OPERATIONAL GUIDANCE

ON GENDER-EQUALITY PROGRAMMING FOR THE HIV RESPONSE IN THE GLOBAL FUND CYCLE

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CONTENTS

ABBREVIATIONS AND ACRONYMS

ABYM	adolescent boys and young men
AGYW	adolescent girls and young women
ART	antiretroviral therapy
ARV	antiretroviral
CCM	Country Coordinating Mechanism
CHW	community health worker
CLM	community-led monitoring
CSS	community systems strengthening
GAT	Gender Assessment Tool
GBV	gender-based violence
GEM	Gender Equality Marker (Global Fund)
HPV	human papillomavirus
IPV	intimate partner violence
LFA	local funding agent
LGBTQIA+	lesbian, gay, bisexual, transgender, queer/ questioning, intersex, asexual and other people of diverse sexual orientation, gender identity and expression, and sexual characteristics
NSP	national strategic plan
OAMT	opioid agonist maintenance therapy
PEP	post-exposure prophylaxis
PR	Principal Recipient (Global Fund)
PrEP	pre-exposure prophylaxis
RMNCAH	reproductive, maternal, newborn, child and adolescent health
RSSH/PP	resilient and sustainable systems for health/pandemic preparedness
SGBV	sexual and gender-based violence
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
TRP	Technical Review Panel

INTRODUCTION AND BACKGROUND

Currently, the world is not on track to end AIDS as a public health threat. The well-coordinated and well-funded global pushback against women's rights, the human rights of gender-diverse people, and sexual and reproductive health and rights (SRHR) threatens everyone's health and freedom. The hard-won gains in the HIV response stand to be lost unless there is a united effort to prioritize gender equality and the empowerment of women, girls and gender-diverse people including from key and priority populations living with and affected by HIV (hereafter referred to in this guidance as 'women, girls and gender-diverse people')[1] in HIV programming.[2]

Gender inequality is a key driver of HIV. Punitive laws targeting people living with HIV and people from key populations are still in the statute books in many countries. Gender-based violence (GBV) remains common, and the global prevalence of intimate-partner violence (IPV) and non-partner sexual violence remained largely unchanged from 2010 to 2018.[3] Women everywhere are denied equality of opportunity and their basic human rights.

Gender inequality negatively affects people living with HIV and key populations. Women, girls and gender-diverse people have specific, intersectional and overlapping vulnerabilities. In 2024, a median of only 63% of women and girls (aged 15–49 years) who were married or in a union reported making their own informed decisions regarding sexual relations, contraceptive use and their own health.[4]

Gender inequality worsens health outcomes not only for women and girls and gender-diverse people, but also for men and boys. Harmful gender norms serve to reinforce and promote behaviours that discourage seeking out health care and promote GBV. In certain contexts, boys and men aged 15 years and over living with HIV are less likely than their female counterparts to know their HIV status and receive HIV treatment; their treatment outcomes may also tend to be poorer.[5]

The hard-won gains in the HIV response stand to be lost unless there is a united effort to prioritize gender equality

KEY CONCEPTS ON GENDER AND HIV:[6]

Gender
refers to the socially constructed roles, behaviours, expressions, and identities of girls, women, boys, men and gender-diverse people. It influences how people perceive themselves and each other, how they interact, and the distribution of power and resources in society.

Harmful gender norms
refer to socially constructed norms that cause direct or indirect harm to people based on their gender.

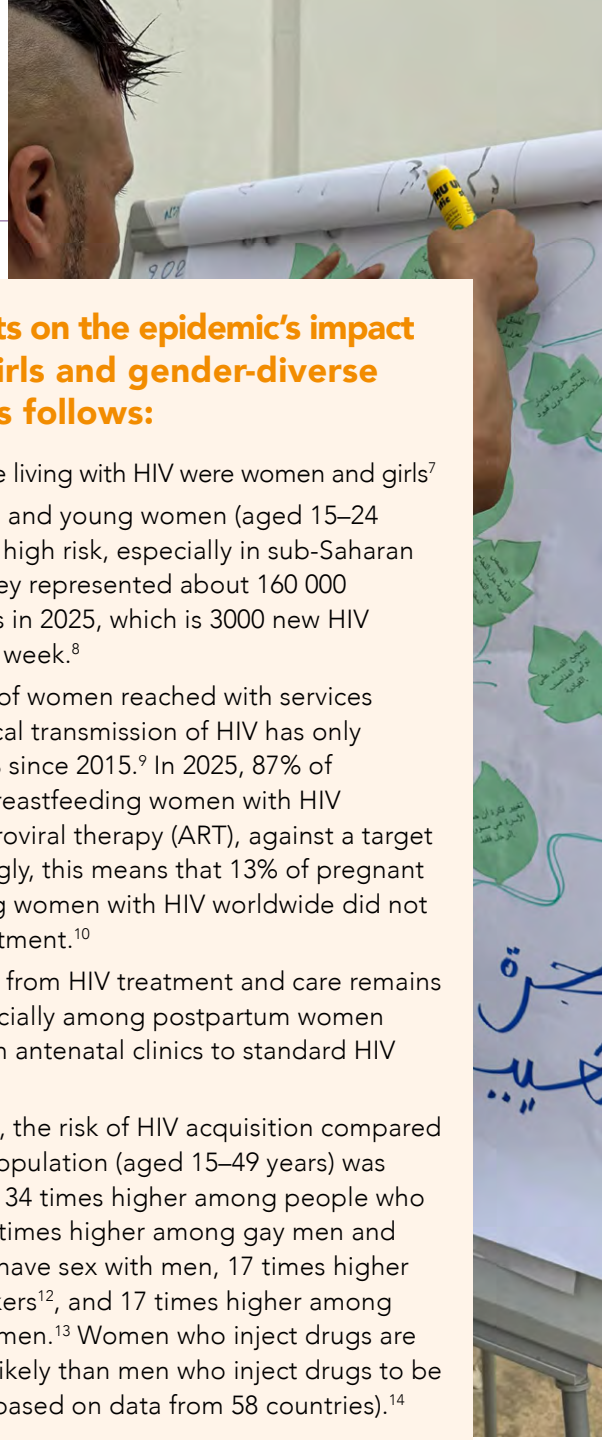
Gender-blind programming
ignores gender differences and differing needs of women, men, boys and girls, and also ignores gender power dynamics and, therefore, by default, tends towards doing harm to women and girls and gender-diverse people.

Gender-sensitive programming
refers to programmes where gender norms, roles and inequalities have been considered and awareness of these issues has been raised, although appropriate actions may not necessarily have been taken.

Gender-responsive programming
works to ensure equal access to health care and equitable benefits for women and girls in specific contexts. Gender-responsive approaches recognize and respond to sex and gender-related health needs, risks, vulnerabilities and barriers.

Structural Gender Equality-programming
seeks to actively examine, challenge and transform the underlying causes of gender inequality rooted in inequitable social structures and institutions. It aims to address imbalanced power dynamics, rigid gender norms and roles, harmful practices, and discriminatory legislative and policy frameworks that perpetuate gender inequality.

Intersectionality
helps to understand multidimensional inequalities and how different identities (gender, sex, gender identity, sexual orientation, health status, disability, race, ethnicity, religion, age and political or other opinions) affect the access to rights, opportunities and services and the need to tailor programmes accordingly.



Some key facts on the epidemic's impact on women, girls and gender-diverse people are as follows:

- 53% of all people living with HIV were women and girls[7]
- Adolescent girls and young women (aged 15–24 years) remain at high risk, especially in sub-Saharan Africa, where they represented about 160 000 new acquisitions in 2025, which is 3000 new HIV acquisitions per week.[8]
- The proportion of women reached with services to prevent vertical transmission of HIV has only increased by 9% since 2015.[9] In 2025, 87% of pregnant and breastfeeding women with HIV received antiretroviral therapy (ART), against a target of 95%. Alarmingly, this means that 13% of pregnant or breastfeeding women with HIV worldwide did not receive HIV treatment.[10]
- Disengagement from HIV treatment and care remains a concern, especially among postpartum women transferring from antenatal clinics to standard HIV care services.[11]
- Globally in 2024, the risk of HIV acquisition compared with the adult population (aged 15–49 years) was estimated to be 34 times higher among people who inject drugs, 18 times higher among gay men and other men who have sex with men, 17 times higher among sex workers[12], and 17 times higher among transgender women.[13] Women who inject drugs are 1.2 times more likely than men who inject drugs to be living with HIV (based on data from 58 countries).[14]

HOW DOES GENDER INEQUALITY AFFECT ACCESS TO AND UPTAKE OF HIV-RELATED SERVICES?

Gender inequality can worsen the barriers faced by women, girls and gender-diverse people in accessing HIV prevention, treatment and care and achieving and maintaining viral load suppression. Within health and other services, gender inequality intersects with HIV-related stigma and discrimination, undermining the ability of women, girls and gender-diverse people to remain continuously engaged in care and to realize their human right to the highest attainable standard of physical and mental health.

The failure to involve women, girls, and gender-diverse people—and their networks—in the HIV response undermines both national and local efforts. Without their active engagement, these groups often lack access to services that are respectful, non-discriminatory, non-judgemental, and tailored to their diverse needs and priorities. Moreover, excluding women and girls from decision-making processes limits the effectiveness and sustainability of HIV programmes, as it overlooks their lived experiences, leadership potential and critical insights into community dynamics. Meaningful participation is essential not only for equality, but also for designing interventions that truly respond to the realities on the ground.

To address the negative effects of gender inequalities on efforts to end AIDS as a public health threat, UNAIDS has developed this operational guidance to strengthen the ability of Global Fund grants to address the gender dimensions of the HIV response, reduce gender inequalities and accelerate progress towards ending AIDS. It focuses on identifying stages in the Global Fund Grant Cycle where there are opportunities to influence and advocate for more structural gender equality programming approaches and interventions (Box 1).

In this context, the ongoing challenging funding landscape has resulted in the Global Fund working with Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) to reprioritize activities in the Grant Cycle to safeguard lifesaving interventions. In addition to planning for reduced funding allocations, countries will need to consider broader shifts in the domestic and external funding environment and reprioritize investments accordingly. Within this process, countries should consider whether changes in the overall funding and political environment will impact the accessibility and quality of HIV prevention and treatment services for women, girls and gender-diverse people or exacerbate gender-related vulnerabilities and risks and put in place measures and interventions to mitigate potential harmful impacts.

COMMITMENTS TO ADDRESS GENDER INEQUALITIES IN THE HIV RESPONSE

On 22 March 2024, governments attending the 68th session of the Commission on the Status of Women (CSW) adopted Resolution 68/1: Women, the Girl Child and HIV and AIDS. It underscores the urgent need to prioritize the health and rights of adolescent girls and young women in the context of the ongoing global AIDS pandemic.

It recognizes that women and girls are disproportionately affected by HIV due to various structural factors and barriers, including gender inequalities and violence, poverty and lack of access to education and health care. UNAIDS is guided by this updated Resolution, the 2026 High Level Political Declaration on HIV and AIDS, the Global AIDS Strategy 2026–2031, and the 2030 targets on HIV.

Box 1. The relevant 2030 HIV topline targets and second tier targets include:[15]

90% of people in need of prevention use appropriate, prioritized, person-centred and effective prevention options (pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), condoms, needle/syringe programmes, opioid agonist therapy.

- 95% of adolescent girls and young women, adult women, pregnant and breastfeeding women, and adolescent boys and men, effectively reached with people-centred HIV prevention programmes.
- 90% of schools provide life skills-based HIV and sexuality education.

95% of people who are receiving HIV prevention or treatment services also receive needed SRH services (including for STIs).

95% of pregnant women living with HIV and their newborns receive maternal and newborn care that integrates or links to comprehensive HIV services, including for prevention of HIV and hepatitis B virus and treatment of syphilis Second tier targets include:

- 90% of women living with HIV screened for cervical cancer at least once in the last five years.
- 90% of women living with HIV identified with cervical disease are treated and 90% of women with precancer are treated.

Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.

- Less than 10% of women and girls experience psychological, physical, or sexual violence from an intimate partner.
- Less than 10% of people from key populations experience physical or sexual violence.
- Less than 10% of people support inequitable gender norms.
- More than 90% of HIV services are gender-responsive.
- Less than 10% of women living with HIV experience coercion, mistreatment, or abuse in sexual and reproductive health services.

60% of programmes that support achievement of the societal enablers to be delivered by community-led organizations, including key population-led and women-led organizations.

The Global Fund 2023–2028 Strategy commits to:

Scaling up comprehensive programmes and approaches to remove gender-related barriers.

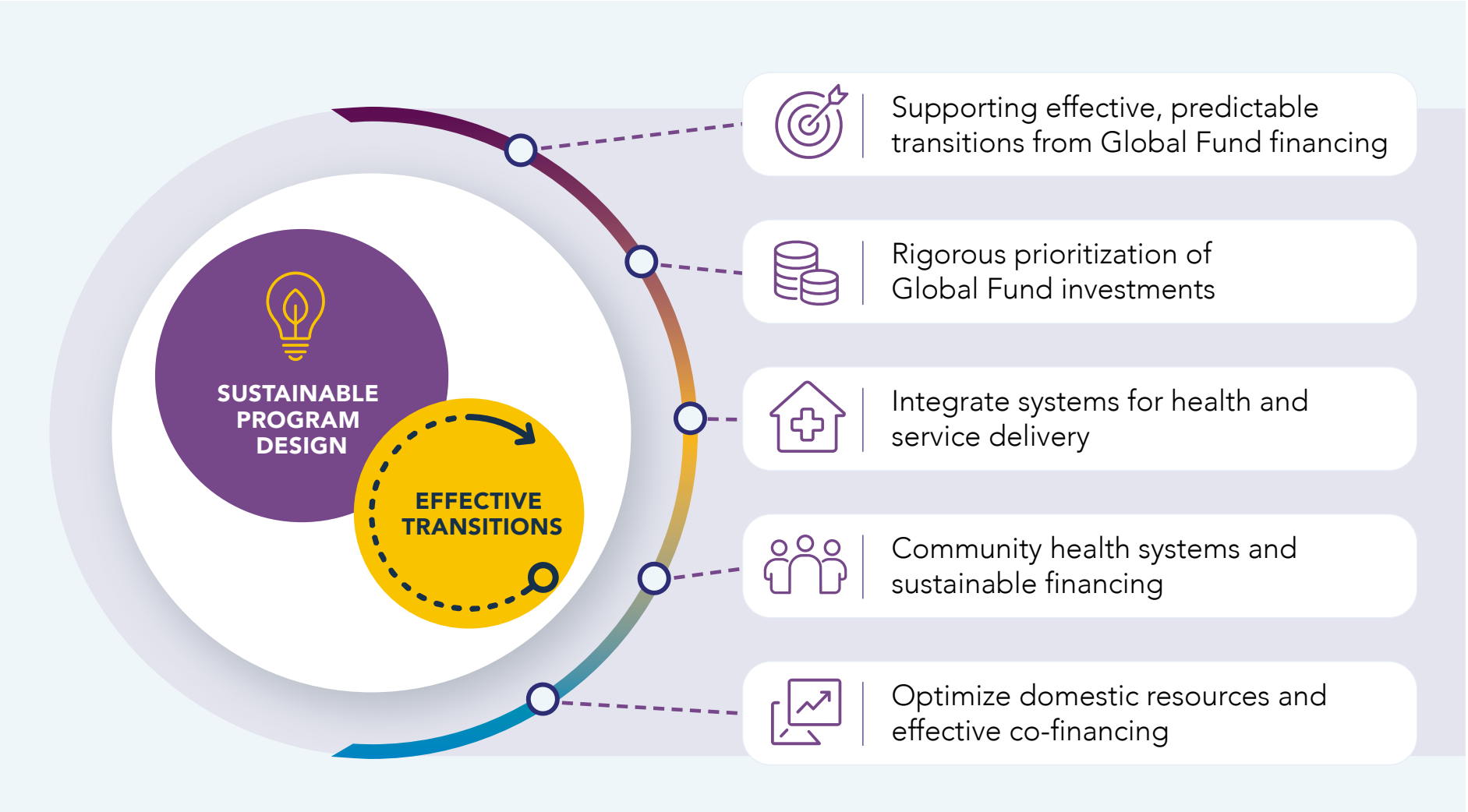
Supporting programming to advance gender equality, aiming to tackle the underlying causes of gender inequality affecting HIV, TB and malaria outcomes.

Six expectations on gender equality for all Global Fund supported programmes:

1. They should be informed by a comprehensive gender assessment.
2. They should not contribute to or perpetuate gender inequalities or inequities through their design or implementation, including increasing women's unpaid and/or underpaid work.
3. They should ensure the full participation of, and leadership by, women, girls and gender-diverse communities in the design, implementation and monitoring of programmes.
4. They should ensure that women, men, girls, boys and gender-diverse communities benefit equitably from the programme's results.
5. They should be gender responsive and address the underlying structural barriers.
6. They should use gender-specific and/or sex-disaggregated indicators, including impact indicators.

The health financing landscape is changing, and countries face an urgent need to prioritize limited resources, strengthen sustainability and focus investments where they will have the greatest impact. In response, the Global Fund's February 2026 Board meeting introduced the GC8 Strategic Shifts.

GRANT CYCLE 8 STRATEGIC SHIFTS: ON THE PATH TO SELF-RELIANCE



Source: Adapted from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Grant Cycle 8 Strategic Shifts: overview.
Available at: https://resources.theglobalfund.org/media/10mdpkxq/cr_2026-03-19-grant-cycle-8-strategic-shifts_presentation_en.pdf.

PURPOSE OF THIS GUIDANCE

THIS GUIDANCE PROVIDES:

1. **Practical information on integrating a gender equality approach at every step of current and future Global Fund grant cycles.** This includes funding requests, grant-making, budgeting, grant implementation and definition and measurement of success.

2. **Examples of evidence-based gender equality interventions to HIV programming,** which can be tailored to local needs and contexts.

3. **Key considerations and examples for developing gender performance indicators** to monitor and evaluate the country cycle.

4. **Considerations for gender-responsive and gender equality** approaches within the Modular Framework.

5. Links to useful **resources and mechanisms to support gender equality programming.**

AUDIENCE FOR THIS GUIDE:

Governments, Principal Recipients, sub-Recipients, implementing partners, communities and other stakeholders in countries, local funding agents (LFAs), and CCMs.

Technical advisors and partners supporting Global Fund processes in countries.

UNAIDS Country and Regional Offices and any technical support mechanism available.

Integrates | Prioritizes | Supports | Measures

KEY AREAS FOR INVESTMENT AND INTERVENTION

The Global Fund and UNAIDS follow a shared approach to promoting gender equality and reducing gender-related vulnerabilities and barriers to HIV, TB, and malaria services based on their respective mandates and guided by the Global AIDS Strategy and evidence. This guidance suggests key areas for investment and intervention, classified into core and complementary based on whether they are likely to fall directly under the HIV budget allocation for gender (prevention and treatment budget) or be considered as important supportive enablers for gender equality and the overall response.

CORE INTERVENTIONS

At a minimum, gender-responsive interventions should be implemented in areas that involve the provision of quality services that meet the specific health needs and priorities of women, girls and gender-diverse communities. They should also address gender and HIV-related stigma, discrimination and other gender-related barriers to access.

In addition to gender-responsive interventions, structural gender-equality interventions are also needed to transform social norms, including harmful gender norms and norms regarding tacit acceptance of GBV, that increase women and girls' vulnerability to HIV and drive behaviours among men and boys that put them at risk or reduce their health-seeking and retention in care. They are also necessary to promote the voice, participation and leadership of communities across all phases of the HIV response.

COMPLEMENTARY INTERVENTIONS

Interventions that complement core interventions aim to change harmful laws, policies and practices (in tandem with social norms change) that violate the rights of people living with HIV and people at risk of acquiring HIV and prevent people from making their own informed decisions about their sexual and reproductive health. In addition, they support the economic and social empowerment of women, girls and gender-diverse communities to address poverty among women and girls and gendered power dynamics, enhance resilience in relation to HIV and improve access to treatment and care for women, girls and gender-diverse people.

Ideally, all programmatic interventions supported by the Global Fund should, at the very least, be responsive to the AIDS pandemic's gender dimensions. The 'core' and 'complementary' interventions outlined above encourage supported programmes to be transformative, requiring dedicated resources and enhanced participation of women and girls, with sustainable impact on the environment in which programmes operate (Table 1).

Table 1. Examples of gender-responsive and structural gender equality interventions for HIV

Thematic area	Gender responsive	Structural interventions
HIV and sexual and reproductive health and rights	• Provide integrated, differentiated HIV, sexual and reproductive health and maternal health services.	• Integrate structural gender equality approaches into the health worker training package on HIV treatment and prevention including addressing gender and HIV-related stigma and discrimination, GBV, psychosocial care and SRHR. • Strengthen linkages between women and girl-led organizations and health services so that they can advise and monitor services and support women and girls living with and affected by HIV.
Social norms change	• Provide HIV testing and treatment services targeting men and boys at times and locations that are convenient for them. • Provide condoms and HIV testing services tailored for adolescent girls and young women.	• Develop targeted community dialogues engaging all adults, young people and traditional and religious leaders. • Work with men and women to promote respectful relationships, equality, positive health seeking behaviours and positive gender norms and prevent violence. • Provide youth empowerment programmes, including comprehensive sexuality education (CSE), bodily autonomy and respectful relationships education, and 'know your rights' programming for adolescent girls and young women.
Access to justice	• Design and deliver training for paralegals, lawyers, human rights commission staff, police and judges. • Provide legal support services.	• Train community paralegals to support access to justice for gender discrimination and gender-based violence using existing (including community-level) redress mechanisms. • Strengthen linkages between women and girl-led organizations and legal services. • Advocate for and implement law and policy reform. • Integrate training on gender and access to justice in legal training curricula.
Women's and girls' empowerment	• Provide microfinance and loans, and economic transfers, including cash transfers. • Organize clubs and savings groups. • Provide economic empowerment and vocational training.	• Community or peer-led structural social empowerment interventions based on human rights principles. • Develop interventions that integrate financial support with training on structural gender equality and life skills, and support community and peer-led interventions. • Secondary school-to-work transition activities for girls and boys that challenge gender stereotypes.

STAGES OF THE GLOBAL FUND CYCLE[16]

The Global Fund cycle comprises several distinct stages and phases (Figure 1). This section provides an overview of each phase and information about strategic entry points for promoting gender equality and reducing gender-related vulnerabilities and barriers to HIV services throughout the cycle. For the purpose of this guidance, the cycle is presented across five stages to support the integration of an approach to gender equality that addresses structural barriers.

Figure 1. Different stages of the Global Fund cycle

Pre-funding request stage

This stage occurs before a new funding request application is developed. It affords opportunities to align priorities through engagement with the CCM and other important actors.

Funding request application

Countries prepare a funding request reflecting national priorities for the response to HIV, TB and Malaria, drawing on national plans and policies and in consultation with relevant stakeholders including community-led organizations.

Funding request review and approval

The Global Fund Technical Review Panel reviews funding request for equity, human rights and gender considerations. A Gender Equality Marker score is assigned and can track specific structural gender equality commitments.

Grant-making

Reviewed funding requests are translated into a grant agreement which is used as the basis to release funding. The Global Fund Secretariat works with Principal Recipients to finalize a performance framework for each grant.

Grant implementation

Activities are monitored and technical and financial reports are submitted by Principal Recipients. Other regular oversight activities may be conducted to manage any key adjustments or challenges encountered during grant implementation.

There are many opportunities in the Global Fund grant cycle to advocate for programmes that advance gender equality and address the specific health needs and priorities of women, girls and gender-diverse people. Throughout each stage of the grant cycle, it is essential to raise awareness of evidence and strengthen the capacity and leadership of women, girls, and gender-diverse communities, as well as decision-makers, to address gender-related barriers to accessing services. This includes fostering meaningful collaboration and coordination among a broad range of stakeholders, particularly those not routinely engaged in proposal development and implementation processes, such as gender ministries, women's rights networks and organizations, and other gender equality actors.

THE SECTION BELOW IDENTIFIES KEY ENTRY POINTS FOR PROMOTING GENDER EQUALITY AND REDUCING GENDER-RELATED VULNERABILITIES AND BARRIERS TO HIV SERVICES

Stage 1. Pre-funding request

This stage occurs before a new funding request application is developed. It affords opportunities to align priorities and engagement with the CCM and other important actors. It is also the point at which gender analysis and assessments should be conducted to understand gender inequalities and how they intersect with HIV. To the extent possible, gender analyses and assessments should be aligned with the development or review of national strategic plans (NSPs), programme reviews, or other national policy or priority-setting processes.

1 Agenda setting

Ensure and support opportunities for joint agenda setting and dialogue sessions between women, girls and gender diverse communities, policy-makers and other stakeholders.

2 Country Coordinating Mechanism

Ensure women who represent women-led networks and groups are part of the CCM. It is not sufficient simply to have women as members of the CCM. They need to represent women's and girls' priorities, including women living with HIV and women from key and priority populations (female sex workers, women who use drugs, LGBTQIA+ women, adolescent girls and young women, women who are partners of people who belong to key populations), and they need to be confident that they will be heard and taken seriously.

3 Gender analysis and assessment

Conduct (or review) a gender analysis or assessment of the national HIV epidemic and response to understand gender inequalities and how they intersect with HIV (see box 2).

4 Country dialogue

Ensure the voices of women, girls and gender diverse people living with HIV and from key and priority populations are represented in the country dialogue, and their priorities are given weight in the prioritization process and the development of the Community Priority Annex.

CREATE AWARENESS OF EVIDENCE

- Engage CCMs and policy-makers and share information about the importance of the GEM scores in the funding request. If evidence on gender inequalities exists, identify opportunities to disseminate and share.
- Advocate for and encourage the use of gender analysis to inform funding request priorities. The NSPs should be reviewed and gender considerations highlighted and shared. If NSPs are yet to be done, it is important to advocate for strong gender analysis to be incorporated into the NSPs.
- Leverage existing evidence and recommendations to tackle inequalities.

BUILD CAPACITY

- Ensure women, girls and gender-diverse populations associated with Global Fund processes are knowledgable, aware of, and fully understand the Global Fund grant management cycle, and can advocate for their priorities.
- Mentor and train potential leaders who can engage in CCMs and advocate in national and local health decision-making platforms and processes.
- Ensure that all CCM members understand gender responsive and structural gender equality approaches, the importance of the GEM score and the six expectations (see Box 1), and are committed to addressing community priorities.

STRENGTHEN COLLABORATION AND COORDINATION AMONG ALLIES

- Create a comprehensive stakeholder map that identifies and categorizes different types of stakeholders. Invest in building strategic alliances and engagement pathways with policy-makers, other national stakeholders, civil society and community-led organizations, the private sector, media, and other relevant actors.
- Engage with national gender processes, systems and related stakeholders.
- Identify opportunities for alignment and coordinated, concerted action to fund and implement structural interventions.
- Ensure that the various initiatives are mutually supported and reinforce each other.

Box 2. GENDER ASSESSMENTS

The UNAIDS Gender Assessment Tool of National HIV Responses (GAT) assists countries in assessing the HIV epidemic, context and response from a gender perspective, and in making their HIV responses equitable, rights based and focused on addressing structural gender equality and, therefore, more effective. It provides the data and evidence of the gender-related factors that underpin and drive the national epidemic, documents the national response to date, and offers recommendations for action addressing structural gender equality. It also presents a unique opportunity for joint review, renewal of commitments and practical actions to eliminate gender-related barriers.

The gender assessment process is designed to:

- Support countries to develop or review NSPs, and other gender and HIV-related national policies.
- Facilitate gender/intersectional integration into strategic planning and implementation processes.
- Inform country investment cases and funding requests, including Global funding requests.
- Inform programming that addresses structural gender equality to respond to needs effectively and equitably based on the local context.

Stage 2. Funding request application: aligning and identifying priorities

At this stage, it is key to support stakeholders, including women, girls and gender diverse people, to leverage opportunities for engagement in the development and application of the funding request. Findings and recommendations from community-led data and gender analyses and assessments should inform the funding request to address the intersectional gender inequalities that influence the HIV epidemic and response in the country. The funding request application stage is also a good opportunity to inform the Global Fund regarding programmatic gaps and available funding, with the aim of developing a robust, evidence-based funding request to cover those gaps. Critical unfunded gaps should be submitted for review as part of a Prioritized Above Allocation Request (PAAR) for when the funding becomes available during grant-making or grant implementation.

Encourage, advocate and promote the implementation of a gender analysis/assessment.

Ensure the analysis is converted into a costed gender action plan.

Create awareness about the Gender Equality Marker and the requirements from the Technical Review Panel regarding gender-equality focused interventions.

Understand the Modular Framework and identify relevant gender equality approaches that fit within recommended activities described in the Modular Framework.

Align the findings of the gender analysis/assessment with key stakeholders (national governments, CCMs, civil society, community-led organizations, women and gender diverse communities, etc.).

The assessment should include prioritized recommendations, and stakeholders should agree on the costed gender action plan and how it will be integrated within the funding requests.

Before submission, check back with CCM, key community-led networks of women and girls, and human rights mechanisms to ensure their priorities are satisfied in the funding request.

This includes ensuring that the funding priorities of civil society and communities most affected by HIV, tuberculosis and malaria are included in the funding request within the Communities Priorities Annex. These should include the priorities of women, girls and gender-diverse communities.

Stage 3. Funding request review and approval

Funding requests are typically reviewed by an independent group of experts called the Technical Review Panel (TRP) who look at the technical quality, including equity, human rights and gender considerations. The TRP issues a recommendation on whether the funding request is suitable for grant-making or whether it requires further iteration. If the funding request is recommended for grant-making, it subsequently goes to the Grant Approvals Committee for approval.

The TRP also assesses funding requests using a Gender Equality Marker (GEM), which provides important information about the extent to which the Global Fund's investments contribute towards gender equality - but this is distinct from the TRP's quality review and does not impact their recommendations on grant-making.[17] Furthermore, it is linked to the Global Fund's key performance indicators (KPIs) on gender equality, which assess how well gender commitments in funding requests are realized during grant implementation. Therefore, countries should use GEM scores to set and track specific commitments to gender equality.

Stage 4. Grant-making: Negotiations and prioritization

During this phase, funding requests reviewed by the TRP and the Grant Approvals Committee are translated into a grant agreement which is used as the basis to release funding. The Global Fund Secretariat works with the organizations selected by the CCM to manage the grants, known as Principal Recipients, to finalize a performance framework for each grant. All core countries must identify indicators within their performance framework that can be used to track progress in addressing gender inequalities in health outcomes and programme coverage.

Prior to grant-making and during the grant-making processes, it is important to have an aligned vision of funding request priorities focused on gender. This advocacy and agenda setting should be done throughout the grant cycle process. Alignment within the CCM and among external stakeholders, policy-makers, and community-led organizations of women, girls and gender-diverse populations should be done, to ensure structural gender equality interventions are prioritized during the grant-making and approval stages.

Structural gender equality interventions should be included in grants both as standalone interventions (as in the case of activities that address harmful gender norms (community level) and policy and law advocacy and reform (structural level), but also as part of other HIV or health and community systems strengthening interventions with dedicated budgets and linked indicators. For example, harm reduction interventions for people who use drugs should also consider and respond to the specific gender-related barriers or inequalities experienced by women and gender-diverse people who use drugs.

During grant-making, there is a period of negotiation when the recommendations from the TRP and other priorities are considered. Already identifying key priorities for women, girls and gender-diverse populations, ensuring alignment with stakeholders, as well as developing a costed action plan, can support the integration of structural gender equality interventions in the grant that is being negotiated.

Stage 5. Grant implementation

This stage involves monitoring activities and Principal Recipients reporting on the grant (technical and financial reports), as well as other regular oversight activities to manage any key adjustments or challenges encountered during grant implementation. Community-led monitoring (CLM) is a key approach to ensuring community oversight. CLM led by women, girls and gender-diverse people is important because it ensures that HIV services are responsive to their specific needs, challenges and rights. It helps identify gaps, supports advocacy for change, and holds health systems accountable to deliver more equitable, inclusive and effective care.

During grant implementation, there may be opportunities to review and adjust the funded activities within a grant. This process, known as portfolio optimization, occurs when there is underspending within country grants and there is an opportunity to allocate funding to other interventions or programs. There are several steps involved in portfolio optimization, including analysis of prioritized and budgeted needs within the country (that were identified during the funding request stage but not able to be funded through the grant allocation - known as PAAR) and identifying strategic needs. Reprogramming involves the reallocation of unspent funding for new programs and interventions. Portfolio optimization and reprogramming occur after the approval of the grant and after implementation has started. They are informed by grant progress update reports. Where opportunities arise for portfolio optimization and reprogramming, opportunities should be identified for integrating interventions that promote gender equality and reduce gender-related vulnerabilities and barriers to HIV services, across the HIV continuum of care.

GUIDING PRINCIPLES FOR INTEGRATING GENDER EQUALITY APPROACHES DURING IMPLEMENTATION

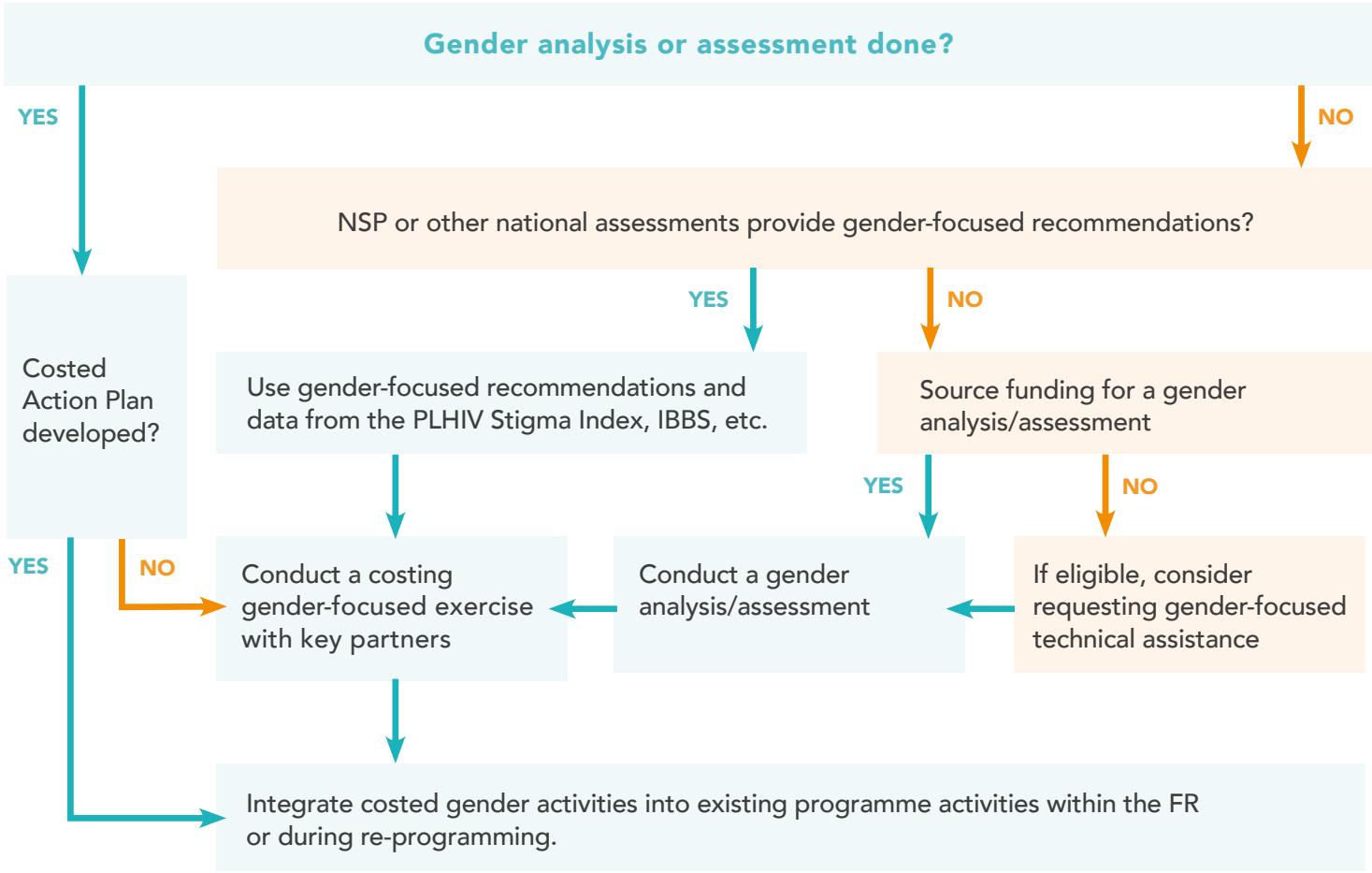
Every intervention and approach has the potential to address structural gender equality. Elements that contribute to making an intervention transformative (individually or in combination) include the following:

1. Fund feminist movements and community-led organizations, especially those that are women, girl and key population-led.
2. Facilitate women's leadership and meaningful involvement at all phases.
3. Consider the intersecting needs and priorities of women, girls and gender-diverse people.
4. Ensure that all partners provide quality, confidential, non-discriminatory services, as well as information on SRHR, GBV and HIV.
5. Implement and scale up community-led interventions to transform harmful gender norms, attitudes and behaviours.
6. Work with men and boys with a gender equality lens, but not at the expense of work with and for women and girls.
7. Leverage gender equality expertise among multisectoral stakeholders to develop, implement, resource and monitor the promotion of gender equality and reduction of gender-related vulnerabilities and barriers to HIV services, in the HIV responses.
8. Ensure dedicated budgets for interventions that promote gender equality and for integrating gender approaches across systems.
9. Recognize and address multiple and intersecting influences and factors in people's lives, including by promoting economic empowerment, decision-making, education, especially of women and girls and gender-diverse people, including those living with and affected by HIV.
10. Initiate partnerships and collaborations to address the structural causes of inequality.

GRANT IMPLEMENTATION AND REVISION: INTEGRATING GENDER EQUALITY

As Figure 2 shows, integration of structural gender equality interventions in grant implementation should build on a rigorous gender assessment, which in turn should inform the development of a costed action plan that is integrated into existing activities in the approved grant or during reprogramming. The figure identifies options for closing gaps where the capacity to conduct a gender or human rights assessment is limited.

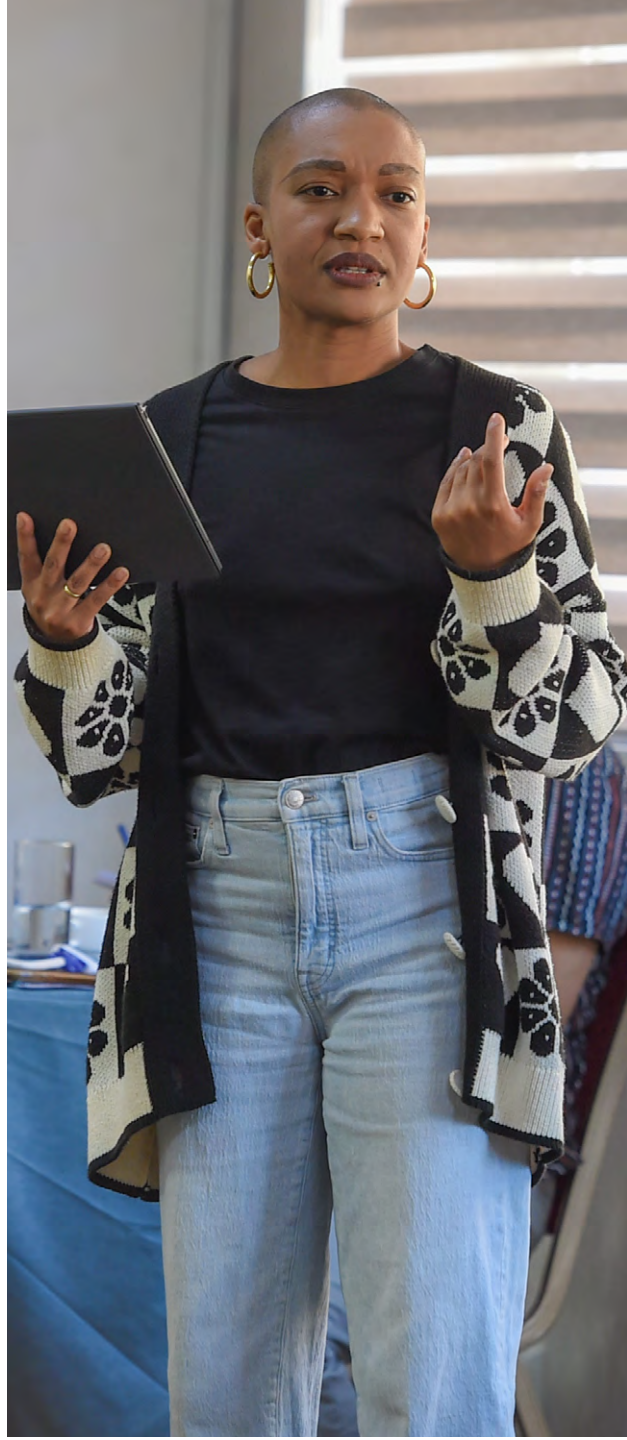
Figure 2. Integrating interventions that promote gender equality



MONITORING AND EVALUATION

Promoting gender equality and reducing gender-related vulnerabilities and barriers to HIV services involves structural, social and gender norm changes that ultimately lead to more equitable health outcomes for women, girls, men, boys and gender-diverse people. Changing norms is typically iterative (requiring adaptations over time in response to experience), non-linear and can take time. Social norm change programmes should ensure informed consent and confidentiality, especially in criminalized and highly discriminatory contexts and particularly during the collation of data on sexual orientation, gender identity, gender expression and sex characteristics—as part of a do no harm approach. Approaches proposed for monitoring and evaluating the promotion of gender equality can help improve programme management and results. These approaches include KPIs that the Global Fund has developed for gender equality and related issues, as well as grant-specific performance indicators that are developed through an inclusive, consultative process and are tailored to address national needs and conditions.[18]

CCMs have a key role to play in exercising oversight over implementation of grants and tracking progress toward addressing gender-related barriers to HIV services and inequalities in HIV outcomes. Supporting PRs and CCM oversight committees to understand, analyze and use gender-disaggregate quantitative data and qualitative data gathered through community-led monitoring and programme reviews can create opportunities to assess where progress, gaps and challenges exist and adjust the programmes to address them.



GLOBAL FUND GENDER EQUALITY KEY PERFORMANCE INDICATORS

KPI E3(a)

Advancing gender equality engagement in the grant life cycle

Measure: Satisfaction of women and gender-diverse communities with engagement across the grant cycle consistently at acceptable level.

- This indicator measures the meaningful engagement of women and gender-diverse communities across the grant life cycle.
- Meaningful engagement and representation are critical to advancing gender equality and to promoting the role of women and LGBTQI-led organizations in the design and implementation of programmes.
- Data source: Standardized survey conducted at different stages across grant cycle based on a set of minimum expectations for community engagement (KPI C1).

KPI E3(b)

Performance of gender-specific indicators

Measure: Percentage of countries with at least half of the gender indicators having performance of 90% or more.

- This indicator measures grant performance relating to gender equality. This reinforces the commitment to scale comprehensive programmes to remove gender-related barriers and inequalities.
- It also tracks the performance against targets of indicators focused on women, girls and gender-diverse communities.

For more information, please see the Global Fund's Key Performance Indicators (KPIs Handbook for the 2023-2028 Strategy, November 2025.

strategy_globalfund2023-2028-kpi_handbook_en.pdf

MONITORING PROGRESS

Indicators serve as tools to measure structural change. A comprehensive set of indicators for an approach that promotes gender equality and reduces gender-related vulnerabilities and barriers to HIV services is not provided in this guidance, as they must be tailored to the specific activity and context. Relevant ideas for indicators can be drawn from Global Fund guidance. The diagram below illustrates how gender equality indicators can be integrated across the grant cycle.[19]

REFERENCE GLOBAL FUND KPIS RELATED TO GENDER EQUALITY

KPI E3(a) measures the meaningful engagement of women and gender-diverse communities across the grant life cycle. KPI E3(b) measures grant performance relating to gender equality. This reinforces the commitment to scale comprehensive programmes to remove gender-related barriers and inequalities.

INTEGRATE GENDER EQUALITY INDICATORS INTO PERFORMANCE, MONITORING AND EVALUATION FRAMEWORKS

Develop gender equality indicators through consultation with women, girls and gender-diverse communities. Use the results of these indicators as an advocacy and dissemination tool for gender equality, as well as for accountability and programme adaptation to improve results and impact.

BUILD CAPACITY TO COLLECT AND USE GENDER-DISAGGREGATED DATA

Invest in capacity building to collect sex/gender-disaggregated data, develop gender equality indicators for addressing structural gender equality, analyse data and use them to inform programming and priority setting.

MONITOR AND EVALUATE PROGRESS AND RESULTS

Collect, report and use sex/gender-disaggregated data at least to the minimum extent required under current Global Fund guidance. Analyse data at regular points during programming and use them to adapt/course correct. Track progress towards behaviour change and positive gender norm change, understanding that change takes time.

KEY CONSIDERATIONS FOR SELECTING INDICATORS:

Disaggregate data

It is important to disaggregate data to understand the specific groups being reached and engaged. For instance, disaggregated data can shed light on the situation of young women who inject drugs or older women involved in sex work, as recommended by Global Fund guidance.

Measure success beyond access to services

Measuring success should extend beyond access and provision of services to include quality of services, integration, user satisfaction and the degree to which services are based on a human rights approach. It is also essential to track the meaningful engagement of women, girls and gender-diverse people and their networks in service design and implementation. A key way to do this is through CLM by women, girls and gender diverse people (see page 25).

Seek to shift gender norms

Depending on the activity, success may be related to redressing imbalanced power dynamics, rigid gender norms and roles that perpetuate gender inequality, support for women's empowerment, promoting equitable decision-making and control of resources.

Community involvement and learning

In selecting indicators and tracking progress, consideration should be given to how to ensure involvement of communities (specifically women, girls and gender diverse people) in monitoring to maximize accountability, such as through CLM. Integrating learning throughout the implementation phase ensures ongoing improvement of activities (Table 2).

Table 2. Examples of indicators

Type of intervention	Activity	Suggested questions and indicators to support a gender lens and encourage structural gender equality approaches as part of the monitoring process
Prevention package for people who use drugs and their sexual partners	Opioid agonist maintenance therapy (OAMT) and other medically assisted drug dependence treatment for people who use drugs	**Access/provision/reach:** Is the service reaching women? **Indicator:** Number of women accessing harm reduction services and OAMT. Number of women who received OAMT for at least six months. Ask about specific subpopulations, such as young women or trans women or sex workers (disaggregated by gender). **Integration/quality/satisfaction:** Does the service provide a quality experience for women, including nondiscriminatory and confidential support, psychosocial support, provide childcare, hours that are appropriate for women, respectful interactions? **Indicator:** Number of women who are satisfied with the service or feel the service meets their needs. **Participation/voice:** Are women able to influence the way the service is designed and delivered? **Indicator:** Number of women involved in community monitoring and feedback on the harm reduction service and OAMT. **Impact:** Is the service supporting improvements in the health, safety and well-being for women?
Prevention package for people who use drugs (injecting and noninjecting) and their sexual partners	Pre-exposure prophylaxis (PrEP) programming for people who use drugs	**Access/provision/reach:** Is this service reaching women? **Indicator:** Number of women who use drugs or women who are sexual partners of people who use drugs, who received PrEP during the reporting period, disaggregated by age and gender (where relevant), and type of PrEP. Ask about specific subpopulations, such as young women, trans women, or sex workers (disaggregated by gender). **Integration/quality/satisfaction:** Are activities to promote or deliver PrEP non-judgmental, respectful and non-discriminatory? Do they include peer-led PrEP information, demand creation, adherence support and include psychosocial support and referrals for GBV? **Indicator:** Number of women who are satisfied with the service, feel informed, supported and able to access PrEP if they want it. **Participation/voice:** Are women able to influence the way the service is designed and delivered? **Indicator:** Number of women involved in community monitoring and feedback on PrEP programming for people who use drugs. **Impact:** Is the service supporting improvements in the quality of life for women?
Treatment, care and support	HIV treatment and differentiated service delivery—adults (15 and above)	**Access/provision/reach:** Are differentiated services, including HIV treatment services, ART service delivery, adherence support and stigma and discrimination reduction, reaching young women, women who use drugs, sex workers (disaggregated by gender), trans women, and other women and gender-diverse people living with HIV? **Indicator:** Number of women accessing HIV treatment services. Ask about specific subpopulations and disaggregate. **Integration/quality/satisfaction:** Do HIV treatment services take account of gender inequalities, SRHR needs, and GBV? Are they welcoming and tailored to the differentiated needs of young women (and other sub-populations)? **Indicators:** Number of women living with HIV who are satisfied with the service, feel informed, supported and able to access and supported to adhere to treatment. **Participation/voice:** Are women able to influence the way HIV treatment services are designed and delivered? **Indicator:** Number of women and sub-populations, e.g. young women, female sex workers, women who use drugs, trans women involved in community monitoring and feedback on HIV treatment services. **Impact:** Is the way the services are delivered improving the quality of life for women and gender-diverse people?

ROLE OF COMMUNITY-LED MONITORING

Community-led monitoring (CLM) is an empowerment tool that enables people who use HIV and other related services—including women, girls, men, boys and gender-diverse people—to engage directly with the service providers to resolve barriers related to the availability, accessibility, affordability, acceptability and quality of services. It is grounded in key principles of community ownership, routine data collection and sharing and using data to achieve concrete service improvements. CLM programmes collect qualitative and quantitative information from health service sites and key affected communities, then analyse these data to obtain a deeper understanding of whether or not services are effectively serving communities.

CLM can lead to a variety of changes at the health facility level, such as reduced waiting times, reduced stockouts or shortages of commodities, improved processes for collection of ARVs and other medications, improved cleanliness of facilities, improved access to information, etc. It can also lead to changes in policies, such as the introduction of multi-month dispensing of ARVs.

Often, CLM programmes include human rights and gender related dimensions in their data collection tools to identify ways to address barriers through, for example, differentiated services, health service provider training, or referrals to legal redress mechanisms for human rights violations. Encouraging women-led and youth-led organizations to lead CLM programmes, serve as CLM data collectors or participate as respondents themselves are important ways to ensure that services are designed to meet their needs. Additionally, ensuring gender disaggregated data through data collection, analyses and use in CLM will help improve understanding and address specific needs of women, girls and gender-diverse people. CLM is one of four key interventions that the Global Fund supports through its Community Systems Strengthening investments:

- Community-led monitoring.
- Community-led research and advocacy.
- Community capacity-building and leadership development.
- Community engagement, linkages and coordination.

An example of a coverage indicator to include in performance frameworks for CLM investments is the percentage of health service delivery sites with a CLM mechanism in place. This indicator measures coverage of CLM against facilities from which communities access services. To design CLM programmes, this guide should be used, including for costing guidance. Several other technical resources can be accessed at: CLM Library - Part of the CLM Hub.

EXAMPLE: COMMUNITY-LED RESEARCH AND ADVOCACY

Activities in this area inform and support advocacy designed and led by community organizations, networks and civil society actors, especially advocacy led by marginalized, criminalized, underserved, key and vulnerable populations. Research and advocacy can relate to the quality of health services and programmes, financing of programmes, legal and policy reform, and/or human rights barriers (such as age and gender inequities, stigma, discrimination, criminalization, violence and breaches of confidentiality).

...to engage directly with the service providers to resolve barriers

GLOBAL FUND MODULAR FRAMEWORK: EXAMPLES OF INTERVENTIONS THAT REDUCE GENDER-RELATED VULNERABILITIES AND BARRIERS TO HIV SERVICES

In developing their funding requests, countries use the Global Fund's Modular Framework Handbook, which outlines key areas of programming for each of the Global Fund's priority diseases as well as for building resilient and sustainable health systems. The Modular Framework provides an illustrative list of activities under each intervention that is intended to guide applicants and Principal Recipients in selecting and organizing financial, procurement and programmatic information by strategic priority areas. Some of these illustrative activities have particular potential to promote gender equality by contributing to redefining and shifting gender norms and relations, supporting women's empowerment, promoting rights-based services, promoting shared power, and elevating equitable decision-making and control of resources.

In the GC8 cycle, the Modular Framework Handbook has further strengthened its focus on equality and structural barriers by including, under the Resilient and Sustainable Systems for Health (RSSH) component, dedicated modules on reducing gender-related vulnerabilities and barriers to HIV, TB and malaria services, as well as on reducing human rights-related barriers to HIV, TB and malaria services. These modules provide important entry points for countries to prioritize, budget and implement gender equality and rights-based interventions across the funding request and grant implementation cycle.

Table 3 lists key questions for a selection of interventions in the Modular Framework (including the gender and human rights modules) to ensure they contribute to a structural gender equality approach.

Table 3. Considerations for a structural gender equality approach within the Modular Framework

Component	Module	Interventions	Considerations for a structural gender equality approach

RSSH	**Health Sector Governance and Integrated People-centered Services**	Planning, management, and delivery of integrated people centered services	• Where relevant, do HIV, TB and malaria interventions collaborate with sexual, reproductive, maternal, newborn and child health programs? For example,
			  • Integration of TB screening/referrals/TPT in ANC and PNC services in high-burden TB settings
			  • Integration of malaria prevention education/ITN distribution/IPTp in ANC services
			• Are governance, management and quality-improvement processes inclusive of women-led, youth-led and key population-led organizations, with mechanisms for them to hold providers accountable for gender-responsive services?

	Community Systems Strengthening	Community-led monitoring and advocacy	• Do relevant interventions that include community-led involvement include women-led networks and organizations? • Do the activities include explicit support for women-led community networks, address gender-related discrimination and norms, and support the priorities of the networks (rather than using communities to carry out activities determined by others)?
		Community coordination and engagement in decision making	• Are there specific strategies to support the meaningful engagement and participation of women, adolescent girls, trans and gender-diverse communities in decision-making fora and processes, recognizing unequal power dynamics and historical underrepresentation?
	Resilient and Sustainable Systems for Health/ Pandemic Preparedness (RSSH/PP): Human Resources for Health and Quality of Care	RSSH/PP: Community health workers: selection, pre-service training, certification and equipping	• Do CHW selection processes intentionally include women - especially those from key and underserved populations - and address barriers that limit their participation and professionalization (for example, literacy requirements, childcare, safety, remuneration)? • Does pre-service training include competencies on respectful care, GBV, stigma reduction and rights-based approaches, including to identify and address gender and human rights related barriers in communities, including harmful norms, unequal decision-making power, and risks of violence?
		RSSH/PP: Community health workers: Integrated supportive supervision	• Do in-service supervision and mentoring systems include reflection and continuous skills building on providing rights based, gender-responsive respectful care?

RSSH	**Reducing Human Rights-related Barriers to HIV, TB, and Malaria Services**	Expanding access to quality and discrimination-free health care	• Does the health care services ensure non-discriminatory provision of health care, e.g. by making health systems and services welcoming, inclusive, caring and supportive for all, including women, girls and gender diverse people.
		Improving legal literacy and legal support related to health services	• Do legal services ensure that they are supportive of and accessible for, women, girls and gender diverse people including protecting them from backlash?
		Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services	• Do interventions to improve laws, regulations and policies include ones that heighten gender discrimination?
	Reducing Gender-related Barriers to HIV, TB, and Malaria Services	Addressing gender discrimination, and norms that pose a barrier to HIV, TB and malaria services	Areas prioritized for Global Fund investment • Make health services safe, respectful and responsive to the needs of women and girls through training of health providers, strengthening complaints mechanisms, and adapting service delivery arrangements to improve privacy, dignity and safety. • Support women-led organizations to provide peer outreach, community spaces, educational training and linkages to health and social services, to strengthen the provision of trusted health information, care-seeking, access and continued use of health services. • Facilitate structured peer, couples and group dialogue to strengthen women and girls' health decision-making agency and ability to seek health care for themselves and their children (e.g., approaches to strengthen women's uptake of antenatal care (ANC). • Provide group and peer education for men and boys to improve health-seeking behavior and treatment adherence for themselves and their families, and to support healthy relationships and violence prevention
		Preventing and responding to violence against women and girls	Areas prioritized for Global Fund investment • Integrate intimate partner violence identification, first-line support and care and post-rape care into HIV prevention, testing, treatment and care services. Where feasible, integrate into other services that women and girls often use, including ANC. • Support policies, protocols and training for health care workers to identify and respond to violence. • Provide referral pathways to longer-term support, including case management, psychosocial support, legal services, shelters or safe accommodation. • Support training of trusted community actors - including women's groups, social workers, teachers, parents and local leaders - to recognize violence and provide safe and confidential referrals to the abovementioned services. • Integrate education content on relationships, sexual and reproductive health and consent into existing community outreach programs.

HIV	**HIV prevention**	Condom and lubricant programming for key and vulnerable populations (KVP)	• Does communication and demand creation for condom and lubricant use reinforce the importance of consensual sex, and support women and girls' ability to negotiate condom use? • Is communication and demand creation messaging tailored to consider sex, gender identity, sexual orientation, age, and key population status?
		Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) programming	• Are provider training, community engagement and service protocols designed to strengthen women's choice and informed consent and privacy? • Is PrEP/PEP counselling and follow-up adapted to gendered barriers such as partner opposition, fear of blame, safety concerns, financial dependence? • Do services link or signpost to family planning, SRH, GBV, mental health and social protection support?
		Information and communication for uptake of HIV prevention and outreach services for KVP	• Does health communication and promotion around safer sex reinforce the importance of consent, healthy relationships and preventing intimate partner violence? • Are the particular needs of women and girls who are part of key populations considered (e.g., female sex workers, women who use drugs)? • Are people put in single boxes (e.g. 'sex workers)? Or are overlapping and intersectional identities recognized (e.g. sex worker who is living with HIV and pregnant; woman living with HIV who uses drugs who has children)?
		Sexual and reproductive health services to support HIV prevention for KVP	• Do policies, protocols and service provision center the importance of choice, informed consent and privacy for all women and girls? • Do activities support holistic sexual and reproductive health needs, so that women key populations, AGYW and survivors of GBV can receive comprehensive, survivor-centered care?
		Sexual health education for HIV prevention for adolescents and young people	• Are curricula, materials and delivery approaches co-designed with AGYW and ABYM, and adapted to their different needs, realities and literacy levels? • Do programs create safe, inclusive spaces where AGYW and ABYM can question harmful masculinities, learn skills for healthy, equitable relationships and link to youth-friendly SRH, HIV and GBV services?
		Social protection for AGYW in high HIV incidence settings	• Do social protection eligibility criteria and enrolment processes consider gendered barriers such as lack of ID documents, unpaid care responsibilities, stigma, and risk of violence? • Are social protection interventions linked with HIV, SRHR and GBV services, education and livelihood opportunities?

HIV	**Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B**	Retention support for pregnant and breastfeeding women (facility and community)	• Is attention given to the mental and physical health and support needs of pregnant and breastfeeding women and AGYW, including peer support needs? • Do approaches include mentor mother and other psychosocial support that is tailored to the different priorities of pregnant adolescent girls and young women, women who use drugs and sex workers? • Are first line support services and referral pathways available for women who disclose violence?
	Differentiated HIV Testing Services	Testing for at-risk AGYW and their male partners in settings with moderate and high HIV incidence Testing for others at risk of HIV infection	• Do testing policies and programs include provision for securing informed, voluntary consent? • Can women and adolescent girls be tested without parental and partner consent? • Is testing linked to support services that are non-discriminatory for women and girls and people from key populations, such as peer support, GBV services, SRH, and mental health services?
	Treatment, Care and Support	HIV treatment and differentiated service delivery – adults (15 and above) HIV treatment and differentiated service delivery - children (under 15)	• Are there specific actions relating to treatment and support for women living with HIV in all their diversities and throughout the life course, including as they age? For example, do treatment, care and support interventions address specific needs of sex workers, women who use drugs, trans women, AGYW, rural women, urban women? • Do treatment approaches consider how masculinities, stigma and norms around strength, risk-taking and breadwinner roles shape men's willingness to seek care, disclose their status or remain on treatment? • Are services tailored to men's schedules, mobility and privacy concerns (e.g., workplace delivery, after-hours services, community pick-up points, peer groups for men), and do they include communication that supports positive, health-seeking masculinities?

Source: Adapted from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Reducing human rights and gender-related barriers to HIV, TB and malaria services: Technical brief – Grant Cycle 8. Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria; 2026.

The table below presents questions to help with the design, implementation and review of activities employing a gender-responsive approach.

Table 4. Questions for a gender-responsive approach

Getting ready: the basics	Implementation	Review
Informing		

• Did the gender assessment make recommendations that relate to this intervention, and have they been incorporated/implemented/allocated a budget?	• Are investigators collecting and using gender-specific and/or sex-disaggregated data[20] and indicators to monitor progress and track results during implementation?	• Are the data disaggregated by:
		  • Age (15–19, 20–24, 25+).
		  • Gender.
		  • Key population/s.
		  • Type of community-led organization (key population-led, women-led, both, other).
		• What do the disaggregated data convey about intersectional needs and priorities?

Gender responsive		
• Do the suggested activities recognize the particular gender-related needs (including the need for confidentiality and safety) of women, girls and gender-diverse people who use drugs, do sex work, are in closed settings, are LGBTQIA+, gay men and other men who have sex with men, and others (e.g. people with disabilities, Indigenous people, minoritized people)? • What 'expected outcomes' would appropriately reflect the gender dimensions of proposed actions, and have the budget allocations been matched to the gender-related 'expected outcomes'? (If the gender dimensions and outcomes address structural gender inequality, then this question is applicable.)	• During implementation, does the intervention perpetuate or exacerbate gender inequalities, or wider inequalities? For example, HIV testing in antenatal care settings that leads to increased IPV and discrimination for women who test positive. Or requirements for women to bring a male partner to antenatal care, which could have negative effects on some women. • Are activities tailored to meet gender-specific needs and remove gender-related barriers of women, girls and gender-diverse people who use drugs, do sex work, are in closed settings, are LGBTQIA+, gay men and other men who have sex with men, and others (e.g. people with disabilities, Indigenous people, minoritized people)?	• Were activities tailored to meet gender-specific needs and remove gender-related barriers?

Structural interventions		
• Are women, girls and gender-diverse people fully involved[21] in design? • Are their networks supported by the grants? • Do activities aim to be transformative: Do they redefine and shift gender norms and relations, support women's empowerment, promote rights-based services, promote shared power, and elevate equitable decision-making and control of resources?	• Are women, girls and gender diverse people fully involved in implementation? How are they supported by the grants? • Are their networks able to access and make use of funds in a timely manner to improve their work? • Do activities redefine and shift gender norms and relations, support women and girls' empowerment, promote rights-based services, promote shared power, and elevate equitable decision-making and control of resources?	• Have women, girls and gender diverse people been fully involved in design and implementation? Are they fully involved in monitoring? • How have they been supported by and benefitted from grants? • Is there evidence that transformative interventions have actually been implemented? Have they shifted norms or relations, supported women's empowerment, promoted rights-based services, promoted shared power, and elevated equitable decision-making and control of resources?

It is important to collect and use sex- and gender-disaggregated data, information and research to inform policy and programme decisions. This involves collecting data which address the spectrum of how individuals identify themselves and express their gender.[22]

ANNEX

RESOURCES TO SUPPORT GENDER EQUALITY IN GC8

ADVOCACY, CONVENING AND COORDINATING

Convening and coordinating multistakeholder mechanisms

Convening and coordination mechanisms are normally national committees composed of all key stakeholders involved in the HIV response. These mechanisms are responsible for the implementation and monitoring of human rights and gender equality operational plans. This could be a new or existing mechanism, such as national HIV human rights technical working groups, steering committees, or Global Fund Breaking Down Barriers working groups that have oversight of the roll-out of work to remove human rights-related barriers. They can help align synergies and interventions, ensuring a cohesive approach to addressing human rights and gender issues within the Global Fund grant framework. Their action plans, rapid analyses and focal points serve as valuable resources to inform and support the CCM in overseeing Global Fund grant implementation, contributing to a more efficient and targeted implementation of Global Fund-supported programmes.

THE ROLES OF UNAIDS SECRETARIAT AND PARTNERS

This includes both financial and non-financial support for civil society, sometimes referred to as 'symbolic support'. Examples include: consulting with community-led and women-led organizations to ensure their priorities inform their work and positions; facilitate their participation on panels and platforms and in dialogues with government; providing community and women-led organizations with venues and publicity for report launches and other events; legitimizing their work and advocacy by talking about them; addressing issues they highlight; and disseminating the results of their work. These actions elevate the profile of community and women-led organizations, enhancing their opportunities to speak, influence and engage.

TECHNICAL ASSISTANCE

Community Engagement Strategic Initiative (CESI)

The Global Fund's Community Engagement Strategic Initiative (CESI) offers short-term technical assistance (for 30 days) to communities most affected by HIV, TB and malaria so they can engage in Global Fund and related national processes. Community and civil society organizations and groups, including women, key population and youth-led organizations can request technical assistance at any time throughout the funding cycle in the following areas: (a) situational analysis and needs assessment; (b) engagement in country dialogue; and (c) support for programme design and implementation arrangements.

Expertise France

Expertise France implements projects aiming to create the conditions for socially and economically sustainable development. To this end, the agency contributes to reinforcing national health-care systems, designing public health policies and fighting against pandemics. To support the fight against pandemics, Expertise France helps build the capacities of national actors for access to Global Fund grants and for grant management and implementation, contributes to strengthening health systems, and helps promote the adoption of innovative approaches.

HER Voice Fund

The Global Fund supports the HER Voice Fund, which provides small grants to organizations in 13 priority countries (Botswana, Cameroon, Eswatini, Lesotho, Kenya, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zimbabwe and Zambia) to amplify the voices of adolescent girls and young women to inform the decisions that affect their lives, including through training, mentoring and involvement in advocacy campaigns. The HER Voice Fund is managed by the Global Network of Young people living with HIV (Y+ Global) on behalf of the Global Fund and ViiV Healthcare.

TOOLS AND GUIDANCE

Communities and civil society

- **Beginners Guide to the Global Fund** (webpage). A brief overview of the processes that influence how the Global Fund makes decisions. The guide also outlines how W4GF Advocates can get involved to ensure that funds reach and benefit women and girls in countries.
- **RISE study on community engagement in Global Fund processes** (2024). This study identified several opportunities to further build community engagement with CCMs and Global Fund processes. These included engaging communities in core Global Fund processes, equipping representatives and their constituencies with the resources and tools to fully participate, and empowering participants with the agency, autonomy and safety to actively contribute their voice to decision-making processes.

UNAIDS

- **Gender Assessment Tool for national HIV responses (2025).** GAT is intended to assist countries in assessing the HIV epidemic, context and response from a gender perspective and in making the responses gender equitable and rights based. The revised GAT places greater emphasis on cost effectiveness, alignment with national plans, integration, and sustainability. Accompanied by a new costing tool and M&E plan template, it is designed to also inform submissions for country investment cases, funding requests to the Global Fund and other key national opportunities.
- **Framework for understanding and addressing HIV-related inequalities (2022).** The HIV Inequalities Framework and its accompanying toolkit help UNAIDS support countries and communities in their efforts to identify HIV-related inequalities and their drivers and to address them according to the organization's comparative advantages and capacity—and, in doing so, support the full realization of human rights.
- **We've Got the Power (2020).** This publication, which marks the 25th anniversary of the Beijing Declaration and Platform for Action, is a resource for the analysis of gender equality in relation to HIV, and presentation of statistics and key areas of 'unfinished business' to achieve gender equality in and through the HIV response. The HIV-related statistics cited in this publication do not reflect the most recent UNAIDS data available.
- **Practical guide to ending HIV-related stigma and discrimination.** The Global Partnership for Action to Eliminate all Forms of HIV related Stigma and Discrimination (2023) contains best practices and innovative approaches to reduce stigma and discrimination at the country level. It also presents monitoring and evaluating programmes to eliminate HIV-related stigma and discrimination in six settings.

LEARNING AND SHARING

Learning hubs are hosted by community and civil society organizations across six regions. These hubs share information and good practices on engagement in Global Fund and related processes, and work to improve access to technical assistance. Regional learning hubs are hosted by EANNASO (Anglophone Africa), Seven Alliance (Asia–Pacific), EHRA (Eastern Europe and Central Asia), RAME (Francophone Africa), Via Libre (Latin America and the Caribbean), and MENAHRA (Middle East and North Africa).

CATALYTIC INVESTMENT FROM MATCHING FUNDS

- **Matching Funds for addressing human rights- and gender-related barriers to services:** Investment of at least an equal amount of available Matching Funds from the country allocation in activities to address human rights and gender-related barriers to services.

ENDNOTES

1 UNAIDS considers key populations at the global level as gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs. The term also includes people living with HIV, as well as people in prison and other incarcerated people, seronegative partners in serodiscordant couples and other specific populations that might be relevant in particular regions (such as young women in southern Africa, fishermen and women around some African lakes, long-distance truck drivers and mobile populations). UNAIDS. The Global AIDS Strategy 2026–2031: Towards ending AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2026 (https://www.unaids.org/sites/default/files/2026-02/2026%E2%80%932031_Global-AIDS-Strategy_en.pdf.

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20 Gender and sex disaggregated: Sex and gender are both determinants of health. An individual's sex impacts both sex-specific health needs, their experiences of health conditions and reactions to medicines. Sex and gender interact to influence other aspects of people's health and well-being, including environmental and occupational risks, risk-taking behaviours, access to and utilization of health-care services and individuals' abilities to make decisions about their own health (The Global Fund Technical Brief on Gender Equality).

21 Fully involved: Networks are given the space, time and resources for their members to participate in activity consultations and ongoing planning and review. They are also able to see their priorities reflected and addressed at each stage. If in doubt about the meaning (and achievement) of 'fully involved' the networks should be asked.

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