



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Nineteenth Board Meeting
Geneva, 5 - 6 May 2009

GF/B19/4
Attachment 1

BOARD COMMITTEE RESPONSIBILITY FOR FOLLOW-UP ON PARTNERSHIP FORUM 2008 RECOMMENDATIONS

	Recommendation	Current status	Proposed Committee
PARTNERSHIP AND GENDER (WOMEN AND GIRLS)			
1	that the Board instruct the Secretariat to ensure that the implementation plan for the Gender Equality Strategy is produced in consultation with women's organizations and other groups working on gender equality, and that it has specific, measurable goals and objectives with indicators to track progress by the Fund and countries against defined benchmarks and within defined time frames. This implementation plan should reflect progress at the country level, in particular linking disbursements with outcomes for girls and women.	- An Implementation Plan for the Gender Equality Strategy is being presented to the PSC at its meeting in March 2009 and will be implemented over the course of 2009. - The Implementation Plan will include concrete targets and indicators to track progress with regard to the implementation of the Gender Equality Strategy. Tools and indicators that countries may use to define targets and track progress of their interventions will be among the means through which the Global Fund will support countries in scaling up gender-sensitive responses to the diseases, and parameters for their development and use in performance assessment will therefore be part of the Implementation Plan.	PSC
2	that the Board instruct the Secretariat, in consultation with women's groups and other groups working on gender equality, to produce guidance on the kinds of activities that the Global Fund will champion and finance and that are needed to serve women and girls, drawing on existing evidence and practice.		PC
3	that the Board should ensure that existing and new partnership agreements of the Global Fund include a component on technical assistance and capacity building for programmes for women and girls, including appropriate accountability mechanisms. These arrangements should be coordinated to facilitate access from countries.	(See comments on Recommendation 4 under "Partnership and Coordination" below)	PSC

	Recommendation	Current status	Proposed Committee
4	that the Board instruct the Secretariat to encourage and support country implementers to request financial assistance in their proposals to access in-country and international expertise on programming for women and girls. This will allow countries to produce strong needs assessments, develop national strategic plans, review and revise existing funded programs and establish specific indicators that will support the achievement of the Gender Equality Strategy for women and girls.		PC
5	that the Board should formalize the setting up of an Advisory Group comprising women's organizations and other groups working on gender equality to support the implementation of the Gender Equality Strategy.		PSC
PARTNERSHIP AND GENDER (SEXUAL MINORITIES)			
Preamble	The discussion group assumes that in taking this important work forward the Global Fund will ensure that terminology is inclusive, in other words, ensuring that 'sexual minorities' refers to all people whose sexual orientation, gender identity and/or sexual behaviors do not conform to majority norms and values including: men who have sex with men, women who have sex with women, individuals who are transgender, transsexual and intersex. Sexual minorities can also include marginalized heterosexual behaviors and gender roles including non-monogamous sex and sex work. The group also assumes that the Global Fund will ensure that the draft sexual minorities' strategy is completed in a timely manner following a broad and clear consultation process. The strategy is expected to acknowledge and reflect the diverse regional experiences around sexual minority issues including levels of criminalization and persecution	The Sexual Minorities Strategy that is before the PSC for discussion at its meeting in March 2009 includes mention of terminology.	
1	(Inclusion) that the Board strengthen Country Coordination Mechanism guidelines to ensure inclusion of all groups who are disproportionately affected by the three diseases, regardless of epidemic type. The Board is requested to commit to all Global Fund consultative meetings appropriately involving all key affected groups, particularly the underrepresented groups that include transgender people and women who have sex with women.	The CCM Guidelines recommend that key populations be represented among CCM members. Also, the draft Sexual Minorities Strategy that is being discussed by the PSC at its meeting in March 2009 includes measures to improve the involvement of sexual minorities in consultative and decision-making structures, as does the implementation plan for the GF Gender Equality Strategy.	PSC
2	(Evidence) that the Board require countries to work within the framework of 'know your epidemic' and 'know your response' strategies in their approach to the three diseases. National strategy applications that do not explicitly include sexual minorities should not be recommended for funding.		PSC
3	(Regional and national non-CCM proposals) that the Board develop clear criteria and mechanisms to support the submission of regional and national proposals for sexual minorities and other criminalized, vulnerable and marginalized groups so that they do not need CCM approval and to ensure that they will be accepted from countries which fall outside of country income eligibility criteria beginning with Round 9.		PC

	Recommendation	Current status	Proposed Committee
4	(Human rights and an enabling environment) that the Board ensures that the Global Fund shows leadership in recognizing the importance of decriminalization as an essential element in responding to the three diseases. The Board is requested to create more scope for human rights based proposals that seek to influence the enabling legal and policy environment for successful outcomes for the three diseases in relation to criminalized and vulnerable groups. Proposals should require an analysis of legal and policy barriers to implementation of effective programmes for sexual minorities and a plan to address those barriers. Indicators should be developed to track the impact of these interventions.		PC
5	(Enhancing the capacity of Global Fund Secretariat and structures to work more effectively with sexual minorities) that the Board ensure enhanced capacity and competence of the Global Fund Board, Secretariat, Technical Review Panel, Technical Evaluation Reference Group and other structures, in relation to sexual minorities. In particular it is asked to routinely assess levels of expertise and competence on areas of sexual minorities within the Secretariat and within key Global Fund structures including the governance and CCM structures and to have an appropriate training and sensitization plan in place by end of 2009.	The plan for the implementation of the GF Gender Equality Strategy will include strategies and suggestions to enhance the capacity and expertise of all Global Fund groups and committees.	PSC
PARTNERSHIP AND DEMAND			
1	that the Board and the Secretariat adopt an emergency resource mobilization strategy, including communicating publicly the full and detailed financing gap and the timeline on which new pledges are needed, as the credibility of the Global Fund as a sustainable and predictable financing mechanism is at stake because of the gap in pledges of approximately 5 billion US\$ to meet the projected demand in 2009 and 2010 (including Rounds 9 and 10 and NSAs). We strongly recommend that the Board take every available opportunity to encourage new pledges for 2009 and 2010, including the 2009 Mid Term Review, an early replenishment meeting in 2010 and rigorously exploring innovative financing mechanisms.	On 29 January 2009, leaders in business, health and economics, including the Chair of the Global Fund Board, participated in a press conference organized by a group of NGOs (Results, Malaria No More, Stop AIDS Campaign, and International Civil Society Support) on the occasion of the World Economic Forum in Davos. They highlighted the critical funding gap (assessed at \$5 billion) and urged for continued investment from the private sector and donor governments in global health despite the economic downturn.	FAC
2	that, recognizing that increase in demand also depends on effective functioning of CCMs, the Global Fund should work more strongly with its partners to monitor and validate the in-country CCM oversight role through, for example, mechanisms for increased transparency, democratic election processes and increased and equal stakeholder inclusiveness and participation (like trade unions, sexual minorities), as a major instrument for increasing demand.	The "Clarifications on CCM Minimum Requirements" from Round 8 onwards specify that in order to comply with the requirement of a transparent selection process of CCM members, these must be selected by their own sector. The CCM Team and other units at the Secretariat work with CCMs on an on-going basis to ensure participation and transparency of processes.	PC

	Recommendation	Current status	Proposed Committee
3	that the Global Fund urge and enable CCMs to actively promote partnership with the private sector for programme co-creation, co-investments and capacity development. To this effect, enhanced approaches should be implemented and lessons learned shared by 2010 to inform Global Fund policy. Likewise, the Global Fund should incentivize the private sector to contribute core competences and resources to the Global Fund and country programmes. To this effect, innovative global and in-country initiatives need to be developed (with a range of approaches including fiscal measures) to inform a 2010 Board decision.	The Secretariat is working on a strategy for enhancing the partnership with the private sector, which was sent for consultation to a wide range of external partners at the end of 2008. It is anticipated that the strategy, once approved by the Global Fund's Executive Management Team, will guide the work of the Global Fund's secretariat in the area of public-private partnerships. The strategy will also feed into the larger partnership strategy which will be presented to the Board in November 2009. The Country Programmes Cluster is also recruiting additional staff to work directly with the private sector at country level.	PSC/PC
4	that the Global Fund develop and implement a communication and media strategy that supports all phases of proposal development and identifies critical factors for successful proposals.	The Global Fund will execute an intensive communications offensive and media outreach to ensure that the funding gap of 2009 - 2010 is well known among donors and other relevant audiences, as well as to stress the consequences if the gap is not met. The Global Fund will provide NGOs and other partners with information and data to ensure that statements and messages from all Global Fund advocates are as correct and unified in content as possible.	PSC
	The Global Fund is asked to ensure that all relevant stakeholders participate in the CCM throughout the grant development process, including grant signing and publicizing grant information.	This is part of the CCM requirements and spelled out in detail in the "Clarifications on CCM Minimum Requirements."	PC
	The Global Fund is urged to ensure implementation of NSAs to commence in Round 10 in conformity with the Paris Declaration on Aid Effectiveness.	National Strategy Applications are being rolled out in a phased manner, starting with a "First Learning Wave" in 2009, which is expected to come for Board approval at its 20th meeting.	PSC
5	that, as resources for global health should be directed to aid modalities that are transparent, accountable and produce results, the Global Fund should advocate for this in allocation of ODA for health by donors. In this context, the Board should (a) encourage donors to support transparent reporting on the impact of aid on health, which enables stakeholders to fully participate in policy dialogue and monitoring donor and partner country performance; and	The Global Fund participates in the OECD process to improve results-based aid.	PSC
	(b) encourage CCMs to engage in health sector policy dialogue and other national planning and budget allocation discussions.	In the CCM Guidelines the Board requests CCMs to work closely with national authorities within the framework of the Three Ones and harmonization efforts. Policies are currently being proposed that would create incentives for harmonization (see recommendation 3 under "Partnership and Implementation").	PC

	Recommendation	Current status	Proposed Committee
6	that, in order to increase the sustainability and predictability of the resources, the Resource Mobilization Task Team should explore options to develop a mutually agreed global burden-sharing framework for resource mobilization in line with the demand.	The RMTT in its report to the Chair of the Global Fund Board recommends that possible adaptations to the current funding framework should be explored for developing a mutually agreed global burden sharing framework for the Global Fund, and that key donors should consider to apply such a burden sharing model to their contributions following the examples of Sweden and Norway and champion the concept in discussions with other interested donors.	FAC
PARTNERSHIP AND COORDINATION			
Governance and accountability			
1	that the Board task the Secretariat to develop an accountability framework, process and action plan that identifies key triggers to prevent and solve failing grants, that defines who is responsible to act, and that will require action by the Secretariat, CCM, partners, and implementers.	A risk management tool is currently being developed at the Secretariat.	PC
2	that the Board recommend to CCMs and RCMs to develop a governance manual to define roles and responsibilities, with terms of references and related accountability mechanisms, <ul style="list-style-type: none"> • of CCM and RCM members • of other coordinating mechanisms (e.g. AIDS, TB, malaria, health) and • of partners (e.g. multi-laterals, bi-laterals, international and regional organizations, parliamentarians, national civil society and private sector). 	The CCM Guidelines include a requirement for CCMs to determine the details of its functioning, with the "Clarifications" listing governance manuals as one way to document transparency of process. The CCM Team has undertaken a study of practices at different CCMs, with case studies available on the Global Fund website.	PC
3	that the Board request the Secretariat to specify in the communications strategy the communication flow requirements between all stakeholders and partners, in-country and with regional and global levels, in all UN languages, to ensure greater access and transparency of information.	The Global Fund will address the information needs and the communication flow to and from grant recipients, CCMs, technical and advocacy partners in a detailed 2010 - 2013 communications strategy which is being developed in the Secretariat and will be completed by mid-year. In shaping the communications strategy, the Secretariat will take into consideration the recommendations from the 5-Year Evaluation of the Global Fund, the Partnership Forum, the hearing process for the development of a Partnership Strategy, the input from the Global Fund's regional meetings as well as the recommendations of an expert communications task force.	PSC
	Board to urge CCMs to use parliamentary processes to report and account on expenditure, performance and future projections of Global Fund grants.		PC

	Recommendation	Current status	Proposed Committee
	Technical support		
4	that the Board request the relevant Board Committee (or sub-committee) to review and identify specific action required by the Global Fund to address the lack of coordination and funding of technical support provision and capacity development for grant recipients and CCMs from country, regional and international partners (including, but not exclusive to, non-governmental organizations, academia the private sector, the United Nations agencies and horizontal government collaboration).	The PSC will at its 9th meeting review a draft Partnership Strategy, which will serve as a basis to further develop the Global Fund's cooperation with its partners, including mechanisms for the provision of technical assistance in the framework of GF grants. The GF is also part of global-level coordination bodies, such as the GIST.	PSC
	Broader coordination		
5	that the Global Fund Secretariat update the grant proposal application form to require countries to articulate how they will maximize opportunities to integrate their responses to the three diseases and with broader HSS, CSS, and SRHR activities.	The proposal forms currently require applicants to outline weaknesses in their health systems that affect disease outcomes, and measures being taken to address these. Applicants also have to specify how the proposal contributes to overall strengthening and/or further development of public, private and community institutions and systems to ensure improved service delivery and outcomes.	PC
	Requests the Policy and Strategy Committee to develop a strategy and recommendations for the engagement of CCMs in the IHP+ country compact process. (*Recommendation discussed, but not reviewed by all).		PSC/PC
PARTNERSHIP AND IMPLEMENTATION			
1	(Civil society) that the Board of the Global Fund should dedicate a separate stream of funding in 2009 specifically for local civil society and community based organizations to build their capacity to perform their various roles on the CCM, which include representing their constituencies and performing oversight. Specific indicators should be developed and used to monitor the effectiveness of civil society engagement on CCMs starting with Round 10.	- Currently, the Global Fund supports capacity development of community-based organizations through provisions for community systems strengthening within grants. - Should the Board adopt a revised CCM funding policy that includes an option for performance-base funding, the effective involvement of all sectors in the work of the CCM would be part of the assessment criteria.	PC
2	(Transparency) that the Board of the Global Fund should improve transparency of Global Fund-related processes by the end of 2009, specifically by: • Reinforcing and implementing the conflict of interest policy, including concrete sanctions, at all levels by 2010.		Ethics (for Board/Secretariat level)/PC (for country-level)
	• Requiring the CCM to publish and disseminate, including through the Global Fund website, the CCM's internal rules and procedures, meeting schedule, key decisions, calls for proposals, etc.	Currently, CCMs are required to make their membership lists public.	PC
	• Making the templates of the reporting forms available in all six UN languages.	Reporting forms currently are not uniformly translated.	PC

	Recommendation	Current status	Proposed Committee
3	(CCMs) that the Board of the Global Fund should further improve capacities of CCMs in 2009 by: <ul style="list-style-type: none"> • Significantly increasing the funding available to CCMs to support secretariats and developing a comprehensive methodology to evaluate the amount of funding required by the CCM Secretariats to perform their functions effectively. 	A revised CCM secretariat funding policy will be reviewed by the PC in March 2009 and presented to the Board for decision at its meeting in May 2009. The policy is likely to include slightly raised ceilings for CCM funding, with the option for CCMs to apply for significantly higher annual funding if they agree to link this funding to performance.	PC
	<ul style="list-style-type: none"> • Developing a plan for improving the capacity of CCMs to perform their oversight, demand creation, and reporting functions based on documented best practices, and identify technical partners and mechanisms to implement the plan. 	The Secretariat is currently developing planning and oversight tools for CCMs, jointly with technical partners. Pilot phases are in operation and a full set of tools along with technical assistance options will be available as of July 2009.	PC
4	(PRs) that the Board of the Global Fund should revise the PR selection guidelines for CCMs to give priority to national entities (including civil society) if they can demonstrate their capacity to comply with Global Fund requirements, by 2010. If national capacity does not exist, measures should be included in Global Fund grants to build such capacity.	Currently, as part of its Policy on Grant Negotiations, the Global Fund states that PRs should be national entities (government or non government sector), and that a multilateral organization may be nominated as PR if a qualified national entity is not available. The policy further specifies that the multilateral organization PR must prepare a budget and action plan to build capacity of a national entity to take over as PR.	PC
5	(TA) that the Board of the Global Fund should develop and implement mechanisms to encourage CCMs to collaborate with TA providing partners present within countries to improve the quality of implementation. The Global Fund should develop tools to monitor the collaboration between CCMs and TA providing partners by the end of 2009. The Global Fund should encourage TA to facilitate regional proposal development and implementation.		PC/PSC (as part of the Partnerships Strategy)
6	(LFAs) that the Global Fund Board should ensure that LFAs establish or strengthen their expertise in public health management in order to provide stronger financial and programmatic oversight.	<ul style="list-style-type: none"> - As part of the recent LFA tender (completed in August 2008), each LFA team was required to propose a programmatic/health expert as part of the LFA key personnel proposed for each country. The experience and qualifications of this public health expert was one of the criteria for selecting the LFA. - The new LFA performance evaluation system will assess the quality of LFA work on an on-going basis, particularly the quality of the programmatic and financial assessment/verification delivered by the LFA. 	PC

	Recommendation	Current status	Proposed Committee
	LFA reports (with the exception of confidential reports) should be shared with PRs prior to submission to the Global Fund Secretariat, and with CCMs upon submission, starting immediately. By the end of 2009, the Global Fund Board should review the policies related to producing and disseminating LFA reports.	<p>- As described in the Communications Protocol for LFAs (July 2007), the LFA is expected to provide PRs with a verbal debrief before sending the final report to the FPM. This gives the PR the opportunity to comment on any discrepancies or inaccuracies in the LFA's findings. The FPM is responsible for communicating the Global Fund decisions and any recommendations to the PR, as well as to the LFA. The protocol also states that the Global Fund will not share or publish reports exclusively prepared by LFAs (including PRs and CCMs), unless the LFA has given its prior consent. The aim is to maintain the objectivity, independency and completeness of the LFA reports (the LFA does not represent the Global Fund and only reports to the Global Fund).</p> <p>- CCMs currently receive information on assessments and recommendations from the PR or the FPM, and not directly from the LFA. The LFA is available to regularly attend CCM meetings as an observer.</p>	PC
7	(Procurement and health systems) that the Global Fund Board should explore the possibility of regional joint procurement of goods and services to further reduce costs, build regional systems, and improve coordination by the middle of 2009.	While different countries within a region can join the Voluntary Pooled Procurement service for the procurement of pharmaceuticals and health products (the main focus of which is to support PRs to access quality products at the lowest possible price with improved delivery outcomes in a cost effective manner), it is currently conceived as a system that operates at a global level, not at regional levels.	PC
	The Global Fund Board should develop policies on funding for salaries and salary top-ups for health workers by the end of 2009.	In September 2008, the PSC discussed "Global Fund Coordinated Support for Program Salaries and Compensation".	PSC



**MEMORANDUM OF UNDERSTANDING BETWEEN
THE ORGANIZATION OF THE ISLAMIC CONFERENCE &
THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**

Preamble

- i. **This Memorandum of Understanding** (hereinafter the “MoU”) is made on [DATE] between The Organization of Islamic Conference (hereafter referred to as “OIC”) and the Global Fund to fight AIDS, Tuberculosis and Malaria (hereafter referred to as “GF”). OIC and GF are hereinafter collectively referred to as “the Parties” and individually as “Party”;
- ii. **noting** that the OIC is an inter-governmental organization bringing together 57 countries in Africa, Asia, the Middle East and the Caribbean regions. Its mission is to represent Muslim people and to strengthen the cooperation among OIC Member States in the political, economic, cultural and social fields;
- ii. **noting** that the GF is an innovative global public/private partnership created to finance a dramatic turn around in the fight against HIV and AIDS, tuberculosis and malaria. This partnership between governments, civil society, the private sector and affected communities represents a unique approach to international health financing. The Global Fund works closely with other bilateral and multilateral organizations to help prevent the spread of the diseases and provide treatment and care for people in need, as part of the United Nations’ Millennium Development Goals.
- iii. **recalling** the Cooperation framework agreement between the Islamic Development Bank (IDB) and the GF signed on 3 March 2009.
- iv. **considering** that the Ten-Year Program of Action adopted on 8 December 2005 in Makkah as an outcome of the Third Extraordinary Session of the Islamic Conference proposes to create synergies with the UN, specialized agencies and Development Funds with the aim of encouraging cooperation, inter alia, in areas such as global health;

- v. **considering** that the Resolution No. 4/11-S&T(IS) adopted by the 11th OIC Summit held in Dakar, Republic of Senegal, on 13-14 Mach 2008, welcomes the linkages established between the OIC General Secretariat and the Global Fund to coordinate their efforts to fight AIDS, Tuberculosis and Malaria in the Ummah
- vi. **considering** that partnerships with governments, civil society, bilateral and multilateral partners, private sector and affected communities at governance and country levels are at the core of the GF' work; such partnerships enabling a shared decision making process in international health financing as well as a participatory approach in the planning, coordination and implementation of national health programs;
- vi. **recognizing** that this MoU between the Parties shall serve as partnership framework through which both organizations can set forth the ways and means to initiate mutual collaboration with a view to scaling-up the fight against the three diseases, to the progress towards the Millennium Development Goals as well as towards the objectives of the Ten-Year Program of Action related to global health;
- vii. **recognizing** that though drawing on the specificity of their respective mandates, and on their shared commitment to help countries progress toward the Millennium Development Goals, the Parties pledge to work together in accordance with a set of broad objectives set forth in this MoU and to further define clear roles for their partnership;
- viii. **bearing in mind** their common desire to strengthen their cooperation with a view to contributing to the more effective attainment of their common objectives;
- ix. **the Parties have agreed** as follows:

Article I – Mutual Consultation

- 1.1 The Parties intend to consult each other on matters of common interest for the purpose of realizing their objectives in the fighting against HIV/AIDS, tuberculosis and malaria.
- 1.2 The Parties aim at coordinating their respecting functions, as appropriate, at all stages of the preparatory work and the execution of their respective activities.
- 1.3 The Parties shall cooperate toward agreeing upon and defining clear roles and activities in the implementation of the partnership recognized by this MoU.

Article II –Joint Activities

- 2.1 The Parties shall strive to work together in a partnership and to join forces in the fight against the three diseases.
- 2.2 The GF, as a financing mechanism, may call upon the OIC to exert its political leverage and its moral influence to exhort and encourage its Member States to deploy all necessary efforts to move rapidly towards the implementation of the recommendations of the Ten-Year Program of Action adopted by OIC Member States in Mecca in 2005 as well the United Nations Millennium Development Goals.

- 2.3 The GF will invite the OIC to its Partnership Forum and its Regional Meetings in the regions in which the OIC has Member States.
- 2.4 Unless agreed otherwise, the Parties shall cover their expenditures, including transportation and accommodation, themselves in connection with the activities and events mentioned in paragraphs 2.3 and 2.4

Article III – Advocacy

- 3.1 As the GF relies extensively upon global advocacy efforts undertaken by its various stakeholders to achieve its objectives, the OIC shall work closely with its Member States, regional Intergovernmental Organizations, Development Funds and other institutions to ensure and raise high level of awareness about the GF's vision, mission and work.
- 3.2 The OIC shall encourage Member States eligible for Global Fund grants to increase quality funding proposals to the GF and will exhort potential donors amongst its Member States to lend their political and financial support to the Global Fund. The OIC will provide support to the regional associations of "Friends of the Global Fund" in the Middle East, Africa and South East Asia in their advocacy efforts.

Article IV – Monitoring of implementation and submitting of reports

- 4.1 For the purpose of realizing the partnership recognized in this MoU the Parties will designate representatives entrusted with the follow-up of the activities undertaken pursuant to this MoU. Semi-annual reports on progress of the actions defined in this MoU will be jointly prepared by the representatives of the Parties. Following completion of such reports, they shall be submitted for consideration to the Parties who shall, as appropriate, convene in a meeting to draw up appropriate recommendations. These meetings shall be convened at headquarters of GF and OIC, in turn, and the Parties will cover their expenditures connecting with transportation and accommodation themselves.

Article V – Communications

- 5.1 For the purpose of facilitating the implementation of this MoU, the contact of information for the Parties is:
- 5.2 For OIC:
Organization of The Islamic Conference
PO Box: 178, Jeddah-21411,
Kingdom of Saudi Arabia
Tele: 966 6900001
Fax: 966 2751953
Attention: [Dr Razley Mohd Nordin]
- 5.3 For GF:
Chemin de Blandonnet 8
Vernier 1214
Geneva
Switzerland
Tele: +41 58 791 1700

Fax: +41 58 791 1701
Attention: [Ms. Beatrice Makar]

Article VI – Public Announcements

- 6.1 No Party shall issue a press release or make any public announcement or statement regarding this MoU or the Party's relationship with the other Party without the prior written approval of the other Party, which shall not be unreasonably withheld or delayed. No Party shall make use of the logo or emblem of the other without prior written permission.

Article VII – Validity, Amendment and Termination

- 7.1 This MoU takes effect as of the date of its signing by the duly-appointed representatives of each of the GF and the OIC. Each of the Parties shall take the necessary administrative steps in order to execute it. The MoU shall be in force for a period of two (2) years from its signing date. It may be renewed thereafter by the Parties through an exchange of letters.
- 7.2 This MoU may be amended by mutual agreement of Parties, provided the party proposing the amendment shall notify the other in writing. Such amendment shall become effective immediately it is agreed by the two parties.
- 7.3 Each of the two parties may terminate this MoU by notifying the other party in writing six month prior to termination. Upon termination or expiration, steps will be taken to ensure that termination is not prejudicial to any activity or program implemented with the framework of this MoU.
- 7.4 The purpose of this MoU is to set out the understanding of the Parties with respect to their mutual cooperation..
- 7.5 Nothing contained in this MoU will be construed as a waiver of any privileges and immunities to which GF or OIC are entitled under international or national law.
8. **In witness whereof** the authorized representatives of the Parties have signed this MoU in six copies in the English, Arabic and French languages, the three texts being equally authentic.

For the Global Fund to fight AIDS
Tuberculosis and Malaria

For the Organization of the Islamic
Conference

Prof. Michel Kazatchkine
Executive Director

Prof. Ekmeleddin Ihsanoglu
Secretary-General

THE GLOBAL FUND STRATEGY IN RELATION TO SEXUAL ORIENTATION AND GENDER IDENTITIES (SOGI)

EXECUTIVE SUMMARY:

1. At its Sixteenth Board Meeting in November 2007, the Global Fund Board recognized the importance of addressing gender issues in the fight against the three diseases, placing a particular focus on the vulnerabilities of women and girls and “sexual minorities” (men who have sex with men, transgenders, and female, male, and transgender sex workers), communities that have different experiences, vulnerabilities and health risks. The Board authorized the Global Fund Secretariat to develop a strategy to address gender issues in Global Fund policies and operations.
2. At the Eighteenth Board Meeting, the Board endorsed the *Gender Equality Strategy*, which outlines strategic directions that the Global Fund will adopt to ensure gender equitable responses to AIDS, TB and malaria.
3. The Global Fund Strategy in relation to SOGI notes that men who have sex with men (MSM), transgenders, and female, male, and transgender sex workers face challenges in being able to access or benefit from Global Fund grants. They have limited access to decision-making bodies of the Global Fund, face social and structural barriers to the realisation of their health and rights.
4. The SOGI Strategy outlines concrete actions that the Global Fund, as a major international funding entity working to addressing challenges of health from frameworks of evidence, human rights, and measurable outcomes, can take to address the vulnerabilities and needs of MSM, transgenders, and sex workers in the fight against the three diseases.
5. The intent of this Strategy is to augment and reinforce the efforts of the Global Fund in realizing outcomes and impact against the three diseases, recognizing the vulnerabilities of MSM, transgenders, and sex workers and recognizing the imperatives to minimize harm. Therefore actions are recommended that can be implemented in ways that are gradual, careful, built upon current positive efforts and good intents, and respectful of the varying contexts in which the Global Fund operates.
6. This Strategy complements the Gender Equality Strategy, and works to ensure SOGI-related health and rights is strongly linked with work to empower women and girls.

PART 1: RATIONALE AND POTENTIAL FOR ACTION

Vulnerability to HIV/AIDS, Tuberculosis, and Malaria

1.1 HIV/AIDS disproportionately impacts men who have sex with men (MSM), transgenders, and female, male, and transgender sex workers. Some refer to this group of vulnerable populations as “sexual minorities.”¹ During the development of this Strategy, there have been many discussions about terminology, including potential alternatives to the term “sexual minorities.”² While there is no internationally-agreed upon language used to refer to these communities, in 2006, a group of human rights experts from diverse regions and backgrounds, including judges, academics, UN officials, NGOs and others developed and unanimously adopted the Yogyakarta Principles³. The Yogyakarta Principles are a set of principles on the application of international human rights law in relation to sexual orientation and gender identity, or SOGI. In this Strategy, SOGI refers to all people whose sexual orientation, gender identity and/or sexual behaviors do not conform to majority norms and values, focusing on adults engaging in consensual sexual behaviours that increase their health-related vulnerabilities.

1.2 The evidence indicating why a Strategy in relation to SOGI is needed is clear. Among MSM, both the incidence and prevalence of HIV/AIDS is high in all regions of the world, with recorded HIV prevalence rates as high as 25 per cent in Africa, 11 per cent in the Caribbean, 28 per cent in Southeast Asia, and as high as 51 per cent in some parts of Latin America.⁴ Among transgendered persons, HIV prevalence is likely to be even higher than among MSM. Data recently presented at the International AIDS Conference in Mexico showed HIV prevalence rates of over 25 per cent among transgenders in three Latin American countries and ranging from 10-42 per cent in five Asian countries.⁵ HIV prevalence among sex workers is higher than in the general population.⁶ While sex between women is not an HIV-risk behavior, women who have sex with women (WSW) do have HIV risks due to the factors that increase women’s risk generally, and also because WSW are often targets for sexual violence *because* of their sexual orientation. The Gender Equality Strategy responds to the needs of women, but the SOGI

¹ The term “sexual minorities” was initially used in Global Fund documents because the Global Fund Board used this terminology in its request for a strategy.

² During consultations on this Strategy, participants have stressed that the challenge of agreeing on universal terminology should not slow down the development and implementation of a Strategy to meet the vulnerabilities and needs that were confirmed by the Global Fund Board in November 2007. What has also been agreed in consultations is that any terminology used in relation to sexual minorities should be inclusive of diverse sexual orientations and gender identities, including men who have sex with men, individuals who are transgender, transsexual and intersex, and women who have sex with women where relevant. The terminology should also encompass marginalized but consensual heterosexual behaviours and gender roles. For more information on the discussions, see the Report from July 2008 OSI/PSI meeting in Kathmandu and the Report from the Global Fund Partnership Forum (December 2008). For more information on definitions, see Annex 3.

³ In the Yogyakarta document (<http://www.yogyakartaprinciples.org/index.html>), sexual orientation is “understood to refer to each person’s capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.” And gender identity is “understood to refer to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.”

⁴ In South Asia, HIV prevalence is estimated to be 18 per cent; 6 per cent in East Asia; 5 per cent in Eastern Europe and Central Asia; and 1.4 per cent in the Middle East/North Africa. *Sex Transm Infect* Cáceres *et al.* 84 (1): i49. At http://sti.bmj.com/cgi/reprint/84/Suppl_1/i49.

⁵ Data presented by the International HIV/AIDS Alliance at “The hidden HIV epidemic: a new response to the HIV crisis among transgender people” press conference, 4 August 2008, Mexico City, Mexico.

⁶ UNAIDS 2008 *Report on the Global HIV/AIDS Epidemic* notes HIV prevalence rates as high as 35 per cent in West Africa, 10 per cent in Latin America, and higher than 10 per cent across Asia and Eastern Europe.

Strategy recognizes the consequences of stigma and discrimination based on sexual orientation and gender identity on WSW and lesbians.

1.3 Biologically, elevated HIV incidence and prevalence among MSM and transgenders is likely to be due to anal intercourse and, more specifically, the greater efficiency of transmission and low frequency of condom use during anal intercourse. Anal intercourse is a widely practiced behaviour among MSM and transgenders, and is increasingly understood as a practice among heterosexuals.^{7 8} The unadjusted probability per coital act of transmitting HIV is calculated to be 80 times higher for receptive anal intercourse than for vaginal intercourse.⁹

1.4 The Global HIV Prevention Working Group estimates that globally, only 9 per cent of risky sex acts are undertaken while using a condom, and that prevention services reach fewer than 10 per cent of MSM and fewer than 20 per cent of sex workers. Throughout Africa, Asia, and Eastern Europe, one common anecdote relates the discovery of young gay men who believe that HIV is transmitted only through vaginal sex and not anal sex - a legacy of HIV prevention campaigns focused exclusively on heterosexual risk.

1.5 Among MSM, transgenders, and sex workers, elevated risk for HIV infection is also due to network effects.¹¹ Any small sexual network, in which background HIV prevalence is high and where people have multiple sex partners, especially at the same time (i.e. concurrent partners), is especially conducive to the spread of the virus. This epidemiological phenomenon is also influenced by society. Social marginalization can have the multiple effects of ghettoizing people into small sexual networks, allowing high HIV infection rates to remain high and undetected for years.

1.6 Nationally-collected data for HIV prevention are scarce and worrying. As an example, only eight African countries reported any statistical data about MSM as part of the 2008 country progress reporting for the UN High Level Meeting. In this reporting, the rates of MSM correctly identify ways of preventing the sexual transmission of HIV and reporting use of condoms in anal sex were generally below 50 per cent.

1.7 For all three diseases, marginalization and criminalization of people due to their sexual orientation impacts their ability to negotiate health and health services. In select countries on every continent, rights related to SOGI and access to health are still explicitly or implicitly denied through laws, religion, social institutions, and cultural traditions. This includes not only vocal hostility and incitation to violence by political leaders and religious leaders, but also continued criminalization.¹² Sex between consenting adults of the same gender is criminalized by approximately 85 UN Member States, including 34 African countries, with 10 states having death penalties for homosexual relations between consenting adults. This is incontrovertible

⁷In the US and UK, between 10 per cent and 35 per cent of heterosexual women report practicing receptive anal intercourse, and lifetime reports from U.S. men of anal intercourse with opposite-sex partners are as high as 40 per cent. Statistics from the International Rectal Microbicide Advocates at www.rectalmicrobicides.org.

⁸See Dandona, R. *et al.* (2005); Karim, S. S. A., & Ramjee, G. (1998); Schwandt, M., Morris, C., Ferguson, A., Nguni, E., & Moses, S. (2008); Yu, S. *et al.* (2007). Note full references are listed in Annex 1.

⁹Calculated at 0.08 per contact for receptive anal intercourse as compared to 0.001 per coital act for vaginal intercourse. This is most likely because the lining of the rectum (single columnar epithelium) is both more fragile and contains more CD4 cells than the lining of the vagina, making it more vulnerable to HIV infection.

¹⁰Vittinghoff E, Douglas J, Judson F, McKirnan D, MacQueen K, Buchbinder SP; Gray RH, 25. Wawer MJ, Brookmeyer R, *et al.*

¹¹Garnett GP, Ghani AC; Lowndes CM, Alary M, Meda H, *et al.*; See FHI paper (link in Annex 1); Aral SO, Lawrence JS; Ghani AC, Swinton J, Garnett GP.

¹² For a survey of laws prohibiting same sex activity between consenting adults, see http://www.ilga.org/statehomophobia/ILGA_State_Sponsored_Homophobia_2008.pdf.

evidence of gender-related vulnerability, and a barrier in the fight against AIDS, tuberculosis, and malaria.

1.8 Due to the ways that this marginalization and criminalization impact freedom of action, access to healthcare, and equal access to social benefits, MSM, transgenders and sex workers are disproportionately impacted by poor health in many countries.¹³

1.9 In terms of being able to access or benefit from Global Fund grants, MSM, transgenders, and sex workers face serious challenges. They face limited access to decision-making or control in CCMs, principal recipient organizations, or sub-recipient organizations, and widespread inaction against social and structural barriers to the realisation of health and rights. Around the world, even in countries where SOGI are nominal beneficiaries of Global Fund funding, there are consistent and extensive reports of funds not being allocated to appropriate interventions, a severe lack of services related to health and rights, and continued disregard for human rights.

1.10 To date, the Global Fund has taken several actions related to SOGI, such as modifying CCM and Proposal guidelines to include references to key affected populations, and funding qualified multi-country proposals thereby providing a potential pathway to programs that reach MSM, transgenders, and sex workers in countries where national and local governments find themselves unable to act. These actions are a start, but as a major international funding entity working to address challenges of health from frameworks of evidence, human rights, and measurable outcomes, the Global Fund must do more and accelerate its actions on SOGI-related issues.

1.11 The Global Fund also acknowledges that work in this area is difficult and sometimes controversial in many part of the world. There is no one approach for every situation. A strategy that uses advocacy and public statements to call attention to the issues may be effective in one environment, but actually cause harm in another. Understanding the unique political, social and cultural contexts of each country is critical if this Strategy is to be effective. The implementation plan for this Strategy will take this into account, along with each country's processes and needs. This Strategy is an overarching, guiding document which outlines ways in which the Global Fund can work to ensure that MSM, transgenders, WSW and sex workers benefit from the most appropriate and effective interventions.

Global Fund Commitments and Strategic Strengths

Documents and Mandates

1.12 This Strategy builds on a number of Global Fund documents and mandates.

1.13 The Framework Document: The Framework Document of the Global Fund outlines commitment to¹⁴:

¹³ For example negative aspects of socially-prevalent gender norms, such as the acceptability of male violence against women and feminized males, or stigmatization criminalization, and violence related to sexual orientation and minority gender identities impact the ability of women and girls and MSM, transgenders, WSW, sex workers to negotiate health and health services (UNAIDS, *Policies and Practices, Gender*). Also see Roll Back Malaria's *A Guide to Gender and Malaria Resource* and the Stop TB Partnership's *The Global Plan to Stop TB 2006-2015* for other examples of how people are disproportionately impacted by poor health in many countries due to SOGI.

¹⁴ The Framework Document of the Global Fund to Fight AIDS, TB and malaria, Section III, H10, pg. 3 and Section IV, H, pg. 4.

- i. support public health interventions that address social and gender inequalities, as well as behaviour practices that fuel the spread of the three diseases, with an emphasis on health education.
- ii. aim to eliminate stigmatization of and discrimination against those infected and affected by HIV/AIDS, especially for women, children and vulnerable groups.

1.14 Global Fund Board: At its Sixteenth Board Meeting in November 2007, the Board recognized the importance of addressing gender issues in the fight against the three diseases, placing a particular focus on the vulnerabilities of women and girls and “sexual minorities.” The Board authorized the Global Fund Secretariat to develop a strategy to address gender issues in Global Fund policies and operations.

1.15 In March 2008 at the Seveteenth Board Meeting, the Board approved “A Strategic Framework for Ensuring a Gender-Sensitive Response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund” (GF/B17/4), taking note of the “Proposed Approach for the Global Fund on Sexual Minorities in the Context of HIV/AIDS” (GF/B17/4, Annex 3), and requested the Secretariat to proceed swiftly with the recruitment of appropriate staff to carry the process forward. And at the Eighteenth Board Meeting in November 2008, the Board endorsed the *Gender Equality Strategy*, which outlines strategic directions that the Global Fund will adopt to ensure gender equitable responses to AIDS, TB and malaria.

1.16 Global consultations: A number of consultations with technical experts and relevant constituencies were held in 2008 in Geneva, Kathmandu, Mexico City and Dakar and this document draws on those discussions.¹⁵ Additional feedback has been solicited and received from more than two dozen experts from around the world.

1.17 The SOGI Strategy and the Gender Equality Strategy have been developed as two separate documents through separate processes of consultations, but are understood to be components of a single Global Fund Gender Strategy. As such, these documents are aligned and mutually reinforcing in their structure and content. In order to ensure the health and rights of people affected due to SOGI is strongly linked with work to empower women and girls, this Strategy uses a gender perspective to centre its recommendations to address their vulnerabilities in the fight against the three diseases.

The Global Fund Model

1.18 The Global Fund’s model has several unique strengths to help address the barriers presented by issues related to SOGI in the fight against AIDS, TB, and malaria.

- i. The role of a funder: The Global Fund, as a major funder, has significant influence with national governments and other stakeholders. This can be used to ensure that those most vulnerable to infection and most in need of services are reached.
- ii. Country-led: The Global Fund’s country-driven model of funding has facilitated important country-level (and regional) ownership of health programming related to the three diseases. The Global Fund is uniquely positioned to catalyze country-level ownership (including dual-track financing) to improve sexual-minority health.

¹⁵ In February 2008, in Geneva, the Gates Foundation and the International AIDS Society hosted a Global Summit which focused on MSM. The Open Society Institute and Population Services International (PSI-Nepal) organised the Kathmandu consultation. Further consultations took place at the International AIDS Conference in Mexico, and at the December 2008 Global Fund Partnership Forum.

- iii. Evidence-based: Of the 128 countries reporting on the UN Declaration of Commitment on HIV/AIDS in 2008, fewer than a third (only 37) provided complete reporting on five key indicators related to SOGI and HIV. The Global Fund and its partners can support efforts to build the available evidence-base through support for national surveillance and operational research, and through continued requirements for this data as part of funding applications. Part of having a response that is based on evidence means that countries have to “know their epidemic.” This approach will be stressed in terms of proposal development and TRP review.
- iv. Rights-based: Most countries applying for Global Fund funding are signatories to global human rights agreements, such as the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). All affirm State commitments to universal human rights and commitments to ensuring that people are free from coercion, discrimination, and violence. However, implementation of these commitments varies widely. In some countries, there has been formal decriminalization of minority sexual orientations, gender identities, and sexual behaviours, and efforts to combat discrimination and violence. In many other countries, negative sanctions remain enshrined in legal, religious and social codes, but accommodation has been found through non-enforcement and open engagement. In other countries, there is no broad accommodation, but nonetheless individuals have carved out spaces for improved health for MSM, transgenders and sex workers in a patchwork of small-scale agreements, understandings, and relationships. Unfortunately, in several countries, governmental bodies are moving to criminalize or actively enforce criminalization for the first time in many years. The Global Fund has a role to play in supporting the voices of these groups and their advocates in all settings.
- v. Performance-based: “Performance-based” implies funding decisions are based on measurable program results showing the outcomes and impact on each of the three diseases relative to baseline need. Where this does not exist, the Global Fund can continue to request it and can support its development. With regard to MSM, transgenders and sex workers, the Global Fund can specifically support collection of baseline data, including behavioural surveys, program data, and surveillance and cohort data to track indicators of health and rights. All of this data can be collected in a way that can be disaggregated by gender and age, and can track exposure to interventions, and program outcomes and impacts. With sufficient data, country-level and regional ownership, and sufficient resources, the Global Fund has an opportunity to support relevant programmes at a scale that is sufficient to have an impact.

PART 2: ACTIONS

2.1 There are a number of actions the Global Fund Secretariat, its governance structures and partners can take to better meet the needs of SOGI and these are elaborated on below. There are 19 Actions being recommended, each with specific indicators and targets, and a recommended monitoring approach. When the implementation plan for the SOGI Strategy is developed, it will prioritise the actions and set out clear timelines. While many of the actions focus on Round 10 and future Rounds, the implementation plan will take into account the

evolving Global Fund processes, operations, and architectural changes such as National Strategy Applications (NSAs) and how these changes relate to the SOGI Strategy.

Improving Country Coordinating Mechanisms (CCMs)¹⁶

2.2 **Action 1:** The Global Fund will provide appropriate guidance to CCMs to gauge and improve the level of their experience and expertise related to the health and rights of people in relation to SOGI, including field-based experience in resource-limited settings and/or publications on sexuality and human rights.

2.3 **Action 2:** The Global Fund will request and forward CCM reports on their own capacity related to gender and SOGI to the Country Proposals Team, the Technical Review Panel (TRP), and to the Board. Where a CCM can't (or won't) document any expertise or experience related to SOGI, this lack of information will be taken into account by the TRP as one of the many pieces of information used in its review of non-CCM proposals from that country and region.

2.4 **Key indicators and targets:** As of Round 10, all CCMs will receive guidance in gauging and improving the level of their experience and expertise related to the health and rights of SOGI. The guidance will emphasize appropriate options that are sensitive to the context of the country. All CCMs will be asked to include an assessment of their experience and expertise in health and rights related to SOGI, integrated into similar existing requests about broader gender experience and expertise. Assessments received by the Global Fund will be incorporated into proposal screening and TRP reviews.

2.5 **Monitoring approach:** The Global Fund will incorporate and track this information with all other documentation collected about CCM member experience and expertise.

2.6 **Discussion:** The capacity of each CCM to understand issues related to gender, gender identity, and sexual orientation can result in improved proposals and improved choice and oversight of principal recipients, which in turn can impact the quality of program implementation. The ability of SOGI groups (and vulnerable women and girls) to access and benefit from Global Fund resources is strongly influenced by the awareness and experience of this hierarchy of sub-recipients, principal recipients, and CCMs.

2.7 The Global Fund's CCM Guidelines already include discussion of expertise and sensitivity to gender and marginalized populations.¹⁷ However, a 2007 analysis by Fried and Kowalski-Morton of a representative sample of 65 CCMs found that, while some organizations that worked with sex workers and MSM as part of their overall portfolio were members of CCMs, few organizations that focus exclusively on these issues or that were led by sex workers, LGBT individuals, or MSM were represented on CCMs.¹⁸ Only five of the 65 CCMs reviewed had any

¹⁶ This document discusses several actions related to the capacity of Country Coordinating Mechanisms (CCMs) and also Regional Coordinating Mechanisms (RCMs) as multi-sector networks that coordinate the development of funding proposals, help to monitor implementation of approved proposals, and help to coordinate communications among all relevant stakeholders. Given the similarities in their governance functions and for purposes of brevity, recommendations for CCMs may also be interpreted as applicable to RCMs.

¹⁷ "Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility" (available at www.theglobalfund.org)

¹⁸ Susana. T. Fried and Shannon Kowalski-Morton, "Sex and the Global Fund: How Sex Workers, Lesbians, Gays, Bisexuals, Transgender People, and Men who have Sex with Men are Benefiting from the Global Fund, or Not," *Health and Human Rights: An International Journal* 10, no. 1 (2008), Perspectives, <http://hrjournal.org/blog/perspectives/sex-and-the-global-fund.pdf>

representatives of easily identifiable LGBT organizations as members. Beyond simple affiliation with an identifiable LGBT organization, no formal public measurement of the experience or expertise of CCM members related to SOGI was available. Therefore, CCM Guidelines can be strengthened to assist CCMs in understanding clear indicators of capacity and accountability with regard to SOGI.

2.8 In terms of CCM capacity, the Global Fund already requires public documentation about CCM member experience and expertise. This includes non-governmental affiliation and/or experience of living with HIV, TB or malaria, asking for such documentation in the form of professional affiliations, resumes, biographical summaries, or descriptions of work responsibilities (this happened in Round 8).

2.9 As of Round 10, the Global Fund can request documentation about CCM member experience and expertise related to SOGI health, with due consideration for mitigating risks of such self-disclosure and disclosure in many environments. This will be a tool to:

- i. help CCMs measure experience and expertise from current members from government, private-sector, and civil society, and particularly from government representatives, given the importance of country leadership on these issues;
- ii. help CCMs openly consider how to improve experience and expertise related to SOGI, in proportion to the way that the three diseases affect MSM, women who have sex with women, transgenders, sex workers, other vulnerable women and girls, and other key affected populations in the national context, and;
- iii. encourage CCMs to recruit new experience and expertise, and address barriers to such experience and expertise, such as lifting any requirements for affiliation with a government agency or legally-registered NGO, or working to ensure that CCM participants identifying as experts on minority sexualities and gender identities are protected from undue harassment or discrimination.

2.10 Where CCMs cannot document capacity related to SOGI, the Global Fund will work with the CCM to develop this capacity. The Global Fund understands that developing this capacity may take time, and working with partners will provide guidance and work with CCMs to ensure they have the relevant experience and expertise related to SOGI. CCMs should understand that this information will be taken into account in administrative screening and TRP reviews of non-CCM applications from those countries and regions in future Rounds.

2.11 Many CCM members need political backing to support dialogue and decisions related to SOGI. In many countries, the capacity of a CCM member to advocate on behalf of MSM or transgenders is constrained by pressure from colleagues, lack of information or political support, and even threat of arrest under laws that discriminate against people due to SOGI. With due consideration for mitigating risks and cultural sensitivities of disclosure, the Global Fund staff and Board members can visibly champion the health and rights based on SOGI at a regional and country level, and mentor those CCM members who are representing the needs of MSM, transgenders and sex workers. Mentoring might include linking CCM members to political, legal, and human rights organizations that might help them to be more effective and vocal advocates on behalf of MSM, transgender and sex worker communities. Championing might also include using media or public meetings to highlight the health needs and opportunities related to SOGI.

2.12 With regard to CCM accountability, the Global Fund should integrate increased attention to gender equality and SOGI into:

- i. guidelines on CCM responsibilities for inclusive and participatory decision-making, transparent selection/election processes, and open communications, including from “vulnerable and marginalized populations,” and,
- ii. Global Fund authorization of administrative costs to support stakeholder participation and constituency consultation, including costs of websites, newsletters, accessible meeting locations, travel, and other costs associated with meeting participation.

2.13 The Global Fund should specifically offer expanded administrative funding for CCM operations specifically to support stakeholder participation and constituency consultation related to gender and SOGI. Specific cost lines to be covered by this supplemental funding could include consultant fees, local travel, meeting costs, communications costs (translation, list-serve facilitation, etc.), or small core operational costs of standing coalitions and working groups. To implement this, CCMs will be invited to apply for “supplemental administrative costs related to gender and SOGI” that include one or both of the following:

- i. Support of regularly-convened networks, such as working groups, coalitions, or regular stakeholder consultations, that can expand engagement on issues related to gender equality and SOGI, increase CCM access to appropriate knowledge and expertise, and ensure mechanisms for grassroots consultation, elections and representation, and reporting back.
- ii. Expert briefings for each CCM on gender and SOGI, to build a common understanding of potential program interventions, technical assistance opportunities, and M&E indicators related to SOGI and the three diseases.

2.14 In the Round 10 administrative proposal screening process (and in future Rounds), the Country Proposals Team should review aspects of CCM functionality in relation to SOGI, including review of CCM meeting minutes, documentation of CCM proposal development processes, submission review processes, nomination processes for Principal Recipients, assessments of potential weaknesses and civil society complaints, and assessment of the abilities of external partners to support CCM secretariat functioning. Where capacity is lacking, the CCM should make a concerted effort to build it. Where CCMs lack documented experience or expertise of SOGI, this should be factored in the administrative screening and review of non-CCM proposals.¹⁹

Revising the Guidelines for Proposals

2.15 **Action 3:** The Global Fund will modify its Guidelines for Proposals and related Proposal Forms (including the Rounds-based Proposal Form, the Rolling Continuation Channel Proposal Form, and the National Strategy Application process) as of Round 10 to require a review and

¹⁹ SOGI health may be best addressed in some places by funding through non-governmental entities. There is precedent for this. Currently 32 per cent of Global Fund grants go to non-governmental entities, with 13 per cent to multilateral institutions and UN agencies, and 19 per cent to NGOs. Where national governments, and by extension government-dominated CCMs, pose a barrier to effective programming for health of sexual minorities, precedent exists for Global Fund to support civil society in leading a country response.

analysis of country-level or local-level data and strategies on the vulnerabilities of people in relation to SOGI, related to the specific disease being addressed and in the context of the relevant health systems, including identification of the source for the data and an explanation of the methodology for the data collection and analysis.

2.16 **Action 4:** The Global Fund will modify its Guidelines for Proposals as of Round 10 to invite country-level proposals not endorsed by a CCM. The TRP will be advised to review these proposals with attention to how the proposals can convincingly argue that the relevant CCM has insufficient operations, membership, or capacity to understand the needs of MSM, transgender and sex workers in addressing HIV, TB or malaria, with an understanding that this non-CCM route is intended to be interim and exceptional, and with the TRP's normal attention to potential for impact and sustainability.

2.17 **Action 5:** The Global Fund will modify its Guidelines for Proposals as of Round 10 to invite multi-country funding proposals not endorsed by the Regional Coordinating Mechanism or all relevant country CCMs. The TRP will be advised to review these proposals with attention to how the proposals can convincingly argue that these CCMs have insufficient operations, membership, or capacity to understand the needs of MSM, transgenders and sex workers in addressing HIV, tuberculosis or malaria, with an understanding that this non-CCM route is intended to be interim and exceptional, and with the TRP's normal attention to potential for impact and sustainability.

2.18 Key indicators and targets: Modification of Round 10 and future Guidelines for Proposals and related Proposal Forms.

2.19 Monitoring approach: Modifications will be integrated into early drafts and reviewed by the Gender advisors within the Strategy, Performance and Evaluation Cluster.

2.20 Discussion: In Rounds 8 and 9, the Guidelines for Proposals have been successively modified to request increasingly detailed information and gaps analyses related to marginalized or under-served populations, new requirements and support for 'gender differentiated' analysis and programming, and increasing guidance for proposed programming to reach vulnerable populations, including gender-based programming and community systems strengthening (CSS).

2.21 The Guidelines for Proposals and related Proposals Forms can be further strengthened with regard to SOGI by requiring a review and analysis of country-level or local-level data on the vulnerabilities of people due to SOGI, and by inviting country-level or multi-country funding proposals not endorsed by CCMs (or RCMs) where the proposals can convincingly argue that the relevant CCMs have insufficient operations, membership, or capacity to understand the needs of these groups in addressing HIV, tuberculosis or malaria.

2.22 The Global Fund can also support potential applicants by updating its Fact Sheet on SOGI to include new data and to reflect the experience and feedback in Rounds 8 and 9. The Global Fund can also modify the Guidelines for Proposals as of Round 10 by linking to a reference list of the major published global reviews containing evidence of high HIV incidence and HIV prevalence among MSM, transgenders and sex workers in every region of the world, including in countries with generalized epidemics.

2.23 Guidelines for Proposals and Proposal Forms as of Round 10 can specifically encourage program plans and budgets that seek to increase demand for, and access to, services for MSM, transgenders and sex workers, including plans and budgets that are responsive to sections on

gap analysis, and plans for community systems strengthening (CSS) related to SOGI. Guidelines for Proposals and Proposal Forms can also specifically encourage detail about principal recipients and sub-recipients and their capacity for service delivery and outcomes for the three diseases among MSM, transgenders and sex workers.

2.24 Where applicants cannot identify sufficient data about people in relation to SOGI, the Guidelines for Proposals and the Proposal Forms can invite supplemental funding request for M&E strengthening to challenge or expand existing evidence and prevailing hypotheses within national surveillance, program data collection, and national information management systems. The Global Fund can encourage use of funds for data collection on SOGI, including baseline assessments, sentinel surveillance, national behavioural surveillance surveys, and operational research.

Improving Technical Review Panel (TRP) membership and guidelines

2.25 **Action 6:** The Global Fund will recommend to the TRP that it review the level of the panel's technical expertise related to the health and rights of people in relation to SOGI, determined by field-based experience in resource-limited settings and/or publications on sexuality and human rights. If requested and on behalf of the Portfolio Committee, the Global Fund Secretariat will invite TRP members, technical partners, and others to help identify appropriately qualified and independent experts to receive an invitation to apply for future TRP membership to expand expertise related to SOGI.

2.26 **Action 7:** The Global Fund will work with the TRP to strengthen technical review criteria with additional language about both gender equality and SOGI-related health and rights.

2.27 **Key indicators and targets:** Both TRP membership and review criteria will be improved with regard to understanding of barriers presented by, and interventions to address, gender inequality and vulnerability due to SOGI in the fight against the three diseases.

2.28 **Monitoring approach:** The TRP will oversee improvements in membership and review criteria.

2.29 **Discussion:** The Technical Review Panel is an independent impartial team of experts appointed by the Global Fund Board to guarantee the integrity and consistency of an open and transparent proposal review process.²⁰ The Global Fund should examine the Terms of Reference for the TRP for possible improvements to TRP membership and review guidelines to facilitate the TRP's role in reviewing programmatic efforts related to SOGI and the fight against the three diseases of HIV/AIDS, tuberculosis, and malaria.

2.30 Regarding TRP membership, the extent of TRP member experience and expertise on many topics is already public, with the curricula vitae of Permanent TRP Members, Alternate Members, and Support Group members posted on the Global Fund website. The TRP has been conscientious about assessing and improving its collective capacity. For example, the TRP undertook a recent internal self-assessment of overall TRP gender knowledge and experience, and reported that approximately 60 per cent of TRP members considered that they were gender aware in terms of programming for, and responding to, gender issues. Furthermore, through the Permanent, Alternate, and Support membership options, the TRP has an ability to rapidly respond to perceived gaps in experience and expertise. For example, over Rounds 6 to 8, the

²⁰ Terms of Reference of the TRP: www.theglobalfund.org/documents/trp/TRP_TOR_en.pdf.

proportion of women as members of the TRP as approved by the Board has increased from 25 per cent to 43 per cent.

2.31 That said the TRP could conduct further assessment of its own capacity related to review of proposed interventions for MSM, transgenders and sex workers. Along with adding experts on the health and rights of these groups to the TRP, it would be ideal if the capacity and knowledge of the *overall* TRP in this area was strengthened so that a majority of members can adequately assess proposals. TRP expertise should include knowledge of the epidemiology, an understanding of the epidemiological evidence about the existence of epidemics among MSM, transgenders and sex workers in generalized 'heterosexual' epidemics, an understanding of the impact of social exclusion on access to health, and an understanding of, and experience in applying evidence-based interventions which are proven to be effective.

2.32 TRP review is based on equal consideration of three key criteria: soundness of approach, feasibility; and potential for sustainability and impact, with an added emphasis on evidence and a 'know your epidemic' approach. The Global Fund should work with the TRP to strengthen review criteria with additional language about both gender equality and health and rights related to SOGI, particularly with regard to:

- i. the 'soundness of approach' criteria, by expanding upon the current phrase 'vulnerable groups,' particularly encouraging TRP to look for gender-disaggregated data regarding vulnerability and potential for interventions among people affected by SOGI.
- ii. the 'potential for sustainability and impact' criteria, by expanding upon the current phrase 'contribute to reducing overall disease, prevalence, incidence, morbidity and/or mortality' by adding the phrase "among populations known to have high prevalence, incidence, morbidity and/or mortality."
- iii. the evidence criteria, by expanding selected acceptance of unpublished data and qualitative evidence from contexts where visibility of SOGI and realization of research or data collection is constrained by laws and policies.

2.33 Furthermore, where non-CCM proposals can convincingly argue that the relevant CCMs have insufficient operations, membership, or capacity to address the needs of MSM, transgenders and sex workers in addressing the three diseases, the Global Fund review criteria and scoring should not automatically penalize multi-country proposals that do not carry sign-off by CCMs. In proposals where such content is absent or weak, the TRP should consider recommending adjustments, clarifications, or re-submission.

Monitoring, Evaluation, and Reporting

2.34 **Action 8:** The Global Fund will update its Monitoring and Evaluation (M&E) Toolkit (current edition published January 2006) to review ways that monitoring, evaluation, and reporting can track the degree to which funding is or is not addressing gender and health and rights related to SOGI. In addition, the Global Fund will support the development of an adapted M&E Toolkit that is specific to interventions, organizational capacity, and advocacy related to SOGI and HIV, tuberculosis, and malaria.

2.35 **Action 9:** The Global Fund will work with Principal Recipients and CCMs to encourage increased country-level and regional budget allocations for development of M&E related to

interventions on vulnerabilities related to gender inequality and SOGI in the fight against HIV, tuberculosis, and malaria.

2.36 **Action 10:** The Global Fund will support briefings and trainings with Local Fund Agents (LFAs) on M&E indicators and capacity-building needs related to gender equality and SOGI. This may include modifying the LFA Manual, LFA Toolkit, the LFA Phase 2 Assessment Report guidelines, and other reporting tools to incorporate program performance indicators related to gender equality and SOGI, and asking the LFAs to solicit reviews of indicators and data collection methods directly from civil society stakeholders, with the intent of collecting external perspectives on M&E biases.

2.37 **Action 11:** The Global Fund will conduct an evaluation on the implementation of the Global Fund SOGI Strategy in two years to evaluate progress in achieving objectives and its effect on the portfolio.

2.38 **Action 12:** The Global Fund will sponsor an analysis of proposals in Rounds 8, 9, and 10 focused on gender equality and SOGI, and communicate with partners about deficiencies seen in proposals in Rounds 8, 9, and 10, that indicate potential technical support opportunities for improving country responses.

2.39 Key indicators and targets:

- i. New or updated M&E Toolkits will be produced with guidance specific to interventions on vulnerabilities related to gender equality and SOGI in the fight against HIV, tuberculosis, and malaria.
- ii. Principal Recipients will increase country-level and regional budget allocations for development of M&E related to interventions on vulnerabilities related to gender equality and SOGI in the fight against HIV, tuberculosis, and malaria.
- iii. Local Fund Agent trainings, briefings, guidelines and materials will include program performance indicators related to gender equality and SOGI.
- iv. The Secretariat will conduct an evaluation on the implementation of the SOGI Strategy (as part of an evaluation of the overall Gender Strategy). The evaluation will monitor progress against the objectives and recommendations set out in this Strategy and the Secretariat will act rapidly where there is a shortfall.
- v. Analyses of proposals from Rounds 8, 9, and 10 will generate data over time about proposal strengths, deficiencies, and technical support needs related to gender equality and SOGI.

2.40 Monitoring approach: The Gender advisors within the Strategy, Performance and Evaluation Cluster will work with the M&E Unit, the Country Programs Cluster, and other departments to compile and report on progress against these indicators and targets.

2.41 Discussion: The Global Fund Evaluation Framework²¹ and other monitoring and evaluation (M&E) framework documents support the Global Fund and its partners in measuring

²¹ At www.theglobalfund.org/EN/links_resources/library/evaluation_framework/

and re-aligning programmatic efforts related to the fight against HIV, tuberculosis and malaria, in relation to stated Global Fund goals and country-level and regional goals and environments.

2.42 Many Principal Recipients do not request the maximum allocation of 10 per cent of their grant budget for M&E. The Global Fund and its partners can work with PRs and sub-recipients to consider increased allocation of M&E resources for harmonisation of data collection and M&E activities across health systems, integration of new reporting criteria and data disaggregation into national reporting systems, improved management of external research studies, improved capacity for data analysis and reporting of M&E findings, and general capacity of PR M&E and reporting systems to accomplish all of the above, including funding of personnel, equipment, and space.

2.43 With regard to program performance, outcomes and impacts of health and rights interventions related to SOGI, the Global Fund and its partners, including Principal Recipients, Local Fund Agents, and the Monitoring and Evaluation Reference Groups (MERGs) can work together to support improved M&E in the following ways:

i. Improving indicators:

- a) Understanding and disaggregating populations: To build international comparability of M&E data and reporting, the Global Fund and its partners should help programs to better define and disaggregate populations by gender, gender identity, sexual behaviour, and other characteristics such as economic status, drug use, age, and location.²² Currently, in cases where indicators and M&E-guidance documents exist regarding SOGI, most of the emphasis is on MSM and female sex workers. In all regions of the world, the Global Fund should also provide guidance and support for inclusion of indicators related to other relevant communities.
- b) Expanding indicators of intervention coverage and quality: Most current M&E systems focus on minimal indicators that cannot reflect quality or coverage. The Global Fund and its partners can provide guidance and encouragement for PRs to improve measurements of program interventions, looking at targeting, breadth of intervention providers, reach and scale (requiring ability to control duplicate counting), frequency and duration of interventions (requiring ability for longitudinal follow-up), and aspects of quality.
- c) Expanding indicators of rights-based interventions, outcomes, and impacts: Published data indicates that some social and structural interventions can have an impact on the course of HIV and TB among MSM, transgender and sex worker populations. The Global Fund and its partners can provide guidance and encouragement for improved measurements of these interventions, particularly rights-based interventions against violence, incarceration, drug dependence,

²² Attempting globally comparable definitions of populations and their behaviors will always be an approximate task. It is understood that an important dynamic in overcoming the marginalization of sexualities and gender identities is for people to define and claim the names by which they are discussed. Therefore, unlike many other fields of human rights or health where terms can be found for universal application, in the topics of sexual orientation and gender identity, there is value in maintaining a diversity and fluidity to terminology. Within each region of the world, people's relationships to gender and sexuality vary according to culture, religion, tradition, law, and social institutions. The way individuals and groups describe themselves and their sexual activities, and the way these are described by others, reflect and reinforce the attitudes and constructions of culture and era. Names and data can also reflect or reinforce identities according to social class, religion, clan, ethnicity or national identity, age-cohort, and other stratifications such as poverty, employment, and levels of social rights, oppression and visibility. Nevertheless, any global effort to address the health and rights of sexual minorities needs to use consistently applied definitions of, and data about, those sexual minorities for sound strategy and monitoring and evaluation.

unemployment, homelessness, poverty, or other indicators of social and structural barriers to health.

Working with the Global Fund Partnership

2.44 **Action 13:** In all enforceable partner contracts, memoranda of understanding (MOUs), and other agreements, the Global Fund will strive to include language regarding the importance of addressing gender issues in the fight against the three diseases of HIV/AIDS, tuberculosis, and malaria, with a particular focus on the vulnerabilities of women and girls, MSM, transgenders, sex workers, and others who are marginalized or criminalized due to SOGI.

2.45 **Action 14:** The Global Fund will support Principal Recipients in improving plans and budgets for community systems strengthening (CSS) relevant to gender and SOGI in in-country contexts, including budgeting and contracting for technical assistance for this community systems strengthening.²³

2.46 **Key indicators and targets:** An increasing number of partner contracts, memoranda of understanding (MOUs), and other agreements will include components that address gender issues in the fight against the three diseases, with a particular focus on the vulnerabilities of women and girls and people who are marginalized or criminalized due to SOGI.

2.47 **Monitoring approach:** The Global Fund Secretariat will periodically review and report on the inclusion of gender components in partner contracts, MOUs, and other agreements.

2.48 **Discussion:** The Global Fund is a partnership of UN agencies, bilateral partners, international NGOs, civil society organisations, private foundations, the private sector, and national and local partners. The contribution of these partners is significant, and includes normative guidance, technical assistance and implementation support, and direct funding to governmental and non-governmental organizations. This support is particularly important for marginalized populations where national governments are unable or unwilling to provide funding for local and national organizations working with and for sex workers, MSM, and LGBT communities.

2.49 Some Global Fund partnerships operate informally, while others are governed by contracts, MOUs, or other agreements. These contractual arrangements can include consistent and strong emphasis on efforts to address barriers presented by gender inequality and SOGI-related health and rights. Examples include:

- i. Improving research, needs assessments, and program design, encouraging assistance to CCMs, PRs and sub-recipients in knowing their epidemics, developing potential responses, and integrating knowledge into action by assisting in developing nationally-consistent performance indicators, and integrating services for AIDS, TB, sexually-transmitted infections, reproductive and peri-natal health, substance use, prison health, and social services such as employment, education, and housing.
- ii. Improving PR and SR capacity to address needs of MSM, transgenders and sex workers by strengthening organizational capacity to improve the quality and

²³ See CSS Factsheet: www.theglobalfund.org/documents/rounds/8/R8CSS_Factsheet_en.pdf

sustainability of services, improving service design and delivery, supporting leadership by organizations and networks led by and serving LGBT and sex worker populations.

- iii. Supporting conducive national environments, such as:
 - a) translating tools and resources to ensure that they are meaningful and useful to local partners;
 - b) communicating the evidence about the unequal access to resources and interventions for people due to SOGI, and the importance of addressing their health and rights;
 - c) supporting national strategies that directly address the laws, rules, regulations, policies, procedures that impede health and rights related to SOGI and impede implementation of programming related to AIDS, tuberculosis and malaria, thereby paving the way for Global Fund funding of National Strategy Applications that address health and rights related to SOGI, and
 - d) supporting and participating in coalitions representing the interests of SOGI-related health and rights.
- IV. Helping country-level and regional actors engage with the Global Fund as a financing mechanism, including developing Global Fund proposals that identify gaps or weaknesses in proposals and technical assistance, improving CCM operations, membership, and capacity, and supporting implementation of Global Fund grants.

Advocacy and communications

2.50 **Action 15:** The Global Fund will work with in-country partners, in ways appropriate to those settings, to raise and discuss the role of criminalization of consensual adult homosexual behaviours as a potential barrier to effective health interventions for people due to SOGI.

2.51 **Action 16:** The Global Fund will monitor and communicate cases where funding proposals have been, or might be, rejected in part due to policy environments where rights violations are impeding implementation and impact of interventions against AIDS, TB, and malaria.

2.52 **Key indicators and targets:** Clear statements about the role of criminalization and other human rights violations will be integrated into Global Fund publications, presentations, reports, website postings, or other media.

2.53 **Monitoring approach:** Advocacy and communications related to gender, gender equality and SOGI will be monitored by the Strategy and Policy Development Unit and Communications Unit in alignment with existing efforts to monitor all Global Fund advocacy and communications.

2.54 **Discussion:** The Global Fund has an important role in communicating the evidence and needs related to SOGI health and human rights with regard to the three diseases. This advocacy is a responsibility not only of the Global Fund Communications Unit, but also of the Global Fund leadership at the highest levels.

2.55 The Global Fund's Communications Strategy discusses gender-related messaging, and the Communications Unit can support clear messaging about the role of criminalization and other

human rights violations in SOGI health and human rights and that of women and girls. In all of its advocacy and communications, the Global Fund recognizes the normative role of its partners, including people living with the diseases, in-country partners, and international organizations. No country is monolithic in its approach to sexuality and gender, and nearly every country has some level of national and regional discourse about effective SOGI health programming, including effective and targeted engagement, services, network-level interventions, and structural interventions to improve AIDS and TB prevention, treatment, and care.

2.56 The Global Fund should channel and reinforce local advocacy voices. The Global Fund plays a powerful role in highlighting what individuals and communities are saying about their own experiences of health and rights.

Strengthening the capacity of the Secretariat

2.57 **Action 17:** The Global Fund Secretariat will recruit, retain, train, and manage personnel to maximize its capacity to address barriers presented by gender inequality and SOGI issues in the fight against AIDS, tuberculosis, and malaria. The Secretariat will also work to ensure that the work environment and human resources policies are supportive of issues related to SOGI.

2.58 Key indicators and targets:

- i. Recruitment and retention of an Advisor within the Strategy, Performance and Evaluation Cluster focused on SOGI.
- ii. Development of a plan of action for this Strategy to strengthen the Global Fund's efforts in relation to the vulnerabilities of people due to SOGI.²⁴
- iii. Recruitment and retention of personnel in each of the six Secretariat clusters and in most units who have documented experience and expertise on SOGI-related health and rights.
- iv. Adoption of human resources policies that are in line with international standards for a workplace that is non-discriminatory in relation to SOGI.²⁵
- v. Provision of support (meeting room access and an internal e-mail networks) for a gay, lesbian, bisexual, and transgender employee resource group (also known as an employee network group or affinity group), to provide guidance and input on workplace policies and practices, foster a sense of safety and acceptance for employees within the workplace, and encourage retention of quality personnel.

2.59 Monitoring approach: Human Resources will regularly monitor and report on progress in personnel recruitment, retention, training, and management in alignment with overall

²⁴ A plan of action is already in development for the Gender Equality strategy, and it is anticipated that a plan of action for this Strategy will be developed in a way that is coordinated with and complementary to that effort.

²⁵ See, for example, the "2009 Corporate Equality Index" of the Human Rights Campaign www.hrc.org/documents/HRC_Corporate_Equality_Index_2009.pdf. This refers to standards in non-discrimination policies, diversity training, health insurance for employees and their partners, and medical and family leave policies related to employees and their partners.

procedures for ensuring human resource capacity. The Gender Advisors within the Strategy, Performance and Evaluation Cluster will regularly monitor and report on progress on implementation of the overall Gender Strategy.

2.60 **Discussion:** The Global Fund Secretariat has strengthened its technical capacity by recruiting a senior Gender Advisor, and is in the final stages of recruiting a full-time Specialist focused on SOGI. These two positions, located within the Strategy, Performance and Evaluation Cluster, will work together to develop and support activities in the Secretariat and within the realm of the Global Fund mandate to address gender equality and SOGI issues.

2.61 In addition, the Global Fund is in the process of finalising a Human Resources Policy Framework and detailed policies on all issues in preparation for the organization becoming independent. This provides a good opportunity to integrate sensitivity and awareness to gender and SOGI into the Global Fund's organizational values and culture and all aspects of staff management. Key issues in human resources policies related to SOGI include personnel recruitment, retention, training, and management.

2.62 Recruitment of quality personnel for the Secretariat should be a major focus in building capacity to address barriers presented by gender inequality and issues related to SOGI in the fight against AIDS, TB, and malaria. The Secretariat needs to build its internal expertise on gender and sexual orientation, including knowledge on issues of sexual and reproductive health, gender-based violence, sex work, and SOGI-related health and rights. These need is particularly acute for management positions (Grade 6 and above), and for personnel who represent the Global Fund externally and at country level.

2.63 To recruit and retain high quality staff, the Global Fund should also improve its human resources policies to align with international standards for non-discrimination, diversity training, health insurance for employees and their partners, and medical and family leave policies related to employees and their partners. Mandatory awareness training about gender, gender identity, and sexual orientation should be incorporated throughout the organization; occasional seminar series focused on gender aspects of the three diseases should be conducted; and there should be support for gender-specific and LGBT-specific employee reference groups so that feedback on workplace policies and practices can be captured. This will help foster a sense of ownership and leadership by employees within the workplace.

Ensuring leadership and governance by the Global Fund Board

2.64 **Action 18:** The Global Fund Board will review its own operations, membership, and capacity to promote the overall Gender Strategy and to lead on issues related to both women and girls, and people marginalized or criminalized due to SOGI.

2.65 **Action 19:** The Global Fund will commit to meeting with government and civil society representatives before it holds Board meetings in any country where sex between consenting adults of the same gender is criminalized.²⁶ The Global Fund will use the occasion of a Board meeting to bring exposure and urgency to this issue through high-level meetings and public relations events, conducted within the scope and mandate of the work of the Global Fund. As with the politically-sensitive issue of HIV-related travel restrictions,²⁷ the Global Fund Board

²⁶ As defined at www.ilga.org/statehomophobia/ILGA_State_Sponsored_Homophobia_2008.pdf. At time of writing this Strategy, this recommendation would not restrict any meeting from taking place in 114 countries, but would mean that Board meetings could not take place at this time in 81 countries. See the above web link for the full list.

²⁷ Decision Point GF/B18/DP22 reads:

commits to dialogue with policy-makers so that decisions can be made with maximum understanding about the implications of such laws and policies.

2.66 Key indicators and targets: The Global Fund Board will have documented experience and expertise on SOGI-related health and rights, such as field-based work experience with MSM, transgenders and sex workers in resource-limited settings and/or publications on sexuality and human rights.

2.67 Monitoring approach: A regular review of Board member expertise will be integrated into other gender-related reviews already approved by the Global Fund (see Gender Equality Strategy).

PART 3: NEXT STEPS FOR IMPLEMENTATION

3.1 The anticipated sequence of steps for the adoption and implementation of the Global Fund Strategy in relation to SOGI is:

- ✓ Review and approval by the Global Fund Board.
- ✓ Briefings for Board Committees to allow the Strategy to be taken up through relevant committees.
- ✓ Development of plan of action and an M&E framework by the Global Fund (Strategy, Performance and Evaluation Cluster) linking the two parts of the overall Gender Strategy with other framework and guidance documents of the Global Fund, including the CCM Guidelines, Guidelines for Proposals, TRP Terms of Reference, Evaluation Framework, Partnership Strategy, Communications Strategy, and Human Resources Policy.
- ✓ Development of the plan of action for the SOGI Strategy and presentation to the appropriate Board committees.
- ✓ An evaluation of the SOGI Strategy within two years of its implementation.

The Board expresses its appreciation to UNAIDS and the International Task Team on HIV-related Travel Restrictions for their work and its strong support for the overarching goal of the Task Team, to eliminate HIV specific restrictions related to entry, stay and residence based on HIV status. The Board takes note of the recommendations contained in GF-B18-12 Annex 1 and decides:

1. That no Board, Committee meeting, or Partnership Forum will be held in a country with an HIV-specific restriction related to entry, stay or residence based on HIV status; and
2. To support country-led efforts to review and eliminate laws, policies and practices related to HIV-specific restrictions on entry, stay and residence, through leadership, advocacy and appropriate partnerships at international, regional and national levels.
3. To work with partners to ensure countries have access to the latest guidance and information from normative agencies on this issue of HIV specific restrictions on entry, stay and residence.

The Board requests the relevant committees, based on the Task Team Report to provide recommended actions to the Board at its Nineteenth Meeting, in particular on how the Global Fund, through its policies and procedures, can finance country interventions that support the elimination of HIV-related restrictions.

Annex 1 Full References (in order of appearance in text)

The Report from July 2008 OSI/PSI meeting in Kathmandu can be found at: www.sxpolitics.org/mambo452/index.php?option=com_content&task=view&id=180 and the Report from the Global Fund Partnership Forum (December 2008), sessions on Partnership and Gender (Sexual Minorities) at: http://www.theglobalfund.org/documents/partnershipforum/2008/PF2008_Recommendations.pdf

Dandona, R. *et al.* (2005). High risk of HIV in non-brothel based female sex workers in India. *BMC Public Health*, 5, 87.

Karim, S. S. A., & Ramjee, G. (1998). Anal sex and HIV transmission in women. *American Journal of Public Health*, 88, 1265-1266.

Schwandt, M., Morris, C., Ferguson, A., ngugi, E., & Moses, S. (2008). Anal and dry sex in commercial sex work, and relation to risk for sexually transmitted infections and HIV in Meru, Kenya. *Sexually Transmitted Infections*, 82, 392-396.

Yu, S. *et al.* (2007). At greatest risk: Pre- and early adolescent Bahamian youth experiencing anal intercourse. *International Journal of STD & AIDS*, 18, 396-401.

Vittinghoff E, Douglas J, Judson F, McKirnan D, MacQueen K, Buchbinder SP. "Per-contact risk of human immunodeficiency virus transmission between male sexual partners". *Am J Epidemiol* 1999;150(3):306-11.

Gray RH, 25. Wawer MJ, Brookmeyer R, et al. "Probability of HIV-1 transmission per coital act in monogamous, heterosexual, hiv-1-discordant couples in Rakai, Uganda". *Lancet* 2001;357(9263):1149-53.

Garnett GP, Ghani AC. The use of simulation models in exploring the influence of network structures on the epidemiology of sexually transmitted infections. Proceedings of the working meeting of the National Institute on Drug Abuse/Center on AIDS and Other Medical Consequences of Drug Abuse (NIDA/CAMCODA). Washington, DC: NIDA/CAMCODA, 2002:63-9.

Lowndes CM, Alary M, Meda H, et al. Role of core and bridging groups in the transmission dynamics of HIV and STI in Cotonou, Benin, West Africa. *Sex Transm Infect* 2002; 78 (Suppl 1):i69-77.

See FHI paper at www.fhi.org/en/HIVAIDS/pub/fact/reducingidus.htm, and also Sweat and Denison. Reducing HIV incidence... *AIDS* 1995; 9 Suppl A: S251-7, and presentations by Wohlfeiler D.

Aral SO, Lawrence JS. The ecology of sex work and drug use in Saratov Oblast, Russia. *Sex Transm Dis* 2002; 29:798-805.

Ghani AC, Swinton J, Garnett GP. The role of sexual partnership networks in the transmission of gonorrhoea. *Sex Transm Dis* 1997; 24: 45-56.

Annex 2 Useful websites related to SOGI and gender

International Consensus documents on gender equality

2000 Millennium Summit and Millennium Development Goals

United Nations Millennium Declaration

<http://www.un.org/millennium/declaration/ares552e.pdf>

1994 International Conference on Population and Development, ICPD

ICPD Programme of Action

<http://www.unfpa.org/publications/detail.cfm?ID=275>

Fourth World Conference on Women

Beijing Declaration and Programme of Action

<http://www.un.org/womenwatch/daw/beijing/platform/index.html>

Women's Rights in International Agreements

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

<http://www.un.org/womenwatch/daw/cedaw/>

Declaration of Commitment on HIV/AIDS

Declaration of Commitment on HIV/AIDS

<http://www.ua2010.org/en/UA2010/Universal-Access/Official-Papers/Declaration-of-Commitment/UNGASS-Declaration-of-Commitment>

Selected Guidance documents and tools (indicative not comprehensive)

Gender and health

<http://www.who.int/gender/mainstreaming/en/>

What is "gender mainstreaming"?

http://www.who.int/gender/documents/Engaging_men_boys.pdf

Engaging men and boys in changing gender-based inequity in health: Evidence from program interventions

<http://www.unfpa.org/gender/men.htm>

Involving Men in Promoting Gender Equality and Women's Reproductive Health

Yogyakarta Principles

www.yogyakartaprinciples.org

Amnesty International

www.amnesty.org/en/sexual-orientation-and-gender-identity

ARC International

www.arc-international.net

Global Rights

www.globalrights.org

Human Rights Watch
www.hrw.org/doc/?t=lgbt

International Gay and Lesbian Human Rights Commission
www.iglhrc.org

International Lesbian and Gay Association
www.ilga.org

ILGA Trans Secretariat
trans.ilga.org

HIV/AIDS

http://www.who.int/gender/documents/en/HIV_AIDS.pdf
Fact sheet: Gender and HIV/AIDS

http://www.who.int/gender/hiv_aids/en/
Women and HIV/AIDS- links and publications

<http://www.who.int/reproductive-health/hiv/index.html>
Linkages between sexual and reproductive health (SRH) and HIV

<http://www.who.int/gender/violence/en/>
Gender-based violence

http://data.unaids.org/Publications/IRC-pub06/jc1165-intensif_hiv-newstyle_en.pdf
Intensifying HIV prevention: UNAIDS Policy Paper

<http://www.genderandaids.org/>
UNIFEM Gender and HIV/AIDS Portal

<http://www.unfpa.org/gender/aids.htm>
The Gender Dimensions of the HIV/AIDS ¹ Epidemic

<http://womenandaids.unaids.org/>
The Global Coalition on Women and AIDS

Global Forum on MSM & HIV
www.msmandhiv.org

APCOM
www.msmasia.org

Naz Foundation International
www.nfi.net

ASICAL
www.asical.org

Behind the Mask
www.mask.org.za

ILGA-Africa
africa.ilga.org

Tuberculosis

<http://www.who.int/gender/documents/TBlast2.pdf>
Gender in tuberculosis research

http://www.who.int/gender/other_health/en/genderTB.pdf
Fact sheet: Gender and Tuberculosis

Malaria

http://www.who.int/gender/documents/gender_health_malaria.pdf
Fact sheet: Gender and Malaria

http://rbm.who.int/globaladvocacy/docs/gm_guide-en.pdf
A guide to gender and malaria resources

Annex 3 Definitional language

Attempting a globally comparable set of definitions of populations will always be an approximate task. Unlike the fields of human rights or health where terms can be found for universal application, in the topic of sexual orientation and gender identity, there is value in maintaining a diversity and fluidity to terminology.

One reason for use of diverse terminology is that an important dynamic in overcoming the marginalization of sexualities and gender identities is for people to define and claim the names by which they are discussed. Within each region of the world, people's relationships to gender and sexuality vary according to culture, religion, tradition, law, and social institutions. The way individuals and groups describe themselves and their consensual adult sexual activities, and the way these are described by others, reflect and reinforce the attitudes and constructions of culture and era. Names also reinforce identities according to social class, religion, clan, ethnicity or national identity, age-cohort, and other stratifications such as poverty, employment, and levels of social rights, oppression and visibility.

Nevertheless, any global effort to address health and rights must use consistently applied definitions of its intended targets and beneficiaries for sound strategy and monitoring and evaluation. Annex 2 has a list of websites with further definitions and discussions of minority sexual orientations, gender identities, and sexual behaviours, the ways that these are defined, and the importance of addressing related health and rights through a gender framework.

The Gender Equality Strategy uses the following definitions and explanations:

Sex and gender: Sex refers to the biological (genetic and anatomical) characteristics which define humans as female, male, or transsexual or intersex. Gender refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence ascribed by society. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity (e.g. male, female, transgender) that is relational, learned, changes over time, and varies widely within and across cultures, religions, class and ethnicity.

Gender identity: Gender identity is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.

Sexual orientation: Sexual orientation is understood to refer to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender (e.g. heterosexual) or the same gender (e.g. homosexual) or more than one gender (e.g. bisexual).

Sexual minorities: Sexual minorities refer to people whose sexual orientation, gender identity, and/or consensual adult sexual behaviours do not conform to majority norms and values. Sexual minorities therefore include gay men and other men who have sex with men (MSM), lesbian women and other women who have sex with women (WSW), and individuals, including heterosexual people, who are transsexual, transgender, and intersex, as well as female, male, and transgender sex workers, all shown to have high rates of HIV incidence and prevalence in many countries.

TERMS OF REFERENCE OF MARKET DYNAMICS AND PROCUREMENT COMMITTEE

The purpose of forming a temporary ad-hoc committee on Market Dynamics and Procurement is to respond to the Board's recognition that issues around market dynamics, procurement, and health technologies are not being addressed within the current oversight mechanisms. The Board recognizes that over half of its portfolio is currently spent on commodities and has determined that there is an urgent need to review how these resources are being spent to develop options for the Global Fund to better utilize its buying power towards achieving economies of scale. Additionally, the Board recognizes that initiatives such as the Price Reporting and Quality Mechanism, Voluntary Pooled Procurement Mechanism, and the Quality Assurance policies would benefit from stronger oversight and review.

The objectives are:

- Monitor the roll-out of new Price Reporting and Quality Mechanism (PQM) system and study its data to evaluate and benchmark prices paid by Global Fund grantees and what action is needed to ensure grantees are receiving the best possible prices.
- Monitor the global level implementation and impact of the Voluntary Pooled Procurement Mechanism.
- Assess the Global Fund's ability to identify the new technologies and products that grantees will require to more adequately respond to the three pandemics, and determine how the Global Fund's architecture, policies and future buying power can enhance access to new technologies by accelerating product development, launch, uptake and/or price reductions.
- Determine how the Global Fund can best monitor and influence commodity market dynamics, building on increases in market buying power from increased country demand (i.e. the dramatic increased demand for bed nets in Round 8).
- Determine whether and how the Global Fund can align and harmonize its procurement-related policies and systems with other major donors of AIDS, TB, and malaria commodities to improve market dynamics, gain economies of scale, and to alleviate bottlenecks faced by grantees (i.e. recent formation of the Malaria Financiers Forum with PMI and the World Bank).

- Assess the ability of the Global Fund through its governance, and policies to track and respond to changing demand patterns for key products to anticipate production bottlenecks and rapid price increases (i.e. ACTs, MDR-TB drugs), and make recommendations, if necessary, to monitor such patterns.
- Determine how proposal reviews for both new (rounds-based and NSAs) and existing grants (RCCs and phase 2) can include an evaluation of the commodity budget and product selection, to ensure that commodity budgets are reasonable and to identify opportunities for savings.
- Provide guidance to further develop and expand the UNTAID/Global Fund Roadmap.
- Recommend to the Board a quality assurance policy for diagnostics.
- Monitor the implementation of the revised Quality Assurance Policy, particularly the Expert Review Panel (ERP).
- Coordinate work plan with key actors in the field, such as the UNTAID market dynamics committee to ensure complementarities of efforts and joint work-planning.

The Ad-Hoc Committee itself when developing its work-plan may recommend modifications of these Terms of Reference to the Board for approval.

Composition: The proposed membership to include 8 representatives of voting Board constituencies + WHO + World Bank + 2-4 external experts. External experts will be invited to submit CVs for consideration and will be selected by the MDC Ad-Hoc Committee Chair in consultation with the Board Chair and Vice-Chair. Ad hoc committee members from voting Board constituencies are also expected to have technical expertise in this area.

Reporting: The Ad-Hoc Market Dynamics and Procurement Committee will report directly to the Board.



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Nineteenth Board Meeting
Geneva, 5 - 6 May 2009

GF/B19/4
Attachment 5

AMENDMENTS TO COMMITTEE RULES AND PROCEDURES

Section I: Leadership

1. The Board Chair and Vice Chair, in consultation with Board members, will nominate chairs for each committee, based on applications made by constituencies for committee leadership. The committee chairs so nominated must be approved by the full Board.
2. Representation within the committee chairing shall be balanced between representatives of the two voting blocks set out in Article 7.6 of the Bylaws. There will be one chair per committee.
3. Committee chairs will preferably be either Board members or alternates.
4. The Board Chair and Vice Chair are encouraged to consider the following factors when determining their nominations for committee chairs:
 - a. Strong leadership and management skills, the ability to ensure that Committee conduct conforms to the role mandated by the Board and that meetings are run efficiently;
 - b. Commitment and ability to invest the required time;
 - c. At least one year of experience with the Global Fund's Board and its committees;
 - d. Subject specific expertise relevant to the committee;
 - e. Assessment of whether the nominee has the necessary resources to perform the functions of the role (including consideration of the resources to be provided by the Global Fund);
 - f. A balance of representatives of different constituencies from the Board, as well as the specific mandate of that committee.
5. In the event the Board Chair and Vice Chair cannot agree on a qualified candidate, the Board Chair shall present a candidate to the Board for ratification.
6. For reasons of efficiency, the committee chair will, taking into account balance and availability, and in consultation with the relevant constituency, appoint a qualified vice chair. The appointment will be made in consultation with the Board Chair and Vice Chair to ensure balance of representation of committee leadership by the two voting blocks identified in Section 7.6 of the Bylaws.
7. Committee vice chairs are an active part of the committee leadership. Committee chairs will systematically consult with committee vice chairs and, where appropriate and efficient, delegate tasks to the vice chair.

8. The Board Chair and Vice Chair shall nominate committee chairs when necessary as, for example, when a committee chair is no longer available, or is not adequately fulfilling the role. The Board will approve the change of any committee chair.
9. Because committee chairs must chair the committee meeting without prejudice, they may bring an additional representative of the constituency to participate as a member of the committee. Where considered necessary by the committee chair, the vice chair of a particular committee may be permitted to bring an additional representative of the constituency to participate as a member of the committee.

Section II: Membership

A. Selection, Balance and Continuity

1. The Board Chair and Vice Chair, in consultation with the committee chair, will propose membership of each committee, based on applications made by constituencies for committee membership, for full Board approval. Each constituency may participate in a maximum of two committees (membership of the Ethics Committee will not count towards this limit, *nor shall membership on other ad-hoc committees where the Board specifically provides that membership shall not apply toward this limit*). Where demand for committee seats exceeds the maximum, priority will be given to ensuring the balance of donors, recipient countries, NGOs, private sector and foundations.
2. Membership of committees will be by constituencies who will nominate one qualified individual to be the committee member. While it is preferable that constituencies choose Board members or alternates to serve on committees, they may choose any individual to represent them. This individual should have an appropriate mandate, be sufficiently informed, briefed and empowered, so that he/she can contribute to the work of the committee and accurately represent his/her constituency.
3. In cases where a constituency's committee member is not also the Board Member, the committee member is expected to represent the Board member's positions and keep the Board member regularly updated on all committee activities.
4. In the exceptional case that a committee member cannot attend a meeting, one named alternate can substitute for the member. Communication with the alternate is the responsibility of the committee member.
5. In the exceptional event that membership must permanently change from one delegate to another, both the incoming and outgoing members may, with the explicit permission of the committee chair, attend one meeting together in order to facilitate the transition of membership.
6. Committee membership should be for two year terms.

B. Accountability

1. The Board Chair in consultation with the Vice Chair will continuously review the output of committees, assess their effectiveness and make appropriate recommendations regarding their membership and mandates as events require.
2. The Board Chair is responsible for convening meetings, within two weeks of the conclusion of each Board meeting, of the Vice Chair, committee chairs, Executive

Director or designee to address coordination of committee work plans and roles and to address any other pending committee issues.

3. The Board shall specify which committee shall bear primary responsibility for a particular issue, in cases where more than one committee may be reasonably expected to have a joint interest in a policy or area of work. The Board decision and the subsequent work plan must clearly state which committee is the lead actor on that area of work. Where appropriate, committee meetings will be scheduled to facilitate collaboration between committees with a common interest (including cross-cutting meetings).
4. If, as a result of the assessment of a committee a leadership problem is perceived, the Board Chair and Vice Chair will make the necessary changes to the chair and/or vice chair positions. In the case of a membership problem where a committee member is not performing, e.g. not attending committee meetings or not responding to explicit requests given by the committee chair, then the first action will be for the committee chair to consult with the concerned Board member. If the situation persists, the committee chair will consult with the Board Chair and Vice Chair. As a last resort, the Board Chair and Vice Chair will remove the constituency from the committee and the normal selection process will be followed to fill the vacancy.

C. Size

1. Committees will be limited to a maximum membership as follows:
 - a. Policy and Strategy: ~~2019~~ members (plus one representative of each of the World Bank, the World Health Organization, and UNAIDS in a consultative, non-voting role)
 - b. Portfolio: 12 Members (plus one representative of each of UNAIDS and the World Health Organization in a consultative, non-voting role)
 - c. Finance and Audit: 8 members (plus the one representative of World Bank in a consultative, non-voting role)
 - d. Ethics: 6 members
 - e. *Ad hoc committees shall have a maximum membership as specified by the Board at the time of establishing the ad hoc committee.*
2. There will be no more than one member per constituency on any single committee. Only committee members (or their alternate) will attend committee meetings.
3. The committee chair can decide on additional participation to the committee meeting but this will be limited to individuals who may have specific technical expertise required by the committee to perform its work. The committee chair will take cost implications into account in issuing an invitation and shall limit participation to meetings at which the expertise is required.
4. There will be no open-ended invitations to constituencies to bring their own experts. There will be no observers permitted to attend committee meetings.

Section III: Operating Procedures

A. Terms of Reference, Timeframes and Work Methods

1. The Board will define terms of reference of the Committees. Committees shall act only in accordance with these terms of reference, or on any other matter at the direction of the Board.
2. The committees will develop a work plan to reflect their mandate and distribute these to the Board Chair and Vice Chair and other committee chairs and vice chairs. These work plans will be updated as new tasks are assigned by the Board.
3. The Secretariat will conduct an induction of new committee members, and shall provide a manual outlining roles and functions of each committee and Secretariat staff assigned to support them, and the expected role of committee members.
4. Committee chairs and vice chairs, in consultation with the Secretariat, shall create an annual meeting plan and meeting agendas. The objectives and associated agendas of the committees must be validated at the meeting held each trimester between the Board Chair and Vice Chair, the committee chairs and the Secretariat, to ensure clarity of objectives and elimination of overlap.
5. Committees will consult broadly on major policy issues and request and consider substantive comments from constituencies through the constituency's designated representatives. The Secretariat will establish a secure website for each committee to facilitate this consultation and to provide Board members access to the working documents of all committees.
6. Each committee will conduct an annual self assessment (including meeting attendance, performance against plan, effectiveness) and discuss the results with the Board Chair and Vice Chair. The formal role and scope of each committee should be assessed by the Board after one year, and subsequently every 2 years, possibly at the time of renewal of committee membership.
7. Committees shall follow standard reporting formats when submitting reports to the Board. All recommendations should include associated costs.
8. Committees shall ensure that proposed decision points for the Board are reviewed by Fund legal staff prior to submitting them to the Board for review.
9. The Secretariat shall distribute meeting materials to ensure receipt by committee members at least one week in advance of the committee meeting and shall ensure that materials contain the text of draft decisions proposed for committee consideration.
10. Committees and the Secretariat shall use red-lining/track changes as a standard practice when providing documents for review.
11. In exceptional circumstances, where committees cannot reach consensus, the committee shall develop recommendations by reflecting minority and majority viewpoints.

12. The practice of Board consultations between board members, committee chairs and the Secretariat should be continued as a way to build cohesiveness and facilitate trust within and among constituencies and the Secretariat.

B. Use of External Experts

1. Expert input to committees may be provided at their discretion and in consultation with the Executive Director and may take the form of a panel of independent experts.
2. The committee chair and vice chair, in conjunction with the Executive Director, will then choose participants on the panel from the list of nominations submitted by the committee. These independent experts will be subject to the Fund's Conflict of Interest policy.
3. Input from an expert panel shall be provided through a mechanism to be determined by the committee, which may include reporting directly to the committee as a whole, or reporting through the committee chair and/or vice chair.
4. The committee will provide terms of reference for such panels.

C. Use of Sub-Committees

1. A committee may establish a sub-committee to assist in any matter within the committee's terms of reference if this would be more efficient.

2. The committee chair and vice chair will select the members of the sub-committee from among the committee's members. The sub-committee may also include membership from experts, provided that the majority of sub-committee members is drawn from the original committee's members and that leadership of the sub-committee is also drawn from the original committee's members. If the committee chair and vice chair consider that it would be appropriate or useful to extend membership of the sub-committee to include members of other committees, then they may do so after consulting with the chairs and vice chairs of the other committees and the Board chair and vice chair. The committee chair and vice chair will notify the Board of the establishment of a sub-committee as soon as practicable.

3. The sub-committee derives its authority from, and will report to, the originating committee. Sub-committees will be established with defined terms of reference, duration and deliverables, approved by the originating committee.

4. The membership of the sub-committee will be revised when the original committee membership is renewed.

D. Role of the Secretariat

1. The Secretariat will co-ordinate and facilitate the work of the committees, providing support to the committee chairs and vice chairs related to, among other matters, efficiency, continuity and management of crosscutting issues
2. The Secretariat will appoint one qualified individual from the Secretariat for each committee to be the Secretariat focal point.
3. The Secretariat's committee focal point will be accountable on a long-term basis to the appointed committee and will, for reasons of efficiency, coherence and continuity,

provide secretarial assistance and support to the work of the committees, attend the committee meetings, and assist the chair and the vice chair in order to prepare, facilitate and co-ordinate the work plan and meetings of the committee. The focal point will be subject to the guidance of the chair and vice chair, and will be responsive to the tasks assigned to them by the committee.

DE. Committee Costs

In circumstances where the Global Fund is responsible for the covering the costs of committee attendance (i.e. recipient block delegations):

1. Only the committee member, or the officially designated alternate, is funded by the Fund.
2. If the committee chair holds committee meetings immediately preceding Board Meetings as formal committee meetings (but not as informal consultations at which no action is taken), committee members shall be funded to attend these meetings.
3. In the case of committee members attending a meeting together as part of a transition plan (see Section II.A. para 5), both incoming and outgoing members will be funded.

Section IV: Ad Hoc Committees

1. In addition to standing committees, the Board may establish temporary, issue-based ad hoc committees as it deems necessary to carry out the business of the Board. These Committee Rules and Procedures shall apply to ad hoc committees, subject to any flexibilities specified in this Section IV.

2. The Board will define the size, terms of reference, reporting lines, deliverables and duration of the ad hoc committee at the time it establishes the ad hoc committee. The size of the ad hoc committee should preferably be limited to a small focused number of members. The Board will also specify whether membership on the ad-hoc committee applies toward the two-committees membership limit.

3. Membership of ad hoc committees may be drawn from beyond Board constituencies if this is necessary or desirable in the context of the specific responsibilities of the ad hoc committee provided that the majority of the ad hoc committee members is drawn from the Board constituencies and that leadership positions of the ad hoc committee are also drawn from the Board constituencies. If an organization that is not part of a Board constituency is nominated to be an ad hoc committee member, then the organization should nominate one qualified individual to be the committee member who has the appropriate mandate, and is sufficiently informed, briefed and empowered, so that he/she can contribute to the work of the committee and accurately represent his/her organization.

Section V: Miscellaneous

Matters in which the Board Chair and Vice Chair fail to reach consensus in exercising their joint authority as set forth in these Rules and Procedures will be resolved by the Chair.



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Nineteenth Board Meeting
Geneva, 5 - 6 May 2009

GF/B19/4
Attachment 6

TERMS OF REFERENCE FOR THE CHAIR AND VICE-CHAIR OF THE BOARD OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

A. SELECTION AND TERM LENGTH:

The Chair and Vice-Chair of the Global Fund Foundation Board are selected by the Board from amongst the voting Board Members. The Chair and Vice-Chair serve for a two year term. The two positions will alternate every two years between the two Board voting groups.¹

B. RESPONSIBILITIES OF THE CHAIR:

The Chair is the principal spokesperson for the Board and in addition to chairing meetings of the Board has an important advocacy and fund raising role.

1. Meetings

- Chairing all Board meetings of the Global Fund, including ensuring that voting procedures set out in the By-Laws and Board Operating Procedures are adhered to.
- Designating the Rapporteur.
- Running the Board and ensuring its effectiveness in all aspects of its role.
- Providing written notification to all Board members of where and when Board meetings will take place at least 40 days in advance of the meeting (or direct the Executive Director to do so).
- Acting together with the Vice-Chair, and in liaison with the Secretariat developing the Board agenda for approval by the Board, taking into account the issues and concerns of all Board members.
- Encouraging and facilitating the reaching of consensus by the Board on decisions.
- Ensuring that there is appropriate delegation of authority from the Board to Executive Management.
- Managing the Board meetings to allow enough time for discussion of complex or contentious issues.
- Inviting guests to Board meetings at such times and for such purposes as he or she deems appropriate.
- In liaison with the Secretariat approving observers to Board Meetings and their access right to either the plenary or breakout room.

¹ As described in Article 7.6 of the Global Fund by laws. If term lengths are changed as a result the arguments put forward in this paper these ToRs will obviously have to be amended accordingly.

2. Board Members

- Maintaining close communications among the members of the Board between meetings.
- Facilitating the effective contribution and encouraging the active engagement of all members of the Board.
- Identifying the development needs of the Board as a whole to enhance its overall effectiveness.
- Ensuring that the performance of the Board Committees is evaluated at least once a year and act on the results of such evaluation.
- Conducting the election of the new Chair and Vice-Chair of the Board.

3. Committees

- Identifying, in consultation with the relevant constituency, appropriate candidates to chair the Board Committees and present these candidates to the Board for approval.
- Consulting with the relevant Committee Chair on the Committee Chair's nomination of a Vice-Chair for the Committee.
- In consultation with the Board Vice-Chair and the relevant Committee Chair, based on applications made by Board constituencies, presenting the proposed membership of each Board Committee to the Board for approval.
- In consultation with the Board Vice-Chair, continuously reviewing the recommendations regarding Committee membership and mandates as events require.
- Providing guidance as necessary to Committee Chairs and Vice-Chairs on difficult issues.
- Convening meetings of Chairs and Vice-Chairs of Committees as necessary² to prepare for Board and Committee Meetings and to discuss difficult issues.
- Reviewing the results of the Committees' annual self-assessments and dealing with Committee leadership or membership performance issues in accordance with the Committee Rules and Procedures.

4. Relations with stakeholders

- Providing coherent leadership of the Global Fund, including representing the Global Fund to government officials, public and private partners, the media, the international community and the public.
- Acting as the principal spokesperson for the Board, in particular for Global Fund resource mobilization.
- Ensuring effective communication with stakeholders and maintaining sufficient contact with these stakeholders to understand their issues and concerns.
- Ensuring that the views of stakeholders are communicated to the Board as a whole so that all Board members can develop an understanding of their views.
- Acting as an ambassador and advocate for the three diseases.

5. Secretariat

- Working closely with the Executive Director to carry out the day-to-day business of the Board.
- Establishing a close relationship of trust with the Executive Director and Executive Management Team, providing support and advice while respecting executive responsibility.

² Current practice is for a meeting to be held with each of the respective Committee Chairs and Vice-Chairs prior to and following a Committee Meeting, and then a meeting of all Chairs and Vice-Chairs is convened prior to a Board Meeting. All these meetings are currently held as tele-conferences. The Committee Rules and Procedures also require that a meeting between the Board, Committee and Secretariat leadership is held two weeks after each Board Meeting to review and validate committees' work plans and objectives and eliminate any overlap.

- In liaison with the Executive Director ensuring Board members receive accurate, timely and clear information, including on the Global Fund's current performance, thus enabling the Board to take sound decisions, monitor performance effectively and provide advice to promote the success of the Global Fund.
- Ensuring that the performance of the Executive Director is assessed each year based on best practices.
- Lead the Board in ensuring the performance of the Inspector General is assessed each year based on best practices.³
- If the Board decides to launch a recruitment process for a new Executive Director, recommending for Board approval the terms of reference of the Nomination Committee and nominating for Board approval a Chair and the membership of that Nomination Committee. The Chair of the Board may also recommend for Board approval updated terms of reference of the Executive Director and the criteria for his selection.

6. Emergency situations

- Between Board meetings, the Chair and Vice-Chair, acting together, may take action on behalf of the Board which they consider must be taken urgently without recourse to other procedures.
- The Chair and Vice-Chair, acting together, may call emergency Board meetings as necessary to address extraordinary circumstances (e.g. major financial, legal and/or ethical issues, loss of confidence in leadership, etc.), provided one third of the Board Members agree.

C. IN ADDITION, THE CHAIR AND THE VICE-CHAIR WILL:

- Uphold the highest standards of integrity and probity.
- Set the agenda, style and tone of Board discussions to promote effective decision making and constructive debate.
- Ensure that Board members are fully informed about all issues on which the Board will have to make a decision, through briefings with the Secretariat.
- Carry out any other duties as delegated by the Board in a particular decision point.

D. KEY COMPETENCIES OF THE CHAIR AND VICE-CHAIR OF THE BOARD:

The Chair of the Board should possess the following key competencies:

- In-depth knowledge of the Global Fund both in terms of its operations and governance structures. Ideally should have served for a considerable period as a Board member, Alternate or Committee member.
- In depth knowledge of and experience with the governance mechanisms of large (international financing) organisations.
- Strong leadership and management in a multi-cultural environment.
- A facilitative approach - diplomatic with a heightened political awareness.
- High standards of judgment in complex situations.
- Acute analytical skills.
- Extensive experience with the governing bodies of large organizations.
- Knowledge and experience of corporate governance principles.

³ Performance Assessment of the IG is the responsibility of the Board as a whole (OIG Charter Article 4). The Chair of the Board should however be ready to offer leadership in this process.

- Experience of acting as an ambassador / advocate and representing the fight against HIV, and or tuberculosis and or malaria at the most senior level.
- Health and development experience
- A willingness to travel for the business of the Global Fund.

E. TIME COMMITMENT:

The role requires considerable commitment and it is key that the Chair and Vice-Chair of the Board are able to invest the required time. The following table gives an indicative overview of the approximate time required to fulfil this role. Please note that based on the working methods of the Chair and Vice-Chair of the Board this commitment may vary considerably.

Description of activity	Time commitment	Total time per year
2 Board meetings per year	5 days each including travel	10 days
1 replenishment meeting per year	4 days each including travel	4 days
1 partnership forum every 2 years	5 days including travel	2.5 days average
4-5 additional meetings (i.e. resource mobilization, field visits, meetings with external stakeholders etc.)	4 days each including travel	18 days average
Conference calls with Secretariat and Committee Chairs and Vice-Chairs (roughly one per month)	1 ½ hours per call	2 days
Ongoing liaison with secretariat on an issue-by-issue basis, leading to drafting and agreement of electronic decision points	20 - 25 decision points are agreed by e-mail each year	4 days
Other regular liaison with the Secretariat via e-mail and telephone	3 hours per week*	20 days*
TOTAL DAYS		40.5 - 60.5 days

* A large part of this work can be managed by the Office of the Chair and may not need the direct involvement of the Chair or Vice-Chair.

F. RESOURCES:

The Global Fund will provide to the Chair and Vice-Chair the necessary resources to carry out their roles.

These include:

- On-going access to phone, mobile phone, e-mail and fax
- Support by an attaché / Private Secretary / Special Assistant - the exact organisation of this can be discussed with the Secretariat upon appointment
- Secretarial / administrative support - the exact organisation of this can be discussed with the Secretariat upon appointment

G. ROLE OF THE VICE-CHAIR OF THE BOARD:

Whilst it is at the discretion of the Chair and Vice-Chair to organize their division of labor, the Vice-Chair of the Board usually acts as an understudy / adviser to the Chair of the Board in duties as necessary, and may take the lead in certain areas of work. The Vice-Chair is also required to take over the responsibilities of the Chair if the Chair is absent or the Chair's seat becomes vacant. In some cases, as indicated in the Chair's responsibilities above, the Chair and the Vice-Chair are required to make decisions together. The Chair and the Vice-Chair should seek to make decisions by consensus. If consensus cannot be reached, then the Chair will make the decision.

Therefore the Vice-Chair is generally required to have the above competencies, and the ability to take on the responsibilities of the Chair as required. The Vice-Chair performs a similar advocacy / ambassadorial role for the Global Fund. The Vice-Chair of the Board should be able to commit a similar amount of time to the role as outlined above, and have similar resources readily available.