogramming of existing grants

19. All CCM members should be educated and regularly updated on the two strategies.

20. CCMs should ensure the meaningful representation of key populations (namely women, MSM, transgender peoples, sex workers and IDUs) on CCMs and in leadership roles, and that gender experts are consulted.

Formative Evaluations of the Gender Equality and Sexual Orientation and Gender Identities Strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria

Full Report

Introduction

21. Between May and August 2011, the Pangaea Global AIDS Foundation conducted formative evaluations of the Gender Equality (GES) and Sexual Orientation and Gender Inequalities (SOGI) Strategies of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). This full report describes the evaluation process, findings and recommendations in detail.

22. The Board of the Global Fund approved the two strategies in 2008 & 2009, with the requirement that independent evaluations be conducted after two years. While it is too early to assess their on-the-ground impact in improving services for key affected individuals and communities, the purpose of these formative evaluations was to assess the degree to which the structures & workplans of the Global Fund have used these strategies to advance their implementation.

Overview of the Gender Equality and Sexual Orientation and Gender Identity Strategies

The Gender Equality Strategy

23. At its Sixteenth Board Meeting in November 2007, the Global Fund recognized the importance of addressing gender issues in the fight against the three epidemics, placing a particular focus on the vulnerabilities of women and girls and “sexual minorities” (men who have sex with men, transgender peoples, and female, male, and transgender people sex workers). The Board authorized the Global Fund Secretariat to develop a strategy to address gender issues in its policies and operations, which was reviewed and adopted by the Board in 2008. The GES can be found at www.theglobalfund.org/documents/core/strategies/Core_GenderEquality_Strategy_en/.

Four key objectives were defined:

1. Ensure Global Fund **policies, procedures and structures** – including the Country Coordinating Mechanisms (CCMs)- support programs that effectively address gender inequalities

2. Establish and strengthen **partnerships** that effectively support the implementation of programs that address gender equalities and reduce women's and girls' vulnerabilities, provide quality technical assistance, and build the capacity of groups who are not currently participating in the Global Fund processes but should be
3. Develop a robust **communications and advocacy** strategy that promotes the gender equity strategy and encourages programming for women and girls and men and boys
4. Provide **leadership and advocacy**, internally and externally by giving voice to the Gender Equality Strategy

The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities

24. In 2009, the Board reviewed and endorsed the *SOGI strategy* (www.theglobalfund.org/documents/core/strategies/Core_SexualOrientationAndGenderIdentities_Strategy_en/), which built upon the structure of the GES. However, it focused exclusively on HIV, outlining strategic directions for the Global Fund to promote national AIDS responses to address the epidemic in men who have sex with men, transgender peoples, and sex workers.

It, too, has four strategic objectives, complementing the GES, namely:

1. Ensure Global Fund **policies, procedures and structures** effectively support programs that effectively address HIV and health-related vulnerability, impact, access and equity issues associated with sexual orientation and gender identities
2. Ensure that emerging **research, evidence and best practice** related to HIV, health and sexual orientation and gender identities is widely disseminated and supports strengthened programming for relevant key groups
3. Develop a robust **communications and advocacy** strategy that promotes the gender equity strategy and encourages programming for women and girls and men and boys
4. Provide **leadership and advocacy**, internally and externally, by supporting, advancing and giving voice to HIV and health-related vulnerability, impact, access and equity issues associated with sexual orientation and gender identities

25. The SOGI Strategy additionally includes 19 “Action Points” focused on increasing the capacity of CCMs to address gender equality and include sexual minorities in grant proposals, and on strengthening monitoring & evaluation.

Evaluation Approach

26. The **Pangaea Global AIDS Foundation** (See Appendix A: Overview of Pangaea Global AIDS Foundation) was selected through a competitive process to conduct the independent evaluations. Given that both Strategies are in the early stages of implementation, the evaluations were not meant to assess impact on grants funded or in health outcomes of key affected populations. Rather, the purpose was to assess progress in implementation related to the strategies plans of action, to identify lessons-learned as the Global Fund moves into its 5-year strategic planning process. The evaluation frameworks were submitted and approved in May 2011.

27. An independent **Expert Advisory Group** (EAG) (See Appendix B: EAG Roster) was established to provide support the design and implementation of the evaluations, and to assist with the interpretation of evaluation findings. EAG members were invited by the Secretariat based on their expertise in reflecting civil society, key affected populations, Global Fund partner organizations, the private sector, and gender equality and sexual minorities.

28. The evaluations were conducted separately, by the senior leadership of Pangaea (Plumley-SOGI; Dunbar-GES), with support from Pangaea technical staff. The evaluations focussed on assessing implementation progress, including challenges to and facilitators of success; management and allocation of resources; who and who has not been engaged in implementation; and signs of initial impact. We used a variety of methods to conduct the evaluations:

Document Review: We reviewed key documents, including key speeches by Global Fund executives, committee reports, related publications (both internal and external to the Global Fund), proposal guidance notes, monitoring and evaluation frameworks, press releases about the strategies and related topics, and analyses of proposals funded in Rounds 8, 9 and 10.

On Line Consultation: The Pangaea evaluation team implemented two on-line surveys to allow separate input into both evaluations. The online surveys were made available in English, French, Spanish and Russian. The purpose of these surveys was to solicit a broad array of community feedback, particularly from stakeholders who were not participants at the Partnership Forum held in June 2011 in Sao Paulo, Brazil. Opportunities for email communication directly to the evaluation team were also made available.

Key Informant Interviews and Community Consultations: We conducted a series of key informant interviews and community consultations in Geneva, New York (tied to the UN high-

level meetings), and during the Partnership Forum in Sao Paulo Brazil. Our interviews spanned Global Fund executives and board officers, secretariat staff, external partner representatives, board members, TRP members, civil society representatives; and country-level representatives (CCM members, proposal-writers, principal and sub-recipient representatives). Separate interview guides were developed loosely focused on the stated objectives of each strategy (see paragraph 23 and 24). Both guides allowed participants to provide open comments on the successes, challenges, lessons learned and recommendations for the future. In addition, we held a series of community consultations at the Partnership Forum, including an Open Consultation, to solicit feedback on the two strategies from all interested parties, and three smaller group discussions, one focused on the GES, one on SOGI, and one to seek input specifically from injection drug users and sex workers.

29. The key findings and recommendations presented in this report are based on an analysis from the various data sources. In addition, the Global Coalition of Women on AIDS & the MSM Global Forum undertook separate consultations. These, as well as an independent review of the Gender Equality Strategy, are reflected in this final report.

Evaluation Results

Online Survey Results

30. Pangaea received 156 respondents to the online survey for the GES, and 105 respondents to the online survey for SOGI. Data are presented below on demographics and institutional affiliations of respondents, and on progress and barriers related to implementation of the two strategies. A full presentation of data is included in Appendix C.

GES Brief Synopsis of Survey Results

31. The 156 respondents represented 150 countries, spanning the range of regions with Global Fund funding. The majority of GES respondents were aged 35-54 (Chart 1). Fifty-three percent were female, 32% were male and 21% were transgender (trans*women). Less than 1% were trans*men (Chart 2).

Chart 1: Age of GES survey respondents

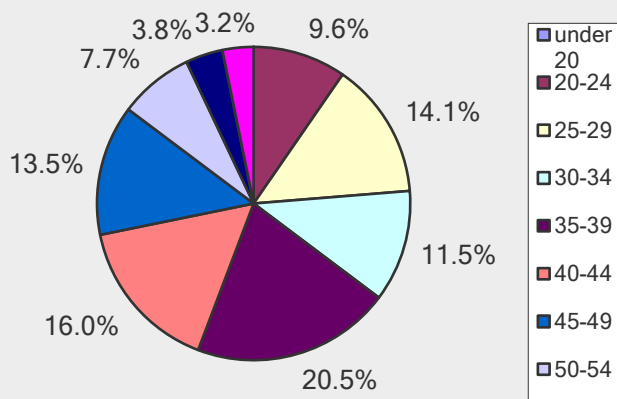
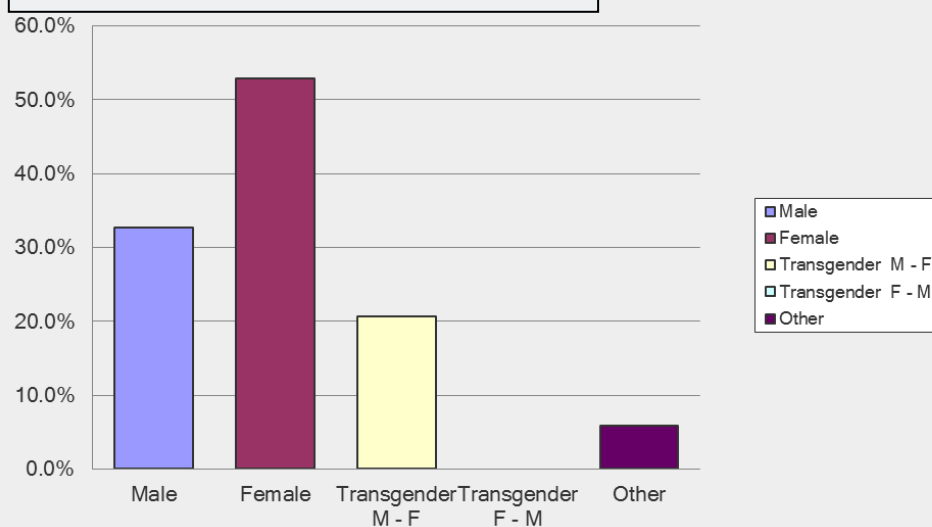
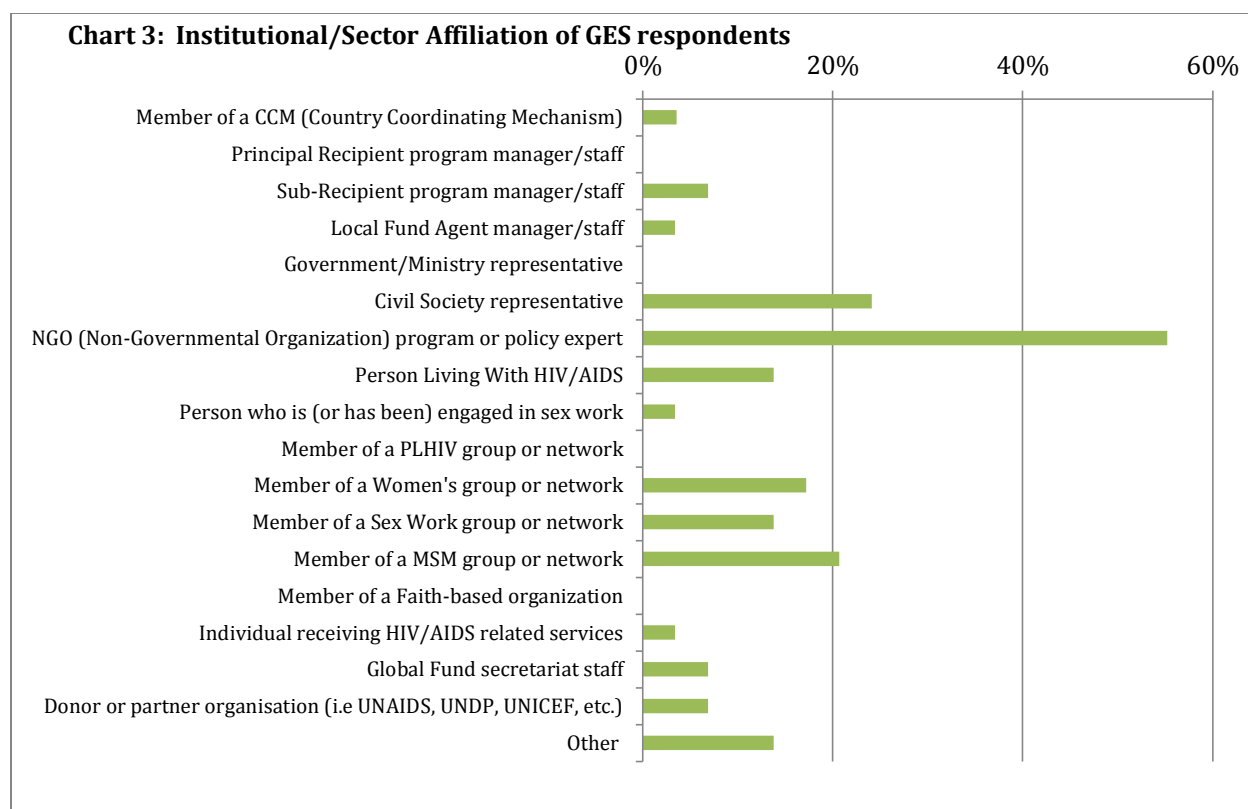


Chart 2: Gender of GES Respondents



32. The majority of participants identified as heterosexual women (47%), with a wide-range of other identities reported (13% heterosexual men, 18% gay men, 3% lesbian women, 9% bisexual men, 3% bisexual women, 3% men who have sex with men but not identified as gay, 18% other) (Chart in Appendix C).

33. The majority of GES respondents represented civil society or work for a non-governmental agency (Chart 3). Approximately 50% represented women, sex work or MSM networks. Approximately 10% identified as a Global Fund Secretariat or Partner organization member



34. When asked “To what extent do you feel the Global Fund guidelines and policies effectively support countries and regions to address gender equality and vulnerabilities of women and girls to the three diseases”, responses were as follows: positive (very much or a lot)=25; neutral (okay/in the middle)=32; and negative (very little or not at all)=54 (Chart 4). When asked what were the most important barriers or challenges to effective implementation, the top three responses cited were: “lack of technical capacity and expertise to implement gender equality programming”; “lack of social and/or professional support to work on issues affecting the health and rights of women and girls” and “Lack of communication in the media, etc., about the needs of women and girls, and the need for gender equality (Chart 5).

Chart 4: Progress in Meeting GES Key Objectives

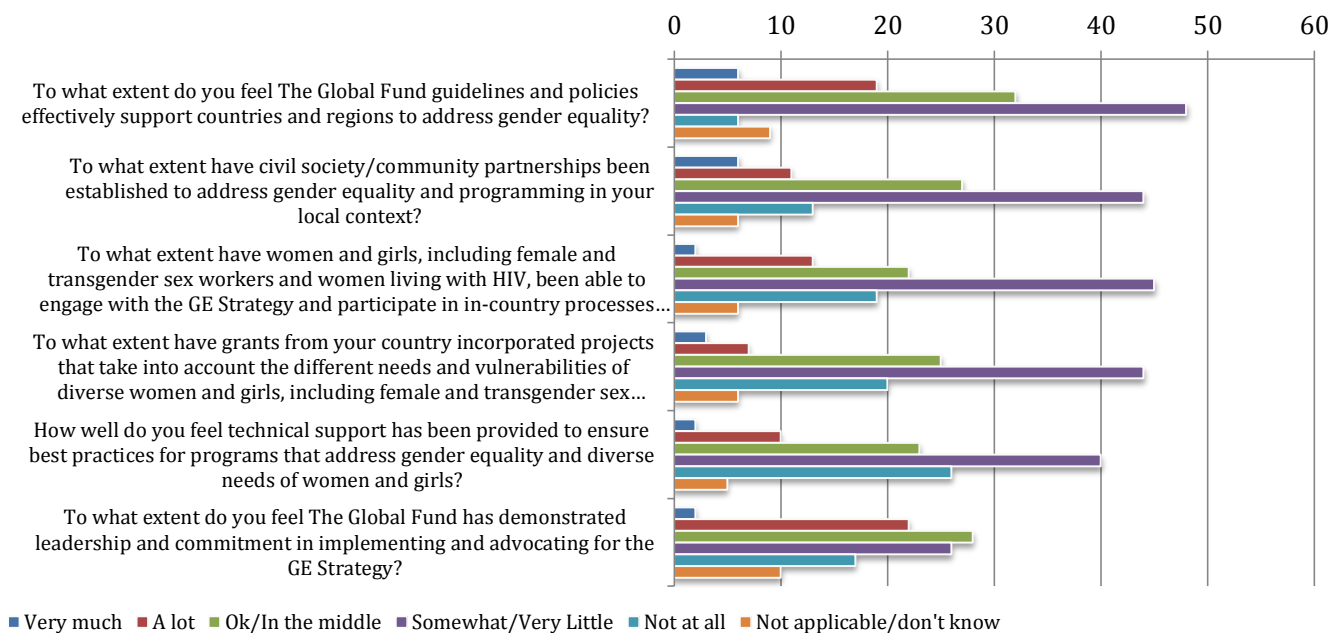
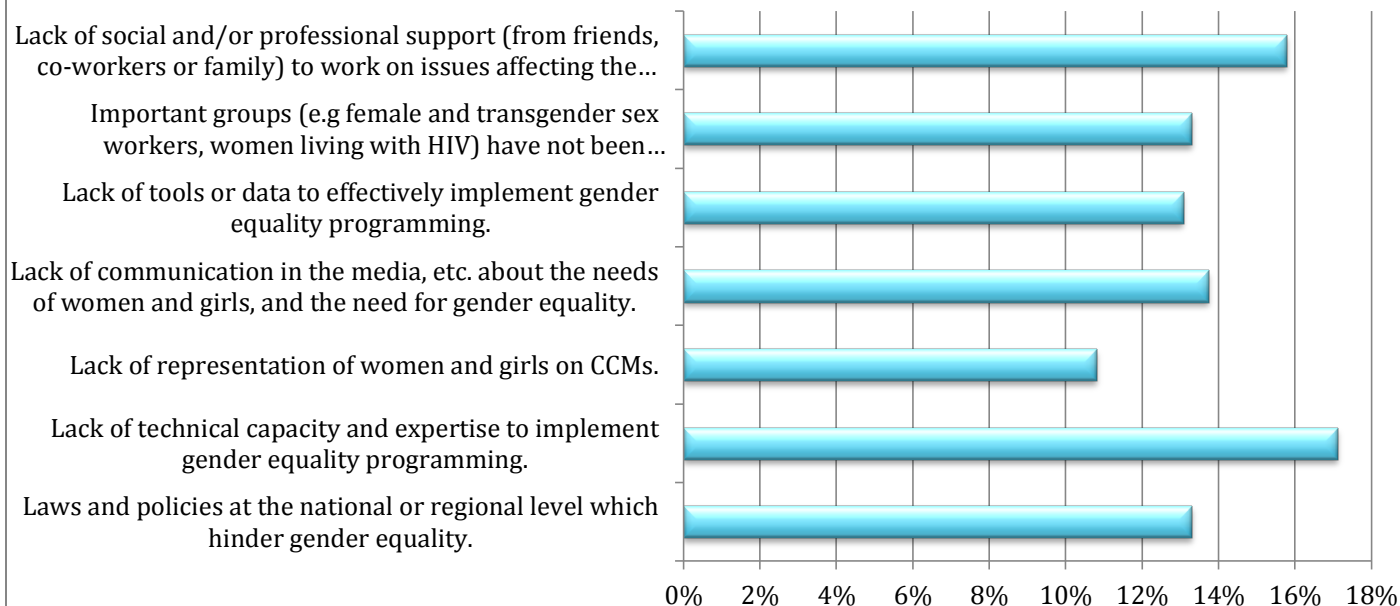


Chart 5: Barriers to Implementation of GES



SOGI Brief Synopsis of Survey Results

35. Of the 105 SOGI respondents, 104 countries were represented across all of the Global Fund regions. The age range for SOGI respondents is presented in Chart 6 – there was fairly equal representation between ages 25-29, 30-34 and 35-39. Fifty-five percent were male, 19% were female, 14% were transgender (trans* women), and 10% were transgender (trans* men) (Chart 7). The majority of participants identified as gay men (40%), followed by heterosexual men 13%, heterosexual women 19%, and men who have sex with men but who do not identify as gay 5%, 14% were bi-sexual men (Chart in Appendix C).

Chart 6: Age of SOGI respondents

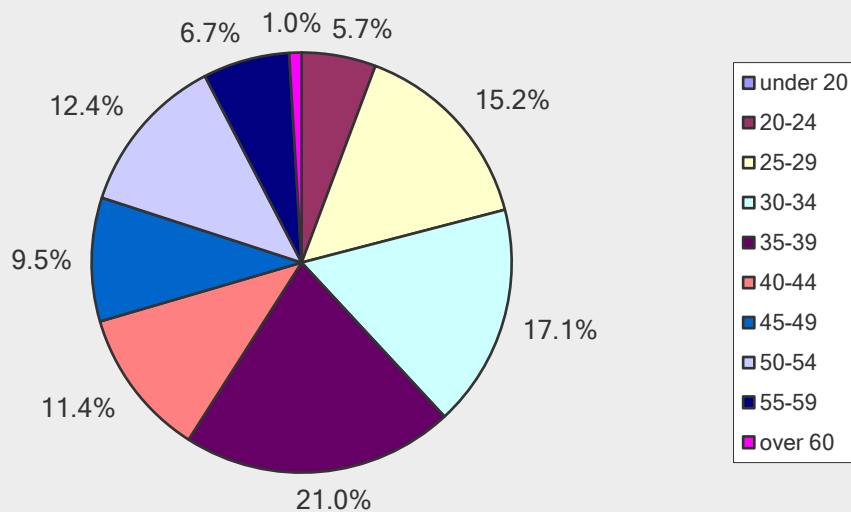
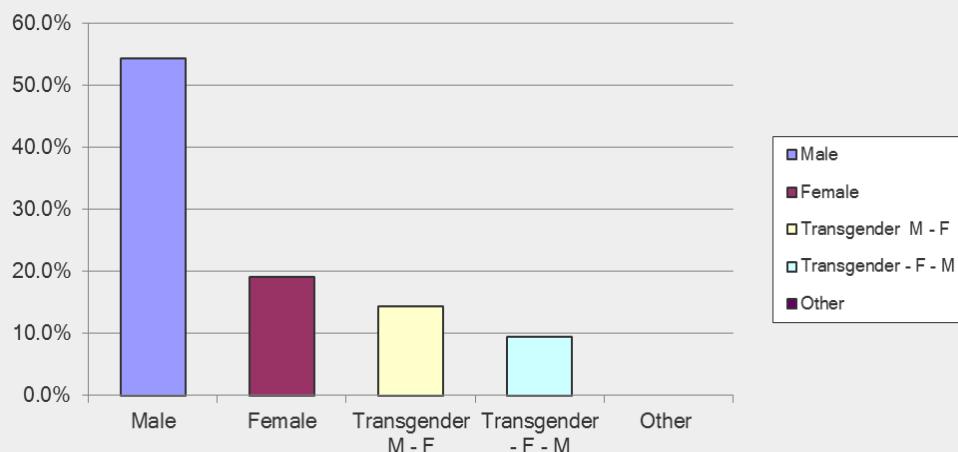
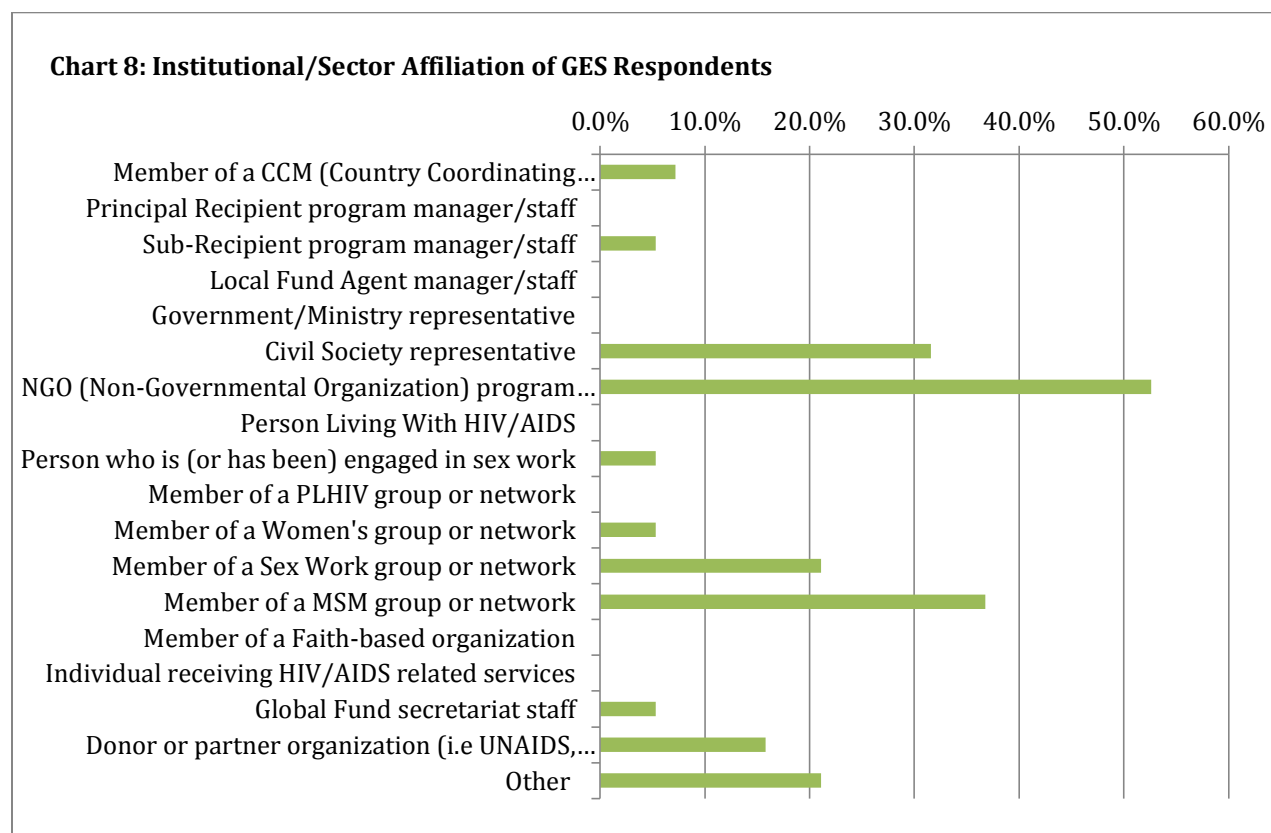


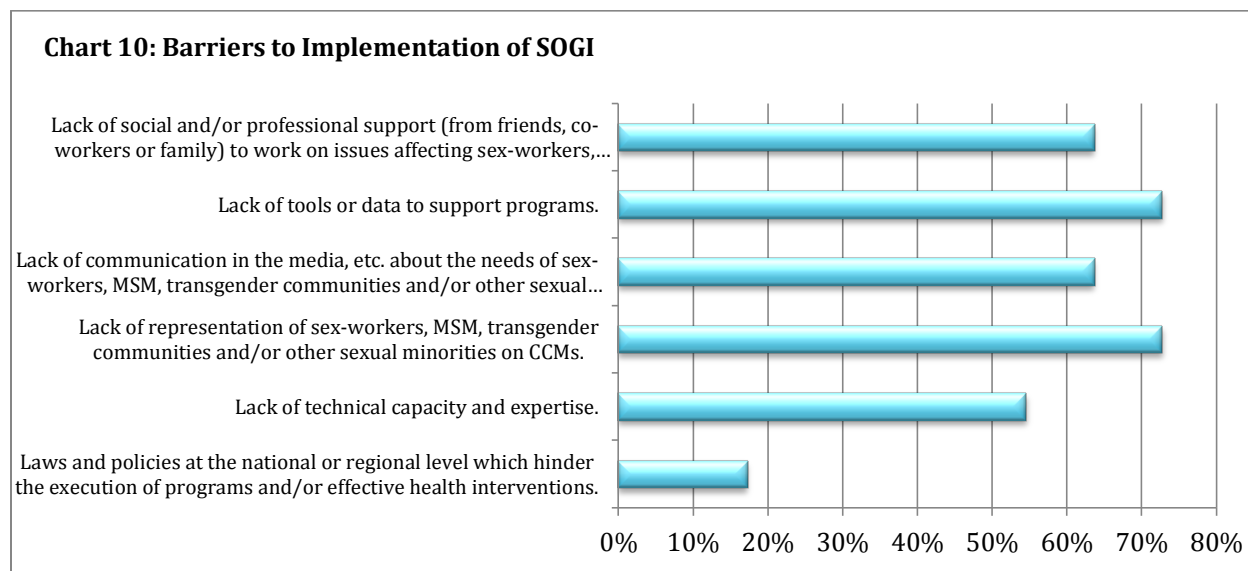
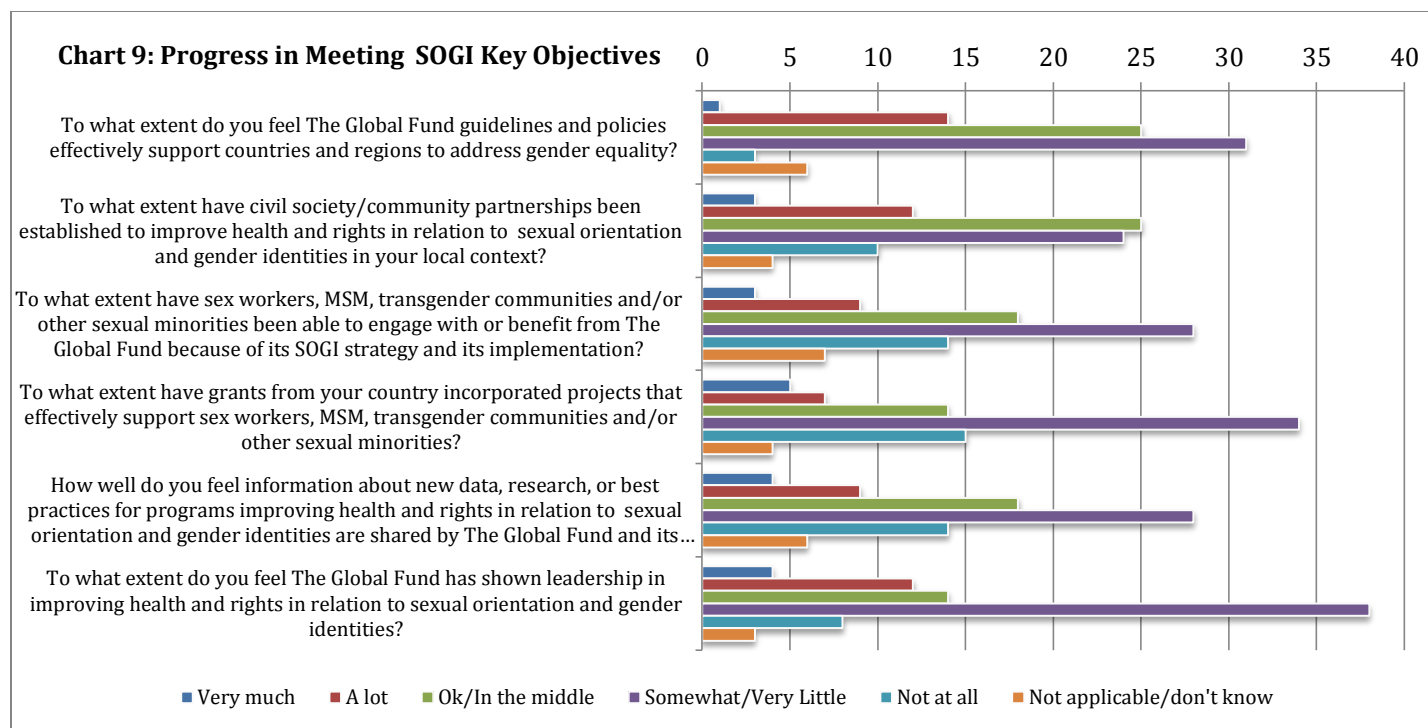
Chart 7: Gender of SOGI Respondents



36. The majority of SOGI respondents represented civil society (31%) or work with a non-governmental organization (55%), and approximately 60% represented women, sex work or MSM networks. Approximately 5% identified as a Global Fund Secretariat members or recipients, and 16% reported Partner organization membership (Chart 8).



37. When asked “To what extent do you feel the Global Fund guidelines and policies effectively support countries and regions to improve health and rights in relation to sexual orientation and gender identities”, responses were as follows: positive (very much or a lot)=15; neutral (okay/in the middle)=25; and negative (very little or not at all)=34 (Chart 9). When asked what were the most important barriers or challenges to effective implementation, the top three responses cited were: “lack of technical capacity and expertise to implement programming for sexual minorities”; “lack of social and/or professional support to work on issues affecting the health and rights of sexual minorities” and “Lack of communication in the media, etc., about the needs of sexual minorities” tied with “Lack of representation of sex-workers, MSM, transgender communities and/or other sexual minorities on CCMs. (Chart 10)”



Document Review

Executive Director Speeches and Press Releases

38. We analyzed the frequency that GES and SOGI, and related issues, were reflected in the Executive Director's (EXD) speeches and press releases from the Global Fund's website archives between 2008 and 2011.

39. Out of the 34 EXD speeches available for public viewing, 10 highlighted GES or issues related to GES, and 11 highlighted SOGI or issues related to SOGI. Five mentioned GES directly, and four 4 mentioned SOGI directly.

40. Overall, the tracking of work on sexual minorities and gender equality was positive, as the speeches clearly document reference to and discussion of these principles in action. Examples include:

- a) In the EXD's Mexico City International AIDS Conference (2008) talk, women and girls were referred to four times, gay men and men who have sex with men two times, within the framework of human rights.
- b) The EXD reported to the Global Fund Board at a meeting in New Delhi (November, 2008) plans to develop more "people centered approaches," such as the "Gender and Sexual Minorities strategies".
- c) In the report of the EXD on the Global Fund work in 2009 presented in Addis Ababa at the 20th Board Meeting in November of 2010, two pages are dedicated to SOGI (one page includes a photo of the cover of the strategy document and the next refers to it as a key new initiative of the Global Fund). GES is mentioned one time within this report, also as a new initiative.
- d) The EXD's speech at the Opening Ceremony of the 9th International Conference on AIDS in Asia and the Pacific (ICAAP), Bali, Indonesia, 9 August 2009 had a special focus on the rights of drug users and MSM, mentioned at least 3 times. The speech noted that same-sex relations were illegal in at least 12 countries in the region at the time. There was one reference to women and girls.
- e) In April, 2010, the EXD report to the 21st Global Fund board meeting highlights progress on SOGI and GES through a dedicated page. The EXD indicates that one of his highest priorities is to ensure progress on these two strategies.

41. Roughly 12 press statements out of 45 issued between 2008 and July 2011 mentioned issues related to the two strategies, while only two (less than 5%) were specifically focused on the two strategies.

Examples include:

- a) In February and March of 2008, press releases mention the RED Campaign's primary focus on girls and women, and that round 8 funds would generally benefit these two vulnerable communities. Also, in December 2008, press releases highlight a specific focus on the work of France's first lady, Carla Bruni-Sarkozy, as a Global Fund Ambassador on women and girls. It is important to note, however, that neither the RED Campaign nor the Global Fund Ambassador have referred directly to GES.
- b) In January, 2009 there was a specific press release given as an announcement of The Global Fund's concerns about arrests of gay men in Senegal.
- c) January, 2010 a press release highlighted the joint work of Carla Bruni-Sarkozy and Melinda Gates on HIV, women and gender disparities. The GES was not referred to directly.
- d) In May 2010, a press release documents the presidential pardon of two gay men arrested in Malawi, indicating the Global Fund's position against criminalization and effects on the AIDS response. There is no mention of SOGI. Further a press release on the Executive Director meeting with African Union chair (at the time the Malawian president) again highlights issues of gay men and MSM but does not refer to SOGI or GES.
- e) In January 2011, the Global Fund issued an announcement on its concerns about the murder of an HIV-positive gay human rights activist in Uganda.

Additional Documents Reviewed

42. Pangaea reviewed an additional 32 documents covering the Global Fund Secretariat and partner reports and papers, TRP and Secretariat analyses of funding cycles, and relevant board and committee meeting reports (see Appendix D: Bibliography). Information gleaned from the review of these documents provided background and context for the evaluation, guided the development of the evaluation questions and methods, and contributed to our findings described above. Of particular interest were the analyses of the Rounds 8, 9 and 10 related to CCMs and proposals-funded. (see Appendix D, 11-15)

- a) By March 2009 and Round 9 the Global Fund had registered 3,540 CCM members across the fund portfolio, with 129 CCM chairs and 149 Vice Chairs, of which 35% were female. Latin America and Africa lead regions in terms of female leadership (at 40%), while the South and West Asian region reported no female leadership among CCM chairs/vice chairs. The highest MSM leadership representation was in the Latin American and Caribbean region, with 45% of CCM chairs/vice chairs made up of MSM or by members representing MSM organizations. Only 0.1% of transgender CCM membership is recorded (from the Latin American and Caribbean region only).
- b) Seventy-five percent of CCMs reported having a gender expert and 70% reported having representation of women's rights organizations or groups as members. These organizations/ groups included UNICEF, UNIFEM, UNFPA, and key government ministry

or civil society organizations. While 47% of CCMs in Rounds 8 and 9 reported including women's organizations in the process of developing their proposals, this was the case for only 20% in Round 10.

- c) 53 proposals submitted in Round 10 included one or more interventions that specifically targeted women (including proposals to address gender-based violence), compared to 46 proposals in Rounds 8 and 9. There was a clear increase between Rounds 8 and 9 of the percentage of Prevention from Mother To Child Transmission (PMTCT) proposals that integrated with other relevant services (such as those for sexual and reproductive health, demand generation, antenatal care, and family planning) from 32% (Round 8) to 95% (Round 10).
- d) In Round 8, 74% of HIV proposals recommended for funding included at least one component related to sexual orientation and gender identity. In Rounds 9 and 10 this increased to 87% and 81% respectively. In round 8, only 13% of funded proposals included activities to address stigma and rights-promotion whereas in Round 9, the figure rose to 43%. Round 10 substantially improved these numbers by having a new submission stream introduced for MARPs-specific proposals. A number of countries took this route to submit innovative proposals. Trends, however, show a regional disparity in interventions to address particular sexual identities; 70% of all MARPs-specific proposals were from the Asia and Pacific region, only 29% were from Sub-saharan Africa.
- e) Between July and August 2011, FEIM/IAWC with the Global Coalition on Women and AIDS (GCWA), conducted a virtual consultation regarding the implementation of the GES. The process generated 709 women's online responses across 97 countries, in addition to 233 women who participated via email and in focus groups. The overall message of the consultation is that "much work" remains to be done to achieve the effective implementation of the GES to ensure women's knowledge of and engagement with it across the globe. There is a strong desire from women to more closely engage and partner to achieve better implementation of the Strategy with strong prioritization on incorporating the Strategy as an explicit component of the Global Fund's next 5 year strategic plan. In addition, a summary of key specific recommendations, which echo the recommendations from this evaluation, included:
 - The Global Fund should develop a strong advocacy and communication campaign for the GES.
 - The Secretariat must engage partners, such as UNAIDS and WHO, to develop technical guidance on translating the Strategy into practical programming for women and girls

- The Global Fund should strengthen its work with technical partners to ensure the development of technically sound, gender-sensitive proposals which address the needs of the diversity of women and girls in the context of the three diseases.
- The Global Fund should dedicate a specific percentage of funding in the next Round to grants that directly respond to the Gender Equality Strategy.
- The Global Fund should take action to strengthen and ensure women's equal access and meaningful participation in decision-making processes within all of its governance structures. This includes improving gender balance in CCMs and training all CCM members on gender equality, with the support of technical partners.

Key Findings

43. The key findings are organized by **Cross-cutting and Strategy-Specific Themes**.

Cross-Cutting Themes

44. The very approval of the two strategies by the Global Fund Board should be considered a significant achievement. That the Global Fund – primarily a funding mechanism responding to country proposals – should emphasize gender and SOGI as key thematic priorities, sends an important message to funders, implementers and communities – about the importance of meeting the infectious disease health-related needs of communities that have been unrepresented in global public health efforts in the past.

45. A critical question which emerged in both evaluations is whether the Global Fund – as first and foremost a funding mechanism responding to country proposals – should play any role in influencing the direction of country plans to address AIDS, tuberculosis and malaria. This question points to a larger debate about how the Global Fund leverages the immense power of its billion-dollar financing to drive effective global responses to the three diseases. The Global Fund, arguably, has already set the precedent, with the establishment of the Affordable Medicines Facility – malaria (AMFm), and questions on how the Global Fund may use its influence to procure medicines and services more cheaply and sustainably are already being considered by its Committees. We consider it entirely appropriate for the Global Fund (in its entirety – and including the Board, Secretariat, technical partners and affected communities) to set important thematic strategies. Technically sound, appropriate proposals must include programs that meet the needs of affected populations. The exclusion of any of these populations from a country proposal where they are at risk cannot be considered technically sound. Some interviewees commented that the reason for the establishment of these two Global Fund strategies was the failure of its technical partners to provide clear guidance. This speaks to the essential mutually-reinforcing relationship between the Global Fund and its

technical partners that is needed. The strengthening of this relationship will be essential to the success of the international community in tackling these three diseases.

46. It may be that a positive impact of the two strategies on Global Fund priorities can be seen in the establishment of ring-fenced dedicated funding for MARPs in Round 10 (SOGI), and the development of the Maternal Child Health (MCH) and Prevention of Mother to Child Transmission (PMTCT) priority areas. MCH was a Board Chair driven mandate, and PMTCT was an Executive Director driven mandate – how much these decisions may have been influenced by the Strategies is difficult to assess. There was criticism aired that the Senior Gender Advisor did not take advantage of demonstrating the links to the aspirations of the GES, and was seen to have missed the high level opportunity these focus areas could bring to GES implementation.

47. To help implement the two strategies, the Global Fund Secretariat initially appointed two Senior Advisers, and an additional post (since 2009) of Technical Officer, Gender in the Programme Effectiveness Team who has conducted reporting on the GES as well as on Global Fund grant performance on MCH and PMTCT. The SOGI adviser in particular, has played a critical role in promoting the SOGI strategy inside the Global Fund Secretariat and with external stakeholders. During the course of the evaluation, the Secretariat appointed a new Senior Policy Adviser for Gender, in addition to the existing Senior Gender Technical Adviser. Notwithstanding efforts like this, and the establishment of an Internal Gender Task Team to mainstream gender into the overall workings of the Secretariat, the evaluators conclude that it is unreasonable to rely on three individual staff members to lead the implementation of what should essentially be Secretariat-wide priorities. There is a need for senior managers (e.g. Regional Team Leaders) to appoint staff to represent countries and reflect the country team approach on the IGTT. Additionally many would see the value of IGTT membership being reflected in staff performance frameworks in order to hold members to account for the success of implementation of the strategies and measure progress. While Programs of Action have been developed for both strategies, and performance indicators tracked by the Monitoring and Evaluation Unit. These appear to have had limited impact, with variable awareness across other departments of the Secretariat. In key informant interviews with the Secretariat, it was not clear that staff members felt a joint responsibility for the two strategies, relying, rather, on the Senior Advisers. In our view, the Senior Advisers should be considered as catalysts, not gate-keepers of the strategies. Furthermore, while the range of resources that have been leveraged, including staff posts, were acknowledged constraints in activity budgets available particularly for the Senior Advisers to engage in implementation opportunities e.g. hosting regional and country level meetings regarding the strategies, were noted as a limiting factor as compared with well-resourced team approaches in place to manage several other organizational priorities; e.g. architecture reform team, national strategy approach team. Re the role of the IGTT enhancements suggested by interviewees include the following:

48. Separately, we noted that the Executive Director has assigned focal point responsibilities for gender and SOGI among advisory staff in his office to support his leadership and advocacy in these areas. Greater attention from the Executive Management Team could support the operationalization of the strategies, potentially by establishing a forum for dialogue including the Executive Management Team Plus and Unit Directors, to enhance actions in line with the strategies and plans of action.

49. The role of the Fund Portfolio Managers (FPMs) came under scrutiny during the evaluation. Some respondents considered that FPMs and countries might deprioritize program components that reflect the GES and SOGI, under pressure to conclude grant agreements rapidly and under pressure to reduce costs. Others considered that while FPMs have a number of sometimes competing responsibilities, they are not adequately familiar with, or systematically educated about the two strategies. The evaluators welcome the Secretariat Leadership's establishment of new country teams, in which the FPMs will now be based. As noted later in the recommendations section of the report, we consider that these country teams as a whole, have a key responsibility to ensure that countries conclude grants that are both technically sound and appropriate to the needs of key affected populations. It is positive that the Senior Gender Technical Advisor will be working with country teams closely moving forward.

50. Some participants expressed the concern that, notwithstanding the Global Fund's existing safeguards and monitoring mechanisms, grantees may still not deliver the services for vulnerable key affected populations for which they have been specifically funded, or at the quality required. We recognize that the issue of accountability of both the Global Fund and its grantees to the communities they serve is a broader issue and cannot be fully addressed in this evaluation. Nonetheless, it has the potential to become a particular issue for GES and SOGI – precisely because of the marginalized status of affected populations. Grants approved or reprogrammed after the agreement of the two strategies will need extremely careful monitoring. The Global Fund Secretariat should identify and implement productive and cost-effective mechanisms to help ensure country-level civil society accountability. For example, country community accountability commissions, as have been proposed in other settings, may serve as a useful model.

51. The SOGI strategy very clearly defines its target populations and is restricted to HIV only, making it clearer to mobilize around. The Gender strategy is more broad based, and inclusive (one key informant disparagingly described it as the “girls and women, and boys and men strategy”). It also covers all three of the Fund's three diseases. This expansive scope inevitably poses challenges for prioritization and implementation.

52. From our limited formative evaluation, there appears to be a high-level of variance in the degree to which countries and CCMs are aware of and have responded to the two strategies in the development of proposals at the country or regional levels. There is evidence that the strategies, particularly SOGI, are being used to create more meaningful representation on CCMs, and to secure buy-in from CCMs on regional MARPs proposals. There are, however,

examples that demonstrate the need for greater representation on, and increased awareness among CCM members.

53. The Global Fund does not currently collect age and sex dis-aggregated data at the country-level. Without this dis-aggregation, it will be difficult, if not impossible, to monitor and evaluate programs funded following the approval of the Strategies, or of future operational plans targeting girls and women, and other key populations. The Global Fund will need to measure the reach and impact of its programs in these key strategy areas.

54. Feedback from participants in the evaluation focused on steps the Global Fund could take to reinforce the presence of GES and SOGI in future grant submissions. However, there are significant opportunities to strengthen the quality of existing, approved grants, through a range of approaches being considered as part of the development of the new 5 year strategy, including reprogramming, phase II reviews and more systematic engagement of technical partners.

GES Specific Themes

55. Many evaluation key informants shared disappointment and frustration with the GES: Some felt that it does not provide an adequately rigorous framework for the Global Fund to make a major difference in the health of girls and women; others felt that it is being too narrowly interpreted, with inadequate attention to the role of boys and men. The very breadth of the strategy makes implementation a challenge. Yet, at the same time, the Global Fund Secretariat has not been able to generate the same vigorous internal and external advocacy to promote the strategy, as has been achieved with SOGI.

56. While the GES may have created fertile ground for the emergence of related MNCH and PMTCT priorities, there is a lack of coherent linkage and systematic interaction between these priorities and the GES. It was commented that there had been inadequate input and involvement by the GES Senior Technical Adviser in the development and implementation of these priorities.

57. Transgender peoples, women living with HIV, and sex-workers do not feel included within the GES. Rather than recommending that GES be revised and resubmitted to the Global Fund Board to address this gap, we recommend that specific programs of action be developed addressing sex workers, girls and women living with HIV and transgenders people, embedded concretely within the new 5 year strategy.

58. For both strategies, we consider that there is limited awareness and implementation of the Programs of Action. However, they serve as a strong foundation for strengthening both strategies, and revitalizing the Fund's prioritization of girls and women in particular. One missed opportunity is the call for country-level memoranda of understanding (MoUs) between

technical partners (e.g. UNDP, UNAIDS, NGOs) and CCMs at the country-level. In the short period of the evaluation, Pangaea was not able to identify any such MoUs: While some may exist, and partners have created useful guidance, it is clear from discussions with Secretariat, partners and implementing countries that they are not being prioritized although identified as such in the plans of action. We consider that this is less of an issue for SOGI, given its stronger implementation through other means (e.g. MARPs funding). Yet, in principle, such MoUs could be an effective tool to build more systematic partnerships between countries, technical partners and the Global Fund Secretariat, such as the proposed “partnership frameworks” being considered as part of the new 5 year strategic plan. Any such MoUs prioritized at the country-level in the next 5 year period should substantively include GES and SOGI principals.

59. While the GES has undertaken important analysis of gender programming in proposals round 8-10, a more robust focus on implementation, country case studies and the analysis of performance indicators related to gender and MNCH should be undertaken.

60. Supporting quotes from the online GES survey & key informant interviews:

“The greatest strength of the Gender strategy is the strategy itself – that it exists. The greatest challenge is the lack of measurable indicators, and lack of oversight from the Board at the level of the committees.”

“The gender equality programs in our country program are not in response to the Global Fund.”

“The GF leadership has hardly seemed serious about implementing the GE strategy. The strategy development, dissemination and implementation process has been compromised by this lack of will.”

“Need equitable incorporation of women with HIV”

“Need to recognize female sex workers and adolescents in the elaboration of a strategy to improve living conditions for them.”

SOGI Specific Themes

61. The evaluation recorded much more enthusiastic support for the impact of the SOGI strategy. The effectiveness and dedication of the SOGI Senior Adviser, who has been able to play a catalytic role in mobilizing both the Secretariat and international and regional community organizations, was widely remarked upon. At the national level, the impact of the SOGI Senior Adviser appeared to be less clear, potentially as a result of limited capacity and resources

62. SOGI is firmly rooted in a human-rights based approach to addressing HIV with MSM, transgender peoples and sex workers. Yet in many countries, these populations continue to be persecuted and even prosecuted against. Further, they may be precisely the populations most affected by HIV in their countries. The Global Fund is considering a more iterative relationship with implementer countries. SOGI sets an interesting precedent in this discussion by providing the Global Fund with some adaptability in interpreting an apparently inflexible mandate of only responding to technically-sound country proposals. Moving forward, many respondents considered that the Global Fund could strengthen its leadership in this complex arena, by deepening its liaison and collaboration with county-level communities to drive technically-sound existing and new grants.

63. There appears to be greater awareness of the SOGI Program of Action, but a key criticism from stakeholders is the lack of adequate guidance on how to work with sex workers and transgender peoples (in particular trans* men). There is a dearth of evidence on their HIV risks, which should be a critical concern for UNAIDS and other technical partners.

64. The SOGI strategy was often confused for a marginalized-at-risk populations (MARPs) strategy. This confusion is perhaps heightened by the Global Fund's welcome decision to ring-fence specific funding for MARPs in Round 10. A key at-risk population that many respondents consider falls out of the SOGI strategy is injection drug users (IDUs). Indeed the lack of explicit guidance on IDUs from the Global Fund is a serious omission. As noted in the executive summary, Pangaea is not recommending that SOGI and GES be revised. We recommend that a specific IDU program of action be developed, linked to the new 5 year strategy.

65. Supporting quotes from the online SOGI survey and key informant interviews:

“The Fund took a brave and important step in reaching out to us, giving us a voice, we who have been ignored by our governments. But will it make any difference to our lives?”

“Lack of contact with local associations at the city or region. The global fund contacts remain in Geneva or centralized in the capital”

“It is extremely important to have the participation of transgender women in the implementation of SOGI”

“I find it important to have a closer relationship with community-based organizations that develop important work directly with the people”

“In countries like ours, where there is supremacy of power, there are no human rights or for the general population, let alone sexual minorities. Therefore, if international organizations are working only with government and have no direct relationship with NGOs, there will be lost resources as they will be used by the government for political ends”

“We have criminalized these groups”

Key Recommendation

66. Our key recommendation is that the Global Fund Secretariat, as part of the implementation of a new Five Year Strategy (2012 – 2016) develop individual operational plans for:

- Girls & Women (particularly in sub-Saharan Africa)
- Men who have Sex with Men (MSM)
- Transgender Peoples
- Sex Workers; and
- Injection Drug Users (IDUs)

The focus within the 5 year strategy on human rights is seen as an important opportunity to take gender equality and SOGI issues forward. There is optimism that this will enable more links between the Senior Advisors to other staff focused on a corporate priority around human rights. The focus on gender equality issues might benefit by being re-framed to demonstrate how the social vulnerability of women and girls to HIV is underpinned by human rights violations utilizing discourse on women’s rights as human rights and pointing to specific violations e.g. violence against women; gender discrimination leading to unequal economic opportunities and the like.

67. We are not recommending revisions to and subsequent Board consideration of either strategy. The strategies already provide adequate underpinning for the Global Fund’s work with

key affected populations: The challenge is not further policy-refinement, but sustained implementation.

68. These operational plans should be coordinated by the GES and SOGI Senior Advisers, building on existing programs of actions, and with the full engagement of other Secretariat departments, particularly Country Teams. The plans should identify time-bound priorities for the Secretariat, technical partners and Country Coordinating Mechanisms (CCMs) and collection of disaggregated data to ensure that existing and future grant submissions have evidence-driven programs for these populations, rooted in respect for their human-rights.

Additional Recommendations for the Global Fund Board

69. The Global Fund Board should endorse the commitment of the Secretariat to develop operational plans for all key affected populations listed in paragraph 66 (while not having to approve the individual plans themselves).

70. The Global Fund Board should extend the eligibility criteria and budget of the MARPs ring-fenced funding to include sexual and gender-based violence, recognizing the relevance for populations currently defined under MARPs, as well as girls and women.

71. All new and existing Board members should be educated and updated regularly on the objectives and action items of the GES and SOGI. Many early champions have moved off Board delegations, and new members are not as aware of the strategies.

Additional Recommendations for the Global Fund Secretariat

72. The new Senior Policy Adviser for Gender should lead, with the Senior Technical Gender Adviser, the reprioritization of the GES program of action, in particular:

- a) Develop operational plans for girls and women, with internal and external engagement, and with a focus on mainstreaming cross-Secretariat action. The girls and women operational plan should have a particular emphasis on the needs of the under twenty-fives in sub-Saharan Africa, who carry the burden of new infections.
- b) Lead and coordinate training for CCMs, in collaboration with the CCM team, on the new priorities of the GES, with particular focus on the opportunities in the reprogramming of existing grants.
- c) Develop a partnership and advocacy plan for GES, building on the experience of SOGI

In addition, the three Senior Advisors for GES and SOGI should develop operational plans for MSM, sexworkers and IDUs.

73. To reinforce further Secretariat-wide integration, Secretariat Country Teams should develop and implement plans with the support of the Senior Advisors to ensure that gender equality and key populations strategies are appropriately prioritized in the reprogramming of existing grants, proposal development and agreement of new grants. There has not been a lot of consideration on how implementation of the strategies feature in the consideration about value for money. An enhanced focus on where funding is being leveraged can help to ensure that appropriately targeting the right groups is a key to achieving grant targets.

74. Data collection and reporting should be dis-aggregated by “male” and “female”. Limits of the information systems within the Secretariat were noted and there is a concern that analysis of gender content it is quite labor intensive and time consuming and thus analysis of the Global Fund grant portfolio to generate performance data is considered relatively difficult as it involves review grant by grant to identify and code gender and SOGI activities. In the absence of gender disaggregated data the approach to determine a gendered breakdown of financial data has been to apportion a percentage of the expenditure on budget line items based on the percentage of women in need of the service. This is based on an assumption that funding follows need and staff find that the methods for and results of the extrapolation of this data is incomplete. Analysis of interventions designed to specifically support women identifies targeted activities but these amount to relatively small expenditure figure. Expenditure in relation to the SOGI strategy where more targeted interventions within concentrated epidemics may be more obvious. Nevertheless information system gaps are likely to undermine accurate analysis and conceal the reach of services to key affected populations within generalized epidemics. The Secretariat should examine the most effective strategies to collect and report out data on program participants who identify as transgender, or as other sexual minorities, while at the same time ensuring the full protection of their human rights. The particular expertise of technical partners from the UN, NGOs, academia, and affected communities should be called upon.

Additional Recommendations for Technical Partners

75. Technical partners, including UNAIDS, UNDP, WHO and key international NGOs should develop, with the Global Fund Secretariat, clear, regularly updated guidance on how countries should include gender and key affected populations in reprogrammed and new grant proposals, and to assist the TRP and Global Fund Secretariat to evaluate such proposals. This guidance should include country situation analyses on the links between gender inequalities, key affected populations and HIV, tuberculosis and malaria.

76. UNAIDS should develop updated guidance for the Global Fund and other partners on how to provide HIV-related services to transgender peoples – with a particular focus on the needs of trans* men, for whom existing guidance is extremely limited.

77. Technical partners should reach formal arrangements with countries to ensure that the CCMs, Principal Recipients and Sub Recipients have access to the appropriate technical assistance needed to make sure that existing grants and future applications appropriately address gender inequalities, and promote the health of sexual minorities.

Additional Recommendations Country Coordinating Mechanisms (CCMs)

78. Strengthened technical assistance from the Global Fund and its partners is required for many CCMs. In other instances, it may be important to expand the opportunities for non-CCM proposals to be considered for funding by the Global Fund particularly in instances where the existing CCM will not support proposals that included programs addressing gender equality, or sexual minorities, but are responsive to a country's epidemic. The regional southern African MARPs grant, approved in Round 10 is a primary example of this. As the Global Fund moves to an era of 'informed demand', whereby there will be more engagement of the Global Fund with countries in proposal development and program implementation. The GES and SOGI Advisers and the strategies have a real opportunity for engagement with countries throughout the grant cycle including proposal development.

79. In submitting new proposals or negotiating the reprogramming of existing grants, CCMs should demonstrate how they have meaningfully incorporated the two strategies, and how technical assistance offered by Global Fund partners has been incorporated.

80. As with the Global Fund Board, all CCM members should be educated and regularly updated on the two strategies

81. Non-CCM proposals should be encouraged for funding by the Global Fund (in both reprogramming and new grant submissions) in instances where the existing CCM will not endorse or support proposals that included programs addressing gender equality, or sexual minorities, but are responsive to a country's epidemic.

82. CCMs should ensure genuine and transparent representation of key populations (e.g. women, MSM, transgender peoples, sex workers and IDUs) on CCMs and in leadership roles, and that gender experts are included and consulted.

Conclusion

83. Many participants in our evaluations considered that the Global Fund's approval of the Gender Equality and SOGI strategies are important milestones that root the human rights of key affected populations at the heart of the Global Fund. It is inevitable that it will be difficult to realize such high expectations in implementation. Progress has been achieved – particularly in SOGI, but less so with Gender Equality. However, there is strong commitment from

stakeholders inside the Global Fund and out, to help improve the lives and health of people addressed by the two strategies.

Acknowledgments

84. We are deeply thankful for the input and time participants gave to these evaluations, on line, in person and through the EAG. We would also like to acknowledge the collaborative work with Felicity Daly, Candidate, Doctor of Public Health, London School of Hygiene and Tropical Medicine, Department of Global Health and Development, who conducted a study of management and leadership related to implementing the GES and SOGI as part of her doctoral research, and whose comments are included here. We are particularly grateful for the insight of those girls and women, men who have sex with men, transgender peoples, sex workers and injection drug users who live every day the challenges these strategies seek to address.

Appendices:

- A. Overview of Pangaea Global AIDS Foundation
- B. Members of the External Advisory Group
- C. Full Presentation of Charts from Online Survey Data
- D. Document Review Bibliography

Appendix A: Overview of Pangaea Global AIDS Foundation

The mission of the Pangaea Global AIDS Foundation is to advance the health and well-being of people most affected by HIV and AIDS. Through technical cooperation with national governments, civil society and research institutions, Pangaea supports countries to reverse the spread of AIDS and avert “new wave” epidemics through improved access to quality HIV prevention, care and treatment services that reach and involve marginalized groups most at risk of HIV infection including, girls and women, men who have sex with men (MSM), individuals involved in formal or informal sex work, and injection drug users (IDUs). Pangaea provides this world-class technical cooperation across three key areas – direct program implementation, research and evaluation, and targeted policy advocacy.

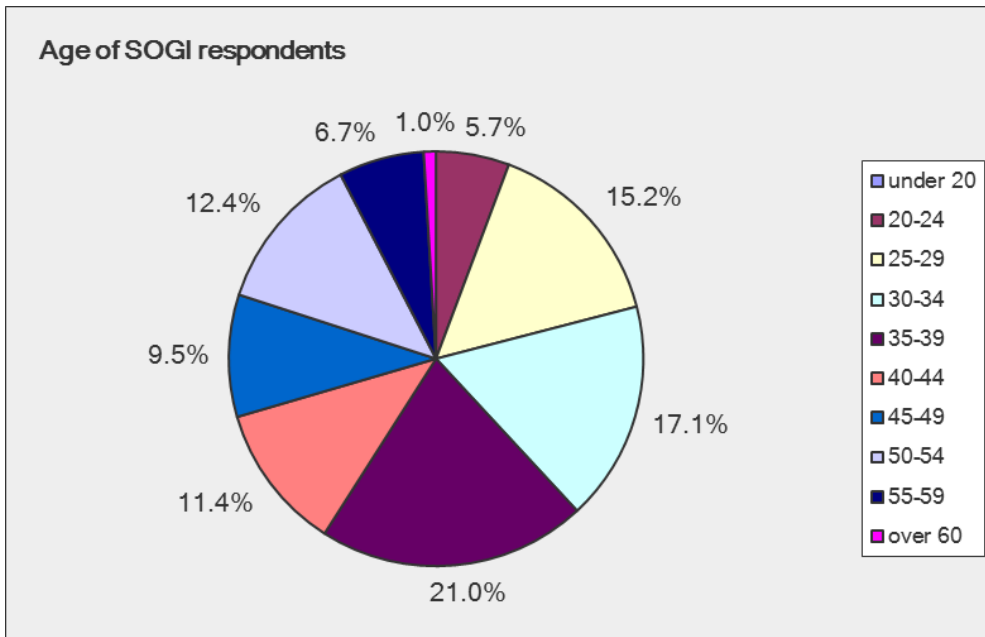
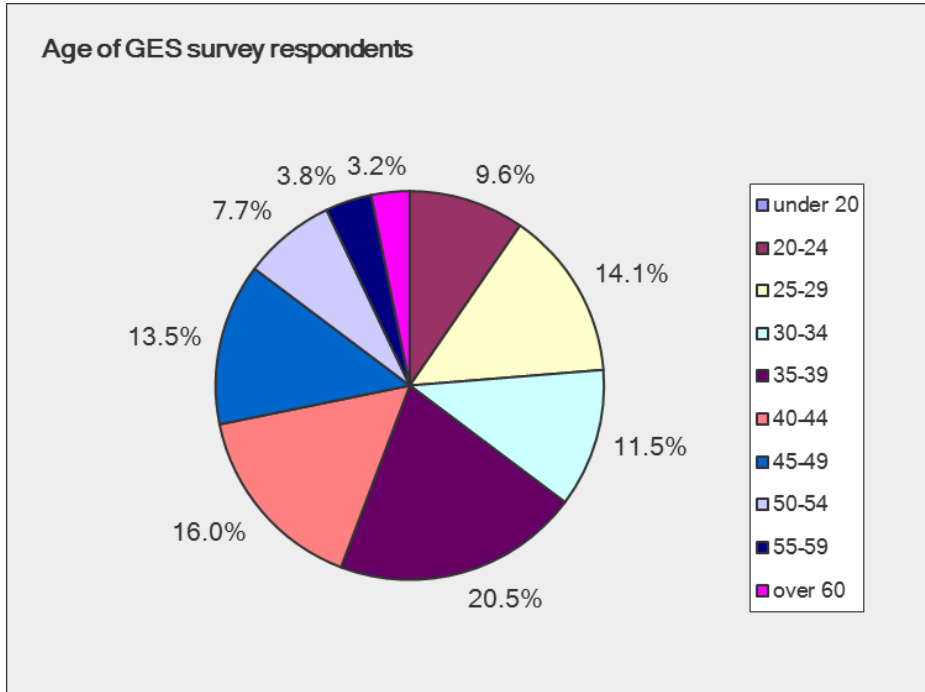
Pangaea operates from a small base in Oakland, CA, which houses Pangaea senior management and core technical staff, while capitalizing on a broad range of additional expertise represented through a global network of expert consultants and strategic partners. Areas of core competency include:

- Human Rights based approaches to improved access among marginalized populations for prevention, care and treatment services and programs
- Health systems strengthening for the prevention, care and treatment of HIV and the integration of services for related conditions/issues such as TB and sexual and reproductive health
- Implementation Science, including program monitoring and evaluation, operations research and impact evaluation to identify, implement and test effective strategies
- Gender equality analysis, and the promotion of gender equity
- Policy analysis and targeted policy advocacy

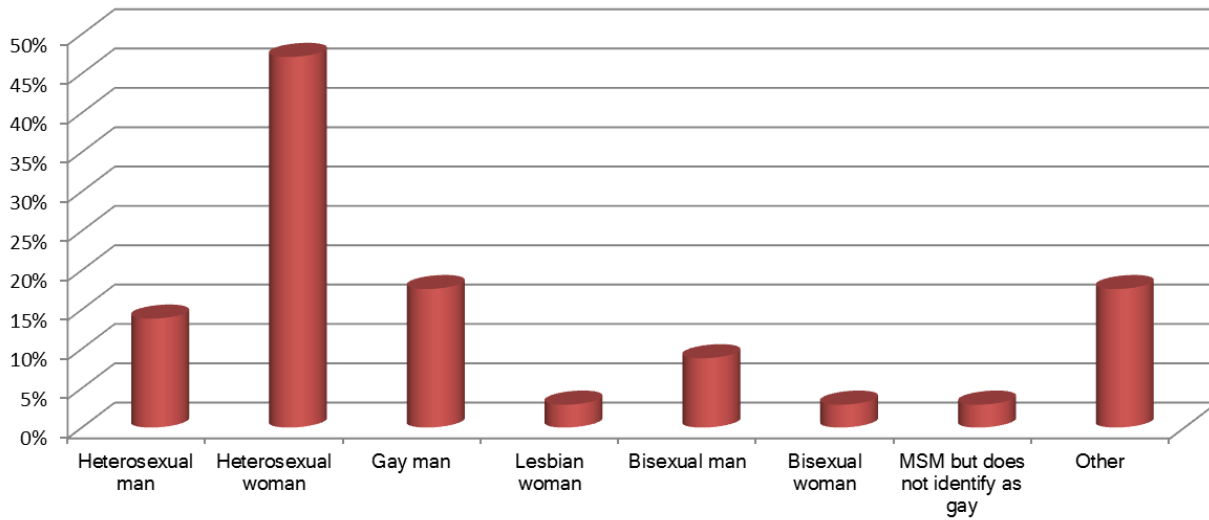
Appendix B: External Advisory Group

Anne Gathumbi, Open Society Institute
Brian Brink, Anglo American
Cheikh Traore, UNDP
Claudia Ahumada, Global Coalition on Women and AIDS
Jantine Jacobi, UNAIDS
John Waters, COIN
Ruth MorganThomas, Network of Sex Worker Projects
Shannon Kowalski, OSI and Global Fund Board
Todd Summers, ONE

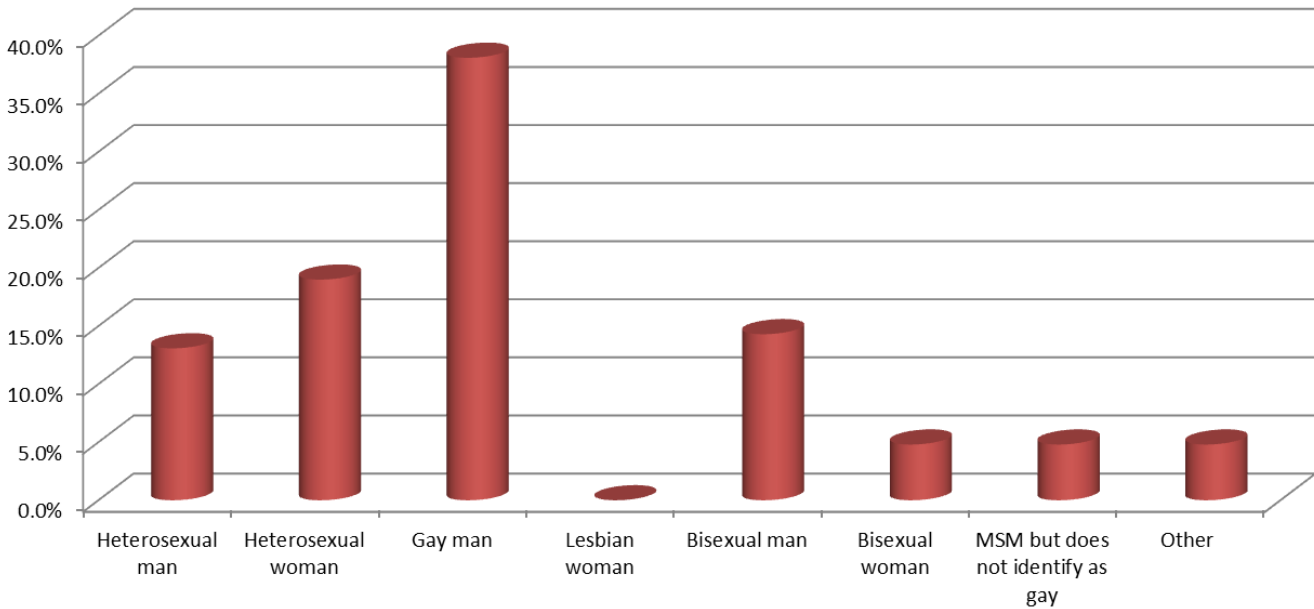
Appendix C: Full Presentation of Charts from Online Survey Data



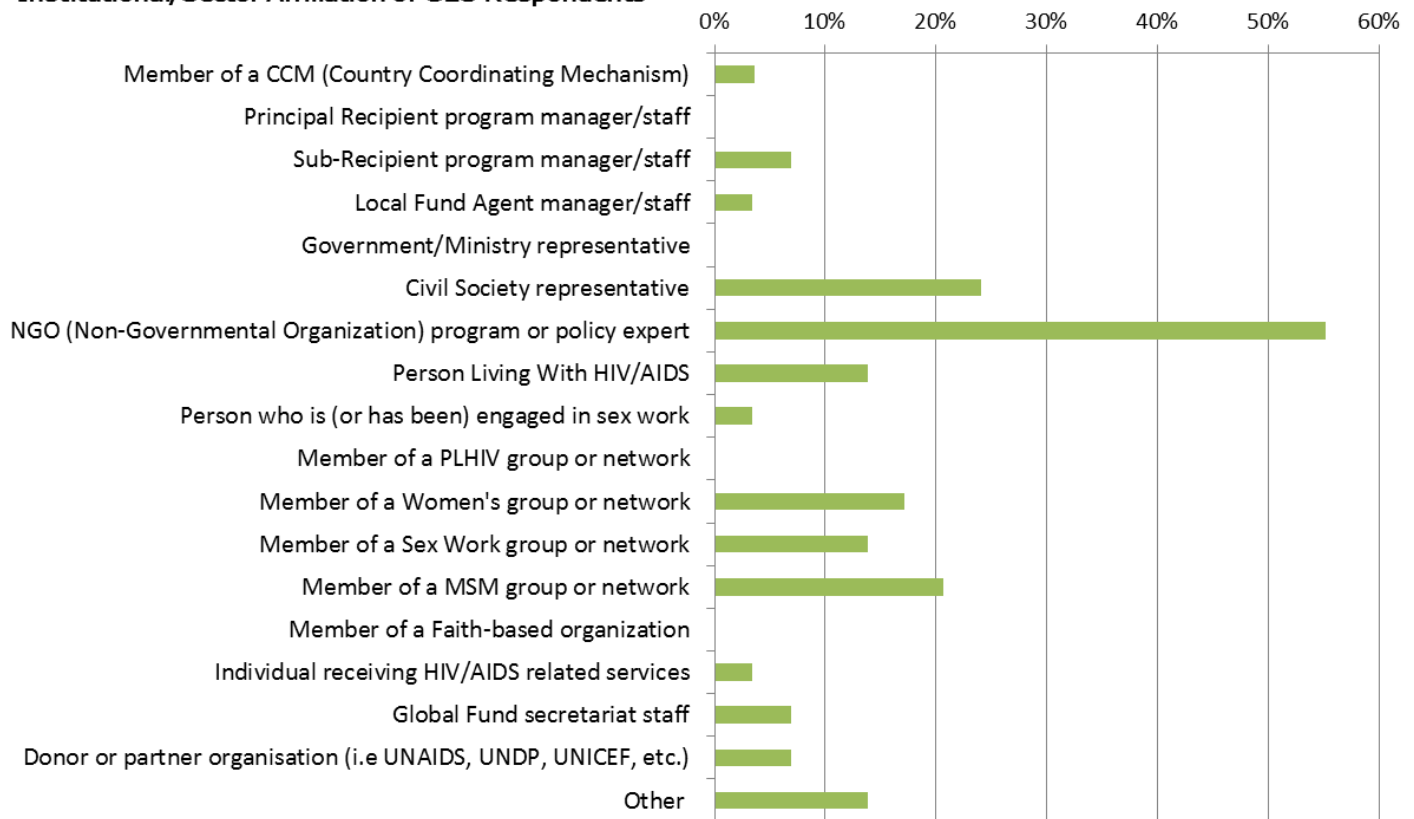
Sexual Orientation of GES Respondents



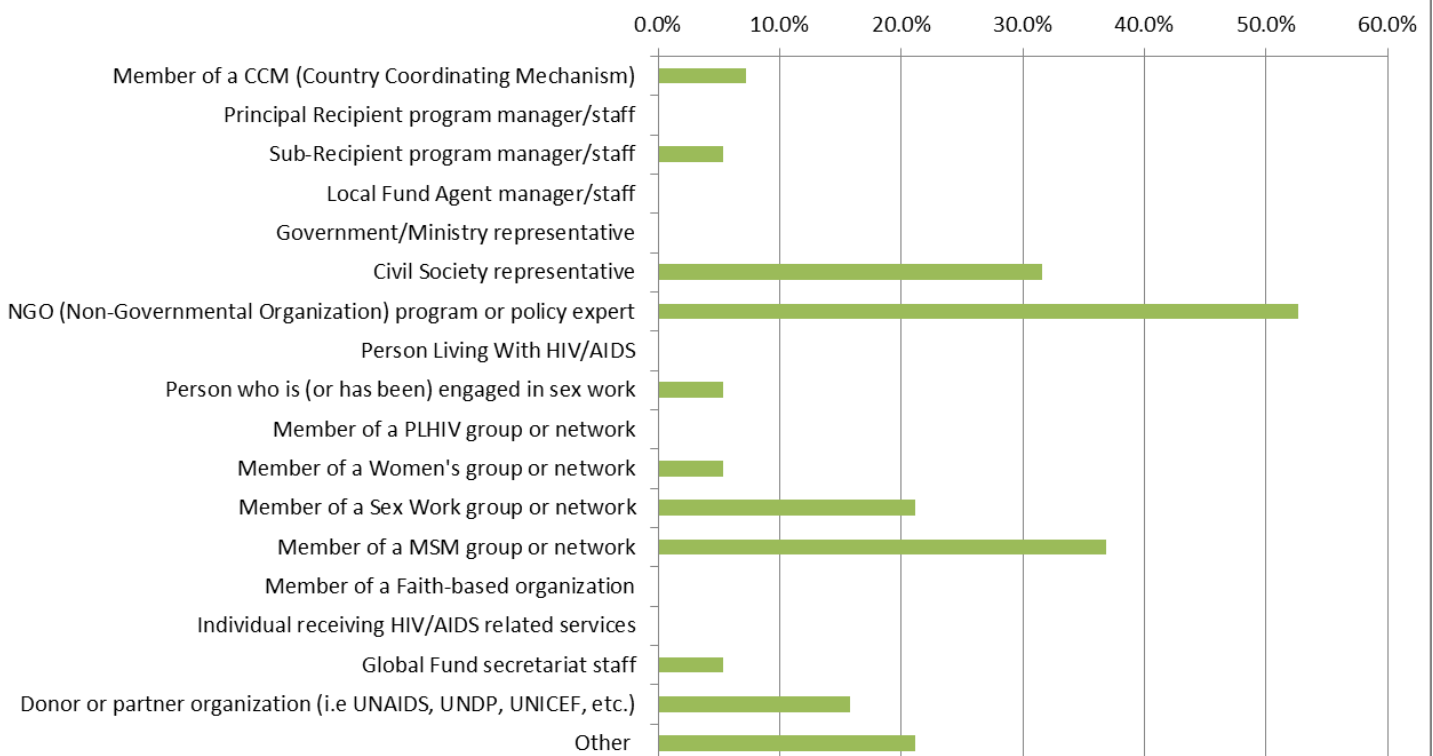
Sexual Orientation of SOGI Respondents



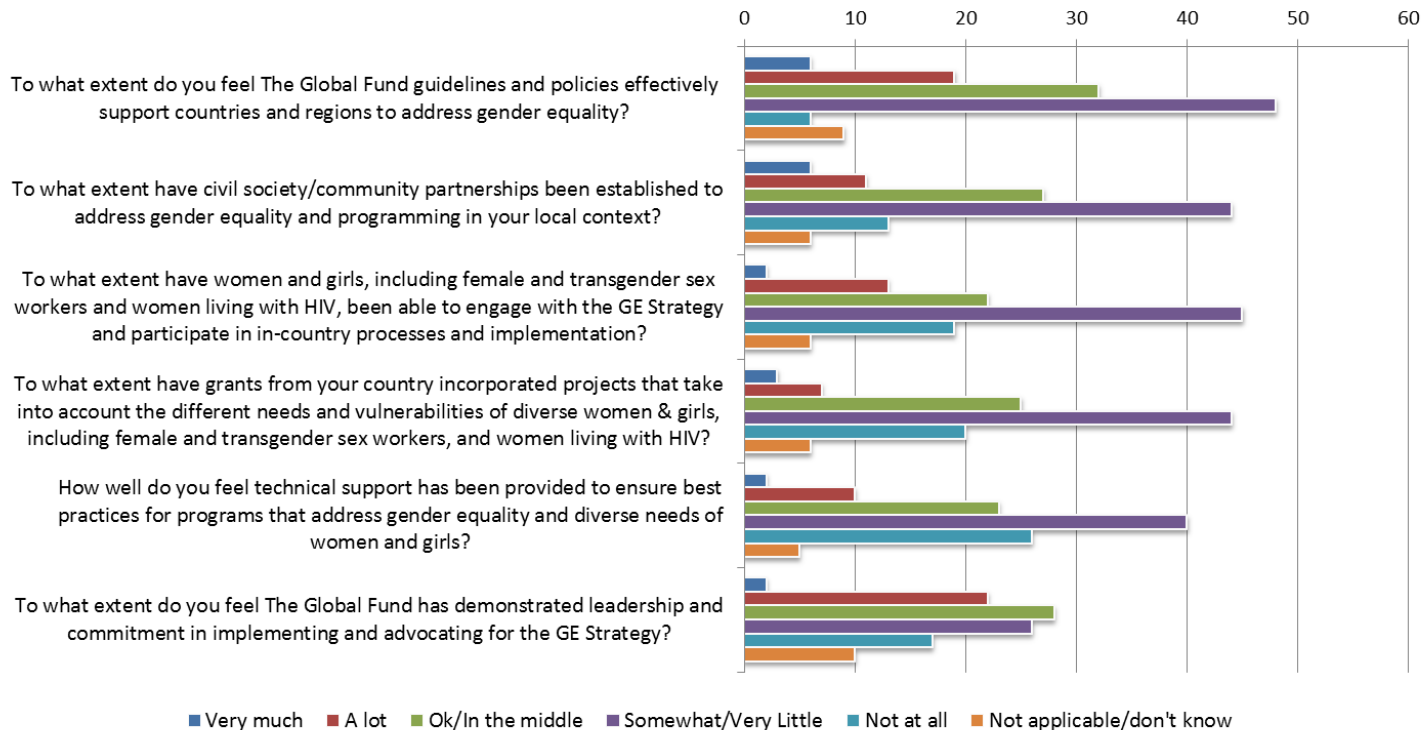
Institutional/Sector Affiliation of GES Respondents



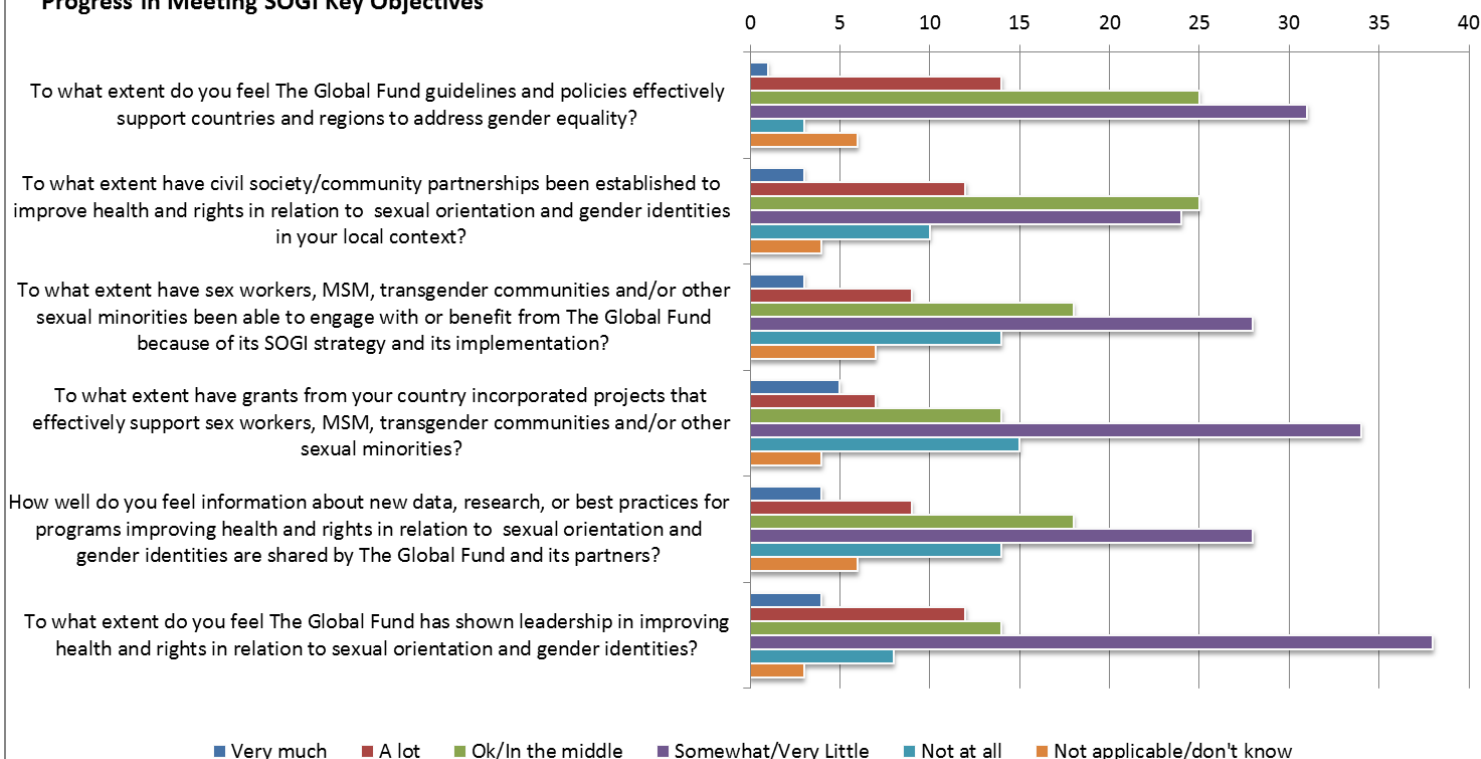
Institutional / Sector Affiliation of SOGI Respondents

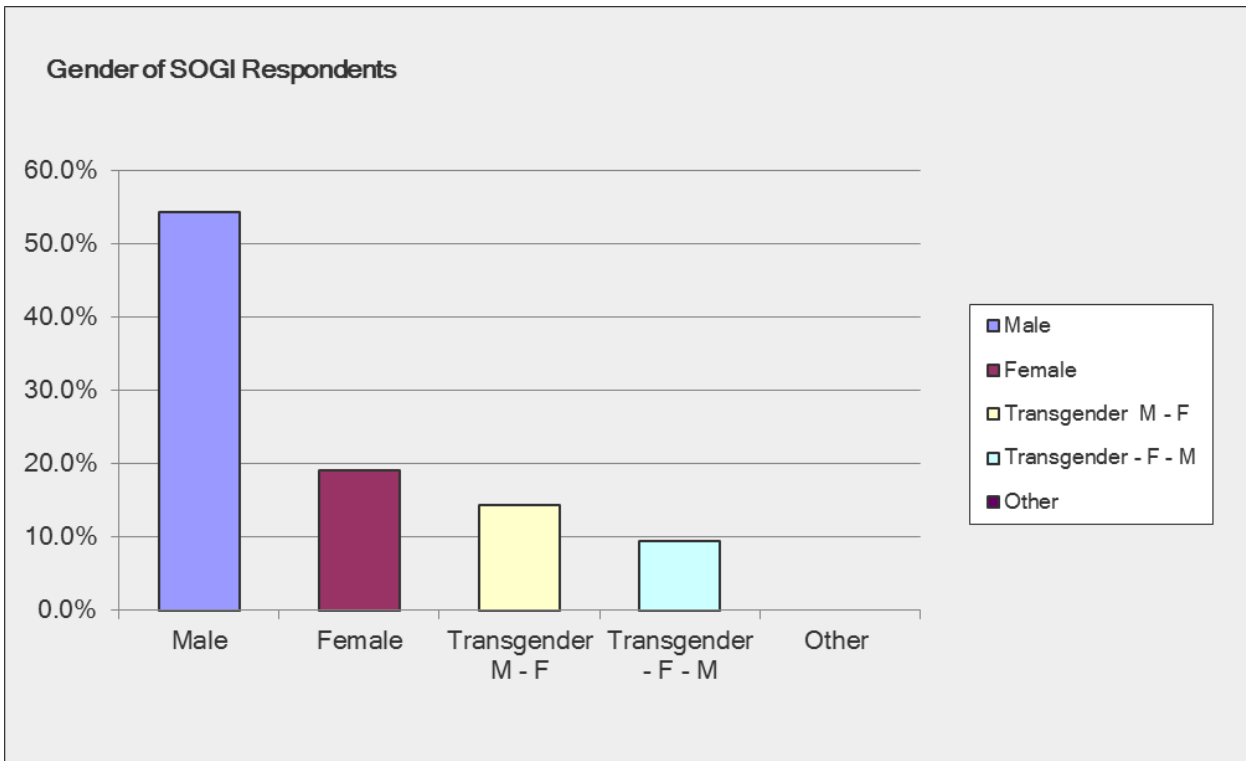
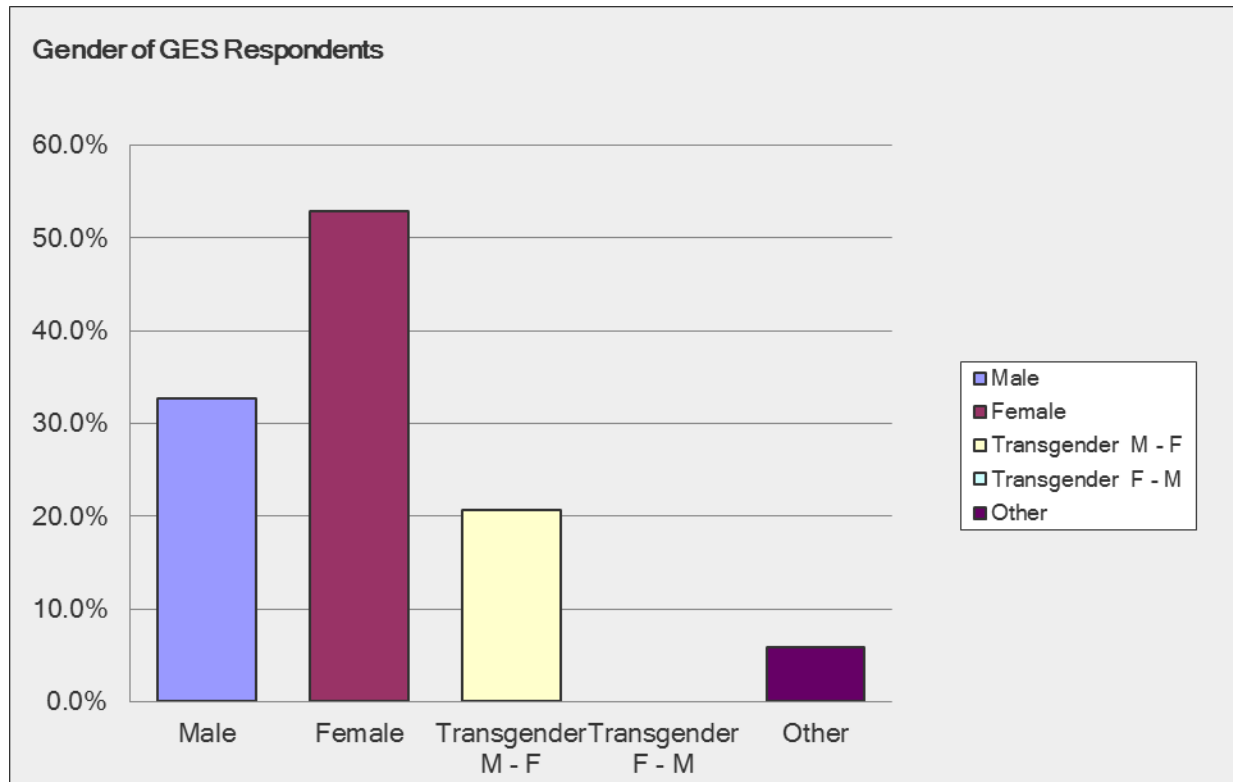


Progress in Meeting GES Key Objectives

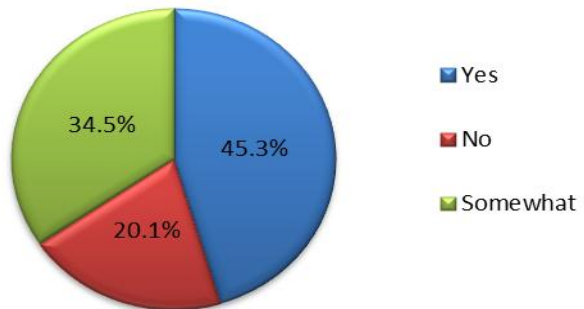


Progress in Meeting SOGI Key Objectives

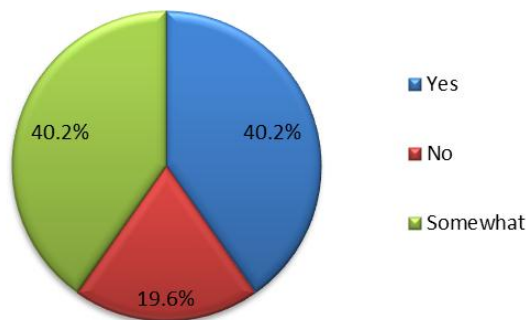




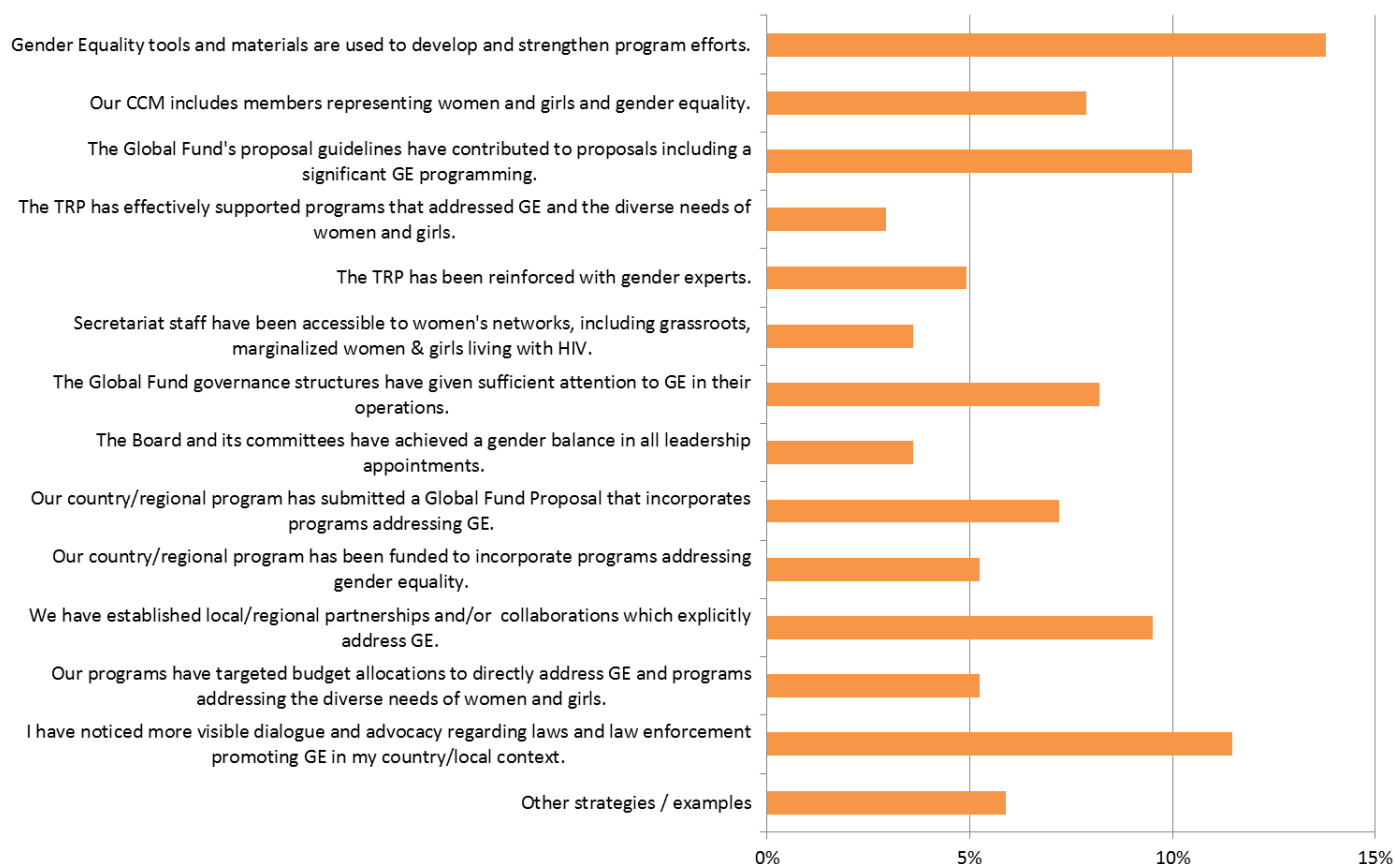
Familiarity with GES



Familiarity with SOGI



Implementation Progress GES



Implementation Progress SOGI



Appendix D: Bibliography of Document Review

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