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## Expert Group Meeting on Financing for Gender Equality in the HIV Response

**‘Financing Women’s Organizations & Mobilization for Gender Equality: One of  
the Keys to Ending AIDS’**

**Background Paper**

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## Acronyms

<b>AGYW</b>	Adolescents, Girls and Young Women
<b>ART</b>	Antiretroviral treatment
<b>CBO</b>	Community-based organization
<b>CSS</b>	Community systems strengthening
<b>CSO</b>	Civil society organisation
<b>DAH</b>	Development Assistance for Health
<b>EAP</b>	East Asia and Pacific
<b>EECA</b>	Eastern Europe and Central Asia
<b>GBV</b>	Gender-based violence
<b>GDP</b>	Gross Domestic Product
<b>GHAP</b>	Global HIV/AIDS Programme
<b>IEG</b>	Independent Evaluation Group
<b>IDU</b>	Injecting drug user
<b>IP</b>	Intellectual Property
<b>MAP</b>	Multi-country AIDS Programme
<b>KP</b>	Key population
<b>LAC</b>	Latin America and the Caribbean
<b>LGBTI</b>	Lesbian, gay, bisexual, transgender and intersex
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MSM</b>	Men who have sex with men
<b>PLHIV</b>	Person or People living with HIV
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>PWID</b>	People who inject drugs
<b>PWUD</b>	People who use drugs
<b>SDGs</b>	Sustainable Development Goals
<b>SOGIESC</b>	Sexual orientation, gender identity and expression, and sex characteristics
<b>SRHR</b>	Sexual and reproductive health and rights
<b>UN</b>	United Nations
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS

## **'Financing Women's Organizations & Mobilization for Gender Equality: One of the Keys to Ending AIDS'**

*Alessandra Nilo*

### **1. Introduction & Methodological Approach**

Although strong United Nations policies and frameworks aimed at gender equality and women's empowerment exist, when it comes to HIV and AIDS response, there is increasing 'lip service' and rhetoric around commitments. Concerned with this reality, in 2016, UN Women convened a Strategy Discussion on gender equality and HIV/AIDS, *Putting Gender Justice at the Centre of the Fast Track to End AIDS*, in order to reflect on opportunities and escalate actions and advocacy for putting gender justice at the centre of the 'Fast Track to End AIDS'. On this occasion, participants identified collective challenges and the meeting ended with a list of key recommended actions.

In order to continue the dialogue, in August 2018, UN Women commissioned this paper to contribute to the design of specific strategies toward mobilizing for increased financing for gender equality and for women's organizations in the context of the HIV response. So, in a total of twenty-five working days, *Gestos* conducted a desk review on the issue, complemented by an online survey to map existing challenges on women's organizing roles in advocating for gender equality in the HIV response. In addition, thirteen interviews were conducted and took place between September and October 2018, in order to refine the analysis presented here.

The survey has targeted very specific respondents and received forty responses from twenty-seven countries from all regions of the world. More than 80% of the respondents were individual organizations and 76% of the respondents' organizations have been founded from the year 2000 onwards.

Two important points: a) for the purpose of this paper, when mentioning 'women', I am referring to 'women in all their diversity': age, race, gender identity, sexual orientation, ethnicity, language, marital status or partnership status, health status, (im)migrant status, job status, educational level, living in conflict or post-conflict settings, surviving violence or other human rights violations, etc.; b) As UN Women has also commissioned other papers to inform the debate, I have not looked for information on existing resources from UNFPA, UNDP, UN Women and other UN agencies, opting to obtain data from UNAIDS through a desk review. The information on existing and invested resources throughout the text, and in the Annex 3, was not the main objective of this paper, however it was necessary to support subsequent analysis and recommendations.

Finally, I would like to express my gratitude to all great women and organizations that contributed with their time, knowledge and insights to the ideas shared in this paper.

Alessandra Nilo

Recife, October 2018.

## **2. Executive Summary: Investing in Women is Essential to End AIDS. Period.**

Although UN resolutions and governments and UN Agencies' guidelines affirm that ensuring strong community-based-systems to effectively respond to HIV epidemic is important, we still lack implementation. And although in the past years more data on the effectiveness of the work done by communities in the AIDS responses has been produced, as well as more attention have been given to the challenge of accessing funds, at this stage CSOs do not have the financial capacity to properly monitor the implementation of these commitments, especially through gender lens.

- So far, the need for funding women and girls remain invisible in current debates on strengthening community systems. In addition, there is few disaggregated data on specific investments for women and AIDS, especially in relation to women's role as advocates.
- The "integrated approach" in the AIDS response, although important, is hiding women and girls' demands, and the existing tools to monitor the AIDS response do not have indicators (yet) to give us accurate information. The investments are in general mixed through different programmes and even when it comes to key populations (KP), almost no data on funding for women and girls is disaggregated.
- Existing funds for AIDS response are decreasing and under dispute, so more strategic alliances must be in place, including with women from KP. We need to continue to make the case that KPs are prominent actors in the response to HIV, but like it occurs to women, their 'women' perspective remain invisible.
- *Developing and including specific indicators* in the existing monitoring tools of donors, governments and UN Agencies for reporting investments for women and AIDS, including for advocacy actions, is a matter of urgency. It is also necessary to 'calculate' *what is needed* to adequately fund women's work to respond to the AIDS epidemic. In order to do so, it is necessary to have a clear definition for "women-led" organizations, women's organization and women's services for HIV.
- At a time when the world is increasingly discussing gender equality as an essential goal for sustainable development, a radical change in women's narrative is needed. This new era of movements such as #MeToo offers opportunities to unite our diverse voices in collective ways, but no new idea or existing initiative was identified in this paper as an "innovative funding mechanism" aiming to support the work related to women & AIDS.
- An effective strategy to increase AIDS resources for promoting women's rights and gender equality in the AIDS response will require creating our own (women) fundraising model for continued and sustained investments.
- After centuries of exclusion and invisibility, and after three decades dealing with AIDS, the reality women face is clear: we need to better organize ourselves because no government and no donor will fundraise for us.

### **3. What We Know about Funding for AIDS is Not Enough for Women**

Many UN resolutions and guidelines have been approved aiming to contribute to respond to both gender inequalities and the unequal access to health. They have been reinforced by data showing that respecting women and girl's human rights and investing in gender equality contribute to economic and social development, whether in the macroeconomic level of a country growth or in the microeconomic level whether in a privately owned or a publicly traded corporation.

The 2030 Agenda specifically calls for gender equality and to ensure better health outcomes for all, including ending AIDS by 2030. However according to UNAIDS 2018, women represent almost half (49%) of all adults living with HIV, and HIV is still among the leading causes of death among women of reproductive age. Gender inequalities, differential access to service, and different types of violence continue to increase women's vulnerability to HIV, and women, especially young women, are biologically and socially more susceptible to HIV.

Indeed, women affected by and/or infected with HIV should be part of the solution: investing in women's health has been proven to promote growth in several areas, also ranging from wellbeing to Gross Domestic Products (GDP). Unfortunately, no matter how many multilateral commitments are made, and despite the fact that gender inequality is recognized as a key element to fuel the AIDS epidemic, the amount of investments in gender-based approaches to respond to the AIDS epidemic is still below what is needed.

This affirmation, though, is not based in any hard data because the information about *what is the specific financial resources invested and what would be the resources needed to stop the advancement of the HIV among women and girls*, is still not available. The existing data on financing for AIDS is general and mixed within different programmes, and there has been found almost no women-related disaggregation. The information related to key populations do not present data on funds directed at women and/or implemented by women's organizations, including actions in the field of advocacy. In fact, as a general observation, the fact that AIDS story still need to be told under the perspective of contributions and leadership provided by women's groups and women living with AIDS is another indicator on how we still remain invisible.

It is important to notice that, it has been well documented that one of the factors that made the most difference in the attention given to the AIDS epidemic was the impressive capacity of civil society to organize and advocate, targeting governments, scientists, and donors. Besides, it has been acknowledged that communities-based organizations play an essential role, including in reaching populations that the existing systems in countries usually, for different reasons, do not reach in the same way. *The uptake of HIV treatment and prevention services is greatest when CBOs are active* is a conclusion the World Bank achieved in 2013<sup>1</sup>.

Even when formally recognized, community work has never been fully funded, and funding has become scarcer as of 2011. In face of shrinking space for civil society, HIV organizations increased their pressure for UNAIDS to provide financial estimates on *what has been invested* in community-based initiatives and *what are the projections* about what is the need of civil society, so that it can continue to be a 'critical enabler' and 'critical partner' of an effective HIV/AIDS response. As an initial result, in 2014, UNAIDS

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<sup>1</sup> Source of the World Bank publication.

estimated that *resources for community mobilization will increase from 1% of global resource needs in 2014 (US\$ 216 million) to 3.6% in 2020 and 4% in 2030. This includes antiretroviral therapy and HIV testing and counselling*<sup>2</sup>. In 2016, two important paragraphs were adopted in the 2016 UN Political Declaration on HIV and AIDS, on global-level goals for expenditures *in and on* communities for HIV:

*(60 d) "expanding community-led service delivery to cover at least 30% of all service delivery by 2030;*

*(64 a) "ensuring at least 6% of all global AIDS resources are allocated for social enablers including advocacy, community and political mobilization, community monitoring, public communication, outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform, and stigma and discrimination reduction"*

Following that, the NGO Delegation to the UNAIDS Coordinating Board – PCB – tabled a report at the 39<sup>th</sup> meeting in 2016, focusing on the chokepoints and innovative ways in funding communities<sup>3</sup>. Finally, in 2018, at the 40<sup>th</sup> PCB, UNAIDS reported the following data on the *Secretary only* funding to civil society: 2016-2017 core spending to CSO was US\$ 4.4 million (18% of total core Programme funds or 2% of total core spending); 2016-2017 non-core funds to CSO was US\$ 28 million which represents 32% of total non-core funds.

As it happens with available data from Global Fund and PEPFAR, the data available was not disaggregated for any specific population, indicating that the 'community-based' approach can make difficult the necessary focus on specific populations, women included.

Therefore, what we know so far about funding for AIDS in general is not enough for closing data gaps on both *the allocated funds so far* and on *what is still needed* for effectively finance women's organizations, particularly to mobilize and advocate for gender equality and friendly services in the HIV response.

It is important to point out that, at this stage nothing suggests that future investment will increase (see Annex 3), especially considering the current international political economy landscape where, according to Christine Lagarde, Managing Director of the International Monetary Fund, there is "*a fading commitment to international cooperation (...) and we are now facing new, post-crisis, fault lines—from the potential rollback of financial regulation, to the fallout from excessive inequality, to protectionism and inward-looking policies, to rising global imbalances*"<sup>4</sup>. So, this context, more than ever require understanding about where resources for women's organization in the AIDS field come from, where they go, and how they align with our advocacy needs.

This means that to inform our future strategies we need: 1) to better identify the trend of investments aimed at women and girls within the AIDS response; and 2) to 'calculate' or estimate the amount of the financial resources needed for women and girls, which includes supporting women's organizations to face structural and social barriers in their role as advocates to influence policies, to claim their rights, and to demand and access quality services.

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<sup>2</sup> UNAIDS, Stop AIDS Alliance. (2015). Communities deliver: the critical role of communities in reaching global targets to end the AIDS epidemic. Hove, UK: International HIV/AIDS Alliance.

<sup>3</sup> Entitled *An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response* [http://www.unaids.org/en/resources/documents/2016/PCB39\\_16-23](http://www.unaids.org/en/resources/documents/2016/PCB39_16-23)

<sup>4</sup> [blogs.imf.org/2018/09/05/ten-years-after-lehman-lessons-learned-and-challenges-ahead/](https://blogs.imf.org/2018/09/05/ten-years-after-lehman-lessons-learned-and-challenges-ahead/)

#### **4. Women's Organizations Challenges to Respond to AIDS**

We have plenty of data on the burden of HIV on women's shoulders and souls, but we still lack political will to effectively invest in the AIDS response through a gender perspective. The challenges faced by women in the AIDS field are multiple; as multiple and diverse are the work done by them. The survey and interviews conducted by Gestos confirmed previous researches and papers that have been developed before: it is concerning that the same problems remain.

**4.1.** The 40 organizations who answered our survey were almost evenly distributed between women/feminist organizations that address HIV/AIDS (17) and HIV/AIDS groups that address gender equality (20). Three organizations did not see themselves prioritizing one or another field. 64% of them develop work at the national level, while 46% work at the local level, be it on urban or rural areas. 43% also develops work at the regional level; 24% have a global reach.

**4.2.** 51% of them focus in conducting researches and 48% provides direct services (health, psychosocial and/or legal support) for PLHIV; 10% provide re-granting. One quarter of them also focus in other activities. When asked to specify what were the other activities, respondents named 'harm reduction', 'the development of training programs' and 'work on violence against women (VAW)'.

**4.3.** As for organizational budgets, organizations (27.27%) indicated that their annual budget is between 100 and 300 thousand US dollars – the most common tier. On second (21.21%), on the other hand, came the organizations that develop their activities with budgets up to 10,000 US dollars. 18.18% informed they have annual budgets between 30 and 50 thousand US dollars. From between 50 and 100 thousand US dollars we had 12.12%, and from 300 to 500 thousand US dollars, 9.09%. Only 6.06% had budgets superior to 500,000 dollars.

**4.4.** When asked about what were their main need, rating the priorities, "having funds available for advocacy" and "women's empowerment" were the options chosen by 92% of the organizations, followed by capacity building (79%) and monitoring of public policies towards HIV (69%).

Although global donors and multilateral agencies acknowledge the importance of advocacy as a critical component of the AIDS response, our survey has confirmed that **the lack of funds for advocacy work** is a consistent concern among CSO in general, across regions and constituencies. As the 2016 UNAIDS PCB NGO Report stated<sup>5</sup>:

*(...) Advocacy helps improve political environments, open up new areas of funding, and advance human rights. But a combination of political sensitivity and difficult-to-have short-term outcomes means that advocacy is often a "nice-to-have" rather than a "need-to-have" for funders. (...)*

*(...) CBOs must squeeze money for their advocacy activities out of other programme budgets or do the work on a completely voluntary basis. (...)*

**4.5.** When looking specifically for women's groups, one of the women interviewed for this paper, summarized a common challenge found among the surveys' respondents: "Many times I hear that the

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<sup>5</sup> [http://www.unaids.org/en/resources/documents/2016/PCB39\\_16-23](http://www.unaids.org/en/resources/documents/2016/PCB39_16-23)



**issues facing women are so entrenched** that unless we are talking to a women's rights funder, usually the answer is that they need to focus on HIV investments *that will bring immediate* impact and not wait 20 years to show any results."

The general perception was that AIDS donors and governments still insist that the needs of women and girls, especially in high burden countries, are so vast, that "they could invest every dollar they have to address women's issues and still not have an impact on HIV".

**4.6.** It was also highlighted that gender is a concept still ill-defined and it does not refer to "women and girls" only. So, while countries are getting better at disaggregating data by sex and age, they rarely analyse why data inequities exist. "And even if they do the analysis, often with the support of technical partners, **they rarely use the analysis to develop gender-responsive programs with adequate funds.** This is a deficiency that continues to impact everyone in terms of reducing gender-related health risks, and gender-related barriers to essential health services."

It seems contradictory when there is a consistent call for more gender-oriented approaches by governments. As some of the respondents said:

*"What we learned is that in order to make funding to women's groups more efficient in the HIV response it is essential to combine the provision of services with programmes that promote an enabling environment for CSO and the realization of women, girls and adolescent's human rights, including".*

*"Our agenda is political and it is "messy" - we see that holistic approaches matter and that our solutions cannot be simply put on a PowerPoint. In the "app for that" era to development and health - we are talking about rights and long-term systemic change, about building power and building movements - not (only) about mosquito nets or "things" that can be counted in traditional ways."*

**4.7.** On the other hand, in relation to fundraising with traditional women's donors that seem to be more flexible to finance advocacy, almost 100% of the people interviewed highlighted that, in general, HIV is currently not among their priorities: **we need advocacy work to convince women' donors to invest in HIV.**

*"I went to a women's funders meeting this past year and there were really few HIV activists there. And as already noted, the HIV spaces have very much marginalized issues on women's rights and broader issues."*

Although the FY2017<sup>6</sup> report did not inform how much it was invested in AIDS, the Global Fund for Women in 2017 granted more money than ever before—\$10.2 million—to support movements advancing HR for women, girls and LBTQI people. They offered 89 multi-year grants, an increase of 40% compared to 2016. Almost 30% of the grants went to organizations with a budget of less than \$50,000 a year. "We strengthen even the smallest organizations because we know that they amplify the impact and voices of the most marginalized women".

<sup>6</sup> <https://www.globalfundforwomen.org/annual-report-2017/fy2017-financial-information/#.XDyKXM9KjeQ>

**BOX 1.**

**4.8.** When asked about **what percentage** of their annual **budget had been allocated to address gender equality in the HIV response** in the last three years, the average of the responses to the survey were 38.7% for 2015, 40.74% for 2016 and 42.58% for 2017. Almost 20% of the organizations have dedicated between 80% and 100% of their funds to this issue over the course of the last three years.

**4.9.** The organizations that responded our survey progressively increased their percentage of investments in women and girls from 2015-2017, but it was a small growth and **one fifth** of them **stated that they have no funding** and rely on volunteer work, especially organizations working with women living with HIV.

**4.10.** During the interviews most of interviewees mentioned to be aware of at least one **women's group that closed their doors in the past 3 years** or is responding to AIDS with minimum capacity. In our survey two organizations mentioned that they have **not received any funding for the past 4 or 5 years**, being thus unable to do any – or next to none – work, unless it is voluntary.

**4.11. Survey respondents** said **their main sources of funding** are donor organizations (62%), UN agencies (35%), individual donations (32%), international cooperation agencies and national governments (21% each), local governments (12%), multilateral agencies (9%) and corporations/corporation donor institutions (6%). But many of them mentioned that the fundraising field has changed drastically in the past two years.

*"Entities like Gates Foundation or the USG are large in size and only accessible to large entities such as FHI360."*

*"The Dreams was intended to be an innovative mechanism for smaller women led entities to receive USG money. It was not and it was an administrative nightmare due to JSI's failed management of the fund";*

*"The funding that UNAIDS was once able to invest in convening, catalytic efforts, and thought leadership was the most impactful funding source I know as they were flexible, responsive, with minimal administrative requirements. Nowadays funding is inaccessible to smaller entities as the reporting requirements are too steep."*

*"The UNAIDS diminished financial strength affects us all and funders like Robert Carr haven't invested enough in feminist leadership. Foundations such as Ford Foundation or OSF have walked away."*

*"Mama Cash and Global Fund for Women fund women's groups that may do advocacy on HIV but it is not a focus of their overall investments"*

**4.12.** When asked about **barriers for accessing funding and/or grants** to address gender equality within the HIV response, 71.79% of the participants of the survey mentioned the **decrease in international cooperation funding**.

Some mentioned that although the support for women's organizations to engage, lead, advocate and be key decision makers is, in theory, considered critical, **funding for advocacy is scarce and restricted**, including through different restrictions put in place by the donors or governments themselves.

A concern shared by almost all interviewers is that the political environment has been impacted by the increase **on the** biomedicalization of the response in the field of prevention, and that **the increasing wave of conservative governments is heavily impacting the capacity of women to respond to the AIDS epidemic.**

*"Given the geopolitical landscape at present - there is a move to depoliticize the HIV agenda including the gender equality one."*

*"I'm not sure how UNAIDS/Global Fund are being swayed by PEPFAR"*

*"(...) the PEPFAR Gag Rule is jeopardizing our work on SRH and, as a consequence, diminishing our capacity to respond to AIDS (...)."*

**4.13.** 35.9% of the survey respondents referred to **technical difficulties/challenges** to access sources of funding; 33.33% to eligibility requirements and staff time to write proposals; 28.21% to staff expertise to write proposals, 20.51% to donor requirements for M&E, 17.95% to language barriers and 15.38% to staff capacity to financially manage grants.

Organizations reinforced that too many stringent requirements established by existing public calls prevent most networks of women living with HIV to access the funds and they complained about donors demanding an unrealistic capacity to respond to bureaucracy even if the organizations are playing an effective role on the ground. So, there would be a catch-22: the networks of WLHIV are considered to lack capacity to be granted the funds, but donors allegedly rarely support capacity building and institutional development of organizations of women living with HIV.

The Global Fund was mentioned as an interesting example of both opportunities and difficulties in accessing technical support.

In 2014, GFATM approved a Special Initiative allocating US\$15 million for 2014-16 to ensure that, within the rollout of the Funding Model, a) Communities and CSO were meaningfully engaged in the design, implementation and monitoring of supported programmes; b) Technically sound interventions to address HR, gender equality and CSS. The Evaluation made two years later the approval of the Initiative (2016), was based on 3 components:

1. Short-term technical assistance (TA) for Country Dialogue and Concept Note development (allocated approx. \$4.25 million). 65 TA assignments were approved, delivered by pre-qualified Community, Rights and Gender TA providers, predominantly CSOs. From 34 Pre-qualified TA providers, **only one (01) was a specific women's organization.**

2. Long-term capacity development of KP networks through partnership with the Robert Carr Civil Society Networks Fund - RCNF (approx. \$ 5.3 million). Two rounds of one-year grants had been channelled through the RCNF to eight networks/consortia that incorporated 33 global and regional networks by and for KP: **only one member of the consortia was a specific women's organization.**

3. Regional Coordination and Communication Platforms for communities/civil society: This was allocated approximately \$4.4 million. Six host organizations had been selected to serve as Regional Coordination and Communication Platforms for Anglophone Africa, Asia and the Pacific, EECA, Francophone Africa, LAC and MENA. **No women's organization was selected.**

## BOX 2.

**4.14.** The resources of **our respondents are profoundly dependent on non-local sources of funding** depending to a great extent on funding from outside their countries. Most of the countries (54.17%) where the organizations are based do not make public calls for public funding. Where there are public calls, 50% said that they occur annually, while the other half stated that they are not regular. They take place when funds are available (such as when the country is eligible for Global Fund grants) or when the countries want to develop specific actions.

A high number of respondents – 64.1% – indicated the **lack of information about funding opportunities**, closely followed by challenging political and/or social environments (61.54%), divergence between donor thematic priorities/approaches and the organization's priorities, as well as insufficient/lack of government funding in the area (both with 56.41%) and insufficient funding available (51.28%).

**4.15.** Barriers to transfer funds to small groups of women usually are tried to be solved by using intermediary organizations that, in turn, demand a high percentage of administration cost, generally allocated – according to the interviewees' perception – in multilateral organizations or groups from rich countries. *"AIDS can not be a business, but it is"*.

Besides, AIDS donors are interested in project results. Guaranteeing organizational development and a sustainable women's response to AIDS in the ground seems to be off of their "interest". Although donors themselves have overhead expenses, the **funds for women are mostly project-based** and linked to programmatic outputs. In general the budgets approved can cover some co-related percentage of core expenses, such as office costs and utilities.

*"We never had core funding and we've always cobbled together funding from one initiative to the next. The challenge we face is a drop in actual dollars and a massive increase in the administrative requirements of the funds that we are able to acquire."*

*"What we see is diminished flexibility – more and more competition to receive smaller grants – and current grants having large administrative requirements or very specific donor agendas that do not facilitate our ability to 'keep the lights on' or build new areas of work."*

Another barrier identified is that when it comes to the **duration of grants**, 62% of our interviewees informed they were for **up to one year**, 24%, for in between 1 and 2 years, 12%, for between 3 and 4 years and 2% for five years or more.

**4.16.** With the decrease of investments on AIDS, allied to the changes of priority of governments and donors, and under the allegation that there are “many demands”, **women's groups are facing an uneven competition over resources.**

*"We are now in competition with mainstream actors, including with entities such as UNAIDS and the Global Fund where we were once funded partners of these very entities".*

*"The LGBTI movement has had investment from wealthy individuals and donors who have been willing to seed new initiatives and who have not placed the same high administrative burden."*

This is particularly concerning in a context where donors are “transitioning” out of countries and we need more analysis on impact of transition for women and girls in the AIDS response.

In the Graphic #1, in Annex 5, it is possible to see how US NGOs, Foundations and international NGOs<sup>7</sup> have been prominent in intermediating the flow of AIDS resources from donor to recipient countries, meaning that perhaps many resources ended up more in office and paper work activities than on the ground, where it is most needed. In Annex 3, in the Development Assistance for Health (DAH) in 2017, you can see the substantial support systems available to transfer funds among states, UN Agencies, bi-laterals, and foundations.

**4.17. Slow implementation** responses, **lack of political will** and **lack of coordination** between UN partners, donors, countries and women's groups are two of the major obstacles mentioned during the interviews.

*"(...) the data on the burden of new infections among adolescent girls and young women in many countries has been there for well over a decade, and yet there was no technical guidance on preventing new infections amongst them until 2016 from UNAIDS."*

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<sup>7</sup> To reflect more on disparities: although it is not directed related to HIV and it is from 2010, a global survey from AWID (over 1,100 responses of women's organizations from 140 countries) showed that the combined income of 740 organizations for 2010 was close to US\$106 million while the income for Save the Children Int. and World Vision Int. was US\$1.442 billion and US\$2.611 billion respectively. <https://www.awid.org/news-and-analysis/20-years-shamefully-scarce-funding-feminists-and-womens-rights-movements>

*"All the policies state gender equality now, something all of us fought so hard for, yet no \$ going to women's groups. (...)"*

*"Now we see the US PEPFAR leaders aligning themselves with conservative, abstinence-only evangelical Christians."*

Some platforms that have potential to address women's financing gaps in the AIDS epidemic were mentioned, as well – again – the existing lack of coordination<sup>8</sup> among them, although their members sometimes overlap<sup>9</sup>.

*"The Prevention Coalition has been an organizing framework, along with Stay Free, but they are largely HIV spaces and remain largely devoid of discussions on structural factors such as women's rights, violence..."*

*"Nobody is leading the push for funding women's response to AIDS."*

**4.18.** The financing disputes (point 5.16) are also reflected in the **disputes of the areas where to invest for women**. This concern is summarized below:

*"There are many within WHO and UNAIDs who would argue (and do) that we should be investing money not in programs to keep girls in school, social support, GBV, women's empowerment... but rather in VMMC and putting men on treatment. (...) Epidemiologically, one could argue that VMMC and putting men on treatment (male partners of women) would be a more efficient route to decreasing AGYW new infections. But that is a bit short-sighted potentially, and raises questions of sustainability. Of course, it's not necessarily an either/or but in the funding envelope context it often does boil down to choosing one intervention over another".*

**4.19.** Finally, although UN resolutions and guidelines have been approved aiming to contribute to closing the gaps and respond to gender inequalities, when asked about *how* to use these resolutions to fundraise for women, many people interviewed pointed out **that grassroots awareness about existing UN guidance is still low** and, in particular, many don't know how to use them in the territories.

This indicates that we all still need to do a better job on transforming UN resolutions in (r)evolutionary tools for advocacy toward more sustainable and effective response for women in the AIDS response.

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<sup>8</sup> One interviewee stated: "UNAIDS has a guidance with a package of key interventions to efficiently invest to reduce new infections and to keep women and girls on treatment. But the funds to engage women's groups in advocating for its implementation is still missed".

<sup>9</sup> Examples mentioned: Start Free, Stay Free, AIDS Free, ACT!2030, All In to #EndAdolescentAIDS, DREAMS, Global Coalition for Women and AIDS, What Women Want.

## 5. Places to Influence, Innovative ways & Recommendations

The global HIV response has inspired a number of innovative funding models, like UNITAID that, in the last five years, has raised over half of its funds in ten countries through the *air ticket levy*, a tax on plane tickets.

Another example is the Global Fund's Debt2Health programme, launched in 2007 to generate additional domestic resources for health financing through debt swaps. Under this programme, developing countries can forgo repayment of a portion of their sovereign debt on the condition they invest an agreed amount in their health system through the Global Fund<sup>10</sup>.

In the field of social protection, cash transfer has been proven to work towards preventing new infections among women. According to the UNAIDS report *When Women Lead Changes Happens*, cash transfers<sup>11</sup> have been found to help girls remain in school, which in turn leads to reduced HIV prevalence and incidence. In several randomized control trials, school attendance and safer sexual health were directly incentivized through a cash transfer, and there was a positive effect on HIV-associated outcomes.

Despite years of debates, no new idea or existing initiative in place was identified as an "innovative funding mechanism" to support, specifically, the work done by women to respond to HIV and AIDS. However, there are opportunities, since the advancement of financing for gender equality has been seriously considered as a strategic contributor to the reduction of inequalities in general, under the guidelines offered up by the 2030 Agenda<sup>12</sup>, and the cultural uprising brought about by the #MeToo movement.

Gender equality has become such a hot topic in the "zeitgeist" that, in 2017, new financial instruments were created for that. The so-called ETFs (exchange-traded funds) are based on a database of companies with good grades on gender equity under several criteria, including equal pay for equal function. Equileap Global Gender Equality Index, a composite index of over three thousand companies in twenty-seven countries, has served as the database for Lyxor and UBS to support their higher-than-usual return ETFs.

In the same trend, the World Bank has included gender equality as a principle: "Multilateral Development Banks – MDBs – can help design and coordinate approaches relating to core global and regional development issues such as gender equality, youth and excluded populations, trade and integration." These Banks are trying to adapt to the new equality-driven reality.

Investing and promoting gender equality is currently in the forefront of implementing the sustainable development agenda. To effectively design future strategies to increase resources for promoting women's rights and gender equality within the AIDS responses will require ***all types of resources and expertise***, from domestic and international, private and public actors.

Therefore, instead of continuing to reply to the call for doing more with fewer resources – as women are doing now –, the strategies must focus in securing steady stream of resources and financing long-term solutions. To rely only in volatile voluntary donations from governments and few large foundations is not

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<sup>10</sup> To date, debts swapped under Debt2Health agreements total around US\$212 million, involving Australia and Germany on the creditor side; Côte d'Ivoire, Egypt, Ethiopia, Indonesia and Pakistan on the beneficiary side.

<sup>11</sup> [http://www.unaids.org/sites/default/files/media\\_asset/when-women-lead-change-happens\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/when-women-lead-change-happens_en.pdf)

<sup>12</sup> Gender, health and the 2030 agenda for sustainable development, Mary Manandhar et al., Bulletin of the WHO; Policy & practice, Article BLT.18.211607, 2018, pg 13, 14.

sustainable<sup>13</sup> so it will be important that the next Expert Group Meeting result in strategies to implement innovative financing mechanisms aiming to raise funds for women's advocacy work towards a gender responsive AIDS response.

In this regard, some **recommendations** are:

**5.1** To build an inclusive architecture for follow-up and review on financing for women, with women's community-based monitoring being part of collecting the evidence and holding donors accountable and positively engaged and mobilized.

**5.2** To design and establish fundraising mechanisms for consistent revenue collection for women to bring on board *new* donors, including donors from the private sector. It must be supported by campaigns to transmit the relevance of women in the global AIDS architecture, properly communicating its values, results, and comparative advantage for contributions – a narrative still to be developed.

**5.3** Develop an advocacy plan aiming to convince governments and private organizations to invest in women's groups in the AIDS response. It is also key to develop new narrative to deconstruct the claims that there are not enough resources to invest in AIDS. The world has never had so many resources, nor so much liquidity and this condition has produced yet another boom in 2018. Though it is a concentrated financial bubble, it is an out-of-proportion revenue source that is not tapped into because of lack of governmental will. Taxing financial transactions (FTTs) for instance – and UN Women is a strong advocate for FTTs – is a highly advantageous double-edged sword of revenue collection<sup>14</sup> and capital markets regulation.

**5.4.** Model a cost exercise to estimate the needs of women's groups for medium and long-term advocacy work in the AIDS response, and define specific fundraising goals. However, is necessary first to establish clear definition for "women-led" organizations; women's groups and women's services in the HIV field.

**5.5** Considering the demand for increased domestic funding for HIV, it is necessary to strengthen the capacity of women's national groups and align them with any fundraising campaigns and mechanism designed at the global level. They also need to be trained to identify in-country fundraising opportunities.

**5.6** To advocate for enhanced reporting mechanisms on women's access to funding by improving existing global indicators to monitor the HIV response with disaggregated data on women, including resources directed to women's advocacy work. Some opportunities are:

**a)** The data from the **GFATM** on investments for women and girls<sup>15</sup>, should be updated soon – the last report is from 2015. It is advisable to explore opportunities to improve their indicators on financing for women and girls.<sup>16</sup>

Also, it would be interesting to approach their Community Rights and Gender Strategic Initiative”, which invested in HER Voice to support the meaningful engagement of adolescent girls and young women in

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<sup>13</sup> Ten donors are responsible for 86% of funds for AIDS assistance.

<sup>14</sup> In 2016, the UK raised £2.8 billion on Stamp Duty on Shares and Securities ; Brazil raises an average thirty billion Reals yearly on a broad FTT legal framework.

<sup>15</sup> <https://www.theglobalfund.org/en/women-girls/>

<sup>16</sup> The information available (October, 2018) was that they were finalizing a report on the investments on AGYW in sub-Saharan Africa and planning to commission an update on the gender analysis of grants (from 2015 or maybe 2016).



national policy and program processes supported by or linked to the GFTAM. It was informed that the HER Voice funding is going to be continued with ViiV (the first year was funded with GF catalytic funds).

**b)** Open debate on how to improve the Global AIDS Monitoring – GAM –<sup>17</sup> indicators to allow appropriate analysis on the existing funds for women's organizations to provide HIV-related services and to implement advocacy work on gender and HIV.

**c)** Partner with Funds Concerned About AIDS<sup>18</sup> for the inclusion of more disaggregated data on funding for W&G in their next reports.

**5.7** it is important to inform and provide capacity building for women's groups to influence UNAIDS Joint Programme decisions at the national level, specially those related to "UNAIDS country envelopes"<sup>19</sup>.

**5.8** To establish an updated communication channel for the community of women working with HIV and AIDS. For instance, to disseminate regular information on funding for AIDS, disseminate global and national calls for projects for women and AIDS, for advocacy on the gender field, etc.

**5.9.** It is strategic to link the debate about funding women in the AIDS response to the commitment to SDGs. In this regard it is advisable to plan events and campaigns targeting the High Level Political Forum and the Commission on the Status of Women.

**5.10.** To provide guidance to funders for developing new frameworks for risk assessments in funding for women-led HIV response and on good practices for the M&E of funds to grassroots and women's organizations.

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<sup>17</sup> [https://www.aidsdatahub.org/sites/default/files/highlight-reference/document/UNAIDS\\_Global\\_AIDS\\_Monitoring\\_2018.pdf](https://www.aidsdatahub.org/sites/default/files/highlight-reference/document/UNAIDS_Global_AIDS_Monitoring_2018.pdf)

<sup>18</sup> <https://www.fcaids.org>

<sup>19</sup> [http://www.unaids.org/sites/default/files/media\\_asset/20171213\\_UNAIDS\\_PCB41\\_Implementation\\_JP\\_Action-Plan\\_PPT.pdf](http://www.unaids.org/sites/default/files/media_asset/20171213_UNAIDS_PCB41_Implementation_JP_Action-Plan_PPT.pdf)

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## Annex 2: Respondents of the Survey and Organizations Interviewed

Survey Respondents:

Sampada Grameen Mahila Sanstha.	Christ Soldiers Foundation
WHRIN	Association Aide aux Femmes et Enfants
Women for Health	womenplus Against HIV & TB in Kenya
Association of WLWHIV WITH HIV ZAMFARA	PANGEA
International Community of Women Living with HIV- Kenya Chapter	ASEPO / Asociación de Ayuda al Sero Positivo
ICW-Zimbabwe	Eurasian Women's Network on AIDS
EVE for Life	Women's Empowerment Center NGO
SHAPLA MOHILA SANGSTHA (SMS)	India HIV/AIDS Alliance
Raising Voices	Positive Women
Jamaica Family Planning Association	Balance
Pan African Positive Women's Coalition-Zimbabwe	Red de Trabajadoras Sexuales de Latinoamérica y el Caribe - RedTraSex
Salamander Trust	Mrs.Thanita Samakkee
People Serving Girls At Risk	Compartiendo Retos, A.C.
Jamaica Community of Positive Women/ICW Caribbean Secretariat	Gestos–Soropositividade, Comunicação e Gênero
Indonesia Positive Women Network / Ikatan Perempuan Positve Indonesia (IPPI)	Movimento Nacional das Cidadãs Posithivas
Hwupenyu Health and Well-being project	Rede Nacional de Pessoas Vivendo com HIV/AIDS
WECARE plus	VIVO POSITIVO
Aware Girls	Movimento Nacional das Cidadãs PosithIVas
What Works Association	Asociación Cambiando vidas
Young Women Empowerment Network	FEIM - Argentina

Organizations Interviewed:

Global Fund for AIDS, TB and Malaria	What Works Association
Salamanda Trust	GUYBOW <sup>20</sup>
Athena Network	Guyana Sex Work Coalition
Together for Girls	AINSW
Women4GlobalFund	NNSW
The Independent Accountability Panel (IAP) for Every Woman, Every Child, Every Adolescent and the PMNCH;	<u>IPPE</u>
International Women's Health Coalition	

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<sup>20</sup> Work with women social issues not exclusively HIV

### Annex 3: But...Where are the Funds for Women & AIDS?

According to the Development Assistance for Health (DAH) Focus Areas, in 2017, \$9.1 billion or 24.2% of total DAH went to HIV/AIDS: 31.9% on treatment, 16.8% on prevention (excluding prevention of vertical transmission), and 13.6% for HIV/AIDS system support.

The US government was the largest source of DA for HIV/AIDS, providing over 50% of this assistance annually since 2008. It is channelled through many international agencies, including international NGOs (7.3% in 2017) and the GFATM (21.4% in 2017)<sup>21</sup>

Since 2000, funding for treatment (which includes ARV) increased 30% annually; funding for prevention, excluding vertical transmission, increased 6.6%; and funding for health systems strengthening increased 14.6%. Despite its prominence against other health focus areas, and the 20% annual growth observed between 2000 and 2012, DAH HIV/AIDS has decreased 5.4% annually since 2012. Additional cuts could hasten this decline and risk slowing or reversing progress towards an AIDS-free generation.

It is clear that moving toward having disaggregated data on funding for women and girls in the AIDS response is not an easy task and one must consider that it will be necessary to prepare for resistance, including reporting burdens, whether by governments, UN and multilateral organizations.

*"(...) funds going to gender – and gender related issue s– are considered to be mainstreamed and difficult to pin down specifically. Donor budgets that go to general budget supports for health are often assumed to cover gender, as well as HIV specific and other health components, since system wide investments are expected to support all aspects of interventions; it is expected that, when they support comprehensive SRH or SRHR they are, at least in theory, supporting HIV" (...). (From one of Gestos' interviewers.*

In relation to what is needed to end AIDS as a public health threat by 2030 UNAIDS<sup>22</sup> estimates that in 2020 alone the global HIV response will require US\$ 26.2 billion, steadily decreasing to US\$ 23.9 billion by 2030. This means that the resources available must increase US\$ 1.5 billion, each year, until 2020. However by the end of 2017 the international and domestic resources available for the HIV response reached an estimated **US\$ 21.3 billion** in low and middle-income countries, and that in recent years high-income countries have reduced funding for the HIV response in low and middle-income countries, with a 7% decrease between 2015 and 2016.

International investment in the AIDS response of these countries peaked in 2013 at nearly US\$ 10 billion US dollars and, although domestic investments increased by an average of 11% a year from 2006 to 2016, the rate of that increase decreased to 5% between 2015 and 2016. Donor government disbursements to combat HIV in low and middle-income countries increased 16%, from US\$7 billion in 2016 to US\$8.1 billion in 2017. This increase follows two years of decrease, but it does not indicate a change in previous trends: it was a result from a boost in the investment made by the US, which increased its disbursement from US\$ 4.9 billion in 2016 to US\$ 5.9 billion 2017, including funds appropriated but not spent from previous years, as the report from the Kaiser Family Foundation and UNAIDS points out.

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<sup>21</sup> In 2016, 58.1% (US\$ 5.6 billion) of DAH for HIV/AIDS went to sub-Saharan Africa (77.1% of the AIDS disease burden was there) Southeast Asia, East Asia, and Oceania received US\$ 316.0 million (3.3%); LAC got US\$ 295.3 million (3.1%); South Asia, US\$ 148.3 million (1.5%); Central Europe, Eastern Europe, and Central Asia, US\$ 130.5 million, or 1.4%.

<sup>22</sup> UNAIDS itself disbursed a total of US\$ 288.1 million in 2017.

**Annex 4: Graphic From DAV/2018 Report**

Flows of DAH from source to channel to health focus area, 1990–2017

