

Mark Dybul
Executive Director
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Chemin de Blandonnet 8
1214 Vernier
Geneva, Switzerland

Cc: Mark Eldon-Edington, Abigail Moreland, Meg Davis, Mauro Guarinieri, Motoko Seko

29 January 2013

Re: Human rights, gender equality, sexual and reproductive health and rights (SRHR), and reproductive, maternal, newborn and child health (RMNCH) in the New Funding Model (NFM)

Dear Mark,

We write to welcome you to your new role as Executive Director of the Global Fund and to identify key priorities for women and girls as you assume leadership and as the Global Fund embarks on its transition to a new funding model. We appreciate your commitment to the Fund's goals in these challenging times. We are a growing coalition of civil society institutional and individual partners spanning women's rights, networks of women living with HIV, sexual and reproductive health and rights, and reproductive, maternal, newborn and child health, many of whom have been engaged for years with the Global Fund in various capacities.

The Global Fund's existing commitments to gender equality and the protection and promotion of human rights (including women's rights and sexual and reproductive rights), as articulated in its Gender Equality Strategy and the 2012-2016 Strategic Plan, must be explicitly reflected in all aspects of the new funding model.

Specifically, the Global Fund Secretariat should ensure that:

1. Strategic investment frameworks for the three diseases and health and community systems strengthening include specific and clear guidance on how countries can design gender-sensitive and transformative responses and better meet the specific needs of women and girls.
2. Women living with HIV, TB, and affected by malaria and representatives of organizations working on women's rights, SRHR, and RMNCH, are supported to organize themselves to participate effectively and meaningfully in country dialogue processes and CCMs. This requires that the Global Fund uses its resources and power to strengthen the capacity of women's rights groups, and in particular women living with HIV, to engage with the current and evolving

processes of the Global Fund.

3. Country dialogue processes include a robust analysis of the specific impacts of the HIV, TB, and malaria epidemics on women and girls, including women and girls from key populations; barriers to services faced by women and girls, including stigma, discrimination, and punitive laws and policies; and evidence-informed responses to meet women's and girls' needs.
4. Concept notes reflect the outcomes of country dialogues and include a brief analysis of the specific impacts of the HIV, TB, and malaria epidemics on women and girls, including from key populations, and propose effective strategies and programs.
5. Regional grant application and non-CCM processes and concept note requirements are clear, simple, and accessible to communities most affected by the three diseases, including networks of women living with HIV.
6. The Technical Review Panel has sufficient expertise on gender equality, human rights, and SRHR/RMNCH; continues to assess the appropriateness of countries' disease responses for women and girls, including from key populations, in line with its current terms of reference; and refers back for further iteration concept notes that display weaknesses in this area.
7. The Grant Approval Committee verifies the appropriateness of countries' disease responses for women and girls as part of the final approval process and includes members with specific expertise on gender equality, human rights, and SRHR/RMNCH, as well as representatives of women living with HIV and other key populations.
8. All performance indicators, budgets, and progress reports:
 - a. include gender- and age-disaggregated data,
 - b. use gender-transformative budgeting measures, such as weighting budgets according to the disaggregation reflected in indicators, and
 - c. are thoroughly monitored and evaluated in light of the above.

An indicator of success of the above measures would be increased investments in programs that are gender transformative (respecting national priorities and different epidemic needs), and that:

- Include and engage women in all of our diversity—not only as mothers but throughout our lifespans—in treatment, care, and prevention programmes;
- Address gender-based violence and advance sexual and reproductive health and rights;
- Strengthen networks of women living with HIV;
- Address the needs of women from key populations (& sexual partners of same);

- Keep girls in *safe* school environments (given that staying in safe school is a proven HIV prevention intervention);
- Promote and secure women's and girls' economic empowerment; and
- Support carers, and recognize and compensate economically and psychologically the immense unpaid burden of care related to all three diseases that falls on the shoulders of women and girls.

A successful transition to the new funding model will require changes in the way that the Global Fund operates. In order to ensure that the Global Fund is truly responsive to the needs of the women and girls it serves, the Secretariat must show leadership and political commitment to women's and girls' health and rights at all levels. The Global Fund must build expertise and technical capacity on gender equality, SRHR, and RMNCH, as well as other human rights issues throughout the Secretariat, but particularly for Global Fund staff involved in country dialogues, grant management, and grant approval processes. The long-vacant post of Senior Specialist on Gender should be filled as quickly as possible with a strong recruit who is resourced to support the integration of gender equality approaches throughout the work of the Global Fund and effectively partner with women's health and rights organizations and networks of women living with HIV.

Finally, the Global Fund must realize the meaningful involvement of women living with HIV, in all their diversities, and in all that the Global Fund does, recognizing that "meaningful involvement" means ensuring that women living with HIV who represent their networks are formally at the table and given equal respect in all discussions nationally, regionally, and globally. Women who are invited as representatives of women living with HIV should be openly living with HIV, actively working in women's rights and HIV, have an excellent understanding of programmes that work and don't work for women, and truly represent communities of women nationally with the capacity and mandate to consult and feedback. In any consultative or formal decision-making processes, the Global Fund should allocate a minimum of three seats to representatives of the women's health and rights community: one to a representative of a network of women living with HIV; one to a gender expert; and one to a SRHR/RMNCH expert, with the understanding that these are overlapping and mutually reinforcing roles and areas of expertise. It should also be noted that women appointed to these positions may need extra training support to develop an understanding of the mechanisms of the Global Fund.

We believe that the transition to the new funding model provides an opportunity for us to work together to ensure that the Global Fund truly is responsive to women's and girls' needs. We look forward to your response to and action on the priorities we have urgently identified, and to strengthened dialogue and collaboration with you.

With sincere thanks and best wishes –

Mabel Bianco, Fundación para Estudio e Investigación de la Mujer -FEIM-

Tyler Crone, the ATHENA Network
Felicity Daly, London School of Hygiene and Tropical Medicine
Mercedes Mas de Xaxas, Consultant
Sophie Dilmitis, WECARe+
Olive Edwards, Jamaica Community of Women Living with HIV
Robin Gorna, ASAP
Shannon Kowalski, International Women's Health Coalition
Eugenia Lopez Uribe, Balance Promoción para el Desarrollo y Juventud
Dr. Lydia Mungherera, Pan-African Positive Women's Coalition
Lillian Mworeko, ICW East Africa
Alessandra Nilo, I Gestos- Hiv+, Communication and Gender
Luisa Orza, Gender Working Group, UK Consortium on AIDS and International Development
Dr. Susan Paxton, WAP+
Silvia Petretti, PozFem UK
Ann Starrs, Family Care International
Wezi Thamm, WECARe+
Dr. Alice Welbourn, the Salamander Trust
Jessica Whitbread, ICW Global
On behalf of an ad-hoc coalition of civil society institutional and individual partners spanning women's rights, networks of women living with HIV, and sexual and reproductive health and rights

Who are we:

- We have been working together since at least last May (when we sent a letter to the Global Fund in advance of the Board meeting).
- We have been acting in very much a voluntary capacity. Given this, we have not had consistent access to information about the NFM (vis a vis what is shared in the civil society delegations to the Board, all of which have dedicated communications focal points.)
- We have, nonetheless, endeavored to share all the information that individuals have accessed and felt able to share.
- We seek to highlight here once more the dire situation of funding for work on HIV and gender equality.
- We point to the inability of key members among us, such as long-term Indian activist Anandi Yuvaraj, who is a woman living with HIV, to engage in these dialogues at this time because of this funding crisis in our part of the sector. [Many] networks of women living with HIV are closing because of a lack of resources.

***To join the ad-hoc coalition and be a part of on-going advocacy and dialogue, please contact Tyler Crone of the ATHENA Network (tyler.crone@gmail.com).**