

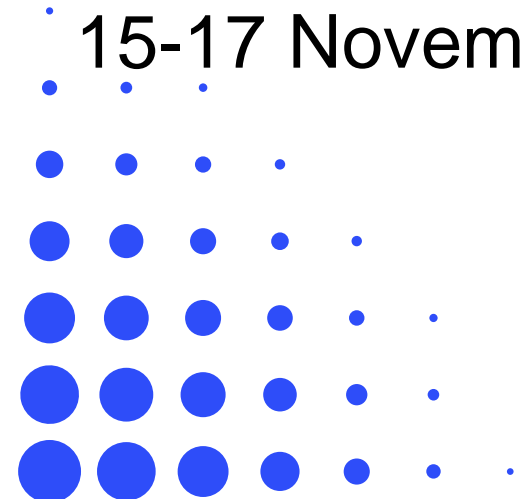
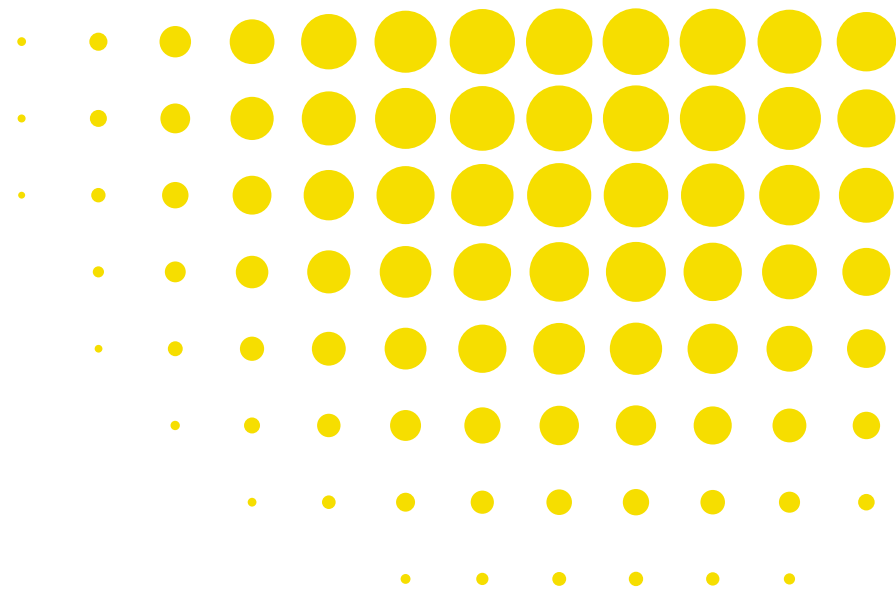


Gender Thematic Discussion

48th Board Meeting

GF/B48/9B

15-17 November 2022, Geneva, Switzerland



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Gender Ambition

The **2023 – 2028 strategy** commits us to initiating a Partnership-wide focus on **gender transformative programming** to advance gender equality and reduce gender-related barriers to HTM services, by:

- Scaling comprehensive programs and approaches to **remove gender-related barriers and inequalities** across the portfolio
- Advancing youth-responsive programming, including for **AGYW and young KVPs** and their partners
- Supporting comprehensive **SRHR** programs and their strengthened integration with HIV services
- Supporting targeted **SGBV** prevention and response interventions and systems
- Promoting the role of **community-based and community-led organizations** (including women and LGBTQI-led organizations) in the design and implementation of programs dedicated to challenging harmful gender norms, prejudices and stereotypes
- Supporting the **integration of national gender-responsiveness action plans** into multisectoral health and HTM strategies
- More proactively **engaging ministries of gender and social protection** in Global Fund processes
- Establishing **innovative partnerships** with development partners, national government agencies and community-based, community-led and civil society organizations working on advancing gender equality
- Deploying **quantitative and qualitative data** to identify drivers of HTM inequity and inform targeted responses, including by gender

What do we want to see in three years' time?

- 1) Gender equality is a key consideration in the design, delivery and evaluation of all Global-Fund supported programs, not only in standalone initiatives
- 2) Sex and gender-disaggregated data routinely used for programme design, delivery, adaptation and evaluation
- 3) Clear roles, responsibilities and accountability within the Secretariat and across the whole Global Fund Partnership

Gender

Definitions

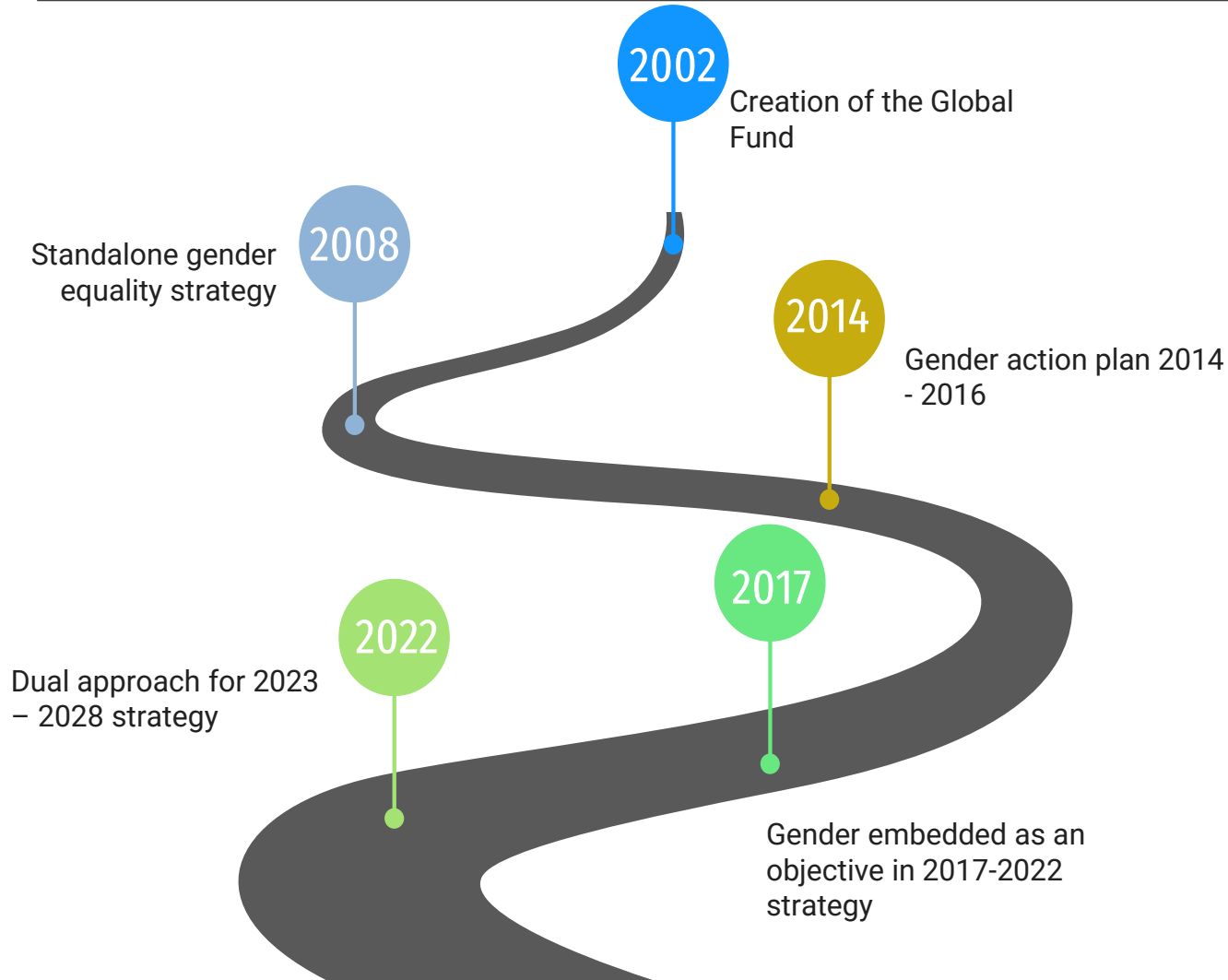
Definitions:

- **Gender** refers to the socially constructed roles, behaviors, power and influence society assigns to women, men and gender-diverse communities. Gender also encompasses the relationships and power dynamics *between* women, men and gender-diverse communities
- **Gender equality** means the different behaviors, aspirations and needs of women, men and gender-diverse communities are considered, valued and favored equally

In the Global Fund context, this means:

- Understanding that women, men and gender-diverse communities, including key and vulnerable populations, experience **different gender-based risks, vulnerabilities, barriers to health services, health outcomes and consequences of poor health**
- Ensuring our programs respond to these gender-differentiated barriers and needs, but also address the causes of gender-based health inequalities and work to transform gender norms, roles and relations
- Understanding that HIV, TB and malaria programs that address gender inequalities and respond to gender-differentiated barriers and needs are **more effective, efficient and sustainable** than those that do not
- **Recognizing that gender does not exist in a silo:** it is interconnected with issues such as human rights, key populations, community engagement, community systems and responses and pandemic preparedness, and also forms a key element of our work in these areas

Gender Evolution



- To deliver our strategy commitments and reach our overall HIV, TB and malaria objectives, **gender must be a key consideration in the design, delivery and evaluation of Global Fund-supported programs**, in addition to standalone gender-focused initiatives
- We are therefore taking a **dual approach** that:
 1. Integrates a gender equality focus across the portfolio; and
 2. Invests in dedicated gender-specific interventions in critical areas
- The principles of this approach will apply consistently across all portfolios, with implementation tailored in line with our differentiated approach

Why a dual approach?

Lessons learnt

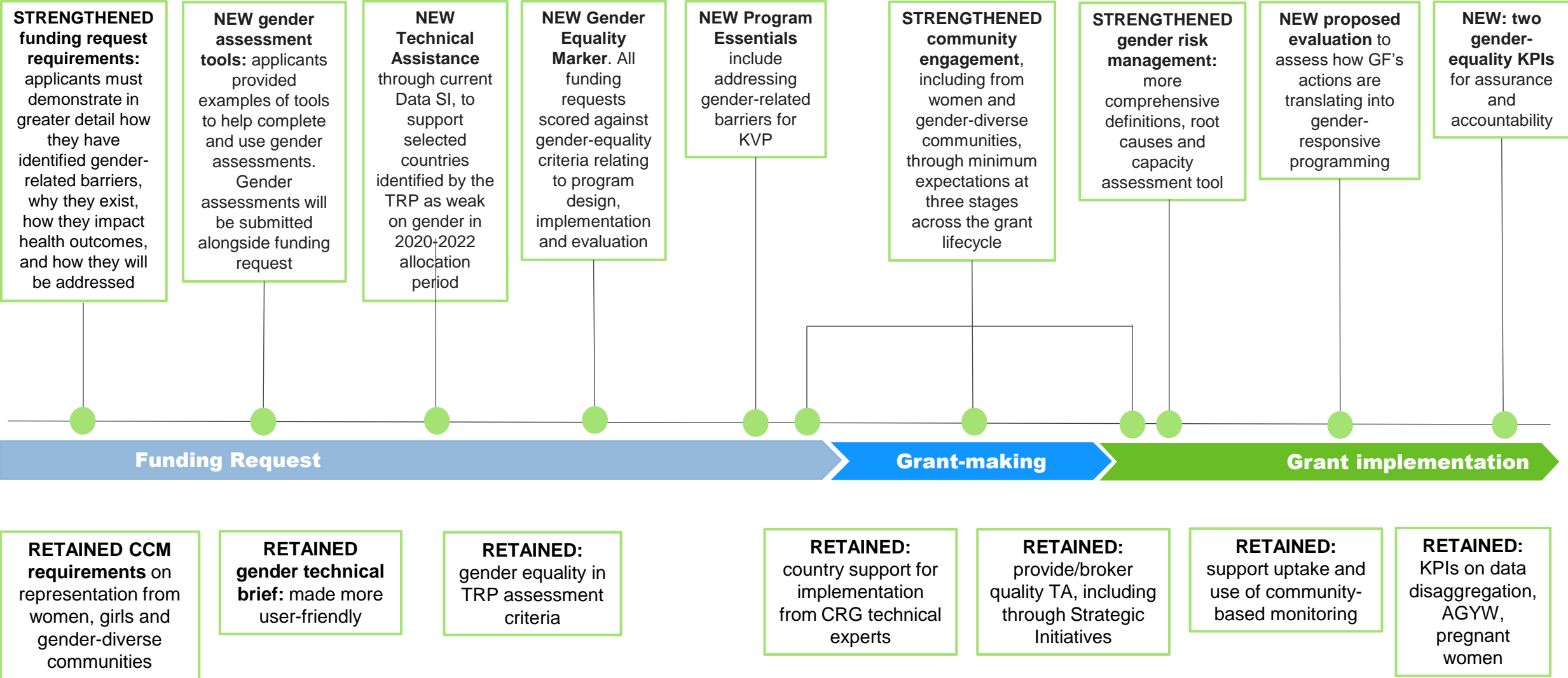
Review findings:

- 2020 TERG Strategic Review: Progress against gender objectives was **muted and inconsistent**. Global Fund grants were often designed without sufficient focus on gender issues to attain results
- 2020-2022 Technical Review Panel Observations Report: Interventions to address inequalities were **insufficient to meet the scale of need and were siloed**. Gender assessments rarely translated into well targeted services and interventions with metrics to monitor outcomes
- 2022 Community Engagement and Community-led Response Evaluation: Gender focus is under-developed. AGYW Strategic Initiative is **laudable but limited** to HIV in Southern and Eastern Africa. Approach is **insufficient to ensure that gender is fully considered and addressed across all Global Fund investments**
- 2022 MOPAN Assessment: Cross-cutting objectives such as gender given less priority in resourcing. **Gender not adequately integrated** – e.g., into KPI framework
- 2022 UN University International Institute for Global Health Gender Scan of UNDP programs funded by the Global Fund: **Funding requests were largely gender blind**, and, where funding requests include gender analyses, the **barriers and needs identified are often not addressed through program activities or budgets**
- 2022 – 2027 strategy consultation: The Global Fund should double-down its efforts on equity, human rights and gender, including by **more deeply embedding this focus throughout the Global Fund's work** and the grant lifecycle

Consistent findings across reviews: our approach to gender is often **insufficient, inconsistent** and **siloed**. Gender equality should be embedded as a focus across all Global Fund processes, structures and grants

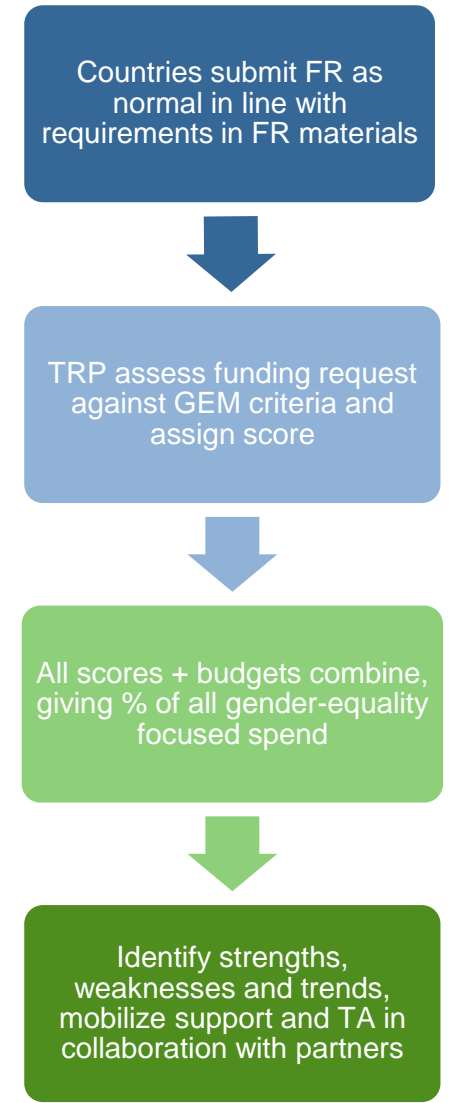
These findings emphasize the need for a dual approach: preventing a siloed and inconsistent approach by integrating a gender-equality focus across the entire portfolio, and better meeting the scale of need by combining integration with targeted gender-specific interventions

Strategy delivery: embedding gender across the grant lifecycle



Gender Equality Marker (GEM)

Score	Global Fund Minimum Criteria
Not targeted (score 0): Any funding request not meeting <i>Significant</i> or <i>Principal</i> criteria	It is strongly recommended that all funding requests are informed by gender analysis so <u>at a minimum</u> the Global Fund investment does no harm and does not reinforce gender inequalities
Significant (score 1): Gender equality is not the principal reason for undertaking the project/programme but is an important and deliberate part of the intervention	A gender assessment relevant to each disease component in the funding request has been conducted
	The findings of the gender assessment have informed the funding request
	The funding request includes at least one intervention explicitly contributing to advancing gender equality
	Data and indicators are disaggregated by sex and/or gender where applicable
Principal (score 2): Gender equality is a contributory objective of the project/programme and is fundamental in its design and expected results	A commitment to routinely collect and analyze sex and/or gender disaggregated data to inform program design, adaptation and understanding of performance
	A gender assessment relevant to each disease component in the funding request has been conducted
	The findings of the gender assessment have informed the funding request
	The funding request includes at least three interventions that explicitly contribute to the advancement of gender equality; at least one is specific to transgender populations
	One of the main ambitions of the Global Fund investment is to advance gender equality
	Performance for the majority of interventions is being measured with sex and/or gender disaggregated indicators
	A commitment to routinely collect and analyze gender disaggregated data to inform program design, adaptation and understanding of performance






Spotlight on risk

Aggregated Gender Risk remains high, and the direction of travel is steady

Risk rating

Residual Risk (calculated across grants)	Post adjusted organisational risk (ORR)	Board approved Risk Appetite	Direction of travel Q2-2022
Moderate	High	N/A	Steady →

Component		Gender Equality Risk	Type	Allocation distribution (%)	Gender equality
Global Fund (HI/Core)		Moderate	COE (22 Countries)	34%	High
	HIV	Moderate	Non-COE (33 Countries)	66%	Moderate
	TB	Moderate - Low			
	Malaria	Moderate - Low			

- Integrated Risk Management tool updated in 2020 to facilitate bottom-up rating across grants for Gender Equality risk

Challenges

- Disconnect between the bottom-up risk rating (moderate) and the assessment of the aggregated organizational risk (high)
- Gaps in availability and use of gender disaggregated data
- Gender equality is routinely acknowledged for HIV, but approach to gender risk is less mature for malaria and TB

Strengthening systems, tools and processes

- Strengthening 2nd line - CRG to lead in collaboration with other technical teams and 1st line Country team
- Building Secretariat capacity (1st and 2nd line teams) on gender risk management
- Revising gender risk assessment guidance as part of IRM2.0 update
- Clearer definition of gender risk to better understand the drivers and elaborate on mitigations
- Supporting the collection and use of disaggregated data to make data-driven decisions on program design and monitoring

Snapshot of revised gender risk definition and assessment guidance

Risk definition: Gender inequality increases risk and vulnerability, reduces access to health services and worsens health outcomes for women, girls and gender-diverse communities, particularly those in key and vulnerable populations

Root Cause 1
Limited knowledge and organizational capacity of health system planners, implementers and CCMs on gender-transformative interventions hinders effective programming to remove gender-related risks, vulnerabilities and barriers to services

Root Cause 2
Poor engagement and lack of meaningful participation of women and gender-diverse communities, particularly KVPs, in Global Fund decision-making hinders effective programming to address gender-related risks, vulnerabilities and barriers to services

Root Cause 3
Limited political will/leadership of CCMs/ implementers/ governments to tackle drivers of gender inequality - e.g., imbalances in power and control over resources - hinders effective programming to address gender-related risks, vulnerabilities and barriers to services

Root Cause 4
Harmful and/or discriminatory gender-related social and cultural norms increases risk and vulnerability, reduces access to services and worsens health outcomes for women, girls and gender-diverse communities, particularly KVPs

Root Cause 5
Harmful laws and policies exacerbate/fail to protect against gender inequalities, including discrimination and GBV, increasing risk and vulnerability and limiting access to services for women, girls and gender-diverse communities, particularly KVPs

Root Cause 6
Insufficient investments in national systems and processes for collection and analysis of sex and gender-disaggregated data hinders effective programming to address gender-related risks, vulnerabilities and barriers to services

Root Cause 7
Limited capacity and willingness of implementers to collect and analyse sex and gender-disaggregated data, which limits their ability to use data to effective programming to address gender-related risks, vulnerabilities and barriers to services

Principal Recipient Capacity Assessment questions:

1. Does the organization have institutional policies and practices that promote gender equality? i.e.: gender balance in senior leadership; workplace gender-equality policies relating to sex and gender discrimination, sexual harassment, parental leave, social protection; and transparency and action on organizational equal pay and gender pay gap
2. Does the organization have a gender equality policy/definition that is gender-transformative - i.e., which seeks to challenge and address the underlying causes of gender inequalities, as well as recognizing the particular needs of women, girls and gender-diverse communities?
3. Does the organization have dedicated staff with expertise and experience designing and implementing gender-transformative approaches and addressing gender-related health risks, vulnerabilities and barriers to services?
4. Does the organization provide staff training on stigma and discrimination reduction, the promotion of gender equality and gender-transformative approaches?
5. Has the organization assessed its capacity to design and implement programs that are gender-transformative and remove gender-related health risks, vulnerabilities and barriers to services? Has it taken adequate steps to address capacity gaps identified (i.e., hired staff with gender experience, partnered with women-led/feminist/gender-diverse organizations, conducted training for staff, set up mentorship arrangements, engaged technical assistance)?
6. Does the organization have a demonstrable record in designing, implementing and evaluating programs that are gender-transformative and remove gender-related health risks, vulnerabilities and barriers to services, as defined in Global Fund guidance?
7. Does the organization have a clear commitment to addressing gender inequality in the health workforce, including gender power relations in health systems, occupational segregation by gender, and poor pay and conditions for women in the health workforce?
8. Does the organization routinely collect sex and gender disaggregated data, and use it to inform, adapt and evaluate programming?

Delivery challenges and their drivers

Challenges the Secretariat can address

Issue	From...	→	...to
Secretariat: leadership and expertise	Inconsistent levels of expertise, responsibility and accountability	→	<ul style="list-style-type: none">• Strengthened technical expertise across Secretariat, and clearer understanding of the link between gender equality and disease outcomes• Formal responsibility and accountability mechanisms embedded across all relevant Departments• Structure and capacity of CRG and other Departments updated to reflect strategy ambition
Programmatic: data	Sex and/or gender disaggregated data not consistently collected, reported and used to inform interventions	→	<ul style="list-style-type: none">• Strengthened national data systems to collect, report and use disaggregated data• Global Fund requiring key and mandatory program indicators to be disaggregated by sex and/or gender, particularly where they are missing for TB and malaria• Strengthened capacity at country and Secretariat level to use disaggregated data to inform program design, delivery, adaptation and evaluation
Programmatic: CCMs	Feminist, women's rights and gender-diverse reps/experts often not engaged with country dialogue and CCMs despite guidance highlighting them as key constituencies	→	<ul style="list-style-type: none">• Meaningful engagement of feminist, women's rights and gender-diverse representatives and experts in country dialogue and CCMs across the grant lifecycle, tracked through new KPI
Programmatic: gender mainstreaming	Gender equality initiatives still too often standalone rather than mainstreamed throughout all interventions	→	<ul style="list-style-type: none">• Secretariat use of levers to incentivize progress on gender equality: application materials, technical guidance, implementation support, monitoring and evaluation• Gender equality as a key consideration in the design, delivery and evaluation of Global-Fund supported programs• Progress on mainstreaming tracked through a Gender Equality Marker

Delivery challenges and their drivers

Challenges needing Board and Partnership consideration

Incentives

- Business model can incentivize the design of grants that are comparatively easier to absorb funds and can show quantitative results within the three-year grant lifecycle. ***How can we better incentivize the design of grants that tackle longer-term, complex issues such as gender equality?***
- Perceived trade-off between achieving the largest volume of quantitative results in the short-term and investing in gender equality, which can be longer-term in nature. ***Are we willing to accept fewer quantitative results in the short-term to focus resources on longer-term but more transformative issues such as gender equality in the context of health?***
- Success and accountability are demonstrated primarily through quantitative results within a three-year grant cycle. This, in turn, influences what gets prioritized in our grants. ***Do we need to rethink and redefine what success looks like to us as a Partnership, including how we hold ourselves to account and demonstrate accountability to donors?***

Roles and responsibilities

- Secretariat has a limited remit and the role and accountability of partners, particularly in country and beyond the health sector, can be unclear. ***How can we better articulate roles and responsibilities across the Partnership and hold partners to account for their role delivering on gender equality?***
- Gender equality is a top priority for the Global Fund but is prioritized to varying degrees by partners and governments. ***How do we most effectively engage our partners and governments to make gender equality a top priority?***

Ideas we considered but did not propose

Ideas considered

Reasons for not proposing

Set minimum % allocation to gender across countries

- May further silo gender work rather than embedding within all GF-supported programs
- Speaks to scale but not quality of investments
- Instead, we will use the Gender Equality Marker which looks at both scale and quality of investments. Gender Equality Marker will apply to all portfolios, including focused

Introduce longer grant terms

- Not compatible with the GF business model: longer grant terms would affect our ability to manage funds against pledge commitments
- Interventions can already run over multiple grant cycles so planning for gender investments should take a multi-cycle approach
- Instead, we should consider how we think about and define success, so it includes and incentivizes investments that show results over the long term

More top-down approach from Secretariat

(e.g., mandating minimum GEM score; compulsory gender assessments; more directive allocation letters)

- Not compatible with country-led approach
- Punitive approach may be counter productive, for example leading to less transparency
- Instead, we will use our levers to incentivize sustainable and country-led action on gender equality

Case Studies

Country A: **challenges** with grant design, expertise and gender mainstreaming

Context

- TRP requested Country A conduct a TB CRG Assessment in the 2017-2019 funding cycle
- Assessment was conducted in 2020, but findings not incorporated into funding request nor into proposed activities for the 2020-2022 cycle
- TRP again recommended Country A conduct a TB CRG Assessment for the 2020-2022 cycle
- Secretariat coordinated support to develop an implementation plan for original TB CRG assessment
- Good outcome but lack of clarity from Country A on requirements and requests, unclear accountability across Secretariat and delay in implementing the CRG assessment

Key Challenges

1. **Leadership and expertise:** lack of formal responsibility and accountability mechanisms across the Secretariat led to lack of clarity on who should drive this work. Technical expertise and accountability is housed separately from the operational ability to review grant performance and facilitate reprogramming. Without adequate guidance on gender and clear responsibilities across teams, gender considerations were not prioritized
2. **Mainstreaming:** Gender was not mainstreamed into key grant tools. No mechanism was available to ensure the CRG assessment was implemented. The grant performance framework did not include gender indicators nor were LFA spot checks focused on gender concerns

Lessons Learned

- Responsibility for gender, and gender technical expertise, should be formally embedded across the Secretariat
- Further cross-Secretariat collaboration and alignment is critical
- Expertise and accountability should be linked with the ability to review grant performance and reprogram
- Gender needs to be embedded across existing systems, including M&E

Country B: **success** mobilizing the whole Partnership

Context

- TRP requested Country B's Principal Recipient develop a Gender Strategic Plan for HIV programs funded by Global Fund grants
- Secretariat worked with the PR to align with existing national processes and facilitated collaboration with the National Working Group for the development of the National Gender Strategic Plan and Gender Policy, chaired by the Ministry of Women
- Working together, the PR and the Secretariat were able to secure the inclusion of HIV/AIDS as a significant component of the National Gender Strategic Plan and Gender Policy
- The Secretariat also supported the increased participation of CSOs, feminist, women's rights and gender-diverse representatives and experts in the working group, using funding from our Community Engagement Strategic Initiative

Key Successes

1. **Roles and responsibilities:** in-country partners, government and communities effectively engaged, with Secretariat playing a strong coordinating role across the Secretariat, the Community Engagement Strategic Initiative, the Ministry of Gender, the PR, CSOs and feminist/gender-diverse groups
2. **Mainstreaming:** Our activities were aligned with existing processes rather than siloed or standalone. The strong health focus in the resulting National Gender Strategic Plan means it can be utilized during the next funding request development process to ensure a strong gender focus across Global Fund-supported programs

Lessons Learned

- Effective partnerships are key, with each partner clear on their role and playing to their strength
- Integrating gender work into existing national frameworks and strategies is critical to maximize impact and foster sustainability
- Important to have a focal point in the Secretariat to drive cross-Partnership mobilization
- Representation of feminist groups and similar CSOs is key to developing gender-transformative strategies and interventions

Mobilizing the Whole Partnership

Achieving our Strategy ambitions requires collaboration and joint working across the entire Partnership, with distinct, complementary roles and accountabilities. This includes the Secretariat, the Board, country governments, communities, civil society, technical and development partners, the private sector and others. ***What practical steps can we take to mobilize the whole Partnership to deliver on gender equality?***

Suggestions:

- Assess degree to which existing mechanisms – e.g., partnership arrangements, partner consultation platforms – adequately address our ambition on gender equality
- Map out new partners and initiatives, including those outside the health sector that drive health outcomes, e.g., girls' education, to understand where we fit and contribute to the broader gender equality ecosystem. Draw on lessons learnt from past engagement on how to translate shared ambitions into integrated planning and delivery
- Develop and implement a partner-wide approach that clarifies roles and responsibilities (with a scope beyond gender)
- Develop an approach to working with country governments, particularly ministries of gender, to align on gender equality ambitions
- Routinely report on progress relating to gender equality to the Board, in results reporting and in public messaging

Recap: questions for the Board

1. How can we better **incentivize grants that tackle longer-term, complex issues** such as gender equality?
2. Are we willing to accept **fewer quantitative results in the short-term** to focus resources on longer-term but more transformative issues such as gender equality in the context of health?
3. Do we need to **rethink and redefine what success looks like** to us as a Partnership, including how we hold ourselves to account and demonstrate accountability to donors?
4. How can we **better articulate roles and responsibilities** across the Partnership, and hold partners to account for their role delivering on gender equality?
5. How do we most effectively engage our partners and governments to **make gender equality a top priority**?
6. What **practical steps** can we take to mobilize the whole Partnership to deliver our commitments on gender equality?