Aidspan

Independent observer of the Global Fund

Gender equality in the Global Fund Grant Cycle 7

Gender equality is central to the Global Fund's 2023-2028 Strategy. All countries eligible for Global Fund investment will have to address gender equality as they prepare their funding requests for Grant Cycle 7 (previously referred to as NFM4). Although gender equality is not new to the Global Fund's agenda, it has increased in importance to the point that for the first time the Board included it on the agenda of its November 2022 meeting in Geneva. And when we look at the now familiar figure on the objectives of the new Strategy, we can clearly see its prominent position as one of the three mutually reinforcing contributory objectives, Maximizing Health Equity, Gender Equality and Huan Rights: so not only an objective in its own right but mainstreamed or integrated throughout the others.

Before moving on to the heart of the matter, let's remind ourselves of the definition of 'gender' and what it means in the context of Global Fund funding requests.

Gender and gender equality: What do we mean by these terms?

The Gender Equality Strategy provides the following definitions:

Gender is different from sex which is the biological definition of being either a man or a woman. Gender is socially defined and refers to the roles, relationships, personality traits, behaviors, attitudes, values, dynamics, influence and power that society shapes and assigns to women, men and communities based on their differences.

Gender equality refers to the different behaviors, aspirations and needs of women, men and communities considered, valued and supported in an equitable manner.

The Global Fund asserts that women, men and communities of different genders, including key and

vulnerable populations (KVPs), should be seen as having differing vulnerabilities and facing different health risks, barriers to health services and consequences of poor health.

Gender inequality undermines global goals

Globally, men are less likely than women to know their HIV status or to access and adhere to treatment, and they are more likely to die from AIDS. Although men account for 47% of all people living with HIV (PLHIV), they represent 68% of all AIDS-related deaths. Transgender women are 34 times more likely to acquire HIV than other adults. More broadly, lack of decision-making power can affect women's ability to go to a health center. Masculinity norms – the culturally grounded expectations for men's roles, actions, and relationships that impact health-seeking behavior – can prevent men from seeking care, even when they are sick. Fear of discrimination or violence from health facility staff can prevent transgender people from seeking care.

As we can see, gender inevitably has a major impact on people's experience of and access to health care, as well as influencing their ability to make decisions about their own health. Worse still, gender inequality is not only detrimental to individuals, it also hampers progress in disease control, reduces the impact of global investments, and threatens to undo progress made to date. If the trend continues, it is unlikely that we will be able to achieve the global goals by 2030.

In their most recent report, Dangerous Inequalities (2022), UNAIDS highlights the urgency and severity of gender inequality.

"Gender inequalities are a key driver of the AIDS epidemic. Adolescent girls and young women in sub-Saharan Africa are three times more likely to acquire HIV than their male counterparts. A recent study also found that women experiencing intimate partner violence in the past year were more than three times more likely to have recently acquired HIV. Unequal power dynamics between men and women and harmful gender norms increase the HIV vulnerability of women and girls in all their diversity, deprive them of their voice and the ability to make decisions regarding their own lives, reduce their ability to access services that meet their needs, increase their risks of experiencing violence or other harms, and hamper their ability to mitigate the impact of AIDS.[…] Every two minutes, an adolescent girl or young woman (aged 15 to 24 years) acquired HIV in 2021. Although transmission of HIV among this group is the driving force of many national epidemics in sub-Saharan Africa, in 19 high HIV burden countries in Africa, dedicated combination prevention programs for adolescent girls and young women are operating in only 40% of high HIV incidence locations. A lack of policy reform and investment within and beyond the health sector is making it difficult, if not impossible, for adolescent girls and young women to access essential HIV services. Preventing HIV among men and ensuring that men living with HIV achieve viral suppression are also critical to reducing the epidemic's toll on women and girls in several parts of the world."

As we read the above, we should note that the various programs implemented at global level struggle to overcome the causes of gender inequalities and to respond to necessarily different obstacles and needs according to gender. However, it is clear that programs that do not consider these inequalities and sex/gender differences, and fail to design approaches to address them, cannot ultimately achieve their targets and therefore their objectives.

In its 2020-2022 Technical Review Panel (TRP) Observations Report, the Global Fund highlights the fact that, in the context of funding requests for the most recent round (NFM3), "Few gender assessments considered all genders. Funding requests rarely addressed the needs of transgender, non-binary and gender non-conforming people, and where they did, often their needs were still (inappropriately) combined with those of gay men and other men who have sex with men. In other funding requests "gender" seemed to be interpreted as "women and girls" rather than, for example, considering the needs of men who are highly vulnerable to TB and designing programs to address their weak health seeking behavior. The TRP

also raises concerns about “gender assessments that were conducted rarely translated into well targeted services and interventions with metrics to monitor outcome”.

The TRP findings may have encouraged the Global Fund’s commitments under the new Strategy and in Grant Cycle 7.

Global Fund high-level commitments and expectations

Indeed, during the UNAIDS Technical Support Mechanism (TSM) 2023-2025 funding request preparation workshop held from 5-9 December 2022 in Saly Portudal (Senegal), Global Fund speakers presented the organization’s commitments relating to gender equality:

1.
   - Scaling up integrated programs and approaches to eliminate gender barriers and inequalities acro portfolio.
   - Promoting youth-friendly programming, including for adolescent girls and young women (AGYW) a vulnerable young populations and their partners.
   - Supporting comprehensive and holistic health, gender-related rights and reproductive health progr strengthened integration into HIV services.
   - Supporting targeted interventions and systems for prevention and response to gender-based viole sexual violence.
   - Promoting the role of community-based and community-led organizations (including women-led ar led organizations) in the design and implementation of programs to challenge harmful gender norm prejudices and stereotypes.
   - Supporting the integration of national action plans for gender equality into multisectoral health and communicable disease management strategies.
   - Engaging gender and social protection ministries more proactively in Global Fund processes.
   - Building innovative partnerships with development partners, national government agencies and co based, community-led and civil society organizations working to promote gender equality.
   - Using quantitative and qualitative data to identify the drivers of HIV, TB & malaria inequity and info responses, including by gender.

In light of this, funding requests must therefore:

- Ensure that a genuine gender assessment has been conducted at country level (national dialogue) and that the National Strategic Plan (NSP) and the funding request reflect the results of this assessment.
- Ensure that interventions are designed that explicitly contribute to advancing gender equality. The focus will be on a holistic and cross-cutting approach, which should be applied to all interventions at all stages of the grant cycle. In other words, considerations around gender equality in funding requests cannot be reduced to a single program, a single policy or a single intervention.

Gender Equality Marker

In GFO 424, we wrote about the Gender Thematic Report presented at the November Board meeting (Board thematic discussions on gender) which lays out the expectations described above and how countries will be expected to step up when it comes to ensuring that gender is forefront of the forthcoming funding applications.

We conclude by reminding readers the graphic below summarizing the new tool, the Gender Assessment Marker (GEM), that will enable the Global Fund to assess the level of gender preparedness of all countries under Grant Cycle 7.

Under the GC7 cycle, the ‘gender readiness’ of all countries will be evaluated through this new tool. Countries will submit their funding requests as usual, in line with the requirements in the FR application documentation. The TRP will then assess the FR against the GEM criteria above and assign scores. The scores and budgets combined will give the percentage of all gender equality-focused spend, and, through identifying the strengths, weaknesses and trends, the GEM score will be used to mobilize technical assistance and support in collaboration with partners.

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