



FOCUS ON

# Gender Equality



Gender equality is more than a goal in itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development and building good governance.

Former UN Secretary-General Kofi Annan

To end the epidemics, we must address gender inequality. The Global Fund's new strategy takes a strong stand on strengthening the response to HIV, tuberculosis and malaria by supporting programs that address gender inequalities and gender-related risks and remove gender-related barriers that prevent people from accessing health services.

Gender norms and behaviors often influence health risks, create barriers to services, and affect how services for different people are provided. Women, girls and transgender people often bear a heavy burden of disease due to harmful gender norms. For instance, HIV is the leading cause of death for women of reproductive age in low- and middle-income countries. In the hardest-hit countries, girls account for more than 80 percent of all new HIV infections among adolescents. Globally, HIV infection rates for young women aged 15-24 are twice as high as those in young men. Transgender women are 49 times more likely to acquire HIV than all adults of reproductive age. Women who leave the house early in the morning to fetch water or firewood are more exposed to the malaria mosquito.

In some contexts, notions of masculinity mean that men are less likely to seek health services, and health services are often not designed to meet men's needs. In most parts of the world, more men than women are diagnosed with TB and die from it. This is because they are more exposed to risk factors for developing TB such as smoking and alcohol abuse, and are more likely to be exposed to TB in workplaces such as mines. Men can also be at a high risk of malaria if they work in fields or forests at peak biting times for the malaria mosquito.

## A Gender-focused Approach

Addressing gender inequality requires a focused effort that spans the design, implementation, and monitoring of grants. The Global Fund supports the development and implementation of gender-responsive national health strategies; the improvement of data systems to gather and analyze sex- and age-disaggregated data; and the identification of vulnerable or at-risk populations. Data collection and analysis are necessary to identify differences in health status according to gender, the socioeconomic and cultural influences that enhance or hinder access to health services based on gender identity, and any human rights-related barriers. With this critical information, tailored programs can be developed to address those challenges. The initiative to improve national data systems now covers more than 50 countries.



Gold miners in Southern Africa have some of the highest rates of TB infection in the world – well above the WHO threshold of a health emergency. Factors that contribute to the high incidence of TB among mine workers – who are overwhelmingly male – include prolonged exposure to silica dust, poor living conditions, high HIV prevalence, poverty and a poor cross-border health referral system. The Global Fund and partners are pioneering innovative models to reduce the high rates of TB in the mining sector in ten countries in Southern Africa: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. The Southern Africa TB in the Mining Sector Initiative is a multistakeholder effort involving representatives from the ten Country Coordinating Mechanisms (the committees of local community, government and health experts that develop and guide Global Fund-supported programs in a country), ministries of health, mineral resources, and labor; mining companies; current and ex-mine workers' associations; labor unions; development agencies; civil society; and research institutions.

## Adolescent Girls and Young Women

To specifically address the inequalities affecting women and girls, the Global Fund's investments have increased significantly in the past six years, with about 60 percent of the organization's total investments now directed to women and girls. We are seeing significant returns on those investments: between 2005 and 2014, AIDS-related deaths among women experienced a 58 percent decline in the African countries hit hardest by the epidemic.

Where adolescent girls and young women are disproportionately impacted by HIV, the Global Fund is stepping up investments in comprehensive prevention activities and addressing the harmful gender norms that drive violence, keep girls out of school, or block them from accessing health services. There is strong evidence that keeping adolescent girls and young women in school can help address these inequalities, and reduces their vulnerability to HIV infection.

Reaching adolescent girls and young women with services that span health and education is an emerging priority for the Global Fund. In a select group of countries with a high burden of HIV among adolescent girls and young women (including Kenya, Malawi, South Africa and Swaziland) the Global Fund is supporting programs that aim to keep girls and young women in school, and to offer them additional educational and social support.

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## Women's Rights and Representation

The Global Fund also works with civil society networks to increase the engagement of women in Global Fund processes, particularly those from key populations (including women living with HIV and sex workers) and encourages more women to take part in design and implementation of programs in their communities. At the country level, 40 percent of decision-makers on Country Coordinating Mechanisms are now women. While this is substantial progress, women must be not only represented – they must also be meaningfully engaged.

## Increasing Impact through Partnership

Together with partners, we are expanding our reach. For instance, the United Nations Joint Programme on HIV/AIDS (UNAIDS) supported more than 40 countries in carrying out gender assessments in 2015 to inform HIV national responses and, in turn, Global Fund grants. In 2015-2016, the Global Fund worked with the Stop TB Partnership to develop and launch a TB gender assessment tool, which has been piloted in three countries. When gender assessments are conducted, countries can then include better data and analyses of gender-related barriers and resulting risks in their applications for Global Fund grants.

These types of strong and innovative partnerships will be critical. The Global Fund will continue to work with civil society networks and organizations to ensure their engagement in the grant process, and also in delivering and monitoring the quality of critical community-based services. We will also strengthen existing partnerships with UNAIDS, the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), the Partnership for Maternal, Newborn & Child Health, the Global Financing Facility, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the UK's Department for International Development (DFID) in order to deliver the comprehensive, quality investments required to realize the shared goal of gender equality.

## About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, TB and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund's operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.