

25 April 2008

Dear Michel Kazatchkine:

We, the undersigned organizations, commend the Global Fund and its Board for passing the gender decision at last November's Board meeting. This was an important first step in enabling the Global Fund to respond to one of the most critical factors in the transmission, care and treatment of HIV/AIDS, tuberculosis and malaria.

However, a decision taken by the Board is only a first step. As a group of international organizations working on these three diseases, we write today to highlight our most important concerns about the implementation of the gender decision point. We urge you to incorporate these issues into the gender strategy that is being developed and to build them into the job descriptions of the gender champions currently being recruited.

Breadth and Scope: The term "gender" should be defined and operationalized as including not only women and girls, but also sexual minorities, as the gender decision point intended. The gender strategy should be bold, not merely addressing gender sensitivity but going beyond that to address gender transformation, so as to have a sustainable impact.

Secretariat: Key Performance Indicators (KPIs) for the Executive Director and all other senior positions must be revised to include gender considerations.

Technical Review Panel: Expertise in programming for women and girls and for sexual minorities must be made a key criterion in the selection of new members of the Technical Review Panel (TRP).

Portfolio Managers: Portfolio Managers should urgently conduct a review of the current portfolio to develop baseline data on the level and type of gender programming in existing Global Fund-supported work. This review should include consultation with stakeholders that have thus far been unable to access the Global Fund system as CCM members, Principal Recipients or sub-recipients, to determine what barriers exist at the national and global levels to full inclusion of organizations that address the needs of women and girls and of sexual minorities. This assessment, which should include recommendations to be implemented beginning in Round 9, **should be published before January 2009**, so that its results may be incorporated into all Board activities taking place next year.

CCMs: CCMs should be required to have gender parity (including sexual minorities, not merely women) in addition to the recommendation that 40% of members come from civil society.

Local Fund Agents: A gender assessment should become a requirement linked to disbursement requests and grant negotiations.

Monitoring and Evaluation: The Secretariat should ensure that the process of revising the M&E Toolkit involves **interagency participation**, and play an active role, particularly in pushing to ensure that the review is bold and not contingent on the internal pace or work of any one agency involved

Reporting Process and Requirements: Countries should be required to report on a set of gender indicators, including on procurement and distribution of key reproductive health supplies (not limited to male and female condoms).

Gender is an issue that cuts across HIV/AIDS, tuberculosis and malaria. It must therefore be a consideration that cuts across all levels of the Global Fund's work, beginning at the top. These priority recommendations highlight the many areas that must be addressed by the forthcoming gender strategy, but these are only a beginning. We urge you to engage civil society partners—particularly women and sexual minorities on the ground—to obtain further input about how best to implement the gender decision point.

Thank you for your urgent consideration of this life-or-death matter.

Sincerely,

Aid for AIDS PERÙ

African Council of AIDS Service Organizations (AfriCASO) (Global)
Alcohol and Drug Abuse Prevention Team (Project ADAPT) (Cameroun)
Alliance Burundaise des Associations de lutte contre le SIDA (ABS) (Burundi)
AMODEFA (Associação Moçambicana para o Desenvolvimento da Família) (Mozambique)
Association Burundaise Pour le Bien-Être Familial (ABUBEF) (Burundi)
Association de lutte contre le sida (Maroc)
Association de Lutte contre les Violences faites aux Femmes (Cameroun)
Cameroon National Association for Family Welfare (CAMNAFAW) (Cameroun)
Centre for HIV/AIDS and STD Research (Nigeria)
Development Promotion Space
DSW, The German Foundation for World Population (Global)
Elton John AIDS Foundation (Global)
EMPOWER (India)
Family Health Division, Department of Public Health, Federal Ministry of Health (Nigeria)
Family Health International (Global)
Federation for Women and Family Planning (Poland)
Fianakaviana Sambatra (FISA) (Madagascar)
Ghana HIV/AIDS Network (GHANET) (Ghana)
Global Action for Children (USA)
Global AIDS Alliance (USA)
Global Youth Coalition on HIV/AIDS (USA)
Health GAP (Global Access Project) (USA)
International Centre for Humanitarian Action, Networking and Grassroots
Empowerment (Cameroon)
International Centre for Reproductive Health and Sexual Rights (INCRESE) (Nigeria)
Interact Worldwide (UK)
International Center for Research on Women (ICRW) (USA)
International Community of Women Living with HIV Namibia
International Planned Parenthood Federation Africa Regional Office
Kenya Treatment Access Movement (KETAM) (Kenya)
Marie Stopes International (Global)
Marie Stopes Tanzania
Marion Stevens, Treatment Monitor, Health Systems Trust (South Africa)
Mongolian Family Welfare Association (Mongolia)
Mozambican AIDS Treatment Access Movement (MATRAM) (Mozambique)
Namibia Planned Parenthood Association (Namibia)
Network Of African People Living with HIV/AIDS (NAP+) (Global)
The Network of Young People Living with HIV/AIDS (NYP+) (Tanzania)
Pietermaritzburg Agency for Christian Social Awareness (PACSA) (South Africa)
Planned Parenthood Association of Ghana (Ghana)
Planned Parenthood Federation of Nigeria (Nigeria)
Population Action International (USA)

Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+) (Burundi)
Social Help & Research Organization (SHRO) (Pakistan)
Society for Women against AIDS in Africa International (SWAA) (Global)
Society for Women against AIDS in Zambia (SWAZ) (Zambia)
Southern Africa Network of AIDS Service Organizations (SANASO) (Namibia)
Spanish Interest Group on Population, Development and Reproductive Health (Spain)
Courtenay Sprague, Graduate School of Business Administration, University of the
Witwatersrand (South Africa)
Dr. Yasmeen Qazi, The David and Lucille Packard Foundation (Pakistan)
The Tasintha Programme (Zambia)
Dr Mene WANGMENE, Ministry of Defense (Cameroun)
West Africa AIDS Foundation (WAAF) (Ghana)
Youth Advocacy Health Foundation (Nigeria)
Youth Aid Organisation For Africa (YAOFA) (Nigeria)

cc: Helen Evans
Dianne Stewart