

Ensuring that programs to remove human rights-related barriers to HIV, TB and malaria services are gender responsive and gender transformative

A guidance document

Introduction

It is crucial that *all* programs to remove human rights-related barriers to services are designed, implemented and monitored in a way to be gender responsive, and where appropriate, gender transformative.

This document describes how to achieve this goal.

Key considerations

The Global Fund defines *gender responsive programming* as:

“Programs where gender inequities, norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programs go beyond raising sensitivity and awareness to deliberately address gender inequalities. This means tailoring programs to ensure that everyone is reached with quality and appropriate prevention, treatment and care services. It also means that programs include a set of feasible targets and measurable indicators that can be disaggregated by sex and age.”

From Global Fund *Technical Brief: Gender Equity* (29 October 2019 Geneva, Switzerland)

The Global Fund also supports *gender-transformative* programs wherever these are feasible. It has defined these as:

“Programs, approaches or activities that actively seek to build equitable social norms and structures in addition to individual gender-equitable behavior. Transformative approaches seek to transform gender roles and create more gender-equitable relations. Examples include efforts that foster constructive roles for men in sexual and reproductive health and facilitate critical examination and dialogue on gender and sexuality and its impact on health and relationships”. From the Global Fund *Gender Equality Strategy*

Like all programming funded by the Global Fund, steps should be taken to ensure that programs to remove human rights-related barriers to HIV, TB and malaria services are gender responsive, and where possible, gender transformative. These programs should also take into account gender equity¹. The goal is to ensure that the programs to remove human rights-related barriers to

¹ “A gender equity approach enables us to be effective and efficient in our investment - by identifying and utilizing key strategic information. Through data analysis and meaningful consultation with affected communities, it is possible to ‘know your epidemic’ and ‘know your response’. This ensures an understanding of the gender-related factors (social, cultural, economic, etc.) that not only affect people’s vulnerability to ill health, but their ability to seek and benefit from prevention, testing, treatment, care and support, and, if living with the disease, to live well. Ultimately, such an approach shapes the impact of a response – in terms of cases prevented or treated, harms mitigated, and lives saved.” From Global Fund *Technical Brief: Gender Equity* (29 October 2019), Geneva Switzerland

services address particular barriers/issues/concerns based on gender inequality and inequity, harmful gender norms, gender identity and sexual orientation experienced by all genders - heterosexual women and girls and men and boys, female and male transgender people, lesbian, bi-sexual, gay, queer and gender-fluid people. To this end, programs to remove human rights-related barriers to services should be designed, implemented and monitored and evaluated through processes that allow a differentiated approach in full consultation and engagement with the groups they benefit.

In considering whether a program to remove human rights-related barriers to services is gender-responsive and/or transformative, the program should be assessed from 3 points of view:

- (a) Whether the program was **designed** so that its content and strategy is meant to respond to and/or transform gender-related barriers, including with regard to the gender issues of the various populations that the program might serve;
- (b) Whether the program is **implemented** in a gender-responsive/transformative manner; and
- (c) Whether the program is **monitored and evaluated** with due consideration of gender-and age-disaggregated data, and data on how all genders were served by the program.

Designing programs to remove human rights-related barriers to services in a gender responsive/transformative manner

- As countries consider which programs are necessary, alone and in combination, to remove human rights-related barriers to health services, they should ensure that the programs selected consider and address the gender inequalities, inequities and harmful gender norms that are part of the barriers they seek to remove.
- Affected communities should be part of the selection and design of programs so as to ensure that the programs will be most effective in addressing the gender-related issues they experience.
- Where necessary, technical assistance support should be provided to communities to help them engage in design and to identify and address the gender issues in the context of removing human rights-related barriers to services.
- As a fundamental part of the design of programs, a Theory of Change should be developed, identifying the gender aspects of the barriers, the activities to address them and the envisaged gender-related results. This will better enable the program to address the gender-related aspects of the human rights-related barriers.

Implementing programs to remove human rights-related barriers to services in a gender responsive/transformative manner

- Programs to remove human rights-related barriers should be implemented in ways that take into account and address the gender inequalities and inequities that various groups or subgroups experience in the context of a human rights-related barrier.

Guidance on human rights & COVID-19

The Global Fund has released guidance on removing human rights-related barriers to services in the time of COVID-19. This guidance points out that gender-related aspects of existing barriers may be exacerbated and/or that new gender-related barriers may arise in the context of COVID-19. These involve such things as increased violence against women and girls in all their diversity, including women and girls who use drugs and sell sex, refugee, migrant and women and girls with disabilities, transgender women, in the forms of domestic and intimate partner violence and decreased agency during lockdowns. There are also increased vulnerabilities experienced by men as a result of COVID, including increased rates of serious illness, and increased rates of death. Both of these are likely due to underlying male health risks, as well as patterns of health seeking behavior that may be exacerbated by harmful gender norms. Other gender-related risks brought on by COVID might comprise increased violence, harassment and illegal arrests against key populations particularly against sex workers (female, male, trans) by clients and police; and discrimination and denial of health care/treatment based on gender identity and/or sexual orientation. Where the COVID-19 pandemic is impacting programs to remove human rights-related barriers to services, these gender issues exacerbated by the pandemic should be identified and programs adjusted to address these issues to the degree possible.

See Global Fund *COVID-19 Guidance Note: Human Rights in the Times of COVID-19*.

- Good practice programs develop materials and use approaches that are based on the lived realities, including gender inequalities, of the group in question.
- Programs that involve peer paralegals and peer human rights educators are well-positioned to address the gender realities experienced by the groups from which the peers are drawn provided that the composition of such peers is representative and mechanisms exist for the meaningful engagement of all genders. Thus, the recruitment and composition of peer cadres should take gender into consideration in terms of parity, equity and service delivery depending on the health outcomes and context. In some cases, there may be a need to have a balance of male/female and gender non-conforming teams. Other cases may involve a single gender team depending on the nature of the human rights or gender-related barrier and who is experiencing it.
- Similarly, programs to remove human rights-related barriers to services that involve training and monitoring that are done by members of key and vulnerable populations should address gender realities experienced by female, male and transgender sex workers and people who use drugs; women and young women and adolescent girls; men and adolescent boys, miners, prisoners, farm-workers, etc.

Monitoring and evaluating programs with due consideration of gender-and age-disaggregated data, and data on how all genders were served by the program

- It is critical that programs to remove human rights-related barriers to services are monitored and evaluated so as to gather more evidence of what is most effective, including with regard to gender-related barriers.
- As M&E components are built into programming and grants, they should include strategies and indicators to assess the gendered dimensions of the program and its impact.
- The key aspects are having: (a) the right indicators to capture coverage and outcomes towards gender equality and equity; (b) appropriate disaggregation of data; and (c) data use to inform program adjustment. This means monitoring which groups/sub-groups based on sex, gender identity/sexual orientation and age are benefiting from the program and whether the program reduces gender inequalities/inequities and empowers in a differentiated manner the groups to overcome barriers and take up services.
- Data sources should go beyond survey data, and include program monitoring data, and qualitative data. Disaggregated data based on sex, gender identity and sexual orientation, as well as age, and locality should be used.
- Community groups should be empowered and supported to conduct community-based monitoring to include a focus on monitoring programs to remove human rights-related barriers to assess how gender responsive they are.
- Learning feedback loops should be built in so that programs to remove human rights-related barriers can be adjusted during the grant to better address gender issues and concerns.

Examples of gender-responsive/transformational programs to remove human rights-related barriers to services²

For HIV and TB

Stigma and discrimination reduction

- Stigma and discrimination play out differently when it comes to men, women, LGBT, and people of different ages, abilities and economic and legal status. Thus, efforts to document

² For more information about each of the programs and why they should be implemented to reduce human rights-related barriers, please see the technical briefs on HIV, Human Rights and Gender Equality; Malaria, Gender and Human Rights; and Tuberculosis, Gender and Human Rights. Available via <https://www.theglobalfund.org/en/funding-model/applying/resources/>

stigma/discrimination should be made gender sensitive, e.g. ensuring appropriate balance of sampling size and adequately analyzing gender dimensions and gender-based differences.

- Based on a gendered understanding of the stigma and discrimination, activities to address stigma and discrimination should be tailored to respond to these differing forms and impacts of stigma and discrimination.
- Programs to address stigma and discrimination based on health status should also address intersectional stigma and discrimination, including that based on gender, age, sexual orientation and gender identity grounds, as well as other forms driven by gender inequality and harmful gender norms.

Training for health care providers on human rights and medical ethics

- Efforts should be made to integrate into training and education of healthcare workers a focus on patients' rights, as differentiated by differing patient's needs including those related to sex, sexual orientation and gender identity, age and experience of gender-based violence.
- Health care workers should be sensitized, trained and supported to provide non-judgmental and gender responsive health care for men, women, adolescents and all gender identities and recognize and address their particular health needs.
- Female and male health care providers should be empowered to protect themselves from infection and from the different levels of stigma and discrimination leveled against them based on gender, if infected.
- Health providers (doctors, nurses, and other healthcare staff) should be trained to provide stigma-free trans- and LGBTI-friendly and competent care.

Sensitization of law-makers and law enforcement agents

- Law-makers and law enforcement agents should be sensitized so that they can prevent and respond to the harassment, discrimination and violence, including sexual violence, against women and girls, against LGBTQ individuals and communities, as well as against female, male and trans sex workers and people who use drugs.
- Joint activities should be funded so that different gender groups can interact with police, judges and parliamentarians so that their particular gender realities and needs will be understood and addressed.
- Gender champions and mentors should be nurtured and used as peer educators.

Legal literacy ("know your rights")

- Legal literacy or know your rights activities should be designed to reflect the lived experiences of different groups.
- This might involve employing peer human rights educators of all genders to work with the affected key or vulnerable population and designing materials that educate communities on their particular gender-related rights as well as how they can mobilize around these for gender equality and freedom from stigma and discrimination based on sex, gender, gender identity and sexual orientation.

Legal services

- Legal services should include strategies that enable these services to better address gender differences. This might involve employing peer paralegals of all relevant genders who will be attuned to the gender needs of those they serve; ensuring that state-funded and/or *pro bono* lawyers are capacitated on and address gender inequalities and challenges and provide legal support to overcome discrimination related to sex, gender, sexual orientation and gender identity; and working with women' lawyers associations or groups.

Monitoring and reforming laws, regulations and policies relating to HIV and TB

- Activities under this program area should assist key and vulnerable populations to identify the laws, regulations and policies based on, or perpetuating, harmful gender norms or gender inequalities and inequities; and determine priorities for monitoring or reform that are realistic and will result in improvements in the lives of those affected.
- Programs should include community-based monitoring of laws, regulations and policies that contains adequate focus on the gendered realities and impacts of the populations affected by the law/policies.
- Systems of redress for violations should similarly respond to these gendered impacts.

Reducing discrimination against women in the context of HIV and TB

- All the program areas and activities recommended to remove human rights-related barriers to services, including those described above, can and should be designed and implemented by and for women and adolescent girls in all their diversity to overcome their particular vulnerabilities based on the gender inequality and inequity that they experience.
- Activities aimed at reducing discrimination against women and girls in the context of HIV and TB should be designed, implemented and scaled-up, including through the use of peer human rights educators, paralegals and community-based monitors, to a level that will impact harmful gender norms, policies and laws so as to reduce barriers faced by women and girls and increase their access to justice.
- Where relevant, programs should focus on sexual and reproductive health and rights, including the development, dissemination and monitoring of patients' rights materials/policies in the context of the delivery of health services to women and girls.

For TB

In addition to the seven key programs above that apply both in the context of HIV and TB, the following programs are relevant specifically for TB.

Addressing stigma

- Any efforts to address TB-related stigma and discrimination should be tailored to address the gendered-dimensions of these phenomena.
- In the context of TB, men and boys, and women and girls are affected by stigma and discrimination differently. For men, the sense of masculinity, and fear of losing work as a breadwinner of the family may negatively affect their health-seeking behaviors, delaying access to TB diagnosis and failure to adhere to treatment. On the other hand, women and girls may be blamed for bringing TB into the family; may have bleak prospects of marriage if they have TB or a history of TB; and/or may be abandoned by their families.

Ensuring confidentiality and privacy related to TB diagnosis

- Efforts to ensure confidentiality and privacy in the context of TB should examine and address the gender dynamics involved. This includes the fact that breaches of confidentiality against women and girls may not be reported or addressed, nor might be the possible disproportionate impact of disclosure, including gender-based violence and ostracization by the family that women experience.
- Trainings of health care providers, both in the private and public sector, should include the gendered-impact of breaches of confidentiality; and patients' rights materials and community legal empowerment should be designed to inform and protect women and girls in all their diversity, as well as LGBTQ individuals and those who use drugs or sell sex.

Mobilizing and empowering TB patient and community groups

- Men and women present with different gender-related vulnerabilities to TB infection and with different barriers and abilities to access TB prevention and treatment. Programs to mobilize and empower TB patient and community group should respond to these different gender realities; and mobilize and empower all genders.

Addressing overly-broad policies regarding involuntary isolation or detention for failure to adhere to TB treatment

- Women and girls may be subject to more blame for TB transmission or to more prosecution for failure to adhere to treatment, but men may be more likely incarcerated for failure to adhere to TB treatment. Thus, policies and their implementation should be examined and addressed taking into account any different gender dimensions.

Removing barriers to TB services in prisons

- While women and men will both face TB vulnerability in prison and closed settings, given the higher TB prevalence and incidence among men and a higher rate of male incarceration, including for the drug-related offences, men will be more highly affected.
- However, women's prisons may be less likely to receive resources for health care, including TB screening, treatment and post-release services. There should be more efforts to understand the TB prevalence in women's prisons to ensure adequate resources are allocated to address TB.

For malaria

Programs to monitor and reform laws, regulations and policies relating to malaria prevention and control

- Many of the barriers to malaria prevention and treatment relate to poverty; social, legal and geographic marginalization; and activities/employment that put people at risk. Within those barriers are further barriers based on gender norms and behaviors.
- Policies, regulations and laws should be put in place to address those barriers, and governments and community groups should be empowered to monitor how policies and laws enable (or disable) groups from accessing malaria prevention and treatment, including in terms of gendered impacts.
- Groups that should be protected by gender-responsive laws and policies that enable successful malaria interventions include women, girls, men, boys, households with low literacy, female-headed households, indigenous populations, mobile populations, refugees, displaced people and prisoners.
- Thus, multi-sectoral efforts might be needed to improve laws and policies as they relate to these groups, and the particular gendered elements within these groups that will increase risk to malaria.

Undertaking human rights and gender assessments of malaria-related barriers and access to services

- Qualitative assessments, and analysis of equity and gender dimensions in existing quantitative data, are needed to identify the populations underserved by malaria interventions, including refugees, internally displaced persons, migrants and other mobile populations.
- Within underserved populations are subsets of people who are even less served due to gender inequalities and/or stigma and discrimination based on gender identity or sexual orientation. For example, women and girls may be engaged in activities (gathering wood, water) that make them more vulnerable to malaria infection and may also have less access to bed-nets and treatment. Men and boys also may have gender-related vulnerabilities to malaria due to their activities or employment.

Meaningful participation of high-risk and underserved populations

- There are few community groups or networks of affected populations that view malaria and its gender dimensions through a human rights, gender or equity lens. Malaria programs should include measures to ensure that those most affected by the disease are part of country dialogues and other key decision-making processes regarding design, implementation, malaria program review and evaluation.

- Human right literacy and legal services should be developed to empower those most vulnerable to malaria to understand the human rights, equity and gender dimensions of their vulnerability and mobilize around addressing these.
- It is important to ensure the participation of women and adolescent girls who understand the challenges of enabling access to antenatal services and the best ways to reach all women with prevention and treatment measures.

Strengthening of community systems for participation in malaria programs

- Community systems strengthening is needed to address and monitor the gendered access to malaria services. As programs are rolled out to strengthen communities in the context of malaria, they should ensure that those communities understand the gender-related vulnerabilities they experience and can advocate and organize to overcome these.

Addressing barriers in ITN use, in indoor residual spraying (IRS), in IPTp (Chemoprevention), through IEC/SBCC and in appropriate case management

- There are specific gender-related barriers that affect access to the various aspects of the response to malaria. In this regard, programs should address the gender norms or other gender-related factors that make it hard for women and girls to acquire or use ITNs; should inform women about the benefits of IRS and engage them as sprayers or IRS promoters; should provide messaging for women and men around IPTp that addresses cultural and gender norms; and should ensure that community health care workers are aware of gender barriers and actively seek to address them for women and men, girls and boys, and among member of marginalized, isolated communities.