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CHECKLIST for **Integrating Gender** into the Processes and Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria

United Nations Development Programme





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Checklist summary

This Checklist has been developed to strengthen the attention paid to gender in the implementation of programmes supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), through the processes and mechanisms of the Global Fund's Funding Model. Each stage of the Funding Model requires specific actions to address the gender dimensions of HIV in the development and implementation of grants. The Checklist sets out specific steps and examples to support these gender integration efforts throughout Global Fund programming.

The Global Fund Funding Model, initiated in 2013, involves an eight-step process:

1. Strengthening of national strategic plans
2. Alignment of the Global Fund's process to existing country dialogue
3. Design and submission of a concept note
4. Independent review of concept notes by the Technical Review Panel (TRP) for recommendation by the Grant Approvals Committee (GAC)
5. Determination of upper budget ceilings by the GAC
6. Grant making
7. Approval of grants by the GAC
8. Approval of grants by the Global Fund's Board.

While this Checklist highlights the country dialogue process as the main opportunity, the national strategic plans (NSPs) for HIV, TB and malaria are also vital components. The more that gender-transformative programming is integrated into the NSPs, the more effectively it can be integrated into the Global Fund process. In addition, the better the national body that is responsible for managing the Global Fund application process—the Country Coordination Mechanism (CCM)—understands the gender and human rights dimensions of HIV, TB and malaria, the more consistent the attention that will be paid to these issues.

The Checklist contains 22 items, in summary:

1. Strengthening of NSP and the role of the CCM

- NSP analysis includes a gender assessment
- The needs and rights of women and key populations are represented on the CCM

2. Alignment of the Global Fund's process to existing country dialogue

- The process is built on broad and comprehensive representation of participants, including government, civil society and women living with and affected by HIV, TB and malaria
- The dialogue is designed and implemented to reflect a broad range of perspectives, including those of people who are living with and affected by HIV, TB and malaria and key populations, with specific attention to women
- Gender dimensions are reflected in the report of dialogue

3. Design and submission of a concept note

- Gender assessment/analysis is completed
- The concept note includes recommendations for improving attention to gender dimensions of the three diseases
- An investment case has been made for integrating gender-responsive programming into the NSPs
- Explicit attention has been paid to addressing the needs and rights of women and girls
- The concept note has focused on gender inequality as influencing vulnerabilities of women and men, girls and boys and key populations
- A gender-sensitive approach has been used in policies and plans for prevention, treatment, care and support
- The linkages between gender-based violence and the three diseases are addressed, as appropriate

4–5. Independent review of concept notes by the TRP; Determination of upper budget ceilings by the GAC

- A high-level champion has been appointed to advocate for consistent attention to the gender dimensions of the three diseases
- The Global Fund's Fund Portfolio Manager (based in Geneva) demonstrates an understanding of the recommended gender perspective and programming
- Links have been established and maintained between the Fund Portfolio Manager and women's organizations
- A process has been set in place to ensure a flow of information to key gender stakeholders about the outcomes of the negotiation
- An adequate budget has been allocated to ensure implementation of prioritized responses intended to address the gender dimensions of the three diseases

6–8. Grant making; Approval of grants by the GAC; Approval of grants by the Global Fund's Board

- Gender-responsive results and activities have been integrated into the agreement
- Opportunities have been created for greater participation of organizations of women living with and affected by the three diseases and women's health and rights organizations as sub-recipients (SRs) and sub-sub-recipients (SSRs)
- Budget includes resources allocated to gender-specific HIV, TB and malaria needs and vulnerabilities
- Implementation support includes ongoing technical assistance with expertise relating to gender-sensitivity in implementation
- Plans have been made to account for the possibility that the principal recipient (PR), SR or SSR does not have sufficient capacity to implement gender-responsive programming



✓ Gender Checklist for Global Fund Grants



Adapted from: Global Fund, 'Unpacking NFM Process for Maximizing Opportunities for Gender Programming', Global Fund, Geneva, 2013, <http://women4gf.org/wp-content/uploads/2013/10/engendering-NFM.pdf>.

I.

Background

This Checklist has been developed to support the integration of gender-transformative components into the implementation of programmes supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), with an emphasis on the processes and mechanisms of the Global Fund Funding Model. The Checklist in its revised form provides specific steps and examples to ensure that the gender dimensions of not only HIV but also tuberculosis (TB) and malaria are addressed in all phases of programming. Recently, the Global Fund Board has also approved a framework to address co-morbidities including links between noncommunicable diseases (NCDs) such as tobacco use and the three diseases.¹ For this reason the Checklist is intended to be used in conjunction with UNDP's **'Discussion Paper on Gender and TB'** and **'Discussion Paper on Gender and Malaria'**,² both of which contribute to the evidence base required to make the strong investment case for increased gender-sensitive interventions in all three diseases.

'Gender Transformative'

refers to interventions that:

- Foster critical examination of gender norms and behaviours
- Strengthen systems that support gender equality
- Change inequitable gender norms and dynamics

Source: IGWG, 'Gender Equality Continuum', at http://www.igwg.org/igwg_media/Training/FG_GendrIntegrContinuum.pdf

Gender equality is a core component of UNDP's work on HIV, health and development. It is central to the three pillars of UNDP's 'Strategic Plan: 2014–17': sustainable development pathways, inclusive and effective democratic governance, and resilience-building. Furthermore, it underscores the reduction of inequalities and exclusion as central to sustainable human development, informed by outcomes of inclusive growth and universal access to basic services.³ It is also consistent with UNDP's role in the Joint UN Programme on AIDS, where, along with UNFPA and UN Women, UNDP jointly convenes inter-agency efforts to meet the HIV-related needs of women and girls and address gender-based violence. Moreover, through the new Sustainable Development Goals (SDGs), governments have committed to several goals related to poverty reduction, gender equality and health, accompanied by specific targets to eradicate HIV, malaria and TB, and to ensure incidence data is disaggregated by gender (target 3.3); to create national pro-poor and gender-sensitive development strategies (target 1.7); and to address other NCDs that contribute to HIV, TB and malaria susceptibility (target 3.4). In many ways gender-specific vulnerabilities and effects of all three diseases are both causes and consequences of poverty. As such, a focus on gender-sensitive interventions is a development imperative.

Globally, women comprise 52 percent of all people living with HIV in low- and middle-income countries, and in sub-Saharan Africa women account for approximately 57 percent of all people living with HIV.⁴ Young women in high prevalence countries aged 15–24 are contracting HIV at rates twice as high as young men, accounting for 21 percent of all new HIV infections. Less than 30 percent of young women have comprehensive and correct knowledge about HIV transmission. Intimate partner and other gender-based violence increases women's and girls' risk and susceptibility to HIV infection. Young women who experience intimate partner violence are 50 percent more likely to acquire HIV than women who do not.⁵ Additionally, women living with HIV often have consistently higher rates of intimate partner violence,⁶ and fear of violence can also affect whether women access the HIV and health services they need.⁷

TB kills more women globally than any other single infectious disease, and more women die annually of TB than of all causes of maternal mortality combined.⁸ Women who are living with both TB and HIV are significantly more likely to

die of TBⁱ than are co-infected men.⁹ Globally, more men than women have TB. Of the estimated 9 million people who developed TB in 2013, over 60 percent were men, and men accounted for nearly two thirds of the estimated 1.5 million TB deaths in 2013.¹⁰ In some countries, however, more women than men are detected with TB,¹¹ and in countries with high HIV prevalence, more women than men are notified with TB.¹²

Gender norms and roles also impact women's and men's ability to prevent malaria, as well as their ability to access medicines for prevention and treatment. Globally, women have lower literacy rates than men and, therefore, less access to information about how to protect themselves from malaria infection.¹³ Women's traditional household roles, such as cooking the evening meal outdoors or waking up before sunrise to prepare the household for the day, may also put them at greater risk of malaria infection than men.¹⁴ Further, women may be less likely to sleep under long-lasting insecticidal nets (LLINs)—a critical means of prevention. In some societies, pregnant women traditionally do not sleep in bed with their husbands but, rather, on the floor with their children, unprotected by mosquito nets.¹⁵ In some cases, only the male head of the household may sleep under the net, because, as the primary breadwinner, his health is prioritized.¹⁶ Pregnant women are more vulnerable than other adults to malaria infection, which can cause severe anaemia and death.¹⁷ In some situations men are more at risk. This is often the case for men working outdoors during peak biting times—for example, in forestry, fishing, mining, agriculture or ranching.

Much work remains to address the complexity of factors that drive gender-related vulnerability to HIV, TB and malaria—with an urgent focus on young women and girls' HIV risk. In particular, more focus is needed on the linkages between gender norms and the disease burdens, and the needs and rights of 'key populations'ⁱⁱ that are especially vulnerable to each disease (including women in key populations).¹⁸ Effectively promoting gender equality and human rights is important in and of itself. It is also essential to equitable, evidence-informed and effective responses to HIV, TB and malaria. The UN Secretary-General's Report: 'United to End AIDS: Achieving the Targets of the 2011 Political Declaration' notes that while many gains have been made in the HIV response, persistent gaps still exist that undermine national AIDS responses. These include "punitive laws, gender inequality, violence against women and other human rights violations...and declines in funding [that] have the potential to jeopardize the capacity to expand access to HIV services and sustain progress over the coming years".¹⁹ Similarly, the UNAIDS and Stop TB Partnership 'Gender Assessment Tool for National HIV and TB Responses' notes that there is evidence that being female is associated with reduced likelihood of TB diagnosis and successful treatment.²⁰ Gaps also persist in the collection and/or use of sex- and

Key populations

Broadly speaking, 'key populations' in the context of HIV, TB and malaria are those that experience a high epidemiological impact from one of the diseases, combined with reduced access to services and/or being criminalized or otherwise marginalized.

Gender inequality can be an additional cross-cutting factor. For example, women and girls who work as sex workers and/or inject drugs can be especially vulnerable to gender-based violence that increases the risk of HIV transmission.

Source: Global Fund, 'Key Populations Action Plan 2014–2017', Global Fund, Geneva, 2014.

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- i In Africa, some studies have found that HIV-associated TB deaths among HIV/TB co-infected women exceed those among co-infected men by 20 percent.
 - ii The Global Fund defines key population groups as including: women and girls, men who have sex with men, transgender persons, people who inject drugs, male, female and transgender sex workers and their clients, prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children, and populations of humanitarian concern. In addition to these groups, internally displaced persons, indigenous persons, people living with TB and malaria and people working in settings that facilitate TB transmission should also be considered key populations.



age-disaggregated data, even though such data are essential to designing and implementing strategic interventions to address the gender dimensions of HIV, TB and malaria.ⁱⁱⁱ

The Global Fund has been an important source of support for gender-sensitive and gender-transformative responses to the three diseases. In 2008 it instituted a 'Gender Equality Strategy' (GES),²¹ intending to: scale up services and interventions that reduce gender-related risks and vulnerabilities to infection; decrease the burden of disease for those most at risk; mitigate the impact of the three diseases; and address structural inequalities and discrimination.²² The Global Fund published the accompanying 'Gender Equality Strategy Action Plan' in 2014, to provide more detailed guidance on the strategic actions that are needed to implement the GES. In its Action Plan, the Global Fund commits itself to working on "cross-cutting issues such as gender, key populations and human rights in a cohesive, holistic manner".²³ However, it is clear that ensuring consistent integration of gender into Global Fund grants and processes requires intensified commitment and more finely tuned strategic investments.^{iv}

This Checklist follows the procedures set out in the Global Fund Funding Model, and is also aligned with intensified implementation of the GES. It makes suggestions for a 'gender spectrum'²⁴ of interventions (see Table 1). Gender-sensitive or gender-responsive programming is understood as programming that tackles gender as a social determinant that affects all groups in the context of HIV, TB and malaria risk and vulnerability. However, addressing gender inequality requires further actions that can transform unequal power relations and create more gender-equitable and human rights-respecting communities (i.e. gender-transformative programming). Gender-transformative programming requires attention to the structural roots of gender inequality, with a focus on discrimination against women. Gender inequality is at the heart of the three diseases, human rights and other development challenges, as are discriminatory practices and unjust distributions of power more broadly.

Table 1: *Gender Integration Spectrum*

Type of intervention	Impact	Example
Gender-negative or gender-blind	Fails to acknowledge the different needs or realities of women and men, girls and boys. Aggravates or reinforces existing gender inequalities and norms.	Lack of disaggregated data because of a failure to acknowledge that programmes and policies have different effects on women and men.
Gender-sensitive or gender-responsive	Recognizes the distinct roles and contributions of different people based on their gender, takes these differences into account and attempts to ensure that women or girls equitably benefit from the intervention.	Cash transfer programme provides funds to families to keep girls in school as one element to reduce girls' vulnerability to HIV. Antenatal clinics provide IPTp and LLINs for effective malaria prevention among pregnant women. Active TB case-finding targeting vulnerable women increases uptake of TB services among women.
Gender-transformative	Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities.	Challenge and change sexuality norms and uneven access to resources to strengthen women's ability to insist on condom use by their male sexual partners, insist on women's right to sleep under LLINs, and enhance women's ability to access TB services.

iii A number of documents provide specific recommendations for action to address the gender dimensions of HIV. See, for example, UNDP, 'Essential Actions on Gender and AIDS', UNDP, New York, 2008, http://www.undp.org/content/dam/aplaws/publication/en/publications/hiv-aids/essential-actions-on-gender-and-aids/EA_Eng.pdf; UNAIDS, 'Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV', UNAIDS, Geneva, 2010, http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/agenda_for_accelerated_country_action_en.pdf; and UN Women, 'Transforming the national AIDS response: mainstreaming gender equality and women's human rights into the "three ones"', UN Women, New York, 2012, <http://www.unwomen.org/~media/Headquarters/Attachments/Sections/Library/Publications/2012/EN-Transforming%20the%20AIDS%20Response-blue%20pdf>.

iv See Pangaea Global AIDS Foundation, 'Formative Evaluations of the Gender Equality and Sexual Orientation and Gender Identities Strategies of the Global Fund', Pangaea Global AIDS Foundation, Oakland, CA, 2011, http://www.theglobalfund.org/documents/core/strategies/Core_GenderAndSOGIEvaluation2011_Report_en/.



II.

The Global Fund Funding Model: opportunities for engagement

In 2012 the Global Fund redefined its organizational strategy after completing a consolidated reform process, retaining a focus on achieving the aspirations of the GES. The Global Fund launched a new Funding Model in 2013 to enable it to invest more strategically, achieve greater impact and engage implementers and partners more effectively. The Funding Model changes the way applicants apply for funds, receive approval of their proposals and manage their grants. A useful overview of the process is the Global Fund's **'Funding Model: Transition Manual'**.²⁵ The Funding Model incorporates a flexible timeline, a streamlined process, greater predictability of resources, improved grant management and a focus on high disease burden and low-resource contexts. It also emphasizes enhanced engagement of a range of stakeholders, including through ongoing country-level dialogue. Six early applicant countries (Zimbabwe, El Salvador, Myanmar, the Democratic Republic of the Congo, Kazakhstan and the Philippines) and three regional programmes applied for funding under the Funding Model in 2013. UNDP commissioned a report, **'The Experience of Zimbabwe with the Global Fund's New Funding Model'**, which documented Zimbabwe's experience with the Funding Model, highlighting challenges and lessons learned. Interim and standard applicants followed in 2014 and 2015.

Box 1. The Global Fund Strategy 2012–2016: Investing for Impact

First Strategic objective: Invest More Strategically: "focus on the highest-impact countries, interventions and populations; devise approaches to achieve systematic inclusion of most-at-risk populations and gender issues in proposals; strengthen and build on existing Global Fund policies and mechanisms (such approaches include the Gender Equality Strategy and the Sexual Orientation and Gender Identity Strategy) that seek to ensure better focus on gender and most-at-risk populations throughout the grant cycle."

Fourth Strategic objective: Promote and Protect Human Rights: "human rights principles—including non-discrimination, gender equality, participation, transparency and accountability are integrated in all aspects of the Global Fund's work. Define roles, responsibilities and capacity needs of all Global Fund structures and country-level stakeholders to operationalize these principles."

Source: http://www.theglobalfund.org/documents/core/strategies/Core_GlobalFund_Strategy_en/.

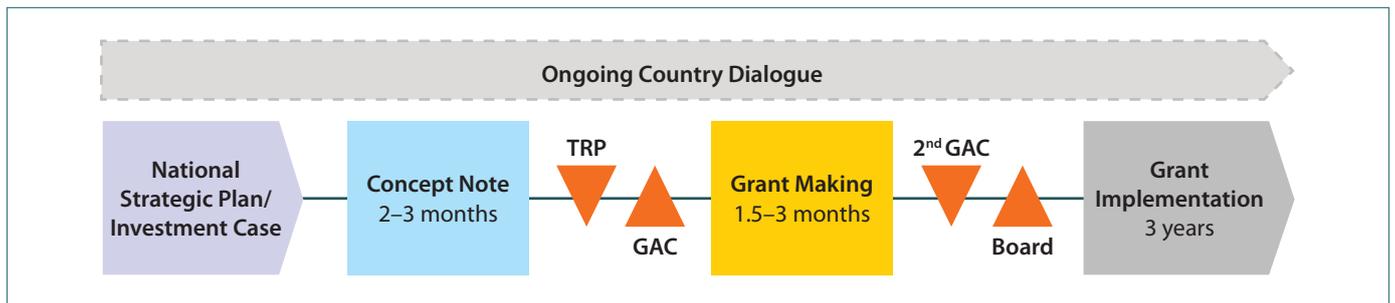
The Global Fund Funding Model involves an eight-step process:

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The process is depicted in Figure 1.

Figure 1: Global Fund Funding Model eight-step process



Source: Global Fund, 'Transition Manual for the New Funding Model of the Global Fund', Global Fund, Geneva, 2012, http://www.theglobalfund.org/documents/core/newfundingmodel/Core_NewFundingModelTransition_Manual_en/

Each stage of the Global Fund Funding Model requires specific actions to ensure that proposed programmes integrate gender as a strategic and essential element of effective HIV, TB and malaria responses. The Checklist explains each step and suggests gender-related actions to be taken in each one.

1. Strengthening national plans, strategies and bodies, including the Country Coordinating Mechanism

The Global Fund strongly encourages countries to base their funding requests on national HIV, TB and malaria strategies and plans,^v which should have already been developed using an inclusive multi-stakeholder process and independently assessed. The national strategic plans (NSPs) can be reviewed from a gender perspective utilizing a range of tools and resources.

Important resources include: the UNAIDS 'Gender Assessment Tool'^{26, vi} and the Stop TB/UNAIDS/GCTA 'Gender Assessment Tool for National HIV and TB Responses'.²⁷

Where a country does not have an NSP, or where an NSP is no longer current, an investment case may be presented in the concept note in support of the funding request.^{vii} If the country is in the process of developing a new NSP, UNDP's planning tool 'On Course: Integrating Gender into National HIV Strategies and Plans'²⁸ can provide useful guidance, as can the Stop TB Partnership, UNAIDS and GCTA's 'Gender Assessment Tool for National HIV and TB Responses'.

The Country Coordinating Mechanism (CCM) is the national body responsible for managing the Global Fund process. Since 1 January 2014, CCMs have been required to meet new requirements and standards. One of the minimum requirements and one of the minimum standards have a specific bearing on gender. Minimum Requirement #4 (see Annex B for a full list of requirements) states that all CCMs must show:

"evidence of membership of people that are both living with and representing people living with HIV, and of people affected by and representing people affected by tuberculosis and malaria as well as people from and representing key populations, based on epidemiological as well as human rights and gender considerations".²⁹

v This applies to either disease-specific plans (e.g. national HIV plan) or a wider national health plan.

vi See also UNDP, 'On Course: Mainstreaming Gender into National HIV Strategies and Plans – A Roadmap', UNDP, New York, 2012, <http://www.undp.org/content/dam/undp/library/HIV-AIDS/HIV%20MDGs%20and%20Development%20Planning/UNDP-Roadmap-12-11-2012-final.pdf>; International Center for Research on Women, 'An Action Guide for Gender Equality in National HIV Plans: Catalyzing Change through Evidence-based Advocacy', International Center for Research on Women, Washington, DC, 2011, <http://www.icrw.org/files/publications/Action%20Guide%20for%20Gender%20Equality%20in%20National%20HIV%20Plans.pdf>; UN Women, 'Transforming the national AIDS response: mainstreaming gender equality and women's human rights into the "three ones"', UN Women, New York, 2012, <http://www.unwomen.org/~media/Headquarters/Attachments/Sections/Library/Publications/2012/EN-Transforming%20the%20AIDS%20Response-blue%20pdf.pdf>; and UNAIDS, 'Operational Guide on Gender and HIV/AIDS: a rights-based approach', UNAIDS, Geneva, 2005, <http://www.unfpa.org/hiv/docs/rp/op-guide.pdf>.

vii See UNAIDS, 'Investing for results. Results for people. A people-centered investment tool towards ending AIDS', UNAIDS/PCB(30)12.CRP4, UNAIDS, Geneva, 2012, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2359_investing-for-results_en.pdf.



The related minimum standard calls for moves towards a more balanced representation of men and women (i.e. at least 30 percent of female membership) on the CCM,³⁰ as shown in Table 2.

Table 2: CCM requirement on balanced gender representation

<p>The CCM membership (<i>members and alternates</i>) shows a balanced female representation</p>	<p>Non Compliance CCM female representation is less than 15 percent; OR there is no designated representative with expertise in gender issues and no evidence of efforts to ensure an active voice for women’s issues.</p> <p>Intermediate Compliance CCM female representation is between 15 and 29 percent; OR there is clear evidence of efforts being made by the CCM to ensure an active voice for women, through a designated female representative with expertise in gender issues who represents women’s organizations and participates regularly in meetings.</p> <p>Full Compliance CCM female membership is at least 30 percent</p>
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Source: Global Fund, ‘CCM Requirement on Balanced Gender Representation’, Global Fund, Geneva (unpublished).

The Global Fund GES clarifies how women and girls are key affected groups in the context of the three diseases. The new standards mean that the documentation to support a request for funds and reporting on grants must include not only a gender analysis but also a meaningful engagement of women and other key affected populations in these processes.³¹

Regional and non-CCM processes

Most applications to the Global Fund are prepared by a CCM. There are two additional types of grant applications: non-CCM and regional. (1) Non-CCM: in a limited number of circumstances, countries may apply to the Global Fund without the process being directed by a CCM.³² (2) Regional organizations may also be eligible to receive a Global Fund grant for regional initiatives.³³

Whether eligibility comes through a regular CCM, a non-CCM or a regional organization, it is important that the grant integrates the gender dimensions of the three diseases and includes appropriate activities addressing gender inequalities and strengthening the response for women and girls.

Checklist for Step 1:

Analysis of the national strategy or plan (NSP) for the disease in question includes a gender assessment:
A gender assessment of the NSP should be undertaken as part of the process to prepare for the dialogue stage.

Relevant questions for HIV include: Has analysis of the existing NSP revealed any strengths or weaknesses in approach, public structures and systems, policy approaches, legislation, capacity gaps and budgeting in HIV prevention, treatment and care interventions? Do these have gender-specific elements? Has the NSP recommended gender-transformative programming, including initiatives to combat gender-based violence and improve gender equality? Does it identify how to fill gaps in gender programming?

Additional questions specifically relevant for TB include: Does the NSP for TB require reported data to be disaggregated by sex? Does the NSP for TB identify both male and female key populations—such as prisoners and people who use drugs—in its collection of information on TB cases, TB deaths, HIV-associated TB deaths, HIV testing in TB patients, TB testing in people living with HIV, and access to TB treatment?

Additional questions specifically relevant for malaria include: Does the NSP for malaria require reported malaria data to be disaggregated by sex? Have sex and gender-specific vulnerabilities of both men and women been



identified (in addition to pregnancy)? Have key populations been identified, which may include pastorals, forest workers, female caregivers, rural women etc.?

- The needs and rights of women and key populations are represented on the CCM:** Does the CCM have a balanced representation of men and women in each of the three disease categories? Is there appropriate representation of key populations? Does the CCM have gender-specific expertise? Does gender programming capacity exist within the CCM? If appropriate, has a funding request been submitted for building the gender programming capacity of the CCM?

2. Alignment of the Global Fund's process to existing country dialogue

The CCM will continue to function as the main body overseeing grant development and implementation. CCM members and other partners involved in Global Fund implementation will be encouraged to host a series of country dialogues to discuss funding needs and priorities. Participation in this process should include a wide range of stakeholders given that, "in order to develop effective gender-responsive HIV [TB and malaria] strategies and plans, broad-based multisectoral participation is required".³⁴

Important resources to be used during the country dialogue include: the Global Fund's 'Information Note: Strategic Investments for HIV Programs'³⁵ and 'TB Strategic Investment Information Note',³⁶ and the Roll Back Malaria publication, 'Malaria Implementation Guidance in support of the preparation of concept notes for the Global Fund'.³⁷

These tools provide guidance in applying strategic investment thinking to the review of the NSP and in the development of the concept note, to ensure that interventions focus on groups and activities that will have maximum impact on the three diseases.³⁸ In evaluating the strategic value of HIV, TB and malaria interventions, investment approaches stress the need to determine resource allocation priorities in light of those activities that have been shown to be cost-effective, efficient, increase equity, have the greatest returns and produce the maximum impact. As noted in the UNDP/UNAIDS publication 'Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments' (in reference to HIV):

"Human rights and gender equality are essential considerations across the Investment Framework. Each basic programme activity has gender and rights dimensions that must be understood and incorporated into design and delivery. At the same time, certain kinds of focused action on gender equality and on human rights are 'critical enablers' for the HIV response. Other kinds of work on rights and gender contribute to many outcomes, including some related to HIV: they are 'development synergies'."³⁹

The country dialogue should follow a four-step process to prioritize the components of a country's response to the three diseases, based on country context, to provide a sound investment case. An investment case requires attention to the strategic value of HIV, TB and malaria interventions with attention to "equity, efficiency and evidence".⁴⁰ In making a case for investing in gender-responsive programmes within investment approaches, there are a number of pertinent cost-effective and efficient examples of gender-responsive interventions.

Some examples of successful initiatives can be found at: <http://www.whatworksforwomen.org/>, which gathers information on interventions in over 100 countries where there is substantial evidence of success.

Moreover, the strong links between gender inequality, gender-based violence and HIV—including the intersections with noncommunicable diseases such as the harmful use of alcohol or tobacco, for example—demonstrate the implicit value of incorporating gender dimensions into efforts to combat that epidemic. Even without statistically significant evidence of effectiveness or cost-efficiency, the case for gender-responsive and gender-transformative programming



can be made in reference to the negative impacts and high costs that gender inequality has in relation to HIV, as well as a fundamental commitment to equity and human rights.

Checklist for Step 2:

- The process is built on a broad representation of participants:** The dialogue should meaningfully engage participants representing: key government ministries and sectors including HIV, health, agriculture (for malaria), mining (for TB), gender, social welfare, justice, finance and planning; civil society; non-governmental organizations working on women's rights and the response to HIV, TB and malaria; organizations and networks of women living with the three diseases; women, girls and transgender people; researchers; human rights organizations; and legal, bio-medical, gender and social policy experts. Particular attention should be paid to the participation of women openly living with or affected by HIV and/or TB or malaria, women affected by the diseases (e.g. female family members of male key populations, and networks of home-based caregivers) and women's health and rights organizations.
- The dialogue is designed and implemented to reflect a broad perspective:** Participatory dialogue captures the concerns and recommendations from diverse stakeholders, as described above, and considers the gender dimensions and the structural determinants that influence the spread and impacts of HIV, TB and malaria.
- Gender dimensions are reflected in a report of the dialogue:** If a report of the meeting is prepared, ensure that gender dimensions of the diseases are presented (as outlined in Table 1) and recommendations have been captured.

3. Design and submission of a concept note

Following the country dialogue, a concept note is prepared.^{viii} The development of the concept note must demonstrate a transparent process to engage a broad range of stakeholders, including non-CCM members, 'key population groups'^{ix} and women living with and affected by the diseases, as active participants.^x Ideally, the drafting group will include at least one person representing the multisectoral response and/or a gender perspective. If not, it is essential that these perspectives be integrated via technical partners. The country disease context must explain the epidemiological context and response, including progress on the NSP, and describe key populations, issues affecting access to services and system constraints. CCMs may access technical assistance to undertake a gender assessment of the NSP to be translated into appropriate planning, budgeting and monitoring in the concept note.

Important resources at this stage include: The Global Fund's 'Information Note: Addressing Women, Girls and Gender'⁴¹, 'Information Note: Strategic Investments for HIV Programs'⁴² and TB Strategic Investment Information Note'⁴³; and Roll Back Malaria's 'Malaria Implementation Guidance in Support of the Preparation of Concept Notes for the Global Fund'⁴⁴.

Strategic investment cases for the three diseases, as well as health and community systems strengthening, will include specific and clear guidance on how countries can design gender-sensitive and -transformative responses and better meet the specific needs of women and girls. The UNAIDS 'Investment Framework' offers three categories of investment: six basic programme activities with proven effectiveness; a set of critical interventions that create an enabling environment for achieving maximum impact ('enablers'); and support for programmatic efforts set in wider

viii See generally Global Fund, 'New Funding Model', Global Fund, Geneva, 2013, <http://www.theglobalfund.org/en/fundingmodel/>.

ix See definition provided in Global Fund, 'Key Populations Action Plan 2014-2017', Global Fund, Geneva, 2014, http://www.theglobalfund.org/documents/publications/other/Publication_KeyPopulations_ActionPlan_en/.

x Similarly, the concept note must describe how representatives of women's organizations, people living with the three diseases and other key affected populations will actively participate in the implementation of the funding request, including participation in interventions that will address legal or policy barriers to service access.



health and development sectors related to HIV and AIDS ('synergies'). Although the document refers specifically to HIV, the same framework is also used by the Global Fund to assess programming on TB and malaria. Under this framework, gender equality in the investment approach context is considered a 'synergy', along with other development issues. Gender inequality, however, may also be a key significant obstacle to preventing HIV, TB and malaria, and providing treatment and care for women and girls living with the diseases, and to achieving better family planning, maternal and reproductive health outcomes. In such cases, adding gender-sensitive elements into basic programme areas may be an essential 'enabler' to achieving results, scaling up interventions in a way that will have positive effects on women and girls. For this reason gender-sensitive programming is an essential part of the investment case in order to ensure that the intervention achieves maximal impact.⁴⁵

Checklist for Step 3:

- Gender assessment/analysis has been completed:** Has a gender analysis of the country's epidemiological, social and economic context been undertaken in relation to HIV, TB and malaria? Has there been a systematic assessment of the health-seeking and treatment behaviour of men and women living with HIV, malaria, TB or TB/HIV co-infection? *Important resources include:* the UNAIDS 'Gender Assessment Tool' and 'Gender Assessment Tool for National HIV and TB Responses', which are helpful to this process.⁴⁶
- Sex-disaggregated and gender-specific indicators and targets are included in the concept note:** Are indicators for the three diseases disaggregated by sex? Are sex-disaggregated data available, including for key populations? Are gender-specific HIV, TB and malaria indicators/targets incorporated into the Modular Template? Where these data are not available, does the concept note include plans to integrate gender-specific data into health information systems?
- The concept note includes recommendations for improving attention to gender dimensions of the three diseases:** Have the gender assessment and the gender-related outcomes of the dialogue been translated into specific recommendations and actions in the concept note? *Important resources include:* UNDP's 'On Course: Integrating Gender into National HIV Strategies and Plans'.⁴⁷
- An investment case has been made for integrating gender-responsive programming into the NSP:** Has the relationship between basic programme activities, critical enablers and development synergies been examined, particularly in terms of funding gaps, to determine how to better support effective programming for the disease in question?^{xi, xii}
- Explicit attention has been paid to addressing the needs and rights of women and girls:** Are there strong proposals to reduce vulnerability to HIV, malaria and/or TB that address the structural determinants of transmission and disease susceptibility for women and girls in the country context?^{xiii, 48} Examples include: for malaria, does the concept note include an analysis of barriers to malaria prevention and treatment services for pregnant women, and, if barriers exist, present plans to improve pregnant women's access to these services?; for HIV, does the concept note include interventions to improve access to TB diagnosis services and treatment among pregnant women, including pregnant women living with HIV?; and for TB, does the concept note include activities aimed at improving women's access to testing and treatment of extra-pulmonary TB, especially genital TB?

xi The Global Fund Information Note 'Strategic Investments for HIV Programs' explains that critical enablers include social and programme enablers. Social enablers "support people living with HIV or vulnerable to infection by creating favorable social and legal environments for access to services and in protecting themselves," while programme enablers "help increase effectiveness of and demand for basic programs". See http://www.theglobalfund.org/documents/core/infonotes/Core_HIV_InfoNote_en.

xii See also UNDP and UNAIDS, 'Understanding and acting on critical enablers and development synergies for strategic investments', UNDP, New York, and UNAIDS, Geneva, 2012, <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/understanding-and-acting-on-critical-enablers-and-development-sy/>.

xiii Guidance on targeting prevention interventions for women can be found on the What Works for Women & Girls website at <http://www.whatworksforwomen.org/chapters/5-Prevention-for-Women>.



- The concept note has focused on gender inequality as influencing vulnerabilities of women and men, girls and boys and other key populations:** Does the concept note take into consideration the factors that influence different vulnerabilities of men and women and key populations that are particularly affected by gender and other forms of marginalization? Does it propose programming to challenge harmful gender norms that perpetuate gender inequality?^{xiv} Does it strengthen linkages between the three diseases and sexual and reproductive health programming? Does it account for the impact of stigma on programmatic effectiveness?^{xv}
- A gender-sensitive approach has been used in policies and plans for prevention, treatment, care and support:** Has access to and uptake of HIV counselling and testing^{xvi} and treatment,^{xvii} TB case finding and treatment or malaria prevention (LLINs, IPTp etc.) and treatment been analysed from a gender perspective? Have responses to the gendered burden of care and support been proposed?^{xviii} Have barriers to equitable delivery been assessed? Does the concept note include strategic approaches and actions that will ensure that access to and uptake of HIV services is gender-balanced? *Important resources include:* The 'Gender Assessment Tool for National HIV and TB Responses', which offers support to this stage of the process.⁴⁹
- The linkages between gender-based violence and the disease in focus are addressed, with a specific emphasis on an understanding of the bi-directional association between gender-based violence and HIV:** Does the concept note recognize gender inequality as a fundamental driver of gender-based violence with attention to the linkages between gender-based violence and HIV?^{xix} Does the concept note propose to address gender-based violence in all its forms, such as intimate partner violence, sexual violence and psychological violence as well as systemic, structural violence in peace, the impact of harmful use of alcohol, tobacco and other NCDs, conflict, and post-conflict settings? *Important resources include:* The WHO and UNAIDS publication 'Addressing violence against women and HIV/AIDS: What Works?'.⁵⁰

4. Independent review of concept notes by the TRP for recommendation of GAC approval

5. Determination of upper budget ceilings by the GAC

One of the innovative features of the Global Fund Funding Model is the opportunity for enhanced dialogue between country planners and the Global Fund Secretariat to reach a grant agreement. This should help establish a clearer understanding of the programming which has been requested for funding and address any methodological problems with the epidemiological analysis, feasibility and budget.

The Global Fund Secretariat is making more training available for their Fund Portfolio Managers (FPMs) to enhance understanding of the context for gender-transformative approaches and country support to articulate the recommended gender activities within the grant.

The dialogue encompasses the TRP, the GAC and the grant agreement. It is likely that the process will involve ongoing communication with one, or a small group of, country representatives. It is important that someone with

xiv See, for example, Stepping Stones at <http://www.steppingstonesfeedback.org/>; the Image Study at <http://genderviolence.lshtm.ac.uk/research-portfolio/intervention-with-micro-finance-for-aids-and-gender-equity-image-south-africa/>; and SASA! at <http://raisingvoices.org/>.

xv See The People Living with HIV Stigma Index at www.stigmaindex.org.

xvi Guidance on targeting HIV counselling and testing for women can be found at <http://www.whatworksforwomen.org/chapters/11-HIV-Testing-and-Counseling-for-Women/sections/27-HIV-Testing-and-Counseling-for-Women>.

xvii For guidance on women's treatment issues, see <http://www.whatworksforwomen.org/chapters/13-Treatment>; and on addressing the sexual and reproductive health needs of women living with HIV, see <http://www.whatworksforwomen.org/chapters/15-Meeting-the-Sexual-and-Reproductive-Health-Needs-of-Women-Living-With-HIV/sections/35-Meeting-the-Sexual-and-Reproductive-Health-Needs-of-Women-Living-With-HIV>.

xviii Guidance on care and support can be found at <http://www.whatworksforwomen.org/chapters/23-Care-and-Support>.

xix See WHO and UNAIDS, 'Addressing violence against women and HIV/AIDS: What Works?', WHO and UNAIDS, Geneva, 2010, http://whqlibdoc.who.int/publications/2010/9789241599863_eng.pdf.

expertise, authority, accountability and sensitivity to the gender context serves in this capacity and maintains lines of communication with the wider group of stakeholders, such as the director of the national HIV, TB or malaria authority or the director of the national gender machinery.

Checklist for Steps 4 and 5:

- A high-level champion has been appointed to advocate for consistent attention to the gender dimensions of the three diseases:** Has a lead country gender 'champion' been identified and appointed?
- The FPM demonstrates an understanding of the gender perspective and programming that has been recommended:** Does the FPM demonstrate an understanding of the gender perspective and programming that has been recommended, and has s/he considered how to set indicators for implementation?
- Links have been established and maintained between the FPM and women's organizations:** Is there a link and/or relationship between the FPM and any women's organizations or technical partners?
- A process has been set in place to ensure a flow of information to key 'gender stakeholders' about the outcomes of the negotiation:** Have 'gender stakeholders' (including organizations of women living with and affected by the three diseases) been kept informed of outcomes of the negotiation and advised if there have been any changes in proposed activities?
- An adequate budget has been allocated to ensure implementation of prioritized responses aimed at addressing the gender-specific dimensions of the disease being addressed:** Examples include: for HIV, have adequate activity costs been set aside to ensure the co-location of integrated services for gender-based violence and HIV?; for TB, have adequate funds been allocated to programmes that include the provision of on-site childcare at TB clinics, or that are accessible to female prisoners?; and for malaria, have adequate funds been allocated to providing services via antenatal clinics, targeting vulnerable men and women?

6. Grant making

7. Approval of grants by the GAC

8. Approval of grants by the Global Fund's Board

The concept note and the feedback process from the TRP and the GAC are intended to lead to more rapid grant agreement and implementation after Global Fund Board approval. The process that follows should also maximize opportunities for the CCM and/or implementers to track progress with the Global Fund Secretariat's Country Teams as well as from other technical support providers.

Checklist for Steps 6–8:

- Gender-responsive results and activities have been integrated into the agreement:** Does the grant agreement incorporate specific and targeted efforts to address the gender dimensions of HIV, TB and malaria, as identified through, *inter alia*, the gender assessment, the national dialogue and the strategic data analysis, at the activity level?
- Opportunities have been created for greater participation by organizations of women living with and affected by the three diseases and women's health and rights organizations as SRs and SSRs:** Have the responsibilities apportioned to SRs and SSRs been outlined? Has specific attention been paid to opportunities for the engagement of organizations of women living with and affected by the three diseases and women's health and rights organizations?
- The budget includes resources allocated to gender-specific HIV, TB and malaria needs and vulnerabilities:** Is a gender-responsive budget with resource allocations to gender-specific HIV, TB and malaria needs and vulnerabilities evident?
- Implementation support includes ongoing technical assistance with expertise relating to gender-sensitivity in implementation:** Support and ongoing technical assistance is provided by the Secretariat and technical partners



to solve problems with grant management, with specific attention or expertise relating to gender-sensitivity in implementation.

- Plans have been made to address the possibility that the PR, SRs or SSRs do not have sufficient capacity to implement gender-responsive programming:** If the PR, SRs or SSRs responsible for implementation of gender-transformative programming are facing challenges, do not have sufficient capacity or are not accountable and communicative, then are significant efforts being made to increase understanding of the issues and address how the gender-responsive programming activities could be undertaken by these or other actors?



IV.

Performance monitoring and evaluation

Aside from the eight steps outlined in the Global Fund Funding Model, it is also important to consider performance indicators, budgets, and monitoring and evaluation (M&E). Just as in the case of the country dialogue and the concept note, it is crucial to pay attention to ensure that the performance indicators, budgets and progress reports integrate the gender dimensions of the national HIV, TB and malaria epidemics and responses. This might include:

- gender- and age-disaggregated data;^{xx}
- gender-transformative budgeting measures, such as weighting budgets according to the disaggregation reflected in indicators;^{xxi} and
- a gender-sensitive monitoring and evaluation plan.^{xxii}

Important resources include: UNDP's 'On Course: Integrating Gender into National HIV Strategies and Plans', the World Bank's 'Gender sensitive HIV/AIDS indicators for M&E' and the 'Compendium of Gender Equality and HIV Indicators'.^{xxiii}

The Funding Model has set a series of requirements for M&E throughout the grant life cycle. During the grant negotiation stage, the CCM and/or PR is responsible for an M&E Plan^{xxiv} and Performance Framework.^{xxv}

xx See, for example, WHO, 'Gender Inequalities and HIV', WHO, Geneva, 2013, http://www.who.int/gender/hiv_aids/en/; UNDP, 'On Course: Mainstreaming Gender into National HIV Strategies and Plans – A Roadmap', UNDP, New York, 2012, <http://www.undp.org/content/dam/undp/library/HIV-AIDS/HIV%20MDGs%20and%20Development%20Planning/UNDP-Roadmap-12-11-2012-final.pdf>; UNAIDS, 'Gender Assessment Tool', UNAIDS, Geneva, 2015, <http://www.unaids.org/en/targetsandcommitments/eliminatinggenderinequalities/>; Bloom, S.S., and S. Negroustoeva, 'Compendium of Gender Equality and HIV Indicators', MEASURE Evaluation, Chapel Hill, NC, November 2013, <http://www.cpc.unc.edu/measure/publications/ms-13-82>; and PEPFAR, 'PEPFAR: Addressing Gender and HIV/AIDS', PEPFAR, Washington, DC, undated, <http://www.pepfar.gov/documents/organization/185947.pdf>.

xxi See for example, 'Gender responsive budgeting' at <http://www.gender-budgets.org/>; and Budlender, D., and G. Hewitt, 'Gender budgets make more cents: country studies and good practices', Commonwealth Secretariat, London, 2002, <http://internationalbudget.org/wp-content/uploads/Gender-Budgets-Make-More-Cents-Country-Studies-and-Good-Practice.pdf>.

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xxiii See UNDP, 'On Course: Mainstreaming Gender into National HIV Strategies and Plans – A Roadmap', UNDP, New York, 2012, <http://www.undp.org/content/dam/undp/library/HIV-AIDS/HIV%20MDGs%20and%20Development%20Planning/UNDP-Roadmap-12-11-2012-final.pdf>; World Bank 'Gender sensitive HIV/AIDS indicators for Monitoring and Evaluation', World Bank, Washington, DC, August 2007, http://siteresources.worldbank.org/INTGENDER/Resources/HIVAIDS_MandE.pdf; and Bloom, S.S., and S. Negroustoeva, 'Compendium of Gender Equality and HIV Indicators', MEASURE Evaluation, Chapel Hill, NC, November 2013, <http://www.cpc.unc.edu/measure/publications/ms-13-82>.

xxiv See generally Global Fund, 'Monitoring and Evaluation Plan Guidelines', Global Fund, Geneva, 2013, <http://www.theglobalfund.org/en/me/documents/planguidelines/>.

xxv See generally Global Fund, 'Performance Frameworks', Global Fund, Geneva, 2013, <http://www.theglobalfund.org/en/me/documents/performanceframeworks/>.



During grant implementation, the PR is responsible for preparing progress updates and making requests for disbursements (currently called 'Progress Updates and Disbursement Requests')^{xxvi} that include updates on programmatic performance, conditions and management actions. Additionally, during implementation, the Local Fund Agent (LFA) will conduct on-site data verification and a rapid service quality assessment. Annually, the Secretariat will select up to 20 grants for a data quality audit carried out by independent institutions. It is important to provide training and information to the PR and the LFA so that the data quality audit encompasses the gender dimensions of data. This means—at the very least—whether data are sufficiently disaggregated by sex and age.

Checklist for performance monitoring and evaluation:

- The monitoring framework is designed to capture gender-related issues:** Is there a monitoring framework that allows for specific understanding of the impact of programming on women, girls, men, boys, transgender people and other key populations, with clearly defined indicators to understand change at various levels of the grant agreement?
- Gender-related evidence and documentation is being collected:** Is the PR able to gather evidence of the programme's reach and collect data from its own implementation as well as that of the SRs and SSRs, to assess the progress of interventions with regard to the gender dimensions of the three diseases and gender inequality?
- There are gender-specific indicators and targets in the evaluation framework:** Have gender equality indicators and sex-disaggregated (female/male) baseline data been captured? Is there a plan for continued collection and analysis? Are there indicators to measure progress on gender-transformative programming that include process measures as well as outcomes and outputs?^{xxvii} Are there both qualitative and quantitative data on gender-related activities, such as surveys, records, focus groups, interviews and observations?

xxvi See generally Global Fund, 'Performance Frameworks', Global Fund, Geneva, 2013, <http://www.theglobalfund.org/en/me/documents/performanceframeworks/>.

xxvii For a discussion about using human rights indicators to measure progress on health, see Gruskin, S., and L. Ferguson, 'Using indicators to determine the contribution of human rights to public health efforts', *Bulletin of the World Health Organization*, 2009, Vol. 87: 14–19; and Gruskin, S., and N. Daniels, 'Process Is the Point. Justice and Human Rights: Priority Setting and Fair Deliberative Process', *American Journal of Public Health*, Sept. 2008, Vol. 98, No. 9: 1573–77.



V.

Conclusion

This Checklist provides concrete support for:

- addressing gender as a social determinant of HIV, TB and malaria vulnerability;
- gender-sensitivity as a critical enabler and development synergy for strategic investments in the three diseases; and
- developing gender-transformative HIV, TB and malaria interventions.

At the same time, such efforts will also support gender equality, human rights and sustainable development goals. The Global Fund Funding Model and the GES, with their explicit commitment to strengthening attention to gender equality and human rights, offer an important opportunity to work at multiple levels. In doing so, the Funding Model is an important opportunity to leverage resources for more gender-equality- and human-rights-affirming HIV, TB and malaria responses as strategic investments in health and development—in new and existing grants. While increased attention to gender depends, in part, on greater evidence and information, including through consistent gender- and age-disaggregated data, it also requires political commitment at the highest levels. This combination of resources, political commitment, better evidence and more strategic information is vital for more effective, efficient and equitable programming.





Annex A

Examples of interventions outlined in the Global Fund's Gender Equality Strategy⁵¹

- Take into account the different needs and vulnerabilities of women and men, girls and boys, and of men who have sex with men, transgender people, bisexual and lesbian populations.
- Provide for the specific health needs of women and girls, men and boys, and reduce barriers that inhibit equitable access to prevention, treatment and care (including lack of specialized, targeted and integrated health services, user fees, discriminatory practices and attitudes by health care workers, etc.).
- Address factors that impose disproportionate burdens of care and support on women and the elderly and put in place programs to mitigate these burdens.
- Reduce the risks and vulnerabilities that increase women's and girls' susceptibility to infection by the three diseases, and mitigate the impact for those already infected (including gender-based violence, female genital mutilation, early or forced marriage, lack of access to education, wife inheritance, increased risk due to pregnancy, discrimination in employment, etc.).
- Focus on women who face challenges in being able to access health services, many of whom are at risk of HIV infection or are particularly marginalized, such as sex workers, injecting drug users, lesbian, bisexual or transgender people, partners of bisexual men.
- Include programs that empower women and girls so they can protect themselves by having access to sexual and reproductive health care access to female-controlled prevention measures (female condom, negotiating condom use, etc.), and access to education. In this context the Global Fund will champion activities that strengthen sexual and reproductive health-HIV/AIDS service integration.
- Target the structural issues that increase the vulnerability of women, girls, men who have sex with men, transgender people, bisexual and lesbian populations, including sociocultural, legal, political and economic inequalities and discrimination;
- Ensure that men and boys are targeted with appropriate interventions in prevention, treatment and care activities.
- Use transformative approaches that involve and/or engage men and young boys in the gender inequalities fight.

Annex B

CCM eligibility requirements and minimum standards adopted by the Global Fund⁵²

Eligibility requirement and related minimum standards

Eligibility requirement #1:

The Global Fund requires all CCMs to: (i) Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders—including CCM members and non-members—in the solicitation and the review of activities to be included in the application. (ii) Clearly document efforts to engage key population groups in the development of funding applications, including most-at-risk populations.

None.

Eligibility requirement #2:

The Global Fund therefore requires all CCMs to: (i) Nominate one or more PR(s) at the time of submission of their application for funding. (ii) Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria. (iii) Document the management of any potential conflicts of interest that may affect the PR nomination process.

None.

Eligibility requirement #3:

Recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.

- The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming and corresponding reallocation of funds between program activities, if necessary.
- The CCM takes decisions and corrective action whenever problems and challenges are identified.
- The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its Oversight Plan.



Eligibility requirement #4:

The Global Fund requires all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people affected* by and representing people affected by Tuberculosis** and Malaria*** as well as people from and representing Key Affected Populations****, based on epidemiological as well as human rights and gender considerations

- * Either people who have lived with these diseases in the past or who come from communities where the diseases are endemic
 - ** In countries where Tuberculosis is a public health problem or funding is requested or has previously been approved for Tuberculosis
 - *** In countries where there is on-going evidence of Malaria transmission or funding is requested or has previously been approved for Malaria
 - **** The Secretariat may waive the requirement of representation of Key Affected Populations as it deems appropriate to protect individuals.
- The CCM has balanced representation of men and women (the Global Fund Gender Equality Strategy clarifies how women and girls are key affected groups in the context of the 3 diseases).

Eligibility requirement #5:

The Global Fund requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members under Requirement 4, but not to multilateral and bilateral partners.

- CCM membership comprises a minimum of 40% representation from national civil society sectors.
- CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM.
- The CCM elects its Chair and Vice-Chair(s) from different sectors (government, national civil society and development partners) and also follows good governance principles of periodic change and rotation of leadership according to CCM by-laws.

Eligibility requirement #6:

To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to: (i) Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight, and selection or financing PRs or SRs. (ii) Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.

- To guarantee effective decision making, the CCM ensures that the number of members in the CCM with Col does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights).



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