



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

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GF/B18/4 Addendum
Decision

ADDENDUM TO REPORT OF THE POLICY AND STRATEGY COMMITTEE

THE GLOBAL FUND'S STRATEGY FOR ENSURING GENDER EQUALITY IN THE RESPONSE TO HIV/AIDS, TUBERCULOSIS AND MALARIA ("THE GENDER EQUALITY STRATEGY")

OUTLINE:

1. This report is an addendum to the Report of the Policy and Strategy Committee. Based on discussions at the PSC and a follow-up teleconference with PSC members, it attaches the Gender Equality Strategy prepared by the Secretariat and discussed with the PSC Chair and proposes it for adoption by the Board.

PROPOSED DECISION POINT:

The Board approves "The Global Fund's Strategy for Ensuring Gender Equality in the Response to HIV/AIDS, Tuberculosis and Malaria ("The Gender Equality Strategy")" as set out in the Addendum to the Report of the Policy and Strategy Committee (GF/B18/4, Addendum).

This decision does not have material budgetary implications.

THE GLOBAL FUND'S STRATEGY FOR ENSURING GENDER EQUALITY IN THE RESPONSE TO HIV/AIDS, TUBERCULOSIS AND MALARIA ("THE GENDER EQUALITY STRATEGY")

PART 1: INTRODUCTION

1. Gender inequalities are a strong driver of the HIV/AIDS, 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 healthcare and other services equitably. The Global Fund to Fight AIDS, Tuberculosis and Malaria 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 programme implementation, while recognizing the need for a broad network of partners to support countries to do this.

3. The Gender Equality¹ 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 (MSM), transgender, bisexual and lesbian populations², 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, tuberculosis and malaria. A detailed work plan elaborating on this strategy will soon follow and be implemented.

PART 2: RATIONALE

1. Internationally, the standards recognizing gender equality³ have been set out in a number of declarations and plans of action. In the majority of countries applying for funding from the Global

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 Attachment 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 UNAIDS Programme Coordinating Board has agreed to use "MSM, transgender, 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 Attachment 1 for other useful definitions.

Fund, the government has committed to realising 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)⁴.

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, 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 positive mother⁵. 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 (MSM), 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 MSM. Reducing gender inequality and addressing the economic, legal and political discrimination faced by women and girls should be part of a comprehensive programmatic response.⁶

Tuberculosis

5. Globally, men account for two-thirds of the notified TB cases. However, recently 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 are being reported (especially those aged 15–24 years). In several countries in sub-Saharan Africa, the majority of notified TB cases are now in women.⁷ 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 areas⁸. Inequitable access to health care both intensifies a woman's vulnerability to malaria and affects her ability to access prevention and treatment services

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 per cent of pregnant women assessed during antenatal clinics received ARVs.

⁶ UNAIDS, Policies and Practices, Gender (www.unaids.org).

⁷ The Global Plan to Stop TB 2006-2015, Stop TB Partnership publication (<http://www.stoptb.org/globalplan/>).

⁸ About 10,000 pregnant women die each year as a result of falciparum malaria during pregnancy.

appropriately.⁹ 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 3: THE GLOBAL FUND PRINCIPLES AND ROLE

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.”¹⁰

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

a. Health systems strengthening

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

b. Community systems strengthening

4. Supporting people who are infected and affected with HIV/AIDS, TB or malaria and their families, often happens at community level. It is community-based organizations (many of which are staffed mainly by women) that have the reach and expertise to support DOTS 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 care-givers and service providers at the grassroots level (for example, funding compensation for caregivers).

c. 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 healthcare services. In fact, many prevention and care interventions are spearheaded by civil society organisations. The Global Fund dual-track financing mechanism provides an opportunity for funding of civil society organizations that strengthen and complement existing efforts.

PART 4: AIMS AND OBJECTIVES OF THE GENDER EQUALITY STRATEGY

1. In order to expand the **Global Fund’s investments** in programs focused on women and girls and those most at-risk of the three diseases, the Global Fund will champion and fund proposals that,

- Scale up of 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

⁹ Roll Back Malaria Partnership, *A Guide to Gender and Malaria Resource*.

¹⁰ The Global Fund, *The Framework Document of the Global Fund to Fight AIDS, TB and malaria*, Section IV, H, pg. 4. The Framework Document also states that the Global Fund will support proposals that “eliminate stigmatization and discrimination against those infected and affected by HIV/AIDS especially women, girls and vulnerable groups.”

- Address structural inequalities and discrimination.
2. Concrete examples of programs the Global Fund will champion and fund are noted in Attachment 2 below.
 3. The Global Fund will do this by focusing on following four areas of intervention:
 - I. **Ensure Global Fund's policies, procedures and structures** (including the CCM, and TRP) 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 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 5: AREAS FOR INTERVENTION

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

5.1 Ensure Global Fund's policies, procedures and structures support programs that address gender inequalities.

The Country Coordinating Mechanism (CCM)

2. Because the CCM 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. CCM Guidelines¹¹ currently reference the need for appropriate programming for women and girls, and encourage the inclusion of women's groups and civil society networks as CCM members. But more must be done.

3. There are a number of ways that CCMs 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 CCMs are obliged to respond to these in order to receive funding. CCM Guidelines will be strengthened to provide clearer guidance on how gender issues should be taken into account in CCM operations, and a gender analysis should be the basis for program development. CCMs 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, CCMs need to be able to access high quality gender

¹¹Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility" (available at www.theglobalfund.org).

expertise¹². 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. CCMs must strive to achieve sex parity among their membership and leadership. Tools provided by the Global Fund will include terms of reference for gender experts and other CCM members.

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, with partners at country level, promote a gender analysis in the context of national strategy development and proposal preparation (see Attachment 3 for opportunities for Partner Engagement).

7. The Global Fund is also working on a National Strategy Application (NSA) process, which together with partners defines a number of attributes that need to be considered in order to validate the strategy¹³. A gender analysis and appropriate interventions targeting vulnerable groups (according to age, sex and sexual behaviours) 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 (TRP) 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 TRP reviews proposals based on three key criteria:

- a. Soundness of approach;
- b. Feasibility; and
- c. Potential for sustainability and impact.

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.

12. The TRP 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.¹⁴

13. An understanding of and experience in gender issues for the three diseases must be a more important criterion in the selection of TRP members. Methodologies will be developed to ensure the immediate reinforcement of the TRP 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 Framework¹⁵ 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 Toolkit¹⁶ which systematically addresses issues of gender inequality for the three diseases and provides recommendations for doing a gender analysis will be published in 2008.

15. Countries will be required to ensure that disaggregated data by sex and relevant age group¹⁷ are available for regular analysis of gender-equality approaches in healthcare 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. Future evaluations of the Global Fund will take into account gender equality as a central measure of success and impact. A specific evaluation on this strategy will be planned and an update available in 2010.

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

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 UN, 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

¹⁴ The gender assessment tool developed by WHO, which is used in the ‘mock TRP’ process, could be a useful tool for the TRP 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, bi-annually 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.

in planning processes with the National AIDS Commissions (NAC) 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 Attachment 2 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, LFA and CCM teams, Proposals' team, Strategy and Policy Cluster – all play important roles. The Gender Champion 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.

5.3 Develop a robust communications and advocacy strategy

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, tuberculosis and malaria. Where possible, the Global Fund's communication 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'¹⁸ 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.

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

Role and Capacity of the Secretariat

Technical capacity

24. The Global Fund has strengthened its technical capacity by recruiting a senior-level Gender Advisor (the "Gender Champion"). A Senior Advisor on MSM, transgender, bisexual and lesbian populations will also be recruited. The Gender Champion will have the responsibility of developing a detailed implementation plan to accompany the Gender Equality Strategy. In addition, a position in the Program Effectiveness Team will review data and impact on program effectiveness and results. Current staffing skills will need to be reinforced by mandatory and ongoing gender awareness training throughout the organization, with specialized training for key personnel categories, such as Fund Portfolio Managers. There will also be a strong emphasis on this issue within the leadership and management training¹⁹.

25. A gender section of the Secretariat Skills Bank will be developed so that staff with specific skills, or with specializations such as SRH, violence against women or experience working on issues

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 SRH and the social determinants of health will be reinforced by a series featuring women from the grassroots who can share their experiences with Global Fund staff.

affecting bisexual, gay, lesbian or transsexual people, can be easily accessed to provide specialist input.

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 per cent women, 40 per cent men. However, in the management categories (P5 and above), the ratio changes to 29 per cent women, 71 per cent men.²⁰ By ensuring gender balance and diversity, including MSM, transgender, bisexual and lesbian populations in staffing and public representation of the 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 6: IMPLEMENTATION AND NEXT STEPS

1. The implementation plan for the Gender Equality Strategy will be developed and presented to the appropriate Board committee in the first 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 Champion.

2. The Global Fund will establish a rigorous monitoring and evaluation framework for the implementation of the Gender Strategy (see chart below). 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 (TERG) will also be requested to undertake a full evaluation of the Gender Equality Strategy within three years of its implementation. The Global Fund

²⁰ As at 4 September 2008.

will also encourage partners' evaluations of the strategy (several are underway) as well as the establishment or strengthening of global watchdogs that can keep track of progress on key issues with an independent approach.

Monitoring and Evaluation			
Objective	Activity	Due	Follow-up
Establish Baseline	Review Rounds 1-7 to establish baseline	Oct. 2008	Feed into implementation plan
	Review of outcomes of Round 8	Oct. 2008	Informs review of Round 9 Fact Sheet and revision of Round 10 guidelines
Establish Monitoring Plan	Develop Key Indicators for Strategy based on the objectives	Nov. 2008	At least one indicator should be part of corporate KPIs
	Develop quality and quantity measures for implementation	Nov. 2008	
	Plan Board session to track progress	Nov. 2009	
Evaluation	Request TERG to put full theme-based evaluation of implementation and impact of the strategy into their work plan for 2011	2010	

USEFUL DEFINITIONS²¹:

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, behaviours, 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.²²

Men who have sex with men (MSM), transgender, 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 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 MSM, transgender, 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, behaviours, 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 behaviours, aspirations and needs of women and men are considered, valued and favoured 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]

²¹ 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).

²² Source: WHO RH and Research <http://www3.alliance-hpsr.org/reproductive-health/gender/sexualhealth.html>.

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]

Gender Negative	Gender Neutral	Gender Sensitive	Gender Positive	Gender Transformative
Gender inequalities are reinforced to achieve desired development outcomes	Gender is not considered relevant to development outcome	Gender is a means to reach set development goals	Gender is central to achieving positive development outcomes	Gender is central to promoting gender equality and achieving positive development outcomes
Uses gender norms, roles and stereotypes that reinforce gender inequalities	Gender norms, roles and relations are not affected (worsened or improved)	Addressing gender norms, roles and access to resources in so far as needed to reach project goals	Changing gender norms, roles and access to resources a key component of project 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 <http://www.hc-sc.gc.ca/english/women/exploringconcepts.htm>

[2] ABC of Women Worker's Rights and Gender Equality, Geneva: ILO, 2000.

[3] Ibid. and Gender and Household Food Security. Rome: International Fund for Agricultural Development, 2001. <http://www.ifad.org/gender/glossary.htm>

[4] Health Canada, 2003 and ILO 2000 and Gender and Biodiversity Research Guidelines. Ottawa: International Development Research Centre, 1998. http://www.idrc.ca:8080/biodiversity/tools/gender1_e.cfm ILO

[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.

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, 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 specialised, targeted and integrated health services, user fees, discriminatory practices and attitudes by healthcare 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 marginalised such as sex workers, people who inject drugs, lesbian, bisexual or transgendered women, partners of bi-sexual men;
- f. Include programs that empower women and girls so they can protect themselves, by having access to sexual and reproductive health care (SRH), 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 SRH-HIV/AIDS service integration.
- g. Target the structural issues that increase the vulnerability of women, girls, men who have sex with men, transgender, bisexual and lesbian populations, including socio-cultural, legal, political and economic inequalities and discrimination;
- h. Ensure that men and boys are targeted with appropriate interventions in prevention, treatment and care activities.

OPPORTUNITIES FOR PARTNERS 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 principle recipients²³;
 - b. supporting government gender or social affairs departments and the SRH 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 (TA)*
 - 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 NGOs, should endeavor to harmonize TA 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 TRP 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 SRH-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*
 - a. issues of unequal access to services including stigma and discrimination by health care providers especially for men who have sex with men, transgender, bisexual and lesbian populations, and the SRHR 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 CCM membership and functioning and ensure that all CCM deliberations are fully participatory and that representatives selected for gender and/or expertise with men who have sex with men, transgender, bisexual and lesbian populations are not discriminated against by other CCM 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.

²³ Ensuring, for example, that these groups are able to analyze, plan, implement and monitor programs that address gender inequalities as well as increasing their capacity for financial management and other program management skills.

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.