Technical Brief: Gender Equity

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The Global Fund

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ART	Antiretroviral therapy
BCC	Behavior change communication
CCM	Country Coordinating Mechanism
CD4	Cluster of differentiation 4
CRG	Community, Rights and Gender
EMTCT	Elimination of mother-to-child transmission
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
ICCM	Integrated community case management
IEC	Information, education and communication
IPT	Intermittent preventative treatment
LLIN	Long lasting insecticidal nets
MDR	Multi drug resistant
NSP	National Strategic Plan
PEPFAR	The President's Emergency Fund for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
RMNCH	Reproductive, maternal, newborn and child health
SDG	Sustainable Development Goal
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UNAIDS	United Nations Joint Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
W4GF	Women4GlobalFund
WHO	World Health Organization

1. Introduction

1.1   Aim and audience

This Technical Brief provides practical guidance for countries in using a gender equity approach to maximize the impact of programs resourced by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). Gender equity means everyone has an opportunity to attain their full health and well-being according to their respective needs, with no one disadvantaged due to gender norms, roles and relationships. The main audience for this brief is stakeholders who are directly involved in country-level processes to develop and write funding requests for the Global Fund.

Please note that this Brief does not aim to serve as a manual on how to design and implement programs to advance gender equity. Instead, it sets out key concepts, resources, and opportunities within the Global Fund grant cycle to integrate a gender equitable approach. The Brief also does not aim to provide a definitive or exhaustive list of the 'entry points' for advancing gender equity within programs funded by Global Fund.

This Brief complements other materials produced by the Global Fund to support countries to develop strong funding requests. See Annex 3 for a list of these and other key resources. Please note that all documents can be found on the Global Fund's Applicant Guidance site.

2. What is gender equity?

Gender - and its relation to disease risk, access to services and impact on health outcomes - is why action is needed. Gender equity - in access to services and health outcomes - is what we want to achieve. Gender responsive programming is how we get there. The Global Fund follows the WHO definition of gender as a social construct that relates to women, men, girls, boys and gender diverse communities (people who do not conform to traditional gender identities, such as transgender, non-binary, or those who chose not to label their gender identity). A person's biological sex and socially constructed gender interact to produce differentials in risks to ill health, in health-seeking behavior and, ultimately, in health outcomes.

Gender equity is about ensuring that everyone has an opportunity to attain their full health and wellbeing according to their respective needs, with no one disadvantaged due to gender. In practice, this may involve individuals being treated in the same way or differently.

Key terms

Gender refers to the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men. Gender interacts with, but is different from, the binary categories of biological sex.

Gender equity means that everyone has an opportunity to attain their full health and wellbeing according to their respective needs, with no one disadvantaged due to gender norms, roles and relationships.

Gender equality is the absence of discrimination on the basis of a person's sex in opportunities, the allocation of resources and benefits, or access to services.

Gender responsive programming: Programs where gender inequities, norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programs go beyond raising sensitivity and awareness to deliberately address gender inequalities. This means tailoring programs to ensure that everyone is reached with quality and appropriate prevention, treatment and care services. It also means that programs include a set of feasible targets and measurable indicators that can be disaggregated by sex and age.

While this brief's focus is on gender equity, the Global Fund recognizes that achieving health outcomes requires equitable approaches - whereby everyone has a fair opportunity to attain their full health potential. The Global Fund continues to support programs towards gender equality as an approach to reaching health equity outcomes. This includes addressing the fact that women and girls often face greater barriers to health information and services due to cultural gender norms, often having limited influence over resources within the household and society while at times in the life cycle having greater needs for services, such as reproductive health services.

The Global Fund advances gender equity by promoting programs that are gender responsive. This involves active measures being taken to address harmful gender inequities, norms, roles and relationships. In some cases, programs may go a step further and be gender transformative - where gender norms, roles and relationships are changed.

For further information about definitions, see Annex 1: Glossary.

3. Why does gender equity matter to the Global Fund?

3.1 Gender equity and the Global Fund's strategy

Equity lies at the heart of the Global Fund and its vision of 'a world free of the burden of AIDS, tuberculosis and malaria with better health for all.' The Global Fund's commitment to advancing gender equity is embedded in Ending the Epidemics, its strategy for 2017-21. For the first time, this includes an explicit objective to 'promote and protect human rights and gender equality', with operational objectives to:

- Scale up programs to support women and girls, including programs to advance sexual and reproductive health and rights (SRHR). This includes a goal to reduce new HIV infections for females (aged 15-24) by 58% in 13 countries, in recognition of the disproportionate risk faced by adolescent girls and young women in Sub-Saharan Africa.
- Invest to reduce health inequities including gender and age-related disparities. This incorporates action across the spectrum of programs resourced by the Global Fund – addressing HIV, TB, malaria and resilient and sustainable systems for health.

Gender equity is essential to the other three objectives set out in Ending the Epidemics ('maximize impact against HIV, TB and malaria', 'build resilient and sustainable systems for health' and 'mobilize increased resources'), as well as their operational objectives (such as 'scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases').

4. Why does gender equity matter to HIV, TB, and malaria?

4.1 Gender equity and health

Gender equity is a key determinant of health and wellbeing. It makes a fundamental difference to who is at risk to disease, who can access the services they need, and whose lives are impacted (socially, economically, etc.) and to what extent. A gender equity approach enables us to be effective and efficient in our investment - by identifying and utilizing key strategic information. Through data analysis and meaningful consultation with affected communities, it is possible to 'know your epidemic' and 'know your response'. This ensures an understanding of the gender-related factors (social, cultural, economic, etc.) that not only affect people's vulnerability to ill health, but their ability to seek and benefit from prevention, testing, treatment, care and support, and, if living with the disease, to live well. Ultimately, such an approach shapes the impact of a response – in terms of cases prevented or treated, harms mitigated, and lives saved.

A gender equity approach can take advantage of the synergies across HIV, TB and malaria. Examples of these include how gender affects: families' decision-making about health care (such as when to access care and who is prioritized for treatment); communities' expectations for care-giving (such as with women and girls bearing a disproportionate burden); and key populations' barriers to mainstream services (such as stigma and discrimination by health care professionals).

However, even where there are commonalities, gender impacts differently across the three diseases. These differences are explored more in the section below.

> *Examples of gender-responsive programming for HIV*
>
> - Improving the ability of a country or program to collect and use sex and age disaggregated data through national health information systems.
> - Using differentiated HIV prevention approaches, including: gender and age-responsive HIV testing and counselling; the promotion of male and female condoms; and gender-responsive human rights interventions.
> - Addressing harmful gender norms – including gender-based violence - that keep people out of services or make it hard for them to adhere to treatment.
> - Integrating comprehensive SRHR services into HIV services.
> - Implementing differentiated adherence support programs that respond to gendered realities.

4.2 Gender equity and HIV

Gender has long been recognized as a powerful driver of HIV, with epidemics shaped by entrenched and harmful norms, roles and relationships. For example, in 2017, among the 13 Sub-Saharan Africa countries with the largest epidemics, 70% of new HIV infections among 15-24 year olds occurred among females[1]. Meanwhile, worldwide, members of key and vulnerable populations often face a heightened burden of disease due to many factors, among them harmful gender norms. More than half of all new HIV infections are now among key populations and their sexual partners. For example, transgender women are 12 times more likely to acquire HIV than members of the general population.

Gender equity is relevant to the entire HIV cascade of prevention, testing, treatment, care and support. This starts from whether someone can or is able to access prevention information, use a condom or have an HIV test. For example, program implementation experience shows that among key populations, such as sex workers or transgender women, a high prevalence of violence is linked with high rates of HIV infections[2]. At the other end of the cascade, evidence indicates that, for example, women living with HIV who experience

intimate partner violence are significantly less likely to start or adhere to ART, with worse clinical outcomes[3]. Meanwhile, overall, gender factors contribute to men being less likely to access HIV testing or to seek, use and adhere to ART, and being more likely to have a lower cluster of differentiation 4 (CD4) count at treatment initiation due to late diagnosis[4].

By applying a lens of gender equity and its relation to impact on the disease goals, the Global Fund identified a specific gap in previous funding cycles in relation to reducing new infections amongst adolescent girls and young women. The Global Fund's Strategy now includes a specific goal to reduce HIV risk for adolescent girls and young women by 58% in 13 priority countries in Sub-Saharan Africa.

More generally, the Global Fund expects countries to identify the human rights and gender-related barriers to HIV programming and address them within their national strategies and funding requests. Conducting qualitative assessments to determine the nature of gender-related barriers to health services helps to determine which interventions should be used in a particular context to advance gender equity to achieve health goals. Examples of interventions are provided in Box 2.

For further information, see: Information Note: HIV; and Technical Brief: HIV, Human Rights and Gender Equality and Adolescent Girls and Young Women in High-HIV Burden Settings

4.3   Gender equity and TB

Gender is increasingly recognized as a critical dimension for understanding and responding to TB. Globally, 64% of new cases occur among males – reflecting gender patterns in societies and cultures, such as those relating to high-risk occupations and poor health-seeking behaviors[5]. However, a deeper analysis reveals complex dynamics on risk and access to services. For example, TB in pregnant women living with HIV increases the risk of maternal and infant mortality by almost 400%[6]. Key and vulnerable populations – which, for TB, include groups such as prisoners, migrants, refugees and indigenous populations – often face social marginalization that is compounded by gender. Some occupations such as mining, often associated with crowded living conditions, can make men at increased risk of TB; while a similar risk factor is faced by those working in the garment industry or living in peri-mining communities and crowded factory dormitories - the majority of whom are women.

Gender equity is relevant across all aspects of responses to TB. Within prevention, gender-related barriers can affect who participates in community mobilization or who can reach available services. Within case detection and diagnosis, they can affect who is willing to give a sputum sample or who can have an x-ray. Within treatment, they can affect who is most likely to complete drug regimens or who experiences the best efficacy of multi-drug resistant treatment. Overall, gender is an especially critical factor in identifying the estimated 4 million 'missing' people living with TB who go undiagnosed, untreated or unreported every year. Key and vulnerable populations often face intense social marginalization that is compounded by gender.

The Global Fund requires countries to identify the human rights and gender-related barriers to TB programming and address them within their national strategies and funding requests. In addition to conducting gender assessments and ensuring that the recommendations influence national programs and approaches, gender equity can be advanced through a wide range of interventions. Examples include those focused on: case detection and diagnosis; community TB care delivery; stigma and discrimination reduction; and community mobilization and advocacy.

As an example, the African Coalition to Fight TB - resourced through the Global Fund's Community, Rights and Gender (CRG) Strategic Initiative - uses a human rights and gender-responsive agenda to address TB in the Sub-Saharan African countries with the highest number of unreported cases. These include the Democratic Republic of Congo, Ghana,

Kenya, Mozambique, Nigeria, South Africa and Tanzania. The Coalition integrates attention to gender in interventions such as: strengthening community voices in national TB programs; training communities in gender assessment tools; planning TB programs; and developing community-led strategies for finding missing people with TB.

For further information, see: Information Note: TB; and Technical Brief: TB, Human Rights and Gender Equality.

4.4 Gender equity and malaria

Globally, malaria death rates have dropped by 60% since 2000 – translating to millions of lives saved[7]. However, after years of progress, the disease is on the rise. In 2017, there were 219 million cases and 435,000 deaths, with nearly 80% in Sub-Saharan Africa. Globally, more men are at risk of contracting the disease than women.

There are gendered factors and dynamics to consider across malaria vector control and case management, as gender-related barriers impact heavily on people's vulnerability and access to support and services. When data is disaggregated by gender, it shows differences in people's: access to information and healthcare; sleeping patterns; division of labor (affecting exposure); leisure patterns; access to and use of long-lasting insecticidal nets (LLINs); and barriers to specific preventative measures, such as indoor residual spraying.

Pregnant women are more vulnerable than other adults to malaria, which can cause severe anemia and death. While significant efforts have been taken to integrate malaria into antenatal care as well as efforts to improve access to antenatal care, according to WHO, only 19% of women receive the recommended three doses of intermittent preventative treatment (IPT) in pregnancy[8]. Meanwhile, other vulnerable populations for malaria – such as children under 5 years, people living with HIV, migrants and mobile populations – face gender-related challenges that combine with other factors (such as stigma and human rights violations for the latter populations) to increase their risk, while decreasing access to services.

The Global Fund requires countries to identify any human rights and gender-related barriers to malaria programming and address them within their national strategies and funding requests. In addition to the conduct of relevant assessments, gender equity can be advanced through gender-responsive and people-centered approaches to implementation of all malaria interventions, including LLIN and IRS campaigns, case management at facility and community level, malaria in pregnancy interventions and behavior change and advocacy.

As an example, in Niger, the national response to malaria has increasingly used a gender and human rights lens to sharpen its strategy**[9]**. This has included using the Malaria Matchbox (see below) to assess the equity and quality of existing malaria services and to identify solutions to barriers. Working with Malaria No More and local communities, the National Malaria Control Program used the tool to collect data and identify gaps in Niamey and Maradi regions. The analysis highlighted specific populations - such as pregnant women and women and children in rural areas – who face unique barriers to services, including those due to gender norms. Building on the results, Niger created an action plan to better reach those under-served populations, as well as to strengthen the overall participation of communities in action on malaria.

For further information, see: Information Note: Malaria; and Technical Brief: Malaria, Human Rights and Gender Equality.

4.5 Gender equity: Sustainability and Transition, and Challenging Operating Environments

Gender equity is important for countries undergoing transition, working towards sustainability and moving away from dependence on Global Fund resourcing. Here, attention to gender equity is vital within processes such as: developing realistic transition plans that are informed by an understanding of gender barriers; building a supportive legal, political and policy environment to promote gender equality, equity and access to justice; developing epidemiological surveillance that include sex and age-disaggregated indicators to ensure gender-equitable prevention, testing, treatment and care programs; and securing domestic funding for priority gender responsive interventions, such as programs for key and vulnerable populations affected by harmful gender norms.

In countries classified as challenging operating environments - contexts such as humanitarian emergencies, political instability or post-conflict – gender inequities may be particularly pronounced, such as with heightened levels of gender-based violence. In such settings, implementation of gender-based violence prevention services and services for post–violence care, protection and access to justice is critical to health outcomes. Using a gender equity approach is vital for assessing people's changed environments. It is also key to understanding how existing groups and organizations that address gender – such as women's organizations or networks led by key populations – can play a role in such contexts.

For further information, see Technical Brief: Sustainability, Transition and Co-Financing of Programs Guidance Note and Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief

4.6 Gender equity and Key Populations Programming

Gender combines with the stigma and discrimination associated with their identity or behavior to increase health risks amongst key populations, and can present an additional barrier to appropriate, high-quality and people-centered services. Gender-related factors can make sub-groups of key and vulnerable populations especially vulnerable. An example is women who inject drugs - who often remain under-served even where harm reduction programs are present. Gender expression and rigid gender norms around masculinity and femininity can have negative impact on men who have sex with men and transgender people with respect to their health-seeking behaviors and decision to practice safer sex or not. Other key population sub-groups who are particularly affected by gender inequities include: male and transgender sex workers; the female partners of men who have sex with men; females who use drugs; and women living with HIV.

In Georgia, the Global Fund supports specific harm reduction sites for women who use drugs. These provide case management alongside legal, SRHR, prevention of mother-to-child transmission and psycho-social services, plus linkages to community-based health professionals (offering expertise in areas such as gynecology). To provide such services, mainstream harm reduction organizations had to adjust their operations, such as with methadone treatment sites providing separate entrances for female clients.

For further information, see Technical Brief: Addressing Sex Workers, Men who have Sex with Men, Transgender People, People who use Drugs, and People in Prison and Other Closed Settings in the Context of the HIV Epidemic.

4.7 Gender equity and Human Rights Programming

The Global Fund's Strategy articulates a commitment to promoting and protecting human rights, including gender equality. It requires countries to put in place programs to remove

human rights-related barriers to HIV, TB and malaria services. In addition to gender-responsive programming, these proven interventions will also go a long way to advancing gender equity. All programming interventions to address human rights barriers should be considered, as appropriate, for key and vulnerable populations. Specific interventions to address human rights barriers have been identified for HIV, TB and malaria (see Human Rights technical briefs).

As an example, in Botswana the Global Fund resources programs to reduce HIV-related discrimination among women. These include a range of interventions in schools and communities to challenge and transform gender norms. Examples include: girls' empowerment programs; gender sensitization training; and mobilization of men and boys to understand and change harmful ideas of masculinity.

For further information: Technical Brief: Human Rights; Technical Brief: HIV, Human Rights and Gender Equality; Technical Brief: TB, Human Rights and Gender Equality; and Technical Brief: Malaria, Human Rights and Gender Equality.

4.8 Gender Equity and Programming to Build Resilient and Sustainable Systems for Health

Building resilient and sustainable systems for health is one of the four strategic objectives of the Global Fund. Such systems – that bring together formal and community systems to provide comprehensive and people-centered support – are vital to the type of approaches required to advance gender equity. Examples of relevant interventions include ones related to the health workforce (such as providing training on gender diversity as part of capacity building on patients' rights and medical ethics) and health management information systems (such as strengthening the collection and use of sex-disaggregated data).

Community systems strengthening interventions – particularly those by and for communities - present an especially important opportunity to advance gender equity. Examples of interventions include community-based monitoring, community-led advocacy and research, social mobilization, and institutional capacity building and leadership development.

In Afghanistan, programs supported by the Global Fund aim to increase access to health services for vulnerable populations (including those affected by gender inequities) and improve the quality of care. The work includes interventions to develop the health and community workforce through capacity building for female community health nurses. This workforce supports the scale-up of a basic package of health services (including for HIV, TB, malaria and maternal and child health) for women and girls who otherwise could not access services unless escorted by a male family member.

In another example, the Global Fund has resourced community HIV treatment observatories - established by national networks of people living with HIV - in 11 West African countries . These focus on key and vulnerable populations and incorporate attention to gender equity. The observatories produce data on the availability, accessibility, acceptability, affordability and appropriateness of treatment, and highlight areas for attention. For example, in Ghana, analysis showed that the quality of care was ranked especially low among young women and men who have sex with men. This highlighted the need for additional training for health workers on gender sensitive and youth and key population-friendly services. It also catalyzed advocacy, with visits conducted to Imams, women's groups and Chiefs to open up dialogue about reducing human rights and gender-related barriers to services.

For further information, see: Information Note: Resilient and Sustainable Systems for Health and Technical Brief: Community Systems Strengthening.

5. How do you integrate gender equity into the Global Fund grants?

5.1 Gender equity and the Global Fund's grant cycle

For the Global Fund, advancing gender equity is not about one single program, policy or intervention. Instead, it is an approach – a way of analysing, prioritising and learning – that should be applied across all three diseases and throughout all stages of the grant cycle.

Throughout the grant cycle, the Global Fund aims to ensure that all grants, policies and systems respond to gender-related considerations in a meaningful way. In turn, this drives investments that achieve concrete results - reducing gender inequities and increasing the impact of responses to HIV, TB and malaria.

Stage 1: Gender-responsive funding requests

The Global Fund requires that a country's funding request documents and responds to gender-related inequities, to meet targets set out in their national strategies.

To fulfil the principles of country ownership and evidence-based approaches, emphasis is put on using the right information to identify the right priorities. This involves funding requests using sex and age disaggregated data – combined with qualitative analysis addressing gender-related barriers and norms - to identify which populations are most vulnerable and at risk and which experience the least access to services. In turn, this drives the prioritization of a request's programmatic and geographic focus, as well as its key interventions. Sex-disaggregated data can, for example, reveal if women and girls are experiencing negative health outcomes at a disproportionate level to their male counterparts. Similarly, age-disaggregated data can, for example, reveal if adolescents (10 – 19 years old) require more focussed support to improve care retention compared to their youth or adult counterparts.

Funding requests should be based on National Strategic Plans (NSPs), which, in turn, should be informed by national assessments. The Global Fund encourages countries to use assessment tools to understand the gender-related context, gaps and opportunities affecting HIV, TB and malaria, and to identify the best way to take action. Such assessments might be gender-specific or might integrate gender equity into a wider remit. In all cases, they should follow key principles. Examples include combining quantitative and qualitative data and being participatory, involving those people – such as women and girls, and key and vulnerable populations – who are directly affected by harmful gender norms, roles and relationships.

Based on their assessments, countries can use the Global Fund's Modular Framework to plan and budget for the most appropriate programs through which to advance gender equity. As addressed in Section 6, countries can select the modules and interventions that best suit their context and needs. Some examples of common 'entry points' – such as programming for adolescent girls and young women and for key and vulnerable populations - have already been described in this Technical Brief.

Stage 2: Gender responsive grant making and implementation

Program design and implementation must be gender-responsive to have the most impact. Consultations to inform on-going program design and implementation should be inclusive of a diverse range of stakeholders – to ensure that investments across components and interventions are streamlined and inclusive, build on synergies, avoid duplication and benefit all who need them. For example, programs to address gender-based violence are often

designed without consideration of the needs of gender non-conforming or other key population communities. They may also operate as a stand-alone program outside of broader health or prevention programs – leading to the exclusion of such communities.

Implementation plans should be built on the local planning processes that are completed during grant making, and should consider the needs of sub-populations, particularly within key and vulnerable communities. All standard operating procedures and key frameworks should be developed based on an understanding of sub-populations' risk and access to services, as well as of the local availability of relevant services. Examples include having clearly defined service packages for all populations and sub-populations, integration modalities, referral mechanisms and systems.

The Global Fund encourages countries to ensure that program implementers have the capacity to operationalize high quality gender-responsive programs. This includes ensuring that implementers (Principle Recipients and Sub-Recipients) are competent in providing quality health care services that are not only non-discriminatory but designed with and for the populations that they serve. Ensuring gender-responsiveness is an important aspect of program quality in service provision. For example, service providers working with transgender communities should ensure trans-competent care that is technically competent and delivered in a respectful, non-judgemental and compassionate manner that is free of stigma and discrimination and reflects the needs of transgender individuals.

If capacity to design and implement gender responsive programming does not exist, technical assistance can be requested and partnerships developed with organizations offering expertise in this area (see partnerships below).

Stage 3: Gender responsive monitoring, evaluation and learning

The Global Fund relies on its partners to continually learn from the implementation of their programs and improve the effectiveness and efficiency of their work. This is especially the case with gender-responsive programming – an area that is evolving, with much still to learn about 'what works'.

Monitoring, evaluation and learning is critical to the essence of advancing gender equity – in terms of understanding how gender affects who is at risk of the three diseases and who can (or cannot) access support, as well as what results are being achieved and how programs can be improved. Throughout implementation, there is the possibility for grant revisions to respond to learning - grants should be nimble enough to respond to new evidence and what is working well and adjust or end what is not working at all.

The Global Fund is continually working to increase countries' capacity to 'know your epidemics', including through strong Health Management Information Systems and the use of sex and age-disaggregated data. With the latter, the Global Fund has set a target to ensure that countries report on required disaggregation across the three diseases [see Annex 2]. The resulting data serves as a vital resource for the Performance Management Framework – the tool through which the Global Fund measures the collective impact of its Strategic Objectives.

For programs with key populations, especially in the context of HIV, the Global Fund encourages countries to use Unique Identifier Codes and consider a non-binary response option so that transgender individuals are included, which can help ensure that monitoring data on transgender service recipients are disaggregated.

The Global Fund's overall approach to monitoring, evaluation and learning is set out in the Strategic Framework for Data Use for Action and Improvement at County Level (2017-22) . This outlines how the Global Fund supports countries to strengthen their capacity to collect high quality data and conduct high quality analyses, with the results used in decision-making throughout the grant cycle and at all levels (from national to community). The framework is based on five components, all of which can be adapted to and utilized within gender

responsive programming: 1. Investing in country data systems and analytical capacity; 2. Program monitoring; 3. Systematic data analysis and synthesis; 4. Evaluations; and 5. Data use.

6. Where does gender equity fit in the modular framework?

The Global Fund's Modular Framework – the tool through which countries present their funding requests – provides multiple and diverse opportunities to advance gender equity through investments that address related risks and barriers to services.

The following table gives an illustrative example of 'entry points' for advancing gender equity in a section of the Prevention Module in the Modular Framework for HIV. A more detailed table – covering the complete Modular Frameworks for HIV, TB, Malaria and Resilient and Sustainable Systems for Health – is provided in Annex 5. The latter suggests a range of interventions for consideration. Some of these (such as prevention of gender-based violence against adolescent girls and young women) may be common and easily recognisable opportunities to advance gender equity. Others (such as TB case detection and diagnosis) may be less well known.

The table does not aim to provide a definitive or exhaustive list of opportunities, but to encourage strategic and creative thinking. In practice, countries might include programs under other, different modules and interventions than those suggested.

Illustrative example of opportunities for advancing gender equity in the Modular Framework are included below. This list is not meant to be exhaustive, but rather to give indications of "entry points" there are opportunities to ensure that a gender equitable approach is taken.

Modular Framework: HIV	
Module	**Examples of potential entry point interventions**
Prevention Priority populations: • Men who have sex with men • Sex workers and their clients • Transgender people • People who inject drugs and their partners • People in prisons and other closed settings	• Condom and lubricant programming • Pre-exposure prophylaxis • Behaviour change interventions • Community empowerment, including leadership promotion of individuals of diverse gender identities in leadership positions for programs working with specific key populations • Sexual and reproductive health services, including STIs, gender-affirming care for transgender people • Harm reduction interventions for drug use • Addressing stigma, discrimination and violence (i.e. violence screening, provision of first-line response to victims of violence, post-violence clinical care, building a referral network and offering referrals to clinical, psychosocial and legal services, or establishing crisis response systems) • Interventions for young key populations

See Annex 5 for full table of 'entry points' for advancing gender equity in the Modular Framework.

7. Strenghthening attention to gender equity in country programs

This Section focuses on key ways that countries can increase and improve the advancement of gender equity in their funding requests to the Global Fund. Combined, these help to ensure that investments are as technically sound, nationally owned and clearly articulated as possible - in turn being most likely to achieve impact. Additional materials and resources are included within the appendices.

## 7.1 Assessing and addressing gender equity in national strategies

National Strategies for HIV, TB and malaria – as well as strategies for health, Universal Health Coverage and specific areas (such as SRHR and adolescent health) – form the bedrock of funding requests to the Global Fund. Such strategies should be informed by a gender analysis and, in turn, supported by a set of gender-responsive policies, programs and guidelines.

The Global Fund has collaborated with technical partners to develop tools to assess inequities, including gender inequities, for use during the development or review of National Strategies. Each of these sets out a participatory process through which stakeholders can work together to: compile qualitative and (sex and age disaggregated) quantitative data; analyze the nature and impacts of gender disparities; and identify gaps in the current response and how to respond. The results serve as a critical input into decision-making, such as about which populations and interventions to prioritize in a funding request.

Gender assessment tools for HIV, TB and malaria

HIV Gender Assessment Tool

This tool[10]was relaunched by UNAIDS in 2018 to provide a comprehensive and participatory process to identify the gender-related risks to HIV and barriers to services. The information gained from the tool can be used to: inform the development or review of a National Strategic Plan for HIV; increase the capacity of organizations of women in all their diversity; and leverage political commitment to advance gender equity. The Tool also serves as a critical input into country dialogue and funding request processes for the Global Fund.
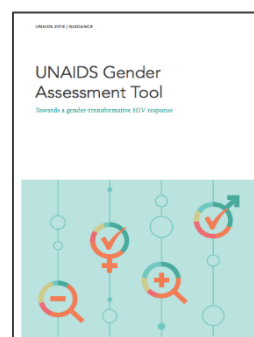
Gender Assessment Tool for National HIV and TB Responses

This tool[11] was developed by the Stop TB Partnership and UNAIDS to promote a participatory process through which countries can assess both of the epidemics from a gender perspective and move responses along a continuum from gender-blind to gender-sensitive and, ultimately, gender transformative. The findings from the assessment help diverse, national stakeholders to identify and agree on strategic priorities to be addressed in future national strategies and funding requests.
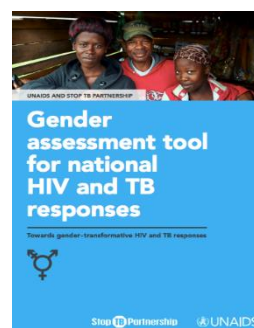
Malaria Matchbox

This tool was developed by the Global Fund and Roll Back Malaria to improve the equity and quality of malaria responses by considering how social, economic, cultural, human rights and gender-related barriers shape malaria risk and access to services. It brings stakeholders together to identify which populations and subgroups are at increased risk of severe disease while also being most deprived of services. The Matchbox can be used by National Malaria Control Programs together with country stakeholders, including civil society, community groups and technical partners. The findings from the Matchbox help to identify strategic priorities to be addressed in future national strategies on malaria, as well as funding requests to the Global Fund.
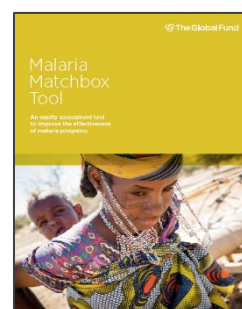
For access to the gender assessment tools, see Annex 4: Resources on gender equity.

7.2   Gender equity and the Global Fund's partnerships

As a funding institution without a country presence, the Global Fund works in partnership with technical agencies and other stakeholders that bring expertise and resources in specific areas, such as disease responses and aspects of programming. For advancing gender equity, the Global Fund engages in a range of partnerships as described below.

- **Technical agencies.** Examples include partnerships with the United Nations Joint Program on HIV/AIDS (UNAIDS), the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), UN WOMEN and the United Nations Children's Fund (UNICEF). For example, within the Global Fund Strategic Initiative for Resilient and Sustainable Systems for Health, the Global Fund has collaboration with UNICEF and the World Health Organization (WHO). The work focuses on using south-to-south peer review and learning to identify evidence-informed interventions, conduct research and exchange good practice about programs for adolescent girls and young women.
- **Disease-specific partnerships.** For example, the Global Fund works in close collaboration with UNAIDS, the Stop TB Partnership and Roll Back Malaria Partnership, such as to develop the assessment tools listed above, and support implementation and integration of recommendations at country level. For example, UNAIDS is actively rolling out gender assessments to align with the development of new NSPs and Global Fund grants for the 2020-2022 cycle. In some cases, these assessments are funded through Global Fund grants.
- **Community and civil society organizations and networks**, focused particularly on key and at-risk communities affected by gender inequities, such as the Network of Sex Work Projects, IMPACT: Global Action for Gay Men's Health and Rights (formerly MSMGF), IRGT: A Global Network of Transgender Women and HIV, GATE (gender identity, gender expression, and bodily diversity), International Network of People who Use Drugs (INPUD), International Network of Women who Use Drugs (INWUD), Youth RISE (young people who use drugs), Global Network of People Living with HIV (GNP+), International Treatment Preparedness Coalition (ITPC). A civil society network working for the inclusion of women and girls in Global Fund processes is Women4GlobalFund (W4GF).
- **Donors.** For example, the Global Fund aligns with the President's Emergency Fund for AIDS Relief (PEPFAR) DREAMS initiative to prioritize programming for adolescent girls and young women in 13 countries.
- **Private sector.** The Global Fund partners with private sector to bring additional resources and expertise on key issues, including those on addressing gender related inequities in health outcomes. For example, the Global Fund launched HER: The HIV Epidemic Response in 2018 to leverage commitments and bring the unique capacity of resources from private sector to improve grant performance for adolescent girls and young women. The partners include (RED), Standard Bank, The Coca-Cola Company, Unilever and ViiV

Healthcare. As an example, as part of their partnership with (RED), Durex was mobilized to commit a minimum of US$5 million to a Keeping Girls in School program in South Africa.

7.3   Meaningfully engaging communities in advancing gender equity

The Global Fund's investment approach relies on the people most affected by HIV, TB and malaria – including where gender norms, roles and relationships play a part - being active players in all stages of every grant cycle.

This applies to all stages of the process – country dialogue, funding application development, grant making, grant implementation, monitoring and evaluation. Engagement is also a key requirement of Country Coordinating Mechanisms - to reflect the diversity of communities affected by and responding to HIV, TB and malaria, including in relation to gender equity. In contexts where women, girls and gender diverse communities face major inequalities, such efforts require sustained energy, capacity building and supportive policies.

Meaningful engagement is about more than a 'place at the table'. It is about communities being able to have an active role, voice their opinions and advocate for their priorities – in turn, influencing decisions. Such engagement is especially important for ensuring that funding requests include attention to gender equity – as, in some contexts, these interventions may not be well understood by all other stakeholders.

The Global Fund has implemented several initiatives to bolster the engagement of those affected by gender inequities in specific contexts or processes.

For communities and civil society, an important source of technical assistance on gender equity is the CRG Strategic Initiative. The CRG Strategic Initiative is technical assistance program to promote the meaningful engagement of communities and civil society in the Global Fund and related processes. It provides an opportunity for direct technical assistance to civil society and community groups to meaningfully engage in Global Fund related processes.

Annex 1: Global Fund indicators reported on through sex-disaggregated data

Disease	Indicators
TB	TCP-1 (M): Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed). Includes new and relapse cases.
	TCP-2 (M): Treatment success rate - all forms: Percentage of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) successfully treated (cured plus treatment completed) among all forms of TB cases registered for treatment during a specified period. Includes new and relapse cases.
	MDR-TB 2 (M): Number of TB cases with Rifampicim-resistant (RR-TB) and/or MDR-TB notified.
	MDR-TB 3 (M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment.
Malaria	Malaria I-5: Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection.
	Malaria I-6: All-cause under-5 mortality rate per 1000 live births.
	Malaria O-1a: Proportion of population that slept under an insecticide-treated net the previous night.
	Malaria O-3: Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net.
HIV	HIV I-13: Number and % of people living with HIV.
	HIV I-14: Number of new HIV infections per 1,000 uninfected population.
	HIV I-4: Number of AIDS related deaths per 100,000 population.
	HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy.
	HIV O-5 (M): Percentage of sex workers reporting the use of a condom with their most recent client.
	HIV O-9: Percentage of people who inject drugs reporting condom use at the last sexual intercourse.
	HIV O-11: Percentage of (estimated) people living with HIV who have been tested HIV-positive.
	HTS-1: Number of people who were tested for HIV and received their results during the reporting period.
	TCS-1 (M): Percentage of people living with HIV currently receiving antiretroviral therapy.
	TCS-3.1: Percentage of people living with HIV and on antiretroviral therapy who have a suppressed viral load at 12 months (<1000 copies/ml).

Annex 2: Technical assistance providers for gender equity

Global technical assistance providers

The Global Fund website provides information about global technical assistance of relevance to gender equity. It describes what type of assistance can be accessed, by whom, when and how. It also gives a list of relevant technical partners, such as UNAIDS, the Stop TB Partnership and the Roll Back Malaria Partnership.

For more information, see: https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/technical-cooperation/

Regional technical assistance providers

Within its CRG Strategic Initiative, the Global Fund provides information to communities and civil society actors on how to access technical assistance, including in relation to the inclusion of gender responsive programming in processes (such as community dialogue) related to the development of Global Fund funding requests.

For more information, see: https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/

Within the CRG Strategic Initiative, the Global Fund also resources six Regional Communication and Coordination Platforms. These can provide advice to communities and civil society actors on sources of technical assistance that are available at regional and national levels, including in relation to gender equity.

- **Francophone Africa Platform**
  Host: Réseau Accès aux Médicaments Essentiels (RAME), Burkina Faso

  Website: http://www.prf-fondsmondial.org/

- **Latin America and the Caribbean Platform**
  Host: Via Libre, Peru
  Website: http://plataformalac.org

- **Asia and the Pacific Platform**
  Host: APCASO, Thailand.
  Website: http://apcaso.org/

- **Middle East and North Africa Platform**
  Host: International Treatment Preparedness Coalition-MENA (ITPC-MENA), Morocco
  Website: www.facebook.com/PlateformeRegionalMENA

- **Anglophone Africa Platform**
  Host: Eastern Africa National Networks of AIDS Service Organizations (EANNASO), Tanzania Website: www.eannaso.org/anglorccp

- **Eastern Europe and Central Asia Platform**
  Host: Eurasian Harm Reduction Association (EHRA), Lithuania
  Website: www.eecaplatform.org

Annex 3: Resources on gender equity

Gender equity and the Global Fund:

- *Women and Girls*, (webpage), the Global Fund to Fight AIDS, Tuberculosis and Malaria, https://www.theglobalfund.org/en/women-girls/
- *Key Populations*, (webpage), the Global Fund to Fight AIDS, Tuberculosis and Malaria; https://www.theglobalfund.org/en/key-populations/
- *Human Rights*, (webpage), the Global Fund to Fight AIDS, Tuberculosis and Malaria; https://www.theglobalfund.org/en/human-rights/
- *HER: HIV Epidemic Response*, (webpage), the Global Fund to Fight AIDS, Tuberculosis and Malaria; https://www.theglobalfund.org/en/her/
- *Investing in the Future: Women and Girls in All Their Diversity*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/media/8484/crg_investinginthefuturewomengirls_report_en.pdf
- *Step Up The Fight: Ending HIV Among Adolescent Girls and Young Women*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/media/1296/publication_womengirls_focuson_en.pdf
- *Malaria and Gender Literature Review,* the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019.
- *The Global Fund Measurement Framework for Adolescent Girls and Young Women Programs*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2018; https://www.theglobalfund.org/media/8076/me_adolescentsgirlsandyoungwomenprograms_frameworkmeasurement_en.pdf?u=636979130640000000

Assessment tools for gender equity and HIV, TB and malaria:

- *Gender Assessment Tool: Towards a Gender-Transformative HIV Response*, UNAIDS, 2018; https://www.unaids.org/sites/default/files/media_asset/unaids-gender-assessment-tool_en.pdf
- *Gender Assessment Tool for National HIV and TB Responses: Towards Gender Transformative HIV and TB Responses*, Stop TB Partnership and UNAIDS; http://www.stoptb.org/assets/documents/communities/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf
- *Malaria Matchbox Tool: A Person-Centered Approach to Fighting Malaria*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, November 2018. https://endmalaria.org/sites/default/files/Malaria%20Matchbox_v4.pdf

Global Fund resources to support funding requests:

- *Information Note: HIV*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf?u=637066545930000000.
- *Information Note: TB*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/media/4762/core_tuberculosis_infonote_en.pdf?u=637066545780000000.
- *Information Note: Malaria*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf?u=637066545970000000.

- *Information Note: Resilient and Sustainable Systems for Health*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf?u=637066545980000000.
- *Technical Brief: Addressing Sex Workers, Men who have Sex with Men, Transgender People, People who use Drugs, and People in Prison and Other Closed Settings in the Context of the HIV Epidemic,* the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/en/funding-model/applying/resources/.
- *Technical Brief: Community Systems Strengthening,* the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/en/funding-model/applying/resources/.
- *Technical Brief: Adolescent Girls and Young Women,* the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/en/funding-model/applying/resources/.
- *Technical Brief: Human Rights,* the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019; https://www.theglobalfund.org/en/funding-model/applying/resources/.

Annex 4: Opportunities for advancing gender equity in the Modular Framework

Modular Framework: HIV	
Module	**Examples of interventions**
Prevention Priority populations: - Men who have sex with men - Sex workers and their clients - Transgender people - People who inject drugs and their partners - People in prisons and other closed settings	- Condom and lubricant programming - Pre-exposure prophylaxis - Behavior change interventions - Community empowerment, including leadership promotion of individuals of diverse gender identifies in leadership positions for programs working with specific key populations - Sexual and reproductive health services, including STIs, gender-affirming care for transgender people - Harm reduction interventions for drug use - Addressing stigma, discrimination and violence (i.e. violence screening, provision of first-line response to victims of violence, post-violence clinical care, building a referral network and offering referrals to clinical, psychosocial and legal services, or establishing crisis response systems) - Interventions for young key populations
Prevention Target population: - Adolescent girls and young women in high prevalence settings	- Condom and lubricant programming - Behavior change interventions - Comprehensive sexuality education - Pre-exposure prophylaxis - Sexual and reproductive health services, including STIs - Gender-based violence prevention and post violence care

	• Addressing stigma, discrimination and violence (i.e. Addressing age-related barriers to services, as third party consent requirements) • Social protection interventions
Prevention Target population: • Men in high prevalence settings	• Voluntary medical male circumcision
Prevention Target population: • Non-specified populations groups	• Linkages between HIV programs and RMNCH
PMTCT	• Prong 1. Primary prevention of HIV infection among women of childbearing age • Prong 2. Preventing unintended pregnancies among women living with HIV • Prong 3. Preventing vertical transmission • Prong 4. Treatment, care and support to mothers living with HIV, their children and families Note that EMTCT validation includes a focus on human rights, gender and community engagement considerations. Countries cannot be validated if there are demonstrated human rights and gender-related barriers.
Differentiated HIV testing Target populations: • Men who have sex with men • Sex workers and their clients • Transgender people • People who inject drugs and their partners • People in prisons and other closed settings • Partners of people living with HIV • Adolescent girls and young women in high prevalence settings • Men in high prevalence settings	• Facility based testing (i.e. Reducing human rights and gender-related barriers to facility-based testing) • Community based testing (i.e. community-led HIV counselling and testing) • Self testing
Treatment, care and support Target population: • All people living with HIV • Adult living with HIV (15 and above) • Children living with HIV (under 15)	• Differentiated ART service delivery and HIV care • Prevention, diagnosis and treatment of advanced disease • Counselling and psycho-social support

TB/HIV	• Screening, testing and diagnosis
	• Treatment
	• Prevention
	• Engaging all care providers
	• Community TB/HIV care delivery
	• Key populations – prisoners
	• Key populations – mobile populations, refugees, migrants and internally displaced people
	• Key populations – miners and mining communities
Reducing human rights-related barriers to HIV/TB services	• Stigma and discrimination reduction
	• Legal Literacy ("Know Your Rights")
	• Human rights and medical ethics related to HIV and HIV/TB for health care providers
	• HIV and HIV/TB-related legal services
	• Sensitization of law-makers and law-enforcement agents
	• Improving laws, regulations and polices relating to HIV and HIV/TB
	• Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

Modular Framework: TB	
Module	**Examples of interventions**
TB care and prevention	• Case detection and diagnosis
	• Treatment
	• Prevention
	• Engaging all care providers
	• Community TB care delivery
	• Key populations - prisoners
	• Key populations - mobile populations: refugees, migrants and internally displaced people
	• Key populations - miners and mining communities
	• Key populations - others
TB/HIV	• Treatment
	• Prevention
	• Engaging all care providers
	• Community TB/HIV care delivery
	• Key populations - prisoners
	• Key populations - mobile populations: refugees, migrants and internally displaced people
	• Key populations - miners and mining communities
	• Key populations - others
MDR TB	• Treatment
	• Prevention
	• Engaging all care providers
	• Community MDR-TB care delivery
	• Key populations - prisoners
	• Key populations - mobile populations: refugees, migrants and internally displaced people
	• Key populations - miners and mining communities
	• Key populations - others

Removing human rights and gender related barriers to TB services	• Stigma and discrimination reduction • Human rights, medical ethics and legal literacy • Legal aid and services • Reform of laws and policies • Community mobilization and advocacy

Modular Framework: Malaria	
Module	**Examples of interventions**
Vector control	- Long-lasting insecticidal nets – mass campaign – universal - Long-lasting insecticidal nets – mass campaign – specific risk groups - Long-lasting insecticidal nets – continuous distribution – ANC - Long-lasting insecticidal nets – continuous distribution – community-based - Indoor residual spraying - IEC/BCC - Removing human rights and gender related barriers to vector control programs
Case management	- Facility-based treatment - Integrated community case management (ICCM) - Active case detection and investigation (elimination phase) - IEC/BCC - Removing human rights and gender related barriers to case management
Specific prevention interventions	- Intermittent preventive treatment (IPT) - In pregnancy - IEC/BCC - Removing human rights and gender related barriers to specific prevention interventions
Modular Framework: Resilient and sustainable systems for health	
Module	**Examples of interventions**
Health management information systems and monitoring and evaluation	- Routine reporting - Program and data quality - Analysis, evaluations, review and transparency - Surveys
Human resources for health, including community health workers	- In-service training (excluding community health workers) - Community health workers: Education and production - Community health workers: In-service training
Integrated service delivery and quality improvement	Quality of care
Health sector governance and planning	- National health sector strategies and financing - Policy and planning for national disease control programs
Community systems strengthening	- Community-based monitoring - Community-led advocacy and research - Social mobilization, building community linkages and coordination - Institutional capacity building, planning and leadership development
Health sector governance and planning	- National health sector strategies and financing - Policy and planning for national disease control programs

[1] UNAIDS data for 2017.

[2] *Prevention Gap Report*. UNAIDS, 2016.

[3] *Intimate Partner Violence And Engagement In HIV Care And Treatment Among Women: A Systematic Review And Meta-Analysis*, Hatcher AM, Smout EM, Turan JM, Christofides N and Stöckl H, AIDS, 2015.

4 Male Involvement For Better Access And Equity In The HIV Response, UNAIDS, July 2016.

5 Global Tuberculosis Report 2018, WHO, 2018.

6 Global Tuberculosis Report 2018, WHO, 2018.

7 Unless otherwise stated, malaria data referenced from: Malaria, the Global Fund to Fight AIDS, Tuberculosis and Malaria; https://www.theglobalfund.org/en/malaria/

8 Intermittent Preventive Treatment In Pregnancy (IPTp), WHO; https://www.who.int/malaria/areas/preventive_therapies/pregnancy/en/

9 Community, Rights and Gender Report, 41st Board Meeting, the Global Fund to Fight AIDS, Tuberculosis and Malaria, May 2019.

10 Gender Assessment Tool: Towards a Gender-Transformative HIV Response, UNAIDS, 2018.

11 Gender Assessment Tool For National HIV and TB Responses: Towards Gender Transformative HIV and TB Responses, Stop TB Partnership and UNAIDS.