

FULLY FUND THE GLOBAL FUND: ADDRESSING GENDER INEQUALITIES AS A HUMAN RIGHTS IMPERATIVE



A fully funded Global Fund will reduce gender inequalities in middle and low incomes countries by lowering the disproportionate burden of HIV, TB and malaria carried by women and girls in all their diversity. The Global Fund's people- and rights-centered approach to the fight against the three diseases strengthens health systems, lower access barriers and moves the world closer to Universal Health Coverage. To be able to implement its ambitious 2023-28 strategy, it is essential that the Global Fund exceeds the financial targets set in the Investment Case for the Seventh Replenishment¹.

WHY GENDER MATTERS: LEAVING NO ONE BEHIND

RECOMMENDATIONS

The Global Fund's new strategy adds to its [Gender Equality Strategy](#), which states:

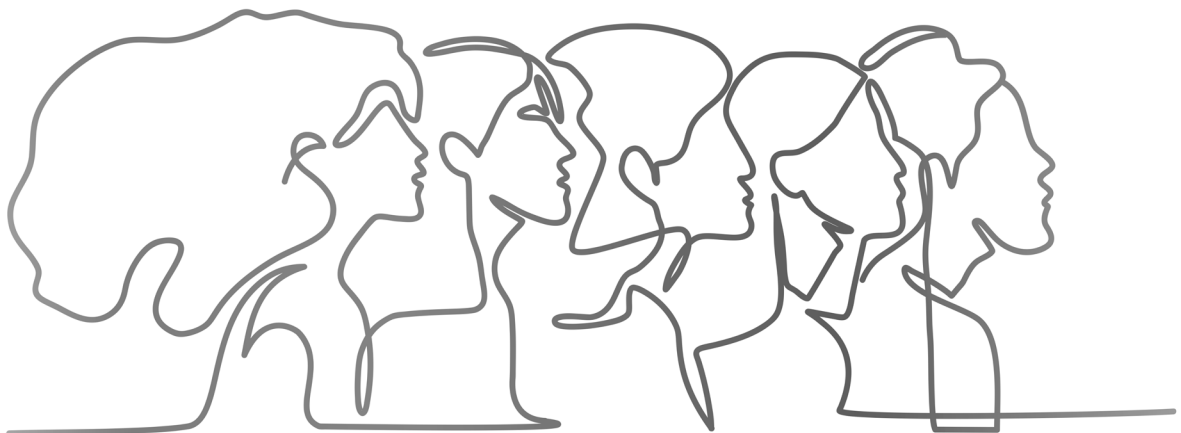
“Gender equality is one of the human rights principles that should be integrated in all aspects of the Global Fund's work. At the same time, a gender analysis of a country's epidemiological landscape and programmatic responses is a fundamental part of technically-sound proposals, to be followed up by gender-responsive grant-making, implementation, monitoring and evaluation”.

We make in this brief the following five recommendations to bring this vision to reality:

1. Ensure a focus on gender equality in all Global Fund supported countries
2. Properly track the work around gender equality
3. Step up leadership and more focused personnel to lead the gender equality work
4. Reaffirm the fundamental principle of country ownership
5. Ensure financial resources are also directed to organisations and networks led by women and girls in all their diversity at global and national levels

HIV, TB and malaria can affect anyone, but many women and girls are especially at risk of acquiring them and experiencing consequences because they are oppressed through policy choices or their often lower status in society. This can be driven by multiple factors. These include a person's age, how much money they have, their sex and gender, the laws in their country and the information, support and services they have access to. Women are often not afforded the same right as men. As a result, women and girls in all their diversity² sometimes face considerable challenges in their ability to access services, protect and care for themselves and others.

Women and girls have the right to access life-saving treatment and services, and yet they still face major barriers to benefiting from HIV, TB and malaria programs. As the Global Fund enters its third decade and prepares for its next three-year funding cycle, the gaps and weaknesses related to gender in HIV, TB and malaria responses remain a major challenge. **A fully funded Global Fund is essential and brings with it great opportunity through its new strategy to reduce persistent gender inequalities that heighten and sustain vulnerability to the three diseases.**



WHY GENDER MATTERS ACROSS HIV, TB, MALARIA AND COVID-19

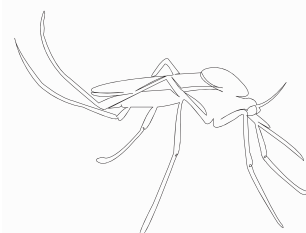
The absence or poor quality of sex- and age-disaggregated data in many countries makes it difficult to measure the existing gaps in HIV, TB and malaria responses. More nuanced data is essential to be able to channel services and support to address gender related barriers to accessing services.

What do we know?

- **HIV:** In sub-Saharan Africa, adolescent girls and young women aged 15–24 are twice as likely to be living with HIV as men, and 63 per cent of all those newly acquiring HIV in 2020 were women and girls³. Transgender women and female sex workers are respectively 34 and 26 times more likely to have HIV than women in general⁴ and in many countries, women who inject drugs have up to twice as great a risk of contracting HIV and hepatitis C as their male peers⁵. This disproportionate picture is often due to unequal power dynamics, including the lesser cultural, social and economic status that women and girls have in society. In many cases and contexts, women's vulnerability is further exacerbated by gender-based violence.
- **TB:** While more men have TB, the experience of TB can affect women disproportionately. Studies have shown that, because of the reduced immunity associated with the stresses of pregnancy, young women below 30 have as much as a third higher likelihood of progression to TB disease than men⁶. Further, Women face greater stigma and discrimination than their male counterparts which can exacerbate their social and economic insecurity. Women may have difficulty gaining access to TB services because male family members are unwilling to pay for these services and often women's health may not be considered as important as male counterparts. Due to domestic responsibilities or cultural norms, some women may also not be able to travel

to get the access to the services they need. Transgender people and women from key and vulnerable population groups, often experience barriers to accessing services more acutely. Women also play a critical role in the TB response. This can be as carers of people with TB in the home, as community health workers supporting and informing their neighbours, as health professionals or program implementers and there is a need to further enhance the formal recognition that women play in leading national TB efforts. Gender impacts the TB treatment cascade – from prevention, diagnosis, treatment, care and support, and also in life after TB treatment. A gender-based approach to TB, forefronts the socioeconomic, legal and cultural issues that are the root cause of gender inequality^{7,8}. The health of millions of women, transgender and non-binary people suffer gravely due to gender inequality.

- **Malaria:** Pregnant women with malaria face more severe symptoms and increased chances of anaemia, premature delivery, miscarriage and stillbirths. A study analysing cross-country data from 90 malaria-endemic countries found a strong link between lower malaria prevalence among women, and women who have a legal right to own agricultural land or property and their ability to enter independently into financial transactions⁹. Other studies have shown that women's economic and legal empowerment contribute to improvements in access to malaria prevention and treatment options for themselves and their families, including ownership and use of bed nets for children under five and pregnant women^{10,11}. These findings show how investments in women's rights can pay dividends in terms of their health.



WHY GENDER MATTERS ACROSS HIV, TB, MALARIA AND COVID-19

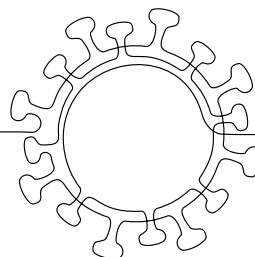
COVID-19: The COVID-19 pandemic disproportionately affected women, adolescent girls and girls globally in many ways:

- » Access to vital sexual and reproductive health services has been curtailed in many countries due to lockdowns and other economic and social disruptions¹². There has been a marked increase in unplanned pregnancies amongst adolescent girls, which further reduces their chances of returning to formal education. These developments greatly influence their vulnerability and safety.
- » School closures have halted and, in some cases, reversed years of steady progress in improving the health, safety and prospects of girls and young women. Girls were more likely than boys to feel pressure to disengage with school during pandemic-related shutdowns and have been less likely to return. Compared with their in-school peers, girls who are not in school are more likely to experience early marriage (e.g., before the age of 18) as well as experience early pregnancy¹³.
- » Increases in violence against women and girls have been documented around the world.¹⁴ This was particularly severe among women who use drugs. In addition, their access to the shelters was in many instances denied due to severe discrimination.
- » Employed women with children had to care for children during school closures and also continue working with no adequate support systems in place, both from many governments and employers. Many mothers and other women in caregiving roles with children were forced to leave or reduce employment affecting income.
- » In addition to all these factors, women are disproportionately represented in the health and social workforce, increasing their vulnerability to COVID-19.

COVID-19 has caused a steep increase in poverty, which is a major risk factor for all three diseases. In 2020 alone, the pandemic pushed some 100 million people into poverty¹⁵. UN Women has estimated that there will be 121 women in poverty for every 100 men by 2030, up from 118 in 2021¹⁶. Among multiple reasons why this is a serious problem, evidence suggests that women's ability to access HIV and malaria prevention and treatment, and TB treatment is often limited by their economic standing within their households and communities¹⁷. The pandemic's negative impact has compounded distinctly sex- and gender-related challenges to the overall health and well-being of women and girls.

The UN also estimates that developing economies will have pandemic-related losses of US\$12 trillion through 2025¹⁸. This will affect the ability of countries to increase and sustain higher levels of domestic resources for the three diseases, for health in general, and for social welfare and other services that help ensure women are not left behind. The Global Fund can both help to fill these resource gaps itself and encourage governments, which are essential partners, to meet 'co-financing' requirements that are filled by national budgets and other domestic resources.

Now more than ever a fully funded Global Fund will ensure that the Global Fund's commitment to women and girls is upheld.



WHY THE GLOBAL FUND IS ESSENTIAL FOR PROGRESS TOWARD GENDER EQUALITY

If the world is to end HIV, TB and malaria, (and mitigate the effects of COVID-19 and/or future pandemics) all countries must do more to reduce gender inequalities and barriers that women and girls face when they access health care and sexual and reproductive health services. The Global Fund is uniquely positioned to support countries to prioritise these objectives for several reasons.

INNOVATION: The Global Fund is an innovative partnership. Through its high-profile and deep-pocketed investments, the Global Fund has a substantial influence over whether and how gender-related inequity and inequality, women's health and rights, and gender-transformative approaches are understood, integrated and prioritised in national actions. The Global Fund must continue to ensure that funding follows visions and needs, guided by its Strategy that creates incentives for countries to revoke punitive laws and policies, reduce inequality, and ensure ethical, equitable, and sustainable health outcomes for all women and girls. These efforts must reflect the diversity of ways in which women and girls are affected by the three diseases and emerging global challenges.

COMMUNITIES AT THE CENTRE: The Global Fund has long stressed the value and importance of acknowledging, listening, and responding to highly vulnerable, stigmatised and criminalised populations, including sex workers, women who use drugs (who are exposed to higher rates of violence than other women), and all those who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI)¹⁹. Upholding their human rights is a crucial step toward overcoming persistent obstacles facing women and girls. Now is the time for the Global Fund to build on its commitment to these populations, by also ensuring that women in all their diversity are not left behind.

OPPORTUNITY & ACCOUNTABILITY:

In its recently approved [Strategy Fighting Pandemics and Building a Healthier and More Equitable World \(2023-2028\)](#), Of its five top-level, interlinked objectives, one is “maximizing health equity, gender equality and human rights”, while another is “maximizing the engagement of leadership of most affected communities to leave no one behind”. This language signals that the Global Fund partnership takes these issues seriously and can be held accountable as it moves toward the Strategy's commitments in its grants, guidance and programming. However, language alone does not translate into actions to advance gender equality across national HIV, TB and malaria responses. Real, positive change can be hard. This new language therefore presents an opportunity and entry point, for all partners and allies championing gender equality, that is not always present in other funding mechanisms or health-improvement initiatives.



TAKING STEPS TOWARD GENDER EQUALITY: PRIORITIES FOR A FULLY FUNDED GLOBAL FUND

A fully funded Global Fund would drive greater progress toward gender equality and the health and well-being of women and girls in all their diversity. We need a fully funded Global Fund that prioritises the following as part of reinvigorated efforts to address inequalities as the world works to end HIV, TB and malaria:

1. **Ensure a focus on gender equality in all Global Fund supported countries:** The Global Fund support to countries must intrinsically respond to gender. For this to happen the Global Fund must provide more direct guidance on how implementing partners can work to reduce gender inequality and maintain and expand access to sexual and reproductive health services. A good start will be for all countries to have conducted [TB CRG assessments](#); [HIV gender assessments](#); as well as more analysis in malaria through the [malaria matchbox](#) and then for the Global Fund to assess how it is supporting the outcomes and recommendations.
2. **Properly track the work around gender equality** with a dedicated Key Performance Indicator (KPI) as part of a robust monitoring and evaluation system. The
3. **Step up leadership and more focused personnel to lead the gender equality work:** The Global Fund must hire a gender adviser to lead the work around gender equality. It must also ensure structures and systems across the Global Fund have gender equality expertise in all key decision-making structures, including the Global Fund Board and its committees, the Technical Review Panel (TRP), the Grant Approvals Committee (GAC), Fund Portfolio Managers (FPMs) and country teams, Local Fund Agents (LFAs), Country Coordinating Mechanism (CCMs), Principal Recipients and Sub Recipients. The input and influence of gender advocates

Global Fund's most recent board meeting mentioned a Gender Equality Marker (GEM) to score how gender equality is being mainstreamed into Global Fund grants. This will cover the entire Global Fund portfolio, giving a clear picture of how well gender has been mainstreamed across Global Fund supported programmes and will also help to monitor compliance with more direct guidance for all country partners, especially those implementing grants, on how to reduce gender inequality and to maintain and expand access to sexual and reproductive health services.

28.5 billion

#GetBackonTrack

Seeing the impact the **Global Fund** has had on fighting **malaria** inspired GFAN Speaker **Krystal Birungi** to become an entomologist with the hope of one day eliminating **malaria** once and for all.

More money for the **Global Fund**, means saving more lives like **Krystal's**.



TAKING STEPS TOWARD GENDER EQUALITY: PRIORITIES FOR A FULLY FUNDED GLOBAL FUND

is essential in the Global Fund's funding cycle and in its allocation, planning, proposal, grant-making, implementation and evaluation components at country levels.

4. **Reaffirm the fundamental principle of country ownership:** Country ownership refers to all people in the whole country, including civil society, community-based groups of women, key and vulnerable populations and not just governments. Reaffirming meaningful engagement in design, implementation and ensuring community led monitoring²⁰ will be one step towards ensuring that communities remain at the centre.
5. **Ensure financial resources are also directed to organisations and networks led by women and girls in all their diversity at global and national levels.** There is a chronic lack of funding for women's rights. The Organisation for Economic Cooperation and Development (OECD) has identified that only 0.5% of funds intended for gender-focused aid actually reached local women's rights organisations. The Global Fund must invest in global, regional and national women's networks that focus on and routinely discuss Global Fund issues and developments. A strong baseline of

women's local capacity and interest in engaging with the Global Fund is essential. A fully funded Global Fund - placing communities at the centre - could have increased capacity and ability to design and implement interventions and to monitor HIV, TB and malaria programmes and responses to help hold the Global Fund and other partners accountable to its commitment to gender equality, human rights and leaving no one behind. Too many countries continue to uphold punitive laws on women's rights and to criminalise communities that are most marginalised. Even in countries where good laws exist, politicians, decision-makers and others continue to have policies and practices that ignore, undermine or violate them. Importantly, by supporting women-led, and key population-led community based organisations for services and advocacy, the Global Fund can make impactful investments within these punitive environments.

Leaving no one behind has to be more than a slogan. Gender equality, equity and human rights must be at the centre of all health strategies, programmes, systems and services that the Global Fund supports.



END NOTES

- 1 The Global Fund's Investment Case for the Seventh Replenishment can be found here: <https://www.theglobalfund.org/en/fight-for-what-counts/>
- 2 The term 'women and girls in all their diversity' is used to highlight the inclusiveness and shared challenges and priorities across a broad range of people, including women living with HIV or affected by TB and malaria; women who identify as heterosexual, lesbian, bisexual, transgender, intersex or non-binary; women who use drugs; sex workers over 18 years old; adolescent girls and young women; Indigenous women; women who are sometimes displaced internally; migrants and refugees; women and girls who are or have been incarcerated; and women with visible and invisible disabilities.
- 3 UNAIDS. 'Global HIV & AIDS statistics – fact sheet'. www.unaids.org/en/resources/fact-sheet
- 4 Ibid.
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- 7 Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment <https://www.hhrjournal.org/2021/12/building-the-evidence-for-a-rights-based-people-centered-gender-transformative-tuberculosis-response-an-analysis-of-the-stop-tb-partnership-community-rights-and-gender-tuberculosis-assessment/>
- 8 GENDER AND TB A STOP TB PARTNERSHIP PAPER https://stoptb.org/assets/documents/global/awards/tbreach/TB-REACH_Gender2021-web.pdf
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- 12 United Nations Population Fund (UNFPA). 'Studies show severe toll of COVID-19 on sexual and reproductive health, rights around the world'. April 2021. www.unfpa.org/news/studies-show-severe-toll-covid-19-sexual-and-reproductive-health-rights-around-world
- 13 When schools shut Gendered impacts of COVID-19 school closures, <https://unesdoc.unesco.org/ark:/48223/pf0000379270>
- 14 UN Women. 'The shadow pandemic: Violence against women during COVID-19'. www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19
- 15 Madhukar P, Kaseava T and Swaminathan S. 'Covid-19's devastating effect on tuberculosis care – a path to recovery'. *New England Journal of Medicine*, 2022. Downloaded on 25 April 2022.
- 16 UN Women. 'COVID-19 will widen poverty gap between women and men, new UN Women and UNDP data shows', Press release, 20 September 2020. www.unwomen.org/en/news/stories/2020/8/press-release-covid-19-will-widen-poverty-gap-between-women-and-men
- 17 For example: Bill & Melinda Gates Foundation, 'Gender and malaria evidence overview'. February 2020. www.gatesgenderequality-toolbox.org/wp-content/uploads/BMGF_Malaria-Review_FC.pdf
- 18 Madhukar P, Kaseava T and Swaminathan S. 'Covid-19's devastating effect on tuberculosis care – a path to recovery'. *New England Journal of Medicine*, 2022. Downloaded on 25 April 2022.
- 19 LGBTI = lesbian, gay, bisexual, transgender and intersex
- 20 One Impact <https://stoptbpartnershiponeimpact.org>

CREDITS

PROJECT LEAD:

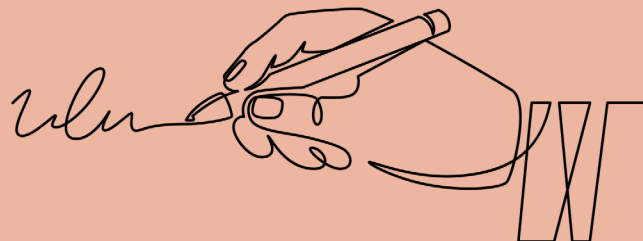
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