



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Nineteenth Board Meeting
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GF/B19/4
Attachment 3

THE GLOBAL FUND STRATEGY IN RELATION TO SEXUAL ORIENTATION AND GENDER IDENTITIES (SOGI)

EXECUTIVE SUMMARY:

1. At its Sixteenth Board Meeting in November 2007, the Global Fund Board recognized the importance of addressing gender issues in the fight against the three diseases, placing a particular focus on the vulnerabilities of women and girls and "sexual minorities" (men who have sex with men, transgenders, and female, male, and transgender sex workers), communities that have different experiences, vulnerabilities and health risks. The Board authorized the Global Fund Secretariat to develop a strategy to address gender issues in Global Fund policies and operations.
2. At the Eighteenth Board Meeting, the Board endorsed the *Gender Equality Strategy*, which outlines strategic directions that the Global Fund will adopt to ensure gender equitable responses to AIDS, TB and malaria.
3. The Global Fund Strategy in relation to SOGI notes that men who have sex with men (MSM), transgenders, and female, male, and transgender sex workers face challenges in being able to access or benefit from Global Fund grants. They have limited access to decision-making bodies of the Global Fund, face social and structural barriers to the realisation of their health and rights.
4. The SOGI Strategy outlines concrete actions that the Global Fund, as a major international funding entity working to addressing challenges of health from frameworks of evidence, human rights, and measurable outcomes, can take to address the vulnerabilities and needs of MSM, transgenders, and sex workers in the fight against the three diseases.
5. The intent of this Strategy is to augment and reinforce the efforts of the Global Fund in realizing outcomes and impact against the three diseases, recognizing the vulnerabilities of MSM, transgenders, and sex workers and recognizing the imperatives to minimize harm. Therefore actions are recommended that can be implemented in ways that are gradual, careful, built upon current positive efforts and good intents, and respectful of the varying contexts in which the Global Fund operates.
6. This Strategy complements the Gender Equality Strategy, and works to ensure SOGI-related health and rights is strongly linked with work to empower women and girls.

PART 1: RATIONALE AND POTENTIAL FOR ACTION

Vulnerability to HIV/AIDS, Tuberculosis, and Malaria

1.1 HIV/AIDS disproportionately impacts men who have sex with men (MSM), transgenders, and female, male, and transgender sex workers. Some refer to this group of vulnerable populations as “sexual minorities.”¹ During the development of this Strategy, there have been many discussions about terminology, including potential alternatives to the term “sexual minorities.”² While there is no internationally-agreed upon language used to refer to these communities, in 2006, a group of human rights experts from diverse regions and backgrounds, including judges, academics, UN officials, NGOs and others developed and unanimously adopted the Yogyakarta Principles³. The Yogyakarta Principles are a set of principles on the application of international human rights law in relation to sexual orientation and gender identity, or SOGI. In this Strategy, SOGI refers to all people whose sexual orientation, gender identity and/or sexual behaviors do not conform to majority norms and values, focusing on adults engaging in consensual sexual behaviours that increase their health-related vulnerabilities.

1.2 The evidence indicating why a Strategy in relation to SOGI is needed is clear. Among MSM, both the incidence and prevalence of HIV/AIDS is high in all regions of the world, with recorded HIV prevalence rates as high as 25 per cent in Africa, 11 per cent in the Caribbean, 28 per cent in Southeast Asia, and as high as 51 per cent in some parts of Latin America.⁴ Among transgendered persons, HIV prevalence is likely to be even higher than among MSM. Data recently presented at the International AIDS Conference in Mexico showed HIV prevalence rates of over 25 per cent among transgenders in three Latin American countries and ranging from 10-42 per cent in five Asian countries.⁵ HIV prevalence among sex workers is higher than in the general population.⁶ While sex between women is not an HIV-risk behavior, women who have sex with women (WSW) do have HIV risks due to the factors that increase women’s risk generally, and also because WSW are often targets for sexual violence *because* of their sexual orientation. The Gender Equality Strategy responds to the needs of women, but the SOGI

¹ The term “sexual minorities” was initially used in Global Fund documents because the Global Fund Board used this terminology in its request for a strategy.

² During consultations on this Strategy, participants have stressed that the challenge of agreeing on universal terminology should not slow down the development and implementation of a Strategy to meet the vulnerabilities and needs that were confirmed by the Global Fund Board in November 2007. What has also been agreed in consultations is that any terminology used in relation to sexual minorities should be inclusive of diverse sexual orientations and gender identities, including men who have sex with men, individuals who are transgender, transsexual and intersex, and women who have sex with women where relevant. The terminology should also encompass marginalized but consensual heterosexual behaviours and gender roles. For more information on the discussions, see the Report from July 2008 OSI/PSI meeting in Kathmandu and the Report from the Global Fund Partnership Forum (December 2008). For more information on definitions, see Annex 3.

³ In the Yogyakarta document (<http://www.yogyakartaprinciples.org/index.html>), sexual orientation is “understood to refer to each person’s capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.” And gender identity is “understood to refer to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.”

⁴ In South Asia, HIV prevalence is estimated to be 18 per cent; 6 per cent in East Asia; 5 per cent in Eastern Europe and Central Asia; and 1.4 per cent in the Middle East/North Africa. *Sex Transm Infect* Cáceres *et al.* 84 (1): i49. At http://sti.bmj.com/cgi/reprint/84/Suppl_1/i49.

⁵ Data presented by the International HIV/AIDS Alliance at “The hidden HIV epidemic: a new response to the HIV crisis among transgender people” press conference, 4 August 2008, Mexico City, Mexico.

⁶ UNAIDS 2008 *Report on the Global HIV/AIDS Epidemic* notes HIV prevalence rates as high as 35 per cent in West Africa, 10 per cent in Latin America, and higher than 10 per cent across Asia and Eastern Europe.

Strategy recognizes the consequences of stigma and discrimination based on sexual orientation and gender identity on WSW and lesbians.

1.3 Biologically, elevated HIV incidence and prevalence among MSM and transgenders is likely to be due to anal intercourse and, more specifically, the greater efficiency of transmission and low frequency of condom use during anal intercourse. Anal intercourse is a widely practiced behaviour among MSM and transgenders, and is increasingly understood as a practice among heterosexuals.^{7 8} The unadjusted probability per coital act of transmitting HIV is calculated to be 80 times higher for receptive anal intercourse than for vaginal intercourse.⁹

1.4 The Global HIV Prevention Working Group estimates that globally, only 9 per cent of risky sex acts are undertaken while using a condom, and that prevention services reach fewer than 10 per cent of MSM and fewer than 20 per cent of sex workers. Throughout Africa, Asia, and Eastern Europe, one common anecdote relates the discovery of young gay men who believe that HIV is transmitted only through vaginal sex and not anal sex - a legacy of HIV prevention campaigns focused exclusively on heterosexual risk.

1.5 Among MSM, transgenders, and sex workers, elevated risk for HIV infection is also due to network effects.¹¹ Any small sexual network, in which background HIV prevalence is high and where people have multiple sex partners, especially at the same time (i.e. concurrent partners), is especially conducive to the spread of the virus. This epidemiological phenomenon is also influenced by society. Social marginalization can have the multiple effects of ghettoizing people into small sexual networks, allowing high HIV infection rates to remain high and undetected for years.

1.6 Nationally-collected data for HIV prevention are scarce and worrying. As an example, only eight African countries reported any statistical data about MSM as part of the 2008 country progress reporting for the UN High Level Meeting. In this reporting, the rates of MSM correctly identify ways of preventing the sexual transmission of HIV and reporting use of condoms in anal sex were generally below 50 per cent.

1.7 For all three diseases, marginalization and criminalization of people due to their sexual orientation impacts their ability to negotiate health and health services. In select countries on every continent, rights related to SOGI and access to health are still explicitly or implicitly denied through laws, religion, social institutions, and cultural traditions. This includes not only vocal hostility and incitation to violence by political leaders and religious leaders, but also continued criminalization.¹² Sex between consenting adults of the same gender is criminalized by approximately 85 UN Member States, including 34 African countries, with 10 states having death penalties for homosexual relations between consenting adults. This is incontrovertible

⁷In the US and UK, between 10 per cent and 35 per cent of heterosexual women report practicing receptive anal intercourse, and lifetime reports from U.S. men of anal intercourse with opposite-sex partners are as high as 40 per cent. Statistics from the International Rectal Microbicide Advocates at www.rectalmicrobicides.org.

⁸See Dandona, R. *et al.* (2005); Karim, S. S. A., & Ramjee, G. (1998); Schwandt, M., Morris, C., Ferguson, A., Nguni, E., & Moses, S. (2008); Yu, S. *et al.* (2007). Note full references are listed in Annex 1.

⁹Calculated at 0.08 per contact for receptive anal intercourse as compared to 0.001 per coital act for vaginal intercourse. This is most likely because the lining of the rectum (single columnar epithelium) is both more fragile and contains more CD4 cells than the lining of the vagina, making it more vulnerable to HIV infection.

¹⁰Vittinghoff E, Douglas J, Judson F, McKirnan D, MacQueen K, Buchbinder SP; Gray RH, 25. Wawer MJ, Brookmeyer R, *et al.*

¹¹Garnett GP, Ghani AC; Lowndes CM, Alary M, Meda H, *et al.*; See FHI paper (link in Annex 1); Aral SO, Lawrence JS; Ghani AC, Swinton J, Garnett GP.

¹²For a survey of laws prohibiting same sex activity between consenting adults, see http://www.ilga.org/statehomophobia/ILGA_State_Sponsored_Homophobia_2008.pdf.

evidence of gender-related vulnerability, and a barrier in the fight against AIDS, tuberculosis, and malaria.

1.8 Due to the ways that this marginalization and criminalization impact freedom of action, access to healthcare, and equal access to social benefits, MSM, transgenders and sex workers are disproportionately impacted by poor health in many countries.¹³

1.9 In terms of being able to access or benefit from Global Fund grants, MSM, transgenders, and sex workers face serious challenges. They face limited access to decision-making or control in CCMs, principal recipient organizations, or sub-recipient organizations, and widespread inaction against social and structural barriers to the realisation of health and rights. Around the world, even in countries where SOGI are nominal beneficiaries of Global Fund funding, there are consistent and extensive reports of funds not being allocated to appropriate interventions, a severe lack of services related to health and rights, and continued disregard for human rights.

1.10 To date, the Global Fund has taken several actions related to SOGI, such as modifying CCM and Proposal guidelines to include references to key affected populations, and funding qualified multi-country proposals thereby providing a potential pathway to programs that reach MSM, transgenders, and sex workers in countries where national and local governments find themselves unable to act. These actions are a start, but as a major international funding entity working to address challenges of health from frameworks of evidence, human rights, and measurable outcomes, the Global Fund must do more and accelerate its actions on SOGI-related issues.

1.11 The Global Fund also acknowledges that work in this area is difficult and sometimes controversial in many part of the world. There is no one approach for every situation. A strategy that uses advocacy and public statements to call attention to the issues may be effective in one environment, but actually cause harm in another. Understanding the unique political, social and cultural contexts of each country is critical if this Strategy is to be effective. The implementation plan for this Strategy will take this into account, along with each country's processes and needs. This Strategy is an overarching, guiding document which outlines ways in which the Global Fund can work to ensure that MSM, transgenders, WSW and sex workers benefit from the most appropriate and effective interventions.

Global Fund Commitments and Strategic Strengths

Documents and Mandates

1.12 This Strategy builds on a number of Global Fund documents and mandates.

1.13 The Framework Document: The Framework Document of the Global Fund outlines commitment to¹⁴:

¹³ For example negative aspects of socially-prevalent gender norms, such as the acceptability of male violence against women and feminized males, or stigmatization criminalization, and violence related to sexual orientation and minority gender identities impact the ability of women and girls and MSM, transgenders, WSW, sex workers to negotiate health and health services (UNAIDS, *Policies and Practices, Gender*). Also see Roll Back Malaria's *A Guide to Gender and Malaria Resource* and the Stop TB Partnership's *The Global Plan to Stop TB 2006-2015* for other examples of how people are disproportionately impacted by poor health in many countries due to SOGI.

¹⁴ The Framework Document of the Global Fund to Fight AIDS, TB and malaria, Section III, H10, pg. 3 and Section IV, H, pg. 4.

- i. support public health interventions that address social and gender inequalities, as well as behaviour practices that fuel the spread of the three diseases, with an emphasis on health education.
- ii. aim to eliminate stigmatization of and discrimination against those infected and affected by HIV/AIDS, especially for women, children and vulnerable groups.

1.14 Global Fund Board: At its Sixteenth Board Meeting in November 2007, the Board recognized the importance of addressing gender issues in the fight against the three diseases, placing a particular focus on the vulnerabilities of women and girls and “sexual minorities.” The Board authorized the Global Fund Secretariat to develop a strategy to address gender issues in Global Fund policies and operations.

1.15 In March 2008 at the Seveteenth Board Meeting, the Board approved “A Strategic Framework for Ensuring a Gender-Sensitive Response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund” (GF/B17/4), taking note of the “Proposed Approach for the Global Fund on Sexual Minorities in the Context of HIV/AIDS” (GF/B17/4, Annex 3), and requested the Secretariat to proceed swiftly with the recruitment of appropriate staff to carry the process forward. And at the Eighteenth Board Meeting in November 2008, the Board endorsed the *Gender Equality Strategy*, which outlines strategic directions that the Global Fund will adopt to ensure gender equitable responses to AIDS, TB and malaria.

1.16 Global consultations: A number of consultations with technical experts and relevant constituencies were held in 2008 in Geneva, Kathmandu, Mexico City and Dakar and this document draws on those discussions.¹⁵ Additional feedback has been solicited and received from more than two dozen experts from around the world.

1.17 The SOGI Strategy and the Gender Equality Strategy have been developed as two separate documents through separate processes of consultations, but are understood to be components of a single Global Fund Gender Strategy. As such, these documents are aligned and mutually reinforcing in their structure and content. In order to ensure the health and rights of people affected due to SOGI is strongly linked with work to empower women and girls, this Strategy uses a gender perspective to centre its recommendations to address their vulnerabilities in the fight against the three diseases.

The Global Fund Model

1.18 The Global Fund’s model has several unique strengths to help address the barriers presented by issues related to SOGI in the fight against AIDS, TB, and malaria.

- i. The role of a funder: The Global Fund, as a major funder, has significant influence with national governments and other stakeholders. This can be used to ensure that those most vulnerable to infection and most in need of services are reached.
- ii. Country-led: The Global Fund’s country-driven model of funding has facilitated important country-level (and regional) ownership of health programming related to the three diseases. The Global Fund is uniquely positioned to catalyze country-level ownership (including dual-track financing) to improve sexual-minority health.

¹⁵ In February 2008, in Geneva, the Gates Foundation and the International AIDS Society hosted a Global Summit which focused on MSM. The Open Society Institute and Population Services International (PSI-Nepal) organised the Kathmandu consultation. Further consultations took place at the International AIDS Conference in Mexico, and at the December 2008 Global Fund Partnership Forum.

- iii. Evidence-based: Of the 128 countries reporting on the UN Declaration of Commitment on HIV/AIDS in 2008, fewer than a third (only 37) provided complete reporting on five key indicators related to SOGI and HIV. The Global Fund and its partners can support efforts to build the available evidence-base through support for national surveillance and operational research, and through continued requirements for this data as part of funding applications. Part of having a response that is based on evidence means that countries have to “know their epidemic.” This approach will be stressed in terms of proposal development and TRP review.
- iv. Rights-based: Most countries applying for Global Fund funding are signatories to global human rights agreements, such as the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). All affirm State commitments to universal human rights and commitments to ensuring that people are free from coercion, discrimination, and violence. However, implementation of these commitments varies widely. In some countries, there has been formal decriminalization of minority sexual orientations, gender identities, and sexual behaviours, and efforts to combat discrimination and violence. In many other countries, negative sanctions remain enshrined in legal, religious and social codes, but accommodation has been found through non-enforcement and open engagement. In other countries, there is no broad accommodation, but nonetheless individuals have carved out spaces for improved health for MSM, transgenders and sex workers in a patchwork of small-scale agreements, understandings, and relationships. Unfortunately, in several countries, governmental bodies are moving to criminalize or actively enforce criminalization for the first time in many years. The Global Fund has a role to play in supporting the voices of these groups and their advocates in all settings.
- v. Performance-based: “Performance-based” implies funding decisions are based on measurable program results showing the outcomes and impact on each of the three diseases relative to baseline need. Where this does not exist, the Global Fund can continue to request it and can support its development. With regard to MSM, transgenders and sex workers, the Global Fund can specifically support collection of baseline data, including behavioural surveys, program data, and surveillance and cohort data to track indicators of health and rights. All of this data can be collected in a way that can be disaggregated by gender and age, and can track exposure to interventions, and program outcomes and impacts. With sufficient data, country-level and regional ownership, and sufficient resources, the Global Fund has an opportunity to support relevant programmes at a scale that is sufficient to have an impact.

PART 2: ACTIONS

2.1 There are a number of actions the Global Fund Secretariat, its governance structures and partners can take to better meet the needs of SOGI and these are elaborated on below. There are 19 Actions being recommended, each with specific indicators and targets, and a recommended monitoring approach. When the implementation plan for the SOGI Strategy is developed, it will prioritise the actions and set out clear timelines. While many of the actions focus on Round 10 and future Rounds, the implementation plan will take into account the

evolving Global Fund processes, operations, and architectural changes such as National Strategy Applications (NSAs) and how these changes relate to the SOGI Strategy.

Improving Country Coordinating Mechanisms (CCMs)¹⁶

2.2 **Action 1:** The Global Fund will provide appropriate guidance to CCMs to gauge and improve the level of their experience and expertise related to the health and rights of people in relation to SOGI, including field-based experience in resource-limited settings and/or publications on sexuality and human rights.

2.3 **Action 2:** The Global Fund will request and forward CCM reports on their own capacity related to gender and SOGI to the Country Proposals Team, the Technical Review Panel (TRP), and to the Board. Where a CCM can't (or won't) document any expertise or experience related to SOGI, this lack of information will be taken into account by the TRP as one of the many pieces of information used in its review of non-CCM proposals from that country and region.

2.4 **Key indicators and targets:** As of Round 10, all CCMs will receive guidance in gauging and improving the level of their experience and expertise related to the health and rights of SOGI. The guidance will emphasize appropriate options that are sensitive to the context of the country. All CCMs will be asked to include an assessment of their experience and expertise in health and rights related to SOGI, integrated into similar existing requests about broader gender experience and expertise. Assessments received by the Global Fund will be incorporated into proposal screening and TRP reviews.

2.5 **Monitoring approach:** The Global Fund will incorporate and track this information with all other documentation collected about CCM member experience and expertise.

2.6 **Discussion:** The capacity of each CCM to understand issues related to gender, gender identity, and sexual orientation can result in improved proposals and improved choice and oversight of principal recipients, which in turn can impact the quality of program implementation. The ability of SOGI groups (and vulnerable women and girls) to access and benefit from Global Fund resources is strongly influenced by the awareness and experience of this hierarchy of sub-recipients, principal recipients, and CCMs.

2.7 The Global Fund's CCM Guidelines already include discussion of expertise and sensitivity to gender and marginalized populations.¹⁷ However, a 2007 analysis by Fried and Kowalski-Morton of a representative sample of 65 CCMs found that, while some organizations that worked with sex workers and MSM as part of their overall portfolio were members of CCMs, few organizations that focus exclusively on these issues or that were led by sex workers, LGBT individuals, or MSM were represented on CCMs.¹⁸ Only five of the 65 CCMs reviewed had any

¹⁶ This document discusses several actions related to the capacity of Country Coordinating Mechanisms (CCMs) and also Regional Coordinating Mechanisms (RCMs) as multi-sector networks that coordinate the development of funding proposals, help to monitor implementation of approved proposals, and help to coordinate communications among all relevant stakeholders. Given the similarities in their governance functions and for purposes of brevity, recommendations for CCMs may also be interpreted as applicable to RCMs.

¹⁷ "Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility" (available at www.theglobalfund.org)

¹⁸ Susana. T. Fried and Shannon Kowalski-Morton, "Sex and the Global Fund: How Sex Workers, Lesbians, Gays, Bisexuals, Transgender People, and Men who have Sex with Men are Benefiting from the Global Fund, or Not," *Health and Human Rights: An International Journal* 10, no. 1 (2008), Perspectives, <http://hrjournal.org/blog/perspectives/sex-and-the-global-fund.pdf>

representatives of easily identifiable LGBT organizations as members. Beyond simple affiliation with an identifiable LGBT organization, no formal public measurement of the experience or expertise of CCM members related to SOGI was available. Therefore, CCM Guidelines can be strengthened to assist CCMs in understanding clear indicators of capacity and accountability with regard to SOGI.

2.8 In terms of CCM capacity, the Global Fund already requires public documentation about CCM member experience and expertise. This includes non-governmental affiliation and/or experience of living with HIV, TB or malaria, asking for such documentation in the form of professional affiliations, resumes, biographical summaries, or descriptions of work responsibilities (this happened in Round 8).

2.9 As of Round 10, the Global Fund can request documentation about CCM member experience and expertise related to SOGI health, with due consideration for mitigating risks of such self-disclosure and disclosure in many environments. This will be a tool to:

- i. help CCMs measure experience and expertise from current members from government, private-sector, and civil society, and particularly from government representatives, given the importance of country leadership on these issues;
- ii. help CCMs openly consider how to improve experience and expertise related to SOGI, in proportion to the way that the three diseases affect MSM, women who have sex with women, transgenders, sex workers, other vulnerable women and girls, and other key affected populations in the national context, and;
- iii. encourage CCMs to recruit new experience and expertise, and address barriers to such experience and expertise, such as lifting any requirements for affiliation with a government agency or legally-registered NGO, or working to ensure that CCM participants identifying as experts on minority sexualities and gender identities are protected from undue harassment or discrimination.

2.10 Where CCMs cannot document capacity related to SOGI, the Global Fund will work with the CCM to develop this capacity. The Global Fund understands that developing this capacity may take time, and working with partners will provide guidance and work with CCMs to ensure they have the relevant experience and expertise related to SOGI. CCMs should understand that this information will be taken into account in administrative screening and TRP reviews of non-CCM applications from those countries and regions in future Rounds.

2.11 Many CCM members need political backing to support dialogue and decisions related to SOGI. In many countries, the capacity of a CCM member to advocate on behalf of MSM or transgenders is constrained by pressure from colleagues, lack of information or political support, and even threat of arrest under laws that discriminate against people due to SOGI. With due consideration for mitigating risks and cultural sensitivities of disclosure, the Global Fund staff and Board members can visibly champion the health and rights based on SOGI at a regional and country level, and mentor those CCM members who are representing the needs of MSM, transgenders and sex workers. Mentoring might include linking CCM members to political, legal, and human rights organizations that might help them to be more effective and vocal advocates on behalf of MSM, transgender and sex worker communities. Championing might also include using media or public meetings to highlight the health needs and opportunities related to SOGI.

2.12 With regard to CCM accountability, the Global Fund should integrate increased attention to gender equality and SOGI into:

- i. guidelines on CCM responsibilities for inclusive and participatory decision-making, transparent selection/election processes, and open communications, including from “vulnerable and marginalized populations,” and,
- ii. Global Fund authorization of administrative costs to support stakeholder participation and constituency consultation, including costs of websites, newsletters, accessible meeting locations, travel, and other costs associated with meeting participation.

2.13 The Global Fund should specifically offer expanded administrative funding for CCM operations specifically to support stakeholder participation and constituency consultation related to gender and SOGI. Specific cost lines to be covered by this supplemental funding could include consultant fees, local travel, meeting costs, communications costs (translation, list-serve facilitation, etc.), or small core operational costs of standing coalitions and working groups. To implement this, CCMs will be invited to apply for “supplemental administrative costs related to gender and SOGI” that include one or both of the following:

- i. Support of regularly-convened networks, such as working groups, coalitions, or regular stakeholder consultations, that can expand engagement on issues related to gender equality and SOGI, increase CCM access to appropriate knowledge and expertise, and ensure mechanisms for grassroots consultation, elections and representation, and reporting back.
- ii. Expert briefings for each CCM on gender and SOGI, to build a common understanding of potential program interventions, technical assistance opportunities, and M&E indicators related to SOGI and the three diseases.

2.14 In the Round 10 administrative proposal screening process (and in future Rounds), the Country Proposals Team should review aspects of CCM functionality in relation to SOGI, including review of CCM meeting minutes, documentation of CCM proposal development processes, submission review processes, nomination processes for Principal Recipients, assessments of potential weaknesses and civil society complaints, and assessment of the abilities of external partners to support CCM secretariat functioning. Where capacity is lacking, the CCM should make a concerted effort to build it. Where CCMs lack documented experience or expertise of SOGI, this should be factored in the administrative screening and review of non-CCM proposals.¹⁹

Revising the Guidelines for Proposals

2.15 **Action 3:** The Global Fund will modify its Guidelines for Proposals and related Proposal Forms (including the Rounds-based Proposal Form, the Rolling Continuation Channel Proposal Form, and the National Strategy Application process) as of Round 10 to require a review and

¹⁹ SOGI health may be best addressed in some places by funding through non-governmental entities. There is precedent for this. Currently 32 per cent of Global Fund grants go to non-governmental entities, with 13 per cent to multilateral institutions and UN agencies, and 19 per cent to NGOs. Where national governments, and by extension government-dominated CCMs, pose a barrier to effective programming for health of sexual minorities, precedent exists for Global Fund to support civil society in leading a country response.

analysis of country-level or local-level data and strategies on the vulnerabilities of people in relation to SOGI, related to the specific disease being addressed and in the context of the relevant health systems, including identification of the source for the data and an explanation of the methodology for the data collection and analysis.

2.16 **Action 4:** The Global Fund will modify its Guidelines for Proposals as of Round 10 to invite country-level proposals not endorsed by a CCM. The TRP will be advised to review these proposals with attention to how the proposals can convincingly argue that the relevant CCM has insufficient operations, membership, or capacity to understand the needs of MSM, transgender and sex workers in addressing HIV, TB or malaria, with an understanding that this non-CCM route is intended to be interim and exceptional, and with the TRP's normal attention to potential for impact and sustainability.

2.17 **Action 5:** The Global Fund will modify its Guidelines for Proposals as of Round 10 to invite multi-country funding proposals not endorsed by the Regional Coordinating Mechanism or all relevant country CCMs. The TRP will be advised to review these proposals with attention to how the proposals can convincingly argue that these CCMs have insufficient operations, membership, or capacity to understand the needs of MSM, transgenders and sex workers in addressing HIV, tuberculosis or malaria, with an understanding that this non-CCM route is intended to be interim and exceptional, and with the TRP's normal attention to potential for impact and sustainability.

2.18 Key indicators and targets: Modification of Round 10 and future Guidelines for Proposals and related Proposal Forms.

2.19 Monitoring approach: Modifications will be integrated into early drafts and reviewed by the Gender advisors within the Strategy, Performance and Evaluation Cluster.

2.20 Discussion: In Rounds 8 and 9, the Guidelines for Proposals have been successively modified to request increasingly detailed information and gaps analyses related to marginalized or under-served populations, new requirements and support for 'gender differentiated' analysis and programming, and increasing guidance for proposed programming to reach vulnerable populations, including gender-based programming and community systems strengthening (CSS).

2.21 The Guidelines for Proposals and related Proposals Forms can be further strengthened with regard to SOGI by requiring a review and analysis of country-level or local-level data on the vulnerabilities of people due to SOGI, and by inviting country-level or multi-country funding proposals not endorsed by CCMs (or RCMs) where the proposals can convincingly argue that the relevant CCMs have insufficient operations, membership, or capacity to understand the needs of these groups in addressing HIV, tuberculosis or malaria.

2.22 The Global Fund can also support potential applicants by updating its Fact Sheet on SOGI to include new data and to reflect the experience and feedback in Rounds 8 and 9. The Global Fund can also modify the Guidelines for Proposals as of Round 10 by linking to a reference list of the major published global reviews containing evidence of high HIV incidence and HIV prevalence among MSM, transgenders and sex workers in every region of the world, including in countries with generalized epidemics.

2.23 Guidelines for Proposals and Proposal Forms as of Round 10 can specifically encourage program plans and budgets that seek to increase demand for, and access to, services for MSM, transgenders and sex workers, including plans and budgets that are responsive to sections on

gap analysis, and plans for community systems strengthening (CSS) related to SOGI. Guidelines for Proposals and Proposal Forms can also specifically encourage detail about principal recipients and sub-recipients and their capacity for service delivery and outcomes for the three diseases among MSM, transgenders and sex workers.

2.24 Where applicants cannot identify sufficient data about people in relation to SOGI, the Guidelines for Proposals and the Proposal Forms can invite supplemental funding request for M&E strengthening to challenge or expand existing evidence and prevailing hypotheses within national surveillance, program data collection, and national information management systems. The Global Fund can encourage use of funds for data collection on SOGI, including baseline assessments, sentinel surveillance, national behavioural surveillance surveys, and operational research.

Improving Technical Review Panel (TRP) membership and guidelines

2.25 **Action 6:** The Global Fund will recommend to the TRP that it review the level of the panel's technical expertise related to the health and rights of people in relation to SOGI, determined by field-based experience in resource-limited settings and/or publications on sexuality and human rights. If requested and on behalf of the Portfolio Committee, the Global Fund Secretariat will invite TRP members, technical partners, and others to help identify appropriately qualified and independent experts to receive an invitation to apply for future TRP membership to expand expertise related to SOGI.

2.26 **Action 7:** The Global Fund will work with the TRP to strengthen technical review criteria with additional language about both gender equality and SOGI-related health and rights.

2.27 **Key indicators and targets:** Both TRP membership and review criteria will be improved with regard to understanding of barriers presented by, and interventions to address, gender inequality and vulnerability due to SOGI in the fight against the three diseases.

2.28 **Monitoring approach:** The TRP will oversee improvements in membership and review criteria.

2.29 **Discussion:** The Technical Review Panel is an independent impartial team of experts appointed by the Global Fund Board to guarantee the integrity and consistency of an open and transparent proposal review process.²⁰ The Global Fund should examine the Terms of Reference for the TRP for possible improvements to TRP membership and review guidelines to facilitate the TRP's role in reviewing programmatic efforts related to SOGI and the fight against the three diseases of HIV/AIDS, tuberculosis, and malaria.

2.30 Regarding TRP membership, the extent of TRP member experience and expertise on many topics is already public, with the curricula vitae of Permanent TRP Members, Alternate Members, and Support Group members posted on the Global Fund website. The TRP has been conscientious about assessing and improving its collective capacity. For example, the TRP undertook a recent internal self-assessment of overall TRP gender knowledge and experience, and reported that approximately 60 per cent of TRP members considered that they were gender aware in terms of programming for, and responding to, gender issues. Furthermore, through the Permanent, Alternate, and Support membership options, the TRP has an ability to rapidly respond to perceived gaps in experience and expertise. For example, over Rounds 6 to 8, the

²⁰ Terms of Reference of the TRP: www.theglobalfund.org/documents/trp/TRP_TOR_en.pdf.

proportion of women as members of the TRP as approved by the Board has increased from 25 per cent to 43 per cent.

2.31 That said the TRP could conduct further assessment of its own capacity related to review of proposed interventions for MSM, transgenders and sex workers. Along with adding experts on the health and rights of these groups to the TRP, it would be ideal if the capacity and knowledge of the *overall* TRP in this area was strengthened so that a majority of members can adequately assess proposals. TRP expertise should include knowledge of the epidemiology, an understanding of the epidemiological evidence about the existence of epidemics among MSM, transgenders and sex workers in generalized 'heterosexual' epidemics, an understanding of the impact of social exclusion on access to health, and an understanding of, and experience in applying evidence-based interventions which are proven to be effective.

2.32 TRP review is based on equal consideration of three key criteria: soundness of approach, feasibility; and potential for sustainability and impact, with an added emphasis on evidence and a 'know your epidemic' approach. The Global Fund should work with the TRP to strengthen review criteria with additional language about both gender equality and health and rights related to SOGI, particularly with regard to:

- i. the 'soundness of approach' criteria, by expanding upon the current phrase 'vulnerable groups,' particularly encouraging TRP to look for gender-disaggregated data regarding vulnerability and potential for interventions among people affected by SOGI.
- ii. the 'potential for sustainability and impact' criteria, by expanding upon the current phrase 'contribute to reducing overall disease, prevalence, incidence, morbidity and/or mortality' by adding the phrase "among populations known to have high prevalence, incidence, morbidity and/or mortality."
- iii. the evidence criteria, by expanding selected acceptance of unpublished data and qualitative evidence from contexts where visibility of SOGI and realization of research or data collection is constrained by laws and policies.

2.33 Furthermore, where non-CCM proposals can convincingly argue that the relevant CCMs have insufficient operations, membership, or capacity to address the needs of MSM, transgenders and sex workers in addressing the three diseases, the Global Fund review criteria and scoring should not automatically penalize multi-country proposals that do not carry sign-off by CCMs. In proposals where such content is absent or weak, the TRP should consider recommending adjustments, clarifications, or re-submission.

Monitoring, Evaluation, and Reporting

2.34 **Action 8:** The Global Fund will update its Monitoring and Evaluation (M&E) Toolkit (current edition published January 2006) to review ways that monitoring, evaluation, and reporting can track the degree to which funding is or is not addressing gender and health and rights related to SOGI. In addition, the Global Fund will support the development of an adapted M&E Toolkit that is specific to interventions, organizational capacity, and advocacy related to SOGI and HIV, tuberculosis, and malaria.

2.35 **Action 9:** The Global Fund will work with Principal Recipients and CCMs to encourage increased country-level and regional budget allocations for development of M&E related to

interventions on vulnerabilities related to gender inequality and SOGI in the fight against HIV, tuberculosis, and malaria.

2.36 **Action 10:** The Global Fund will support briefings and trainings with Local Fund Agents (LFAs) on M&E indicators and capacity-building needs related to gender equality and SOGI. This may include modifying the LFA Manual, LFA Toolkit, the LFA Phase 2 Assessment Report guidelines, and other reporting tools to incorporate program performance indicators related to gender equality and SOGI, and asking the LFAs to solicit reviews of indicators and data collection methods directly from civil society stakeholders, with the intent of collecting external perspectives on M&E biases.

2.37 **Action 11:** The Global Fund will conduct an evaluation on the implementation of the Global Fund SOGI Strategy in two years to evaluate progress in achieving objectives and its effect on the portfolio.

2.38 **Action 12:** The Global Fund will sponsor an analysis of proposals in Rounds 8, 9, and 10 focused on gender equality and SOGI, and communicate with partners about deficiencies seen in proposals in Rounds 8, 9, and 10, that indicate potential technical support opportunities for improving country responses.

2.39 Key indicators and targets:

- i. New or updated M&E Toolkits will be produced with guidance specific to interventions on vulnerabilities related to gender equality and SOGI in the fight against HIV, tuberculosis, and malaria.
- ii. Principal Recipients will increase country-level and regional budget allocations for development of M&E related to interventions on vulnerabilities related to gender equality and SOGI in the fight against HIV, tuberculosis, and malaria.
- iii. Local Fund Agent trainings, briefings, guidelines and materials will include program performance indicators related to gender equality and SOGI.
- iv. The Secretariat will conduct an evaluation on the implementation of the SOGI Strategy (as part of an evaluation of the overall Gender Strategy). The evaluation will monitor progress against the objectives and recommendations set out in this Strategy and the Secretariat will act rapidly where there is a shortfall.
- v. Analyses of proposals from Rounds 8, 9, and 10 will generate data over time about proposal strengths, deficiencies, and technical support needs related to gender equality and SOGI.

2.40 Monitoring approach: The Gender advisors within the Strategy, Performance and Evaluation Cluster will work with the M&E Unit, the Country Programs Cluster, and other departments to compile and report on progress against these indicators and targets.

2.41 Discussion: The Global Fund Evaluation Framework²¹ and other monitoring and evaluation (M&E) framework documents support the Global Fund and its partners in measuring

²¹ At www.theglobalfund.org/EN/links_resources/library/evaluation_framework/

and re-aligning programmatic efforts related to the fight against HIV, tuberculosis and malaria, in relation to stated Global Fund goals and country-level and regional goals and environments.

2.42 Many Principal Recipients do not request the maximum allocation of 10 per cent of their grant budget for M&E. The Global Fund and its partners can work with PRs and sub-recipients to consider increased allocation of M&E resources for harmonisation of data collection and M&E activities across health systems, integration of new reporting criteria and data disaggregation into national reporting systems, improved management of external research studies, improved capacity for data analysis and reporting of M&E findings, and general capacity of PR M&E and reporting systems to accomplish all of the above, including funding of personnel, equipment, and space.

2.43 With regard to program performance, outcomes and impacts of health and rights interventions related to SOGI, the Global Fund and its partners, including Principal Recipients, Local Fund Agents, and the Monitoring and Evaluation Reference Groups (MERGs) can work together to support improved M&E in the following ways:

i. Improving indicators:

- a) Understanding and disaggregating populations: To build international comparability of M&E data and reporting, the Global Fund and its partners should help programs to better define and disaggregate populations by gender, gender identity, sexual behaviour, and other characteristics such as economic status, drug use, age, and location.²² Currently, in cases where indicators and M&E-guidance documents exist regarding SOGI, most of the emphasis is on MSM and female sex workers. In all regions of the world, the Global Fund should also provide guidance and support for inclusion of indicators related to other relevant communities.
- b) Expanding indicators of intervention coverage and quality: Most current M&E systems focus on minimal indicators that cannot reflect quality or coverage. The Global Fund and its partners can provide guidance and encouragement for PRs to improve measurements of program interventions, looking at targeting, breadth of intervention providers, reach and scale (requiring ability to control duplicate counting), frequency and duration of interventions (requiring ability for longitudinal follow-up), and aspects of quality.
- c) Expanding indicators of rights-based interventions, outcomes, and impacts: Published data indicates that some social and structural interventions can have an impact on the course of HIV and TB among MSM, transgender and sex worker populations. The Global Fund and its partners can provide guidance and encouragement for improved measurements of these interventions, particularly rights-based interventions against violence, incarceration, drug dependence,

²² Attempting globally comparable definitions of populations and their behaviors will always be an approximate task. It is understood that an important dynamic in overcoming the marginalization of sexualities and gender identities is for people to define and claim the names by which they are discussed. Therefore, unlike many other fields of human rights or health where terms can be found for universal application, in the topics of sexual orientation and gender identity, there is value in maintaining a diversity and fluidity to terminology. Within each region of the world, people's relationships to gender and sexuality vary according to culture, religion, tradition, law, and social institutions. The way individuals and groups describe themselves and their sexual activities, and the way these are described by others, reflect and reinforce the attitudes and constructions of culture and era. Names and data can also reflect or reinforce identities according to social class, religion, clan, ethnicity or national identity, age-cohort, and other stratifications such as poverty, employment, and levels of social rights, oppression and visibility. Nevertheless, any global effort to address the health and rights of sexual minorities needs to use consistently applied definitions of, and data about, those sexual minorities for sound strategy and monitoring and evaluation.

unemployment, homelessness, poverty, or other indicators of social and structural barriers to health.

Working with the Global Fund Partnership

2.44 **Action 13:** In all enforceable partner contracts, memoranda of understanding (MOUs), and other agreements, the Global Fund will strive to include language regarding the importance of addressing gender issues in the fight against the three diseases of HIV/AIDS, tuberculosis, and malaria, with a particular focus on the vulnerabilities of women and girls, MSM, transgenders, sex workers, and others who are marginalized or criminalized due to SOGI.

2.45 **Action 14:** The Global Fund will support Principal Recipients in improving plans and budgets for community systems strengthening (CSS) relevant to gender and SOGI in in-country contexts, including budgeting and contracting for technical assistance for this community systems strengthening.²³

2.46 **Key indicators and targets:** An increasing number of partner contracts, memoranda of understanding (MOUs), and other agreements will include components that address gender issues in the fight against the three diseases, with a particular focus on the vulnerabilities of women and girls and people who are marginalized or criminalized due to SOGI.

2.47 **Monitoring approach:** The Global Fund Secretariat will periodically review and report on the inclusion of gender components in partner contracts, MOUs, and other agreements.

2.48 **Discussion:** The Global Fund is a partnership of UN agencies, bilateral partners, international NGOs, civil society organisations, private foundations, the private sector, and national and local partners. The contribution of these partners is significant, and includes normative guidance, technical assistance and implementation support, and direct funding to governmental and non-governmental organizations. This support is particularly important for marginalized populations where national governments are unable or unwilling to provide funding for local and national organizations working with and for sex workers, MSM, and LGBT communities.

2.49 Some Global Fund partnerships operate informally, while others are governed by contracts, MOUs, or other agreements. These contractual arrangements can include consistent and strong emphasis on efforts to address barriers presented by gender inequality and SOGI-related health and rights. Examples include:

- i. Improving research, needs assessments, and program design, encouraging assistance to CCMs, PRs and sub-recipients in knowing their epidemics, developing potential responses, and integrating knowledge into action by assisting in developing nationally-consistent performance indicators, and integrating services for AIDS, TB, sexually-transmitted infections, reproductive and peri-natal health, substance use, prison health, and social services such as employment, education, and housing.
- ii. Improving PR and SR capacity to address needs of MSM, transgenders and sex workers by strengthening organizational capacity to improve the quality and

²³ See CSS Factsheet: www.theglobalfund.org/documents/rounds/8/R8CSS_Factsheet_en.pdf

sustainability of services, improving service design and delivery, supporting leadership by organizations and networks led by and serving LGBT and sex worker populations.

- iii. Supporting conducive national environments, such as:
 - a) translating tools and resources to ensure that they are meaningful and useful to local partners;
 - b) communicating the evidence about the unequal access to resources and interventions for people due to SOGI, and the importance of addressing their health and rights;
 - c) supporting national strategies that directly address the laws, rules, regulations, policies, procedures that impede health and rights related to SOGI and impede implementation of programming related to AIDS, tuberculosis and malaria, thereby paving the way for Global Fund funding of National Strategy Applications that address health and rights related to SOGI, and
 - d) supporting and participating in coalitions representing the interests of SOGI-related health and rights.
- IV. Helping country-level and regional actors engage with the Global Fund as a financing mechanism, including developing Global Fund proposals that identify gaps or weaknesses in proposals and technical assistance, improving CCM operations, membership, and capacity, and supporting implementation of Global Fund grants.

Advocacy and communications

2.50 **Action 15:** The Global Fund will work with in-country partners, in ways appropriate to those settings, to raise and discuss the role of criminalization of consensual adult homosexual behaviours as a potential barrier to effective health interventions for people due to SOGI.

2.51 **Action 16:** The Global Fund will monitor and communicate cases where funding proposals have been, or might be, rejected in part due to policy environments where rights violations are impeding implementation and impact of interventions against AIDS, TB, and malaria.

2.52 **Key indicators and targets:** Clear statements about the role of criminalization and other human rights violations will be integrated into Global Fund publications, presentations, reports, website postings, or other media.

2.53 **Monitoring approach:** Advocacy and communications related to gender, gender equality and SOGI will be monitored by the Strategy and Policy Development Unit and Communications Unit in alignment with existing efforts to monitor all Global Fund advocacy and communications.

2.54 **Discussion:** The Global Fund has an important role in communicating the evidence and needs related to SOGI health and human rights with regard to the three diseases. This advocacy is a responsibility not only of the Global Fund Communications Unit, but also of the Global Fund leadership at the highest levels.

2.55 The Global Fund's Communications Strategy discusses gender-related messaging, and the Communications Unit can support clear messaging about the role of criminalization and other

human rights violations in SOGI health and human rights and that of women and girls. In all of its advocacy and communications, the Global Fund recognizes the normative role of its partners, including people living with the diseases, in-country partners, and international organizations. No country is monolithic in its approach to sexuality and gender, and nearly every country has some level of national and regional discourse about effective SOGI health programming, including effective and targeted engagement, services, network-level interventions, and structural interventions to improve AIDS and TB prevention, treatment, and care.

2.56 The Global Fund should channel and reinforce local advocacy voices. The Global Fund plays a powerful role in highlighting what individuals and communities are saying about their own experiences of health and rights.

Strengthening the capacity of the Secretariat

2.57 **Action 17:** The Global Fund Secretariat will recruit, retain, train, and manage personnel to maximize its capacity to address barriers presented by gender inequality and SOGI issues in the fight against AIDS, tuberculosis, and malaria. The Secretariat will also work to ensure that the work environment and human resources policies are supportive of issues related to SOGI.

2.58 Key indicators and targets:

- i. Recruitment and retention of an Advisor within the Strategy, Performance and Evaluation Cluster focused on SOGI.
- ii. Development of a plan of action for this Strategy to strengthen the Global Fund's efforts in relation to the vulnerabilities of people due to SOGI.²⁴
- iii. Recruitment and retention of personnel in each of the six Secretariat clusters and in most units who have documented experience and expertise on SOGI-related health and rights.
- iv. Adoption of human resources policies that are in line with international standards for a workplace that is non-discriminatory in relation to SOGI.²⁵
- v. Provision of support (meeting room access and an internal e-mail networks) for a gay, lesbian, bisexual, and transgender employee resource group (also known as an employee network group or affinity group), to provide guidance and input on workplace policies and practices, foster a sense of safety and acceptance for employees within the workplace, and encourage retention of quality personnel.

2.59 Monitoring approach: Human Resources will regularly monitor and report on progress in personnel recruitment, retention, training, and management in alignment with overall

²⁴ A plan of action is already in development for the Gender Equality strategy, and it is anticipated that a plan of action for this Strategy will be developed in a way that is coordinated with and complementary to that effort.

²⁵ See, for example, the "2009 Corporate Equality Index" of the Human Rights Campaign www.hrc.org/documents/HRC_Corporate_Equality_Index_2009.pdf. This refers to standards in non-discrimination policies, diversity training, health insurance for employees and their partners, and medical and family leave policies related to employees and their partners.

procedures for ensuring human resource capacity. The Gender Advisors within the Strategy, Performance and Evaluation Cluster will regularly monitor and report on progress on implementation of the overall Gender Strategy.

2.60 **Discussion:** The Global Fund Secretariat has strengthened its technical capacity by recruiting a senior Gender Advisor, and is in the final stages of recruiting a full-time Specialist focused on SOGI. These two positions, located within the Strategy, Performance and Evaluation Cluster, will work together to develop and support activities in the Secretariat and within the realm of the Global Fund mandate to address gender equality and SOGI issues.

2.61 In addition, the Global Fund is in the process of finalising a Human Resources Policy Framework and detailed policies on all issues in preparation for the organization becoming independent. This provides a good opportunity to integrate sensitivity and awareness to gender and SOGI into the Global Fund's organizational values and culture and all aspects of staff management. Key issues in human resources policies related to SOGI include personnel recruitment, retention, training, and management.

2.62 Recruitment of quality personnel for the Secretariat should be a major focus in building capacity to address barriers presented by gender inequality and issues related to SOGI in the fight against AIDS, TB, and malaria. The Secretariat needs to build its internal expertise on gender and sexual orientation, including knowledge on issues of sexual and reproductive health, gender-based violence, sex work, and SOGI-related health and rights. These need is particularly acute for management positions (Grade 6 and above), and for personnel who represent the Global Fund externally and at country level.

2.63 To recruit and retain high quality staff, the Global Fund should also improve its human resources policies to align with international standards for non-discrimination, diversity training, health insurance for employees and their partners, and medical and family leave policies related to employees and their partners. Mandatory awareness training about gender, gender identity, and sexual orientation should be incorporated throughout the organization; occasional seminar series focused on gender aspects of the three diseases should be conducted; and there should be support for gender-specific and LGBT-specific employee reference groups so that feedback on workplace policies and practices can be captured. This will help foster a sense of ownership and leadership by employees within the workplace.

Ensuring leadership and governance by the Global Fund Board

2.64 **Action 18:** The Global Fund Board will review its own operations, membership, and capacity to promote the overall Gender Strategy and to lead on issues related to both women and girls, and people marginalized or criminalized due to SOGI.

2.65 **Action 19:** The Global Fund will commit to meeting with government and civil society representatives before it holds Board meetings in any country where sex between consenting adults of the same gender is criminalized.²⁶ The Global Fund will use the occasion of a Board meeting to bring exposure and urgency to this issue through high-level meetings and public relations events, conducted within the scope and mandate of the work of the Global Fund. As with the politically-sensitive issue of HIV-related travel restrictions,²⁷ the Global Fund Board

²⁶ As defined at www.ilga.org/statehomophobia/ILGA_State_Sponsored_Homophobia_2008.pdf. At time of writing this Strategy, this recommendation would not restrict any meeting from taking place in 114 countries, but would mean that Board meetings could not take place at this time in 81 countries. See the above web link for the full list.

²⁷ Decision Point GF/B18/DP22 reads:

commits to dialogue with policy-makers so that decisions can be made with maximum understanding about the implications of such laws and policies.

2.66 Key indicators and targets: The Global Fund Board will have documented experience and expertise on SOGI-related health and rights, such as field-based work experience with MSM, transgenders and sex workers in resource-limited settings and/or publications on sexuality and human rights.

2.67 Monitoring approach: A regular review of Board member expertise will be integrated into other gender-related reviews already approved by the Global Fund (see Gender Equality Strategy).

PART 3: NEXT STEPS FOR IMPLEMENTATION

3.1 The anticipated sequence of steps for the adoption and implementation of the Global Fund Strategy in relation to SOGI is:

- ✓ Review and approval by the Global Fund Board.
- ✓ Briefings for Board Committees to allow the Strategy to be taken up through relevant committees.
- ✓ Development of plan of action and an M&E framework by the Global Fund (Strategy, Performance and Evaluation Cluster) linking the two parts of the overall Gender Strategy with other framework and guidance documents of the Global Fund, including the CCM Guidelines, Guidelines for Proposals, TRP Terms of Reference, Evaluation Framework, Partnership Strategy, Communications Strategy, and Human Resources Policy.
- ✓ Development of the plan of action for the SOGI Strategy and presentation to the appropriate Board committees.
- ✓ An evaluation of the SOGI Strategy within two years of its implementation.

The Board expresses its appreciation to UNAIDS and the International Task Team on HIV-related Travel Restrictions for their work and its strong support for the overarching goal of the Task Team, to eliminate HIV specific restrictions related to entry stay and residence based on HIV status. The Board takes note of the recommendations contained in GF-B18-12 Annex 1 and decides:

1. That no Board, Committee meeting, or Partnership Forum will be held in a country with an HIV-specific restriction related to entry, stay or residence based on HIV status; and
2. To support country-led efforts to review and eliminate laws, policies and practices related to HIV-specific restrictions on entry, stay and residence, through leadership, advocacy and appropriate partnerships at international, regional and national levels.
3. To work with partners to ensure countries have access to the latest guidance and information from normative agencies on this issue of HIV specific restrictions on entry, stay and residence.

The Board requests the relevant committees, based on the Task Team Report to provide recommended actions to the Board at its Nineteenth Meeting, in particular on how the Global Fund, through its policies and procedures, can finance country interventions that support the elimination of HIV-related restrictions.

Annex 1 Full References (in order of appearance in text)

The Report from July 2008 OSI/PSI meeting in Kathmandu can be found at: www.sxpolitics.org/mambo452/index.php?option=com_content&task=view&id=180 and the Report from the Global Fund Partnership Forum (December 2008), sessions on Partnership and Gender (Sexual Minorities) at: http://www.theglobalfund.org/documents/partnershipforum/2008/PF2008_Recommendations.pdf

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See FHI paper at www.fhi.org/en/HIVAIDS/pub/fact/reducingidus.htm, and also Sweat and Denison. Reducing HIV incidence... *AIDS* 1995; 9 Suppl A: S251-7, and presentations by Wohlfeiler D.

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Ghani AC, Swinton J, Garnett GP. The role of sexual partnership networks in the transmission of gonorrhoea. *Sex Transm Dis* 1997; 24: 45-56.

Annex 2 Useful websites related to SOGI and gender

International Consensus documents on gender equality

2000 Millennium Summit and Millennium Development Goals

United Nations Millennium Declaration

<http://www.un.org/millennium/declaration/ares552e.pdf>

1994 International Conference on Population and Development, ICPD

ICPD Programme of Action

<http://www.unfpa.org/publications/detail.cfm?ID=275>

Fourth World Conference on Women

Beijing Declaration and Programme of Action

<http://www.un.org/womenwatch/daw/beijing/platform/index.html>

Women's Rights in International Agreements

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

<http://www.un.org/womenwatch/daw/cedaw/>

Declaration of Commitment on HIV/AIDS

Declaration of Commitment on HIV/AIDS

<http://www.ua2010.org/en/UA2010/Universal-Access/Official-Papers/Declaration-of-Commitment/UNGASS-Declaration-of-Commitment>

Selected Guidance documents and tools (indicative not comprehensive)

Gender and health

<http://www.who.int/gender/mainstreaming/en/>

What is "gender mainstreaming"?

http://www.who.int/gender/documents/Engaging_men_boys.pdf

Engaging men and boys in changing gender-based inequity in health: Evidence from program interventions

<http://www.unfpa.org/gender/men.htm>

Involving Men in Promoting Gender Equality and Women's Reproductive Health

Yogyakarta Principles

www.yogyakartaprinciples.org

Amnesty International

www.amnesty.org/en/sexual-orientation-and-gender-identity

ARC International

www.arc-international.net

Global Rights

www.globalrights.org

Human Rights Watch
www.hrw.org/doc/?t=lgbt

International Gay and Lesbian Human Rights Commission
www.iglhrc.org

International Lesbian and Gay Association
www.ilga.org

ILGA Trans Secretariat
trans.ilga.org

HIV/AIDS

http://www.who.int/gender/documents/en/HIV_AIDS.pdf
Fact sheet: Gender and HIV/AIDS

http://www.who.int/gender/hiv_aids/en/
Women and HIV/AIDS- links and publications

<http://www.who.int/reproductive-health/hiv/index.html>
Linkages between sexual and reproductive health (SRH) and HIV

<http://www.who.int/gender/violence/en/>
Gender-based violence

http://data.unaids.org/Publications/IRC-pub06/jc1165-intensif_hiv-newstyle_en.pdf
Intensifying HIV prevention: UNAIDS Policy Paper

<http://www.genderandaids.org/>
UNIFEM Gender and HIV/AIDS Portal

<http://www.unfpa.org/gender/aids.htm>
The Gender Dimensions of the HIV/AIDS ¹ Epidemic

<http://womenandaids.unaids.org/>
The Global Coalition on Women and AIDS

Global Forum on MSM & HIV
www.msmandhiv.org

APCOM
www.msmasia.org

Naz Foundation International
www.nfi.net

ASICAL
www.asical.org

Behind the Mask
www.mask.org.za

ILGA-Africa
africa.ilga.org

Tuberculosis

<http://www.who.int/gender/documents/TBlast2.pdf>
Gender in tuberculosis research

http://www.who.int/gender/other_health/en/genderTB.pdf
Fact sheet: Gender and Tuberculosis

Malaria

http://www.who.int/gender/documents/gender_health_malaria.pdf
Fact sheet: Gender and Malaria

http://rbm.who.int/globaladvocacy/docs/gm_guide-en.pdf
A guide to gender and malaria resources

Annex 3 Definitional language

Attempting a globally comparable set of definitions of populations will always be an approximate task. Unlike the fields of human rights or health where terms can be found for universal application, in the topic of sexual orientation and gender identity, there is value in maintaining a diversity and fluidity to terminology.

One reason for use of diverse terminology is that an important dynamic in overcoming the marginalization of sexualities and gender identities is for people to define and claim the names by which they are discussed. Within each region of the world, people's relationships to gender and sexuality vary according to culture, religion, tradition, law, and social institutions. The way individuals and groups describe themselves and their consensual adult sexual activities, and the way these are described by others, reflect and reinforce the attitudes and constructions of culture and era. Names also reinforce identities according to social class, religion, clan, ethnicity or national identity, age-cohort, and other stratifications such as poverty, employment, and levels of social rights, oppression and visibility.

Nevertheless, any global effort to address health and rights must use consistently applied definitions of its intended targets and beneficiaries for sound strategy and monitoring and evaluation. Annex 2 has a list of websites with further definitions and discussions of minority sexual orientations, gender identities, and sexual behaviours, the ways that these are defined, and the importance of addressing related health and rights through a gender framework.

The Gender Equality Strategy uses the following definitions and explanations:

Sex and gender: Sex refers to the biological (genetic and anatomical) characteristics which define humans as female, male, or transsexual or intersex. Gender refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence ascribed by society. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity (e.g. male, female, transgender) that is relational, learned, changes over time, and varies widely within and across cultures, religions, class and ethnicity.

Gender identity: Gender identity is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.

Sexual orientation: Sexual orientation is understood to refer to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender (e.g. heterosexual) or the same gender (e.g. homosexual) or more than one gender (e.g. bisexual).

Sexual minorities: Sexual minorities refer to people whose sexual orientation, gender identity, and/or consensual adult sexual behaviours do not conform to majority norms and values. Sexual minorities therefore include gay men and other men who have sex with men (MSM), lesbian women and other women who have sex with women (WSW), and individuals, including heterosexual people, who are transsexual, transgender, and intersex, as well as female, male, and transgender sex workers, all shown to have high rates of HIV incidence and prevalence in many countries.