First meeting of the Advisory Group of the Global Coalition on Women and AIDS (GCWA)
23-24 May 2013, Divonne, France
Session 1: Introduction and expectations

Introduction

The Global Coalition on Women and AIDS (GCWA) is a worldwide alliance bringing together civil society groups working on HIV, women, girls and gender equality, including networks of women living with HIV, women’s rights organizations, AIDS service organizations, faith-based organizations, networks of women from key populations, care-giving networks, men and boy’s organizations working explicitly for gender equality, the private sector, and the United Nations (UN) system, hosted by the UNAIDS secretariat. The GCWA was originally established in 2004 with the mission of being a joint civil society-UN platform to mobilize leadership and harness political will to influence policies, laws, programmes, and funds, to promote actions that empower women and girls living with and affected by HIV, to prevent HIV transmission, and to live fulfilling and productive lives.

Following its reconfiguration, the GCWA was relaunched on 9th March 2013 during the fifty-seventh session of the Commission on the Status of Women with renewed commitment to provide a strategic and collaborative advocacy forum to advance the cause of women, girls, gender equality and HIV. The Advisory Group - consisting of 14 members drawn from the GCWA membership reflecting representation across the different regions and diverse constituencies, as well as one co-opted member to liaise on the women-focused research agenda - came together for the first time on 23-24 May, in Divonne, France, to agree on priorities for the GCWA for 2013-2014.

The first meeting of the Advisory Group of the Global Coalition on Women and AIDS (hereinafter GCWA), constituted an opportunity to reinvigorate and shape the GCWA, including its key areas of work. Participants highlighted the need to move beyond statistics to really putting forward how women’s lives, in all of their diversity, are affected by HIV. Diversity was particularly welcomed to enrich the work of the GCWA, and to utilize the opportunity to further build and expand that diversity, ensuring inclusivity and transparency.

Expectations

Meeting participants discussed and shared their expectations of the meeting and of the GCWA going forward; also sharing the support that they would provide to the GCWA as Advisory Group members. Specifically, the following was noted:

Expectations of the meeting

- To learn more about the GCWA, in particular its vision, mission and goal;
- To ensure follow up after the meeting, with a clear and realistic plan
- To ensure inclusion, so as to respect and optimise the diversity of the Advisory Group
- To agree on the importance and strength of being a coalition
- To get everyone comfortable and excited about working together

Expectations of the GCWA going forward

- To have clear messaging of what the GCWA actually is
- To be a global voice for women’s real lived experiences
- To be a safe space to share their views and experiences
- To develop guidelines for respecting ethnicity and diversity
- To make a difference – understanding where we need to engage and where we don’t
- To build on the synergies between the GCWA and the various networks that we work in
- To enable transformational leadership, seeing how to bring in new faces and new leadership into the work of the GCWA
• To expand members’ platforms to integrate the diverse intersecting issues affecting women and HIV.

**Expectations of Advisory Group members’ support to the GCWA**

• Contributing to frank conversations around the issues and views of our constituencies, including sex workers, TB/HIV co-infection, young women who use drugs, and lesbian, bisexual, queer or transgender women

• Supporting other Advisory Group members and facilitating a safe space for diversity

• Making the work of the GCWA more visible, pushing the agenda and bringing in new networks and resources

• Linking issues together like TB, so it is not HIV alone, but also social issues, structural issues, laws and policies and others, so they are addressed in an integrated manner

• Supporting mentorship and capacity building of young new leaders

• Supporting greater male engagement in gender equality, prevention and sexual and reproductive health and rights, and tuberculosis

• Supporting women to access treatment without discrimination, and economic empowerment

• Contributing to a GCWA that is transparent, representative and truly global and that makes sure information really reaches the people who need to be reached, including at community level.

**Session 2: The context of the GCWA**

A global overview of the HIV epidemic and gender equality was presented, as the context within the GCWA operates. In regards to HIV, it was noted that while there has been progress in the HIV response, HIV remains a major challenge, with 34 million people living with HIV, 49% of which are women – a figure which goes up to 58% in most affected regions, such as Sub-Saharan Africa and the Caribbean. Almost a quarter of new infections are happening amongst young women (15-24 years old). HIV remains the leading cause of death amongst women of reproductive age and the cause of 1 in 5 maternal deaths.

In regards to gender equality and women’s rights, sexual and gender based violence continue to be widespread and constitutes a pandemic in and of itself. Early marriage is also a major challenge, with one out of nine girls married before their 15th birthday. There has also been backsliding on language in UN negotiated resolutions, in particular around sexual and reproductive health and rights and gender based violence, and this is a constant threat. Indeed, it is not possible to sit still once progress is made, as going backwards is an ever present risk.

The HIV response has made great headway in access to treatment, yet 7 million people are still in need. In terms of HIV prevention, young women are particularly underserved, with less than 50% of young women having comprehensive knowledge of HIV. There are also challenges in regards to funding - not only with declines in total funding, but also long standing challenges when it comes to investing in women, girls and gender equality, beyond the maternal health realm.

UNAIDS has recognised these challenges, positioning gender equality and human rights as a core pillar of its work through the UNAIDS 2011-2015 Strategy: Getting to Zero, operationalized through UNAIDS Agenda for Women and Girls. Furthermore, the 2011 Political Declaration of the High Level Meeting on AIDS includes a dedicated target on gender equality, which we need to strive to transform into action and achieve.

The global development context has also significantly changed over the past years. The MDGs are coming to an end, but there is much unfinished business, in particular in terms of inclusiveness as demonstrated by the AIDS response. The post 2015 process is already underway, with discussions to determine the future framework and priorities for development.
The Global Fund and opportunities for collaboration

A presentation was made by Motoko Seko of the Global Fund, focusing on the key features of the Global Fund New Funding Model (NFM), and opportunities for collaboration around gender equality and women’s rights.

The Global Fund was established in 2002 and is becoming the largest health financing institution, disbursing 3 billion US dollars per year, and about 50% going to HIV programmes. Almost half of that goes to Southern Africa countries. Gender equality is part of the mandate, as noted on the Global Fund Strategy 2012-2016, strategic objective 4. In addition, in 2008 a Gender Equality Strategy was developed. The latter strategy encourages funding for programmes that address gender inequalities and calls to strengthen the response for women and girls, while also requiring the Global Fund to strengthen partnerships that effectively support implementation of programmes addressing gender equalities.

There have though been challenges, for example, around the implementation of PMTCT programmes, where male engagement may have been misconstrued and in practice made a requirement for women to be able to access services, in the process violating women’s rights. Another challenge is around the inclusion of women in the Country Coordinating Mechanisms (CCM).

A review of the Gender Equality Strategy in 2011 showed that while the spirit of the Strategy was good, the main challenge was its implementation. Indeed, the Strategy was neither fully implemented nor made the impact, originally envisaged. This is expected to improve as the NFM is being rolled out. There is also a renewed commitment to its implementation, with specific priority actions as per “Secretariat responses” as follows:

- To increase investment in PMTCT and maternal, new born and child health (MNCH)
- To address gender-based violence and harmful gender norms; and
- To address female sub populations of key affected populations

Gender equality is being fully integrated in the tools and mechanisms related to the NFM, including through working with partners to make “investment cases for women and girls” based on gender assessments of national HIV programmes. There are a number of opportunities to bring in gender equality, from the earliest stage at the NSP development, to the country dialogue, and onwards toward the development of the concept note, TRP review, grant-making and implementation.

Partners for gender equality can do the following to help further gender responsiveness in grants, particularly with the NFM:

- Ensure gender responsive & sensitive NSP in your country
- Undertake a country-owned gender gap analysis with evidence (= Gender focused KYE/KYR to inform decision making)
- Foster strong in-country partnership for gender and HIV advocacy
- Develop a consolidated “women & girls investment case” agreed by all key stakeholders
- Define prioritized (and preferably costed) gender responsive programmes for proposal
- Develop an M&E framework to monitor gender programmes

At the same time, the Global Fund can also support countries to be more gender responsive, including through:

- Supporting countries to be more gender responsive:
  - Topping-up the CCM Support Grant (“expanded” funding)
- Organizing stakeholders’ meetings, financing technical assistance (= hiring consultant) for gender assessment, training of CCM members and key stakeholders etc. to ensure disease programs effectively address gender issues. (See para 17. iv, CCM Funding Guidelines)
- CCM can only request for funding (lighter process up to $50k / year)
  - Funding to ensure robust, inclusive, CSO participation in the country dialogue process for NFM applicants
    - Max. $30k can be requested for sub-populations caucuses (through CCM support funding for the NFM)
    - KAPs, human rights, gender/women related consultations for inclusive country dialogue process

Regarding the way forward, this includes opportunities for engaging in:

- Revitalizing, re-operationalizing the Gender Equality Strategy (2nd-4th Qtr, 2013)
  - Gender mainstreaming in the NFM
    - Evidence-based, targeted programming based on the epidemiology
    - Addressing human rights barriers to services and equity, while focusing on maximum impact: “critical enablers” approach
    - Inclusive decision making process – women and girls must be meaningfully participated in the country dialogue process.
  - Strengthen capacities, partnerships and leadership
    - Working with other cross-cutters in building GF Secretariat and CCM capacities on gender, KAPs, human rights, etc.
    - Leadership of women in the Global Fund related decision making: building capacities of the positive women’s networks, etc.
  - Consultations (in-person, virtual) planned in 3rd quarter 2013

It was noted that in 2011, the GCWA, in partnership with FEIM, undertook work linked to the review of the Global Fund’s Gender Equality Strategy, and these findings confirmed challenges in implementation at the country and local levels; issues that cannot be managed at the global level. As such, sharing further information and mobilising at the country level is crucial, while also linking globally. GCWA Advisory Group members expressed interest in engaging in the consultations this year for re-operationalizing the Gender Equality Strategy. More information on those opportunities will be shared in due course.

It was also announced that the discussion between the Global Fund and its donors on financing technical assistance to build gender related capacities at country level (main target being CCM and women’s organizations) are making progress. In addition to country level funding, support for regional networks will also be made available. An information note will be prepared and shared with the GCWA, once the agreement is official.

**The International AIDS Society and opportunities for promoting research**

Dr. Shirin Heidari of the International AIDS Society made a presentation on opportunities for research. She highlighted the importance of research to contribute to the collected pool of knowledge and build the evidence foundation that informs policy, practices and programmes that affect us in our daily life.

Already in 1973, The Lancet noted that gender or sex differences in medicine are well recognised, but are still poorly understood. Despite progress in medicine and health research, potential differences and similarities between men and women, and their implications, remain poorly defined. Research must systematically incorporate sex and gender in design, analysis and interpretation of its findings, as noted by WHO in its 2009 guidelines.
Despite what we know in terms of HIV risk, there are many unanswered questions, including around:

- Impact of HIV and/or ARV on reproductive health (e.g., onset of menopause? Menstruation cycle?)
- Hormonal contraception and ARV interactions and impact on treatment
- Gender based violence and HIV
- Factors affecting ART adherence
- Barriers to access to treatment and reproductive services
- Reasons for attrition in ART programmes
- Nutrition needs (i.e., micronutrient and macro nutrients)
- Mental health
- If and how antiretroviral drugs are metabolised in women vs men.

In addition to the above, Advisory Group members flagged the following areas for further research:

- Impact of Drug use and hormone on HIV (Transgender Women)
- Frequent use of Microbicides in anal sex (Transgender Women)

In light of the above, the International AIDS Society, through its Industry Liaison Forum carried out a consultative process in 2009, which resulted in a consensus statement. The Consensus Statement Asking the Right Questions: Advancing an HIV research agenda for women and children outlined 20 research priorities relating to the treatment needs of women and children. One of the overarching recommendations was to ensure that research data is disaggregated by sex to ensure opportunities for gender based analysis, using a variety of indicators. Furthermore, in 2008, the IAS established an annual prize to be awarded for excellence in research related to the needs of women and girls affected by HIV in resource limited setting; a prize co-sponsored by UNAIDS and supported by ICW and ICRW.

To ensure that research can answer the needs of women, it is important that women are adequately represented in research. The IAS research promotion department studied clinical trials of antiretrovirals over time, and assessed if potential sex/gender differences were analysed and reported. The research has found that women, in average, compose not more than 28% of clinical trial participants. Furthermore, when reporting the results of these trials, gender aspect is seldom mentioned in publications. For example, there is seldom any information on number of men and women among those that were lost to follow up, died or discontinued for various reasons. To help improve the quality of reporting of research, the Journal of the International AIDS Society (JIAS) introduced in 2010 a gender policy, encouraging data to be disaggregated by sex and also race, to the extent possible. Peer reviewers are asked to assess incoming manuscripts whether it was important to address gender and if so, if it was done adequately. In partnership with the European Association of Science Editors, efforts are being made to make this a policy across scientific journals. To map the landscape, an open survey was recently conducted about gender policy in scientific journals, and preliminary data shows that the majority do not have a gender policy, and many editors may not consider this a priority.

Similarly, abstract submission guidelines for IAS-convened conferences call to include data, disaggregated by sex and gender in submitted abstracts, though often it is overlooked. A Red card was developed as an advocacy tool for conference participants to raise awareness about reporting of sex/gender in presented research at the conference.

The members of the GCWA Advisory Group welcomed the call for further disaggregation by sex and gender, as well as the need for further research around women in all of their diversity and HIV. At the same time, the importance of making the findings of research available and accessible to women was highlighted by Advisory Group members. Quality and ethics of research and community participation
was also identified as a core issue. Communities need to be at the centre and be able to see their agenda’s translated into research, without being seen as guinea pigs. Communities also need to train researchers on what the language to use is, what the research that the communities need is; and how it needs to be undertaken.

Communities do undertake significant, valuable research, but face the challenge that this research is often not accepted as rigorous enough by the scientific or academic research community. There is a need to further examine how to bridge the two and build recognition of the value of community-led research. Coupled with this is a need to mobilise further resources to support community-led research.

In terms of opportunities for linkages between the GCWA and IAS, a view-point on the GCWA could be submitted to the Journal of the IAS. The upcoming International AIDS Conference is also an opportunity to further build linkages and ensure that the key issues of the GCWA are included.

**Session 3: The set-up of the GCWA**

The history of the GCWA was outlined since its inception in 2004 as a joint UN-civil society platform established to strengthen political commitment to gender equality in the HIV responses, noting key initiatives, resources, and also the undertaking of the 2011 external evaluation and membership surveys.

The relaunch of the GCWA then took place in March 2012, based on the feedback and priorities identified by women themselves. The relaunch constituted an opportunity to reinvigorate and reshape the GCWA, with the new Advisory Group convened, representing a broad diversity of constituencies and expertise, with clear accountability to their communities.

To build on this new set-up, it was highlighted that accountability and transparency must remain at the forefront, and the periodic and systematic rotation of Advisory Group members, as per the Terms of Reference, would be respected and implemented by all.

Indeed, the current advisory board has been configured to ensure diverse constituencies, selected through a consultative process. This configuration draws upon the responses to a GCWA survey undertaken to inform the relaunch. Moving forward, the Advisory Group will continue to consider how to reach out to diverse constituencies and seek their inputs and views.

**Session 4: The strategic niche of the GCWA**

To determine the strategic niche of the GCWA, the Advisory Group discussed 3 guiding questions:

1. **What are the comparative advantages of the GCWA?**

Advisory Group members noted several comparative advantages of the GCWA, highlighting the benefit of a diverse group from different constituencies and regions, including from the grassroots; and the greater access to the UN family, member states and other decision makers in the HIV response. This diversity and links to the communities brings not only more legitimacy, but also helps reduce the gap between global and community level. In addition, the skills and talents of members are not limited only to the work on HIV, but also areas such as SRHR, transgender, maternal health, TB, sex work, harm reduction and gender based violence, among others, reinforcing diversity.

2. **What should be the strategic role of the GCWA?**

In terms of the strategic role of the GCWA, Advisory Group members noted the ability to hold key stakeholders, including governments and donors, accountable, in both developing and developed
nations, making swift statements as needed. This includes the ability to facilitate access to information and resources around the UNAIDS Agenda for Women and Girls, mobilising the different viewpoints from our networks geared towards dealing with HIV and AIDS, including through pushing for women’s rights issues that are not typically reaching certain decision makers. Members also highlighted advocacy for research priorities, serving as a bridge for the gap between researchers and above mentioned communities.

3. **What do we want to achieve?**

Regarding what to achieve, building on the vision of the GCWA, Advisory Group members called to shift away from a fragmented vision of constituencies and issues related to HIV and achieve an integrated, comprehensive and holistic approach to the rights and needs of women in all of their diversity. To achieve this, they noted the need to secure greater meaningful engagement of women at different levels of decision making and foster new leadership. It is also important to address fundamentalisms and how they are hindering women's rights and gender equality.

**Session 5: Setting priorities and putting these in action**

With these results outlined in the GCWA Operational Charter in mind, the Advisory Group discussed key priorities and actions, so as to begin to develop a GCWA work plan for 2013-2014. The work plan is available in Annex 2. In these discussions, it was particularly highlighted that the GCWA has a key role to play in developing new leadership, with a focus on young women in all of their diversity.

**Session 6: Leveraging and mobilising resources**

Advisory Group members reflected upon how to leverage existing resources, including available expertise and skills, to further the cause of the GCWA. In this regard, they noted an ability to contribute knowledge and skills around the experiences, needs and rights of women living with HIV, trans gender, sex workers, care givers, people who use drugs, young people, sexual and reproductive health and rights, gender based violence, TB, male engagement and health professionals. They also would bring experience on advocacy, in combatting stigma and discrimination and fundamentalisms.

It was noted that Advisory Group members are part of a range of different networks and organizations, with access to diverse platforms, campaigns and processes, from country, regional and global level, and can reach out to those and help draw connections with the GCWA. In these, they can go forward representing the GCWA, and also bringing to the GCWA the lived realities of diverse communities, ensuring in this way that the work of the GCWA is relevant and timely.

The IAS in particular can contribute in facilitating the link between research and communities. This may include a possibility to support skills building. GCWA Advisory Group members (Khartini Slamah and Mabel Bianco), are also represented on IAC committees.

In regards to financial resources, the UNAIDS Secretariat can make some funds available for the GCWA. The full implementation of the work plan will, though, require further mobilisation of resources.

**Session 7: Working modalities and membership**

There is a need to develop and share a GCWA membership list with regional breakdown, and also noting affiliation, breakdown per constituencies where possible. This will help determine key communities where further outreach and partnership building is needed. When this is done, an outreach and communications plan will be developed, with the support of the Advisory Group. The
Advisory Group will also have a key role to play in reaching out to new members, as well as existing members, and ensuring that their engagement in the GCWA is meaningful.

To inform this, a brief presentation on what the GCWA is, focusing on the value of diversity which is at the core of the Advisory Group, will be developed. This will be coupled with a brief article on the Advisory Group meeting.

To also build a sense of GCWA community, informal meetings of GCWA member organizations will be convened in spaces where Advisory Group or Secretariat members are present.

In terms of the internal functioning of the Advisory Group and the Secretariat, it was agreed to have a teleconference every two months. These will be scheduled via Doodle, with times rotating in light of time differences so as to not always inconvenience the same members. Agendas for the calls will be shared two weeks in advance for inputs. Calls will be held via Webex or Ready talk, also seeing how to connect those with limited connectivity. Minutes of the call will be shared with Advisory Group members.

To support the implementation of the work plan, small working groups of Advisory Group members will be formed as necessary. The themes and members of the working groups will be consulted and decided via email.

As the GCWA work plan is taken forward and activities begin to be undertaken, the Advisory Group will be asked for inputs at different stages. It is agreed that 5 working days will be the norm for inputs, with silence being understood as agreement. Where there are urgent deadlines, individual reminders will be sent by SMS saying: “GCWA”, which will indicate that Advisory Group members need to respond to a message. To enable this, all Advisory Group members are requested to share their Skype and mobile phone contacts with the Secretariat.

**Recap of agreement and next steps**

**Overall agreements**

1. The GCWA Advisory Group values and welcomes diversity. We seek to further integrated approaches, but also agree to disagree when needed.
2. When sharing documents, we will indicate what is for public dissemination and what is only for Advisory Group members.
3. Five working days for inputs overall will be provided and silence will be understood as agreement.

**Next steps**

1. On 24 May, the draft meeting report will be circulated to all meeting participants and also Advisory Group members who were not able to participate in the meeting. Inputs are requested by 1 June.
2. The draft work plan will be circulated to Advisory Group members on 27 May, with inputs requested by 3 June.
3. Development of brief power point slides on what the GCWA is on 27 May, with inputs requested by 3 June.
4. A brief, community friendly article of this meeting will be developed and disseminated amongst members by 31 May, sharing key points from this meeting and re-introducing the GCWA.
5. Advisory Group teleconferences will be scheduled via Doodle to take place every two months, with additional teleconferences or dialogue on an as-needed basis.
6. An information note on the GF key gender-related opportunities will be developed and disseminated amongst the membership

7. Brief, community friendly messages around post 2015 will be developed and disseminated amongst the membership in different languages

8. A viewpoint on the GCWA will be developed for the Journal of the International AIDS Society

9. Develop and share a GCWA membership list with regional breakdown, noting affiliations and constituencies’ where possible. In line with this, an outreach and communications plan will be developed.

10. In cases where AG members are from countries where there is a UNAIDS office, the Secretariat will send a message to connect them.

11. Development of brief code of conduct will be considered.
Annex 1. GCWA Advisory Group meeting participants

Advisory Group members

1. Shanique Campbell - I’m Glad I’m A Girl Foundation (Jamaica), representing youth organizations.
2. Pye Jakobsson - Rose Alliance (Sweden), representing key populations, particularly sex workers’ networks.
3. Anita Krug - representing Meheret (Mimi) Melles - Youth RISE (France)
4. Nawel Lahouel - El Hayet association of people living with HIV (Algeria), representing networks of women living HIV.
5. Susanna Moore - representing Mabel Bianco - Fundación para Estudio e Investigación de la Mujer (Argentina)
6. Lydia Mungherera - Mama's Club (Uganda), representing women’s and sexual and reproductive health and rights groups.
7. Helena Nangombe - Namibia Women's Health Network (Namibia), representing the UNAIDS Secretariats' dialogue platform on the rights of women living with HIV.
8. Baby Rivona - National Indonesian Positive Women Network (Indonesia), representing networks of 9omen living HIV.
9. Khartini Slamah - Asia Pacific Transgender Network (Malaysia), representing key populations.
10. Pervaiz Tufail - Care International (Pakistan), representing men and boys organisations dedicated to gender equality.

GCWA Secretariat

1. Claudia Ahumada
2. Matthew Cogan
3. Kreena Govender
4. Jantine Jacobi

Additional participants

1. Ebony Johnson
2. Motoko Seko, Global Fund
3. Shirin Heidari, IAS

Absent with apologies

1. Mabel Bianco - Fundación para Estudio e Investigación de la Mujer (Argentina), representing the women’s rights and sexual and reproductive health and rights movement.
2. Annah Irungu - Teenagers Plus (Kenya), representing the women’s rights and sexual and reproductive health and rights movement.
3. Rebecca Matheson - ICW Global, (Australia), representing networks of women living HIV.
4. Meheret (Mimi) Melles - Youth RISE (France), representing drug use and harm reduction groups.
5. Violet Shivutse - GROOTS (Kenya), representing grassroots, caregiving organisations.