

UNITAID AND GENDER



Unitaid finds new ways to prevent, diagnose, and treat major diseases such as HIV/AIDS, tuberculosis (TB) and malaria, as well as HIV co-infections, such as hepatitis C and HPV, more quickly, affordably and effectively.



INVESTING IN PEOPLE: PROMOTING GENDER EQUALITY

Unitaid's commitment to gender equality is reflected in our own organizational structure, staff policies and board operating procedures. Unitaid also makes sure that implementing partners have non-discrimination policies in place, and that such policies comply with WHO policies. Unitaid and its grant implementers work together to promote gender equality and prevent wrongdoing. As such, Unitaid has established wrongdoing guidelines that apply to all grantees and that include guidance aiming to prevent misconduct (e.g. sexual harassment).



UNITAID'S APPROACH AND COMMITMENT TO EQUITY

Equity is central to sustainable development, as demonstrated by the Sustainable Development Goals (SDGs) where equity cuts across several dimensions: SDG1- achieve poverty; SDG 3- ensure healthy lives and promote well-being for all at all ages, SDG 5- achieve gender equality and empower all women and girls; and SDG 10-reduce inequality within and among countries.

Unitaid's dedication to equity is exemplified first and foremost by its mission to maximize the effectiveness of the global health response by catalyzing **equitable access** to better health products. In doing so, Unitaid helps innovators to address the needs of those who most need these products (underserved populations), through funded interventions. This is closely connected to Unitaid's investment commitment – We strive for equity – “to reduce inequities in access to better health products addressing the highest public health needs” .

Equity is complex to define and measure. Country income level has long been used as a proxy for need. This measure should be complemented by others to account for the variation in health needs. For instance, measures limited to country level would not capture the disparity within a country: between regions, districts, rural or urban areas; or within groups of the population.

Additional dimensions to consider are the burden of disease and ease of access to care for a population or sub-population; and demographic and social elements — for instance gender, age, health status, as well as specific risks, vulnerabilities or barriers faced by specific groups. These dimensions vary from one disease to another, and can be defined slightly differently by stakeholders — e.g., in the context of malaria focus populations include children under 5 years old and pregnant women; in HIV, focus populations include adolescent girls and young women, men who have sex with men (MSM), transgender populations, sex workers and people who inject drugs; and in TB it includes people who are living with HIV, children and people living or working in closed settings.

A related goal is to promote equity of access and use for all men and women, boys and girls, and transgender populations to better health products that respond to their differential health needs.

1. https://unitaid.org/assets/Unitaid-strategy-2017-2021_Dec-2017.pdf

In 2019, Unitaid's portfolio comprised the following:

- It is made of 49 grants, worth approximately US\$1.3 billion. This can be sub-divided into different categories to emphasize the level of investments being made into focus populations and for children.
- 45% of Unitaid's portfolio directly centres on focus populations, which equates to an investment of US\$ 630 million. This includes investments in preventing malaria in children, accelerating access to HIV self-testing for MSMs and transgender populations, finding new ways to diagnose and treat children for TB, and new investment areas include supporting the introduction of screening and treatment for cervical cancer for women living with HIV in low- and lower-middle income countries.
- Approximately 30% of grants (by number and value of grants) are specifically designed to benefit women and girls in areas including HIV prevention, HIV testing, optimal HIV treatment, prevention of malaria, and screening and treatment of cervical cancer. This equates to an investment of US\$ 380 million by Unitaid.
- More than half of Unitaid's grants have some focus on pediatric populations, which form a total investment of almost US\$ 900 million.
- Overall, 100% of all Unitaid grants directly or indirectly benefit focus populations; indirect investments include items such as supporting the acceleration of access to vector control tools, such as next generation bed nets, which benefit both focus populations and the wider population affected by malaria.
- Unitaid's Strategic KPI framework includes two Executive Board-approved Key Performance Indicators on equity, which ensures that 100% of new grants are designed to benefit the poorest and the underserved.



GENDER EQUITY

GENDER RESPONSIVE PROGRAMMING FROM AN EQUITY APPROACH

Unitaid's approach to equity focuses on making solutions accessible, affordable, available, of good quality and tailored to the needs of the poorest and the underserved in low- and middle-income countries (LMICs).

Equity is a key consideration for Unitaid – it is anchored in our strategy and it encompasses all areas, from identifying and selecting areas of investment, developing and selecting grants, implementing projects and monitoring & evaluation.

From the very outset, Unitaid looks at the specific needs of most-at-risk or “underserved” populations, which is a key criterion among others to define areas for intervention. Unitaid consults broadly with partners to design interventions that are tailored to these populations, with a human rights-based approach or gender responsiveness when gender equity considerations are relevant for the impact of the project and acceptability of end beneficiaries.

When reviewing and selecting proposals, we assess how they plan to overcome barriers of access to health products faced by the underserved. This is a leading thread throughout the design and implementation of our grants as well.

As part of Unitaid's monitoring and evaluation, grant implementers report, as relevant, on disaggregated data by sex, age or other dimensions relevant to equity. In addition, many of Unitaid's projects include research components (typically clinical trials and/or operational research), which collect and analyze disaggregated data by sex, age or other dimensions relevant to equity. Evidence generated by our projects informs WHO guidelines for the prevention, testing and treatment of major diseases, and shapes the global health response. It also informs national health programs, and the research and development of new health products that are adapted to the needs of underserved populations.

Example:

Unitaid is investing US\$ 57 million in cervical cancer, which is the leading cause of cancer deaths among women in LMICs, and women living with HIV are up to ten times more likely to develop cervical cancer as the result of human papillomavirus infection (HPV). Unitaid has approved two projects to improve secondary prevention of cervical cancer: a US\$ 33 million project with the Clinton Health Access Initiative (CHAI) and a US\$ 24 million consortium project led by Expertise France. The two projects are designed to overcome access barriers to early detection and treatment of precancerous lesions for these underserved populations. Specifically, the projects will increase awareness, generate demand, and promote the use of innovative screening tools and introduce new portable devices per treatment, working towards a screen-and-treat solution that costs less than US\$ 1. As the projects specifically works towards improving women's health, they have a gender-sensitive approach to generating demand for, and acceptability of, these health solutions adapted to the needs of women in LMICs.

THE ROLE OF CIVIL SOCIETY AND COMMUNITIES TO PROMOTE EQUITY

Unitaid and its grant implementers work closely with civil society and communities, which play a key role in designing, validating and building demand for innovative medicines, tests and prevention methods that are targeted to focus populations. Unitaid's projects engage with underserved communities to raise awareness of health solutions adapted to their needs and make sure they participate in the decision-making processes that affect them. We also make sure that equity considerations inform the scale-up of innovative health products in each project country.

Example: PrEP project

PrEP is a one-pill-daily antiretroviral treatment that reduces the risk of HIV infection by more than 90 percent and making it accessible to groups at highest risk is part of the global strategy to end the epidemic. Unitaid has approved two projects to expand Prep antivectional treatment coverage among different targeted underserved and geographies. The project implemented by Wits RHI, has a gender specific focus for adolescent girls and young women in South Africa, while the Fiotec project, includes a specific target seeking to increase access to PrEP among men who have sex with men and transgender women living in Brazil, Mexico and Peru. In these countries, the HIV prevalence exceeds 12 percent among men who have sex with men and ranges between 20-32 percent among transgender women –figures that are comparable to high-burden countries in Africa. These projects also seek to build data to help shape policy on HIV prevention and show the effectiveness and economic benefits of PrEP.

Example: better antiretrovirals

Unitaid is addressing the specific needs of women living with HIV across its seven grants increasing access to better antiretrovirals.

The Optimal project with CHAI is an example of a gender transformative grant. In July 2018, it brought together women living with HIV from 18 African countries to discuss the use of dolutegravir and its potential risks at the time of conception. In a landmark statement known as the Kigali Communiqué, women claimed their right to be involved in decisions about their antiretroviral therapy.

In parallel, Unitaid is supporting the first-ever clinical trials of DTG-based treatments in LMICs including Africa and very importantly women, who were unrepresented in originator's registration trials. Both the trials and the voice of women have been essential to inform WHO guidelines on HIV treatment, and they now recommend the use of DTG as preferred first-line and second-line therapy for all populations, including pregnant women and those of childbearing potential.

Glossary:

Gender: a social construct relating to women, men, girls, boys and gender diverse communities--people who do not conform to traditional gender identities, such as transgender, non-binary and those who chose not to label their gender identity.

Gender equity means that everyone can attain their full attainable standard of health according to their respective needs, with no one disadvantaged due to gender norms, roles and relationships.

Gender equality is the absence of discrimination on the basis of sex in access to products, resources, opportunities, benefits or enjoyment of rights in all spheres of life.

Gender-responsive programming: projects where gender inequities and inequalities have been considered in the design, implementation or scale-up phase. Our projects are gender and/or age-responsive to improve access to innovative health products among underserved populations facing gender inequities. Measurable indicators can be disaggregated by sex and age.

Underserved populations: Population groups or sub-groups at higher risk or disproportionately impacted by the diseases, who may also face greater access barriers to healthcare.

For Unitaid's Strategic KPI framework this is defined as:

“Grants where the intended beneficiary groups are principally populations identified as underserved groups in respect of the specific disease context.

- All Unitaid grants are in scope.
- New grants will be assessed to ensure that the ultimate beneficiary group is captured within this categorization.”

Did you know?

Gender inequalities are a strong driver of preventable, treatable diseases and their coinfections or comorbidities. In sub-Saharan Africa, for instance, adolescent girls and young women aged 15-24 years old are about three times more likely to become infected with HIV than young men of the same age.

Gender equality is hence a prerequisite to achieve universal health coverage and primary health care to appropriately meet the needs of all (men, women, boys, girls and transgender populations).

In line with the Sustainable Development Goals (SDGs), Unitaid recognizes the intimate link between the right to health, poverty, gender equality and the fight against inequality within and among countries (SDGs 3, 1, 5 and 10). These principles are a centerpiece of Unitaid-supported projects, which seek to advance the right to healthy lives for all.

As part of the Geneva Gender Champions Initiative, Unitaid has committed to continue promoting gender equality across its projects and in its work with partner organizations. (<https://genderchampions.com/champions/lelio-marmora>).

Unitaid's current main funders are France, the United Kingdom, Brazil, Norway, Chile, the Republic of Korea, Spain and the Bill & Melinda Gates Foundation