



Technical Brief

Gender Equality

Allocation Period 2023-2025

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Contents

1. Introduction	3
1.1 Aim and audience	3
2. Gender Equality and the Global Fund	4
2.1 Gender equality in the 2023-2028 Strategy	4
2.2 Gender Equality Marker	5
2.3 Summary: six expectations for all Global Fund-supported programs	5
3. Gender and Health	7
3.1 How does gender inequality influence health?	7
3.2 Gender-responsive approaches to HIV, TB and malaria	8
3.3 Gender-transformative approaches to HIV, TB and malaria	8
3.4 Intersections between gender and other forms of discrimination	8
4. Gender and HIV, TB and Malaria	10
4.1 Gender and HIV	10
4.2 Gender and TB	13
4.3 Gender and malaria	15
4.4 Gender and the health workforce	17
4.5 Gender in countries with challenging operating environments	18
4.6 Gender in countries moving towards sustainability and transition	19
5. Integrating Gender Equality throughout the Global Fund's Grant Cycle	20
Stage 1: Gender-responsive and gender-transformative funding requests	20
Stage 1.1: Gender assessments	21
Stage 2: Gender-responsive and gender-transformative grant-making and implementation	23
Stage 3: Gender-responsive monitoring, evaluation and learning	25
Annexes	27
Annex 1: Glossary	27
Annex 2: Entry points for addressing gender issues in the Global Fund's Modular Framework	28
Annex 3: The Global Fund's partnerships for gender equality	32

1. Introduction

1.1 Aim and audience

We cannot end HIV, Tuberculosis (TB) and malaria as epidemics without prioritizing gender equality. Gender norms, roles and relationships influence health in multiple ways: they contribute to risk-taking behavior, amplify vulnerabilities, impact access to health services and affect decision-making power within relationships and over health. Gender is relevant for everyone's health, but women, girls and gender-diverse communities¹ in particular experience significant health disparities due to gender inequality, discrimination, violence and gender-related barriers in accessing health services.

Because of the link between gender and health, health strategies that incorporate a gender perspective are more effective and sustainable than those that do not. In addition, HIV, TB and malaria interventions have the potential to either reinforce or mitigate gender inequalities. This means our work to end the epidemics is also a powerful tool in the fight for gender equality – a cycle where improved gender equality contributes to better health and a faster end to the epidemics. Gender should therefore be a key consideration in the design, delivery and evaluation of all Global Fund-supported programs, not just in interventions specifically focused on addressing gender inequalities in health.

This brief sets out key concepts, resources and opportunities within the Global Fund grant cycle to integrate approaches that respond to gender differences and seek to transform the underlying gender inequalities that worsen health outcomes. It is not exhaustive, so should be used to complement other materials designed to support countries in developing strong funding requests. These include technical briefs on [Removing Human Rights Barriers to HIV-related Services](#), [HIV Programming for Adolescent Girls and Young Women in High-HIV Burden Settings](#), [Tuberculosis and Human Rights](#) and [Malaria and Equity, Human Rights and Gender Equality](#). The main audience for this brief is stakeholders who are directly involved in country-level processes to develop funding requests for the Global Fund, and those designing, implementing and evaluating Global Fund-supported programs.

¹ The term "gender-diverse communities" is used throughout this brief to refer to people whose gender identity and expression does not conform to the norms and expectations traditionally associated with their sex at birth. This includes trans people as well as people who do not identify as completely male or completely female. Across cultures and organizations many different terms are used to describe people's gender identities and expressions. Other Global Fund materials also use the term "transgender" when referring to people with diverse gender identities. For the purposes of this technical brief, which is focused specifically on gender equality, the term "gender-diverse communities" is used as an inclusive umbrella term to include the full range of gender identities and expressions.

2. Gender Equality and the Global Fund

2.1 Gender equality in the 2023-2028 Strategy

The Global Fund's [2023-2028 Strategy](#) recognizes that the goal of ending HIV, TB and malaria cannot be achieved without maximizing health equity, gender equality and human rights. Gender inequalities, including stigma, discrimination and violence and other gender-related barriers limit access to critical health services and increase vulnerabilities. Gender norms, roles and relationships can contribute to inequitable health outcomes.

The Strategy commits to take a gender-transformative approach to the three diseases and aims explicitly at transforming inequitable social and cultural norms and discriminatory laws, policies and practices that contribute to gender inequalities and increase vulnerabilities to HIV, TB and malaria for women, girls and gender-diverse communities.

To improve HIV, TB and malaria outcomes and drive more equitable access to health services, the Global Fund will support countries and communities to:

1. **Scale up comprehensive programs and approaches to remove human rights and gender-related barriers** across portfolios, including by strengthening country ownership, commitment and capacity to implement gender-responsive and gender-transformative programs and strengthening partnerships for gender equality.
2. **Support comprehensive sexual and reproductive health and rights (SRHR) programs and their strengthened integration with HIV services for women in all their diversity and their partners.** This includes targeted sexual and gender-based violence prevention and response interventions and systems and, where appropriate, integrating TB and malaria services into SRHR programs.
3. **Advancing youth-responsive programming**, particularly for adolescent girls and young women, young key populations and their partners, including by accelerating access to effective use of combination prevention.
4. **Deploying quantitative and qualitative data to identify drivers of HIV, TB and malaria inequity and inform responses** by collecting, analyzing and using data that is disaggregated by sex, gender and other grounds to identify drivers of health inequities and inform responses.

The strategy also commits to leverage the Global Fund's diplomatic voice to challenge harmful laws, policies and practices impacting HIV, TB and malaria interventions, including those that increase vulnerabilities for women, girls and gender-diverse communities.

2.2 Gender Equality Marker

As part of implementation of the Strategy, the Global Fund is using a Gender Equality Marker to evaluate the extent to which funding requests in the 2023-2025 allocation period address gender equality, with the goal of increasing investments in gender-responsive and gender-transformative programming over time. The Gender Equality Marker is a three-point scoring system that identifies whether gender equality is (i) a principal focus of the funding request and fundamental in the design and expected results; (ii) a significant focus of the funding request, but not a primary reason for undertaking the project or programme; (iii) or not targeted at all within the funding request. It is important to note that principal scores are not necessarily better than significant scores. The Global Fund has adopted a twin-track approach to gender equality that recognizes the importance of both integrating gender considerations into all projects and programs that it supports, while also ensuring dedicated and specific support to projects and programs that are gender equality focused.

The scoring is based on availability of a gender assessment, the extent to which that assessment informs interventions and expected results included within the funding request, the extent to which sex- and gender-disaggregated data is collected and used and whether there is a commitment to use collected data to inform program design and adaptation. The full scoring criteria can be found in the [Applicant Handbook](#).

2.3 Summary: six expectations for all Global Fund-supported programs

1. They should be informed by a comprehensive gender assessment which seeks to understand gender inequalities, discrimination and differentiated behaviors, needs and barriers in relation to the three diseases.
2. They should not contribute to or perpetuate gender inequalities or inequities through their design or implementation. For example, programs that rely on unpaid work by volunteers, many of whom are women, may perpetuate inequalities by failing to appropriately value and compensate women's work. Training and recruitment programs that do not promote women's leadership and do not aim towards parity, for example, may do the same. Programs that do not consider the differentiated needs of men who have sex with men and trans people, or behavior change communication programs that reinforce rather than challenge and change harmful gender stereotypes, such as condom social marketing campaigns that rely on stereotypes about male virility, may also fit into this category.
3. They should ensure the full participation of women, girls and gender-diverse communities in the design, implementation and monitoring of programs. For example, by creating criteria that encourages their engagement in local and national decision-making structures, such as Country Coordinating Mechanisms (CCMs), ensuring they are meaningfully engaged in conducting gender assessments, establishing partnerships to promote engagement, or facilitating access to funding for program implementation.

4. They should ensure that women, men, girls, boys and gender-diverse communities benefit equitably from the program's results. For example, general population programs should actively monitor who is being reached to understand whether specific population groups are being excluded from its benefits and take measures to address differences.
5. They should be gender-responsive: tailored to meet gender-specific needs and remove gender-related barriers in the context of the three diseases. In addition, where possible they should be gender-transformative: seeking to advance gender equality by tackling the underlying causes of gender inequality in health, including social norms and power imbalances between women, men, girls, boys and gender-diverse communities.
6. They should use gender-specific and/or sex-disaggregated indicators, including impact indicators, to monitor and evaluate progress and results, or take steps to fill data gaps if gender- and sex-disaggregated data is not already being collected.

3. Gender and Health

3.1 How does gender inequality influence health?

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 behaviors, access to and utilization of healthcare services and individuals' abilities to make decisions about their own health.²

Gender inequality and discrimination puts women's and girls' health and well-being at risk. They often face greater barriers than men and boys to access health information and services. These barriers include restrictions on mobility; lack of access to and control over resources; lack of decision-making power; lower literacy rates; and discriminatory attitudes of communities and healthcare providers. Gender-based violence, including intimate partner violence, rape and sexual abuse and harmful practices such as child, early and forced marriage, have serious negative consequences for women's and girls' physical and mental health and wellbeing.

Gender-diverse people also face violence, stigma and discrimination because of their gender identities and expressions, including in healthcare settings, increasing health risks and vulnerabilities and worsening health outcomes. A lack of training and awareness amongst healthcare providers and health systems of the specific health needs and challenges of gender-diverse people may lead to inappropriate treatment or the denial of care. A lack of legal recognition of gender identities may also act as a barrier to care.

Harmful gender norms – especially those related to rigid notions of masculinity – cause significant harm to women, girls and gender diverse-communities, while at the same time negatively affecting boys and men's health. For example, gender norms may encourage boys and men to smoke, take sexual and other health risks, misuse alcohol and not seek help or health care, even when they need it. They also contribute to boys and men perpetrating violence, as well as being subjected to violence themselves. Therefore, challenging and changing harmful gender norms and addressing gender inequality can positively impact the health and wellbeing of men and boys.

² WHO, [Gender and Health](#), visited: March 15, 2022.

3.2 Gender-responsive approaches to HIV, TB and malaria

Women, men, adolescent girls and boys and gender-diverse communities have different health needs and face different barriers to accessing and using health services and information. **Gender-responsive approaches to health** recognize and respond to these differences and aim to ensure equitable health outcomes across the life course. They also collect and use sex and gender-disaggregated data, information and research to inform policy and program decisions.

By understanding and responding to gender-related differences in the way that individuals behave, make decisions about their own health, interact with services, systems and structures, and the barriers that they may face in doing so, programs can be designed to better meet individuals' needs. For example, understanding how stigma or fears of violence might prevent adolescent girls from using Pre-exposure Prophylaxis (PrEP) could inform programs that overcome those barriers and increase uptake and use. Designated clinics or operating hours for men may help overcome perceptions that health services are for women and children, increasing their testing and treatment adherence. On the other hand, programs that do not consider and design strategies to respond to those gender-differentiated needs are less effective in reaching the groups they are intended to serve.

3.3 Gender-transformative approaches to HIV, TB and malaria

In many cases, programs will need to go further and take a **gender-transformative approach** to effectively address the underlying factors that contribute to HIV, TB, and malaria. Gender-transformative programs recognize how harmful gender norms and stereotypes, inequalities in power and control over resources, discriminatory laws, policies and practices impact women's, girls' and gender-diverse people's vulnerability to the three diseases and take concrete actions to counter or change them. They have advancing gender equality and promoting positive gender norms, roles and relationships, as a key objective.

3.4 Intersections between gender and other forms of discrimination

Women, girls and gender-diverse communities are not homogenous groups. Their needs, vulnerabilities and resiliencies may change depending on the context they are in, other identities or characteristics such as key population status, race or ethnicity, as well as socioeconomic, environmental, cultural and political determinants of health, and the way these factors intersect. Many of the women, girls and gender-diverse communities who are vulnerable to HIV, TB and malaria experience multiple and intersecting forms of discrimination that can result in increased deprivation, reduced autonomy and decision-making power, greater barriers to care and poorer health outcomes. Stigma and poor treatment within health settings can be a major barrier to services for people who face discrimination on multiple grounds.

For example:

- Young female sex workers may face more barriers to HIV prevention services than other young women due to increased stigma and risks associated with criminalization.
- Female migrants may face additional barriers to diagnosis and treatment for TB during pregnancy because of language barriers and/or discrimination based on migration status, or a lack of awareness by providers about their TB risk.
- Trans women who experience sexual violence may face barriers accessing HIV prophylaxis and other post-rape care if trauma and response services are not gender-inclusive, or if they are not recognized and/or protected by laws prohibiting rape and other forms of sexual violence.

Gender assessments (**see section 5**) will help to identify whether specific groups of women, girls and gender-diverse communities experience greater vulnerability due to multiple and intersecting forms of discrimination. These assessments can also help identify strategies to address the imbalances in power and inequalities that drive them, as well as specific needs for prevention, treatment, care and support. Funding requests should reflect this analysis and include budgets and activities that respond to it. Working in partnership with women's and community-led organizations to design, implement and monitor HIV, TB and malaria programs can help ensure that they are relevant and acceptable to communities most affected by the three diseases, thus increasing sustainability and enhancing impact.

The Global Fund's technical briefs on [Removing Human Rights-related Barriers to HIV Services, Tuberculosis, Gender and Human Rights](#), and [Malaria and Equity, Human Rights and Gender Equality](#) have additional guidance on gender and the three diseases, including efforts to reduce stigma and discrimination.

4. Gender and HIV, TB and Malaria

4.1 Gender and HIV

Gender inequality has long been recognized as a key driver of HIV infection among adolescent girls and women in countries with generalized HIV epidemics, among trans people and among women and girls who are also members of key populations globally.

The Facts

- Adolescent girls and young women aged 15 to 24 years are three times more likely to acquire HIV than adolescent boys and young men of the same age in sub-Saharan Africa. AIDS-related causes are a leading cause of death among adolescent girls and women aged 15 to 49 years.³
- Outside of sub-Saharan Africa, men comprise most new HIV infections and starting in adolescence are twice as likely to be infected with HIV as their female counterparts.⁴ In almost all of Asia and the Pacific and sub-Saharan Africa, fewer than half of men have basic knowledge of HIV. In almost all regions, men are less likely to know their HIV status and access and adhere to treatment than women.⁵
- Trans women are 14 times more likely to acquire HIV than other adult women; while female sex workers are 30 times more likely to acquire HIV than other adult women, and gay men and men who have sex with men are at 28 times more likely to acquire HIV than other adult men.⁶

The Global Fund and other donors have invested in initiatives to address some of the underlying factors that drive the increased vulnerability of women, girls and gender-diverse communities. This includes addressing HIV-related gender discrimination, gender-based violence, increase linkages to sexual and reproductive health services and driving social norm change. A mid-term review of the 20 countries where the [Global Fund's Breaking Down Barriers](#) initiative has been implemented, for example, found notable progress in programs addressing gender-related barriers to HIV services, including increased gender sensitivity of health care providers and addressing gender-based violence. However, significant work is still needed to address gender-related barriers and inequalities. For example, programs targeting adolescent girls and young women in sub-Saharan Africa lack scale: just 40% of subnational locations with high to extremely high incidence among adolescent girls and young women had dedicated programs in 2021.⁷ Gaps remain in programs addressing gender-specific needs of men, as well as gender-differentiated strategies for key populations.

³ UNAIDS, Global HIV and AIDS Statistics Fact Sheet 2022, available at <https://www.unaids.org/en/resources/fact-sheet> (accessed Dec. 7 2022); Heidari S. et al. Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use. Res Integr Peer Rev. 2016;1:2. <https://doi.org/10.1186/s41073-016-0007-6>.

⁴ UNAIDS, Global HIV and AIDS Statistics Fact Sheet 2022

⁵ Ibid.

⁶ Ibid.

⁷ UNAIDS (2022). [In Danger: UNAIDS Global AIDS Update](#). Geneva. p 114.

Gender-related differences, barriers and inequalities should be considered and addressed across the range of prevention, treatment, care and support interventions. A mix of gender-responsive and gender-transformative interventions, including those focused on addressing gender discrimination, harmful gender norms, gender-based violence, and harmful laws, policies and practices, will likely be necessary to address the full range of needs and create environments that support long-term changes in behaviors and attitudes that contribute to HIV.⁸

Programming decisions and funding requests should be informed by gender assessments (see section 5), including disaggregated data to identify who is at greatest risk, and in which locations. In locations where adolescent girls and young women are at very high risk, comprehensive combination prevention programs may need to be linked with broader initiatives to address gender-based violence, increase access to sexual and reproductive health services, support girls to stay in school, increase women’s and girls’ empowerment and agency, and increase equality within relationships. In other contexts, more targeted interventions may be required that focus on meeting the needs of key populations at greater risk of HIV, including female and trans sex workers or women and gender-diverse people who use drugs. Programs are most likely to have impact and achieve the best results when women, girls and gender-diverse communities are actively engaged in all aspects of their development, implementation, monitoring and evaluation.⁹

Several tools are available to inform programming decisions and to ensure that funding requests are targeted in ways that maximize impact. These include the UNAIDS Guidance on [HIV Prevention among Adolescent Girls and Young Women](#),¹⁰ and the accompanying [Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women](#),¹¹ and the World Health Organization’s Consolidated [guidelines on HIV, viral hepatitis, and STI prevention, diagnosis, treatment, care and support for key populations](#). All funding requests should be based on the findings of a comprehensive gender assessment (see section 5).

Examples of gender-responsive interventions for HIV	Examples of gender-transformative Interventions for HIV
<ul style="list-style-type: none"> Integrating HIV testing, Pre-exposure Prophylaxis (PrEP) and treatment for women and adolescent girls who may be most exposed to HIV into SRHR services, including contraceptive services and antenatal care. 	<ul style="list-style-type: none"> Community-based social norm change to enhance young people’s communication skills, develop community-based interventions to identify and change harmful gender norms and unequal power dynamics, and reduce gender-based violence.

⁸ Global Fund to Fight AIDS, TB and Malaria (2022). [Technical Brief: Removing Human Rights-related Barriers to HIV Services](#). Geneva.

⁹ UNAIDS (2022). [In Danger: UNAIDS Global AIDS Update](#). Geneva. p 115.

¹⁰ UNAIDS (2016), *HIV Prevention among Adolescent Girls and Young Women: Putting HIV prevention among adolescent girls and young women on the fast track*. Geneva

¹¹ HIV Prevention Coalition, UNAIDS (2020), *Decision-making aide for investments into HIV prevention programmes among adolescent girls and young women*. Geneva.

<ul style="list-style-type: none"> • Voluntary medical male circumcision with links to other HIV and health services. • Cervical cancer screenings for women living with HIV. • Male and female condom and lubricant programs, including social marketing. • Training and support for healthcare providers to provide non-judgmental care to adolescent girls, trans and gender-diverse people, and female key populations. • Gender-specific support groups. • Peer-led outreach programs for female and trans and gender-diverse sex workers and women and trans and gender-diverse people who use drugs. • Access to legal services and health services for survivors of gender-based violence including the provision of Post-exposure Prophylaxis (PEP). 	<ul style="list-style-type: none"> • Policy changes to remove third-party consent requirements for health care and support women’s and adolescent girls’ decision-making power. • Policy and law reform to increase protections against discrimination, legally recognize people of diverse sexual orientations and gender identities and expressions, or to address gender-based violence. • Skills-based comprehensive sexuality education that addresses human rights, gender equality and power dynamics within relationships in high incident settings. • Programs to develop the capacity of healthcare providers to discuss HIV, STIs and sexuality, including diverse sexual orientations, gender identity and expression, relationships, gender-affirming care, gender-based violence and other complex sexual health issues in a way that promotes positive gender norms and roles. • Social protection programs in very high HIV-incidence settings to support and empower adolescent girls and young women to complete their secondary education, increase economic independence and bargaining power, and other interventions to address socioeconomic vulnerability. • Action to change discriminatory and punitive laws on same-sex activity, sex work, drug use, HIV transmission, abortion and create enabling legal and policy frameworks. • Community empowerment strategies led by women, Adolescent Girls and Young Women (AGYW) and gender-diverse people, among others. • Legal literacy and “know your rights” programs that increase understanding of gender equality and the rights of women, girls, trans and gender-diverse communities. • Pre-service and in-service training for healthcare providers on human rights, non-discrimination, duty to treat, informed consent and confidentiality, and violence prevention and treatment. • Training for health care workers to combat stigma and discrimination against trans and gender-diverse communities in health care settings and increase access to gender-affirming care.
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4.2 Gender and TB

TB affects women and girls, men and boys, and gender-diverse communities differently. Globally, men are more than twice as likely as women to have active TB, while women generally face greater barriers to TB care. Women are more likely to be under-diagnosed due to different presentations of TB and are more likely to suffer negative consequences from TB stigma, including intimate partner violence, loss of livelihoods and divorce than their male counterparts. Gender-diverse people experience higher levels of stigma, discrimination and resulting social marginalization, poverty, which create additional barriers to testing and treatment.¹²

The Facts

- Pregnant women have twice the risk of non-pregnant women of developing TB due to biological changes during pregnancy. Treatment of TB during pregnancy is more complicated. Untreated TB during pregnancy is associated with mortality rates as high as 40%. For pregnant women who are also co-infected with HIV, the risk of mortality is significantly higher, as are risks to their newborns.¹³
- In countries with high HIV burdens, young women are increasingly represented among people diagnosed with active TB and more female than male cases are notified up until the age of 25. Young women's increased vulnerability to active TB infection in these settings stems from a range of biological, behavioral and structural factors, including gender inequalities and higher incidence of HIV infection.¹⁴
- Globally, men are more than twice as likely as women to have active TB, are less likely to be diagnosed and complete treatment, and are more likely to die from TB than women. Harmful gender norms around masculinity may translate into greater exposure to risk factors, like smoking and high-risk occupations, and a lower likelihood to seek diagnosis and treatment.¹⁵

Gender differences and inequalities influence risk of TB infection, access to and uptake of testing, when and how diagnosis occurs, access to and adherence to treatment, as well as social and economic impacts of TB. Gender-responsive and gender-transformative approaches to TB responses are increasingly being understood by policymakers and TB practitioners as a critical driver of impact, however significant gaps remain during implementation.

¹² Stop TB Partnership (2020), *Gender and TB: Investment Package*. Geneva.

¹³ Loveday, M., et al. (2021) Maternal and Infant Outcomes Among Pregnant Women Treated for Multidrug/Rifampicin-Resistant Tuberculosis in South Africa, *Clinical Infectious Diseases*, 72, 7:1158–1168.

¹⁴ Perumal, R., et al (2018). TB epidemiology: where are the young women? Know your tuberculosis epidemic, know your response. *BMC Public Health* 18, 417

¹⁵ Horton, Katherine C et al (2018). Systematic neglect of men as a key population in tuberculosis. *Tuberculosis* 113: 249-253; Horton Katherine C et al (2016). Sex differences in tuberculosis burden and notifications in low and middle-income countries: a systematic review and meta- analysis. *PLoS Med.* 13(9):e1002119.

[Community, rights and gender assessments](#) supported by the Stop TB Partnership and the Global Fund in 13 countries revealed that the intersections between gender and TB vulnerabilities and access to care are often context specific. However, they also identified several commonalities across countries, including: (i) weaknesses in the availability and use of sex- and gender-disaggregated data and the inclusion of gender in monitoring and evaluation processes; (ii) gender bias within the health workforce particularly in relation to gender-diverse people and lack of sensitization of health workers to gender; (iii) and gender-blind TB policies.¹⁶

Gender-related barriers and enablers should be considered across all areas of TB programming, including case detection and diagnosis, community TB care delivery, stigma and discrimination reduction, community mobilization and advocacy. Participatory approaches that engage people with and affected by TB, including women and gender-diverse people, in the development of funding requests, including through community consultations to identify gender-related barriers to services and sensitize community leaders, as well as in the implementation, monitoring and evaluation of services should be prioritized to reach communities most in need.¹⁷

Several resources exist to inform funding requests that address gender inequalities in the context of TB service delivery, these include the Gender and TB Investment Package,¹⁸ and the technical brief on [Tuberculosis, Gender and Human Rights](#). All funding requests should be based on the findings of a comprehensive gender assessment (see section 5).

Examples of gender-responsive interventions for TB	Examples of gender-transformative Interventions for TB
<ul style="list-style-type: none"> Integrating TB diagnosis and preventative treatment into antenatal care programs. Gender-responsive community-based prevention education and case finding (e.g., at men’s places of work particularly where occupational risk contributes to TB infection, or in places where women gather). Training TB providers about the impacts of gender on TB vulnerability and gender-responsive care and patient rights. Case finding algorithms that consider sex differences and needs in screening and diagnostic processes. 	<ul style="list-style-type: none"> Interventions to increase gender equality within health providers engaged in the provision of TB care, including by ensuring equal opportunities for participation, training, and leadership for women and gender-diverse people, closing gender pay gaps, increasing employment security, and eliminating sexual harassment and violence in the workplace. Social norm change strategies focused on reducing both TB and gender-related stigma and discrimination, their intersections and resulting inequalities.

¹⁶ Ibid.

¹⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria (2020). *Technical Brief: Tuberculosis, Gender and Human Rights*. Geneva.

¹⁸ Stop TB Partnership (2020), [Gender and TB: Investment Package](#). Geneva.

<ul style="list-style-type: none"> • TB infrastructure that responds to gender-differentiated needs (e.g., different or extended operating hours, private consultation and sputum collection rooms for women and trans and gender-diverse people, organization of waiting areas). • Gender-sensitive peer and psychosocial support programs for women, men and gender-diverse people. • TB prevention, diagnosis and treatment services, including peer education, for incarcerated women or gender-diverse people living in group housing. • Linkages with HIV, gender-based violence, sexual and reproductive health services, and services for trans and gender-diverse people. 	<ul style="list-style-type: none"> • Interventions to reduce unpaid care burdens for women and girls who are caregivers of people with TB. • Human rights and gender equality literacy programs for people affected by TB, combined with access to legal services and initiatives to address harmful laws and policies.
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4.3 Gender and malaria

Increasing evidence indicates that addressing gender-related inequalities in endemic malaria settings may reduce the burden of disease and hasten elimination efforts,¹⁹ and women’s agency in household decision-making leads to better malaria outcomes.²⁰

Gender roles, relations and dynamics have an impact on and should be addressed across prevention, case management and surveillance efforts. The [core Malaria Information Note](#) recognizes that equity, human rights and gender equality considerations are essential for the subnational tailoring analysis informing malaria responses. For example, women’s limited economic and decision-making power may impede their ability to access insecticide treated nets, attend antenatal care and receive malaria prevention or decide to seek treatment for febrile children. Free distribution of insecticide treated nets could be critical for closing gender gaps, while community-based case management that reduces the economic burden on women may increase access to treatment. Integrating malaria prevention into maternal health care and immunization programs, including routine distribution of insecticide treated nets, intermittent preventative treatment in pregnancy (IPTp) and access to malaria care, can be critical for reducing risks faced by pregnant women and their children.²¹ Strengthening communications and awareness efforts among men and boys, so that they better understand their own risks as well as those of other family members, and increase respect for women’s decision-making power, is also key.²²

¹⁹ Bill and Melinda Gates Foundation (2020). *Gender and Malaria Evidence Review*. BMGF. Seattle.

²⁰ Malaria No More (2021). *Achieving a Double Dividend: The Case for Investing in a Gendered Approach to the Fight against Malaria*. Washington.

²¹ Ibid.

²² Ibid.

The Facts

- Malaria disproportionately impacts pregnant women and children under five. Pregnancy reduces a woman's immunity to malaria, making her more susceptible to malaria infection and increasing the risk of illness, severe anemia and death. In 2019, more than 11 million pregnant women were infected with malaria, leading to 10,000 maternal deaths.²³
- Adolescent girls are particularly vulnerable. In many sub-Saharan settings they are often anemic and parasitaemic when they become pregnant, and they are the least likely to use antenatal care due to stigma.²⁴
- Women's agency and decision-making power within the household significantly impacts the effectiveness of malaria prevention interventions. For example, one standard deviation increase in women's bargaining power decreases likelihood that a family member contracts malaria by 40 percent,²⁵ and households are at least 16 times more likely to have used a mosquito net for a minimum of 8 months during the previous year if their women members have high levels of decision-making power.²⁶
- In many regions, including the Mekong region and Brazil, men and adolescent boys have greater occupational risk of exposure to malaria and higher incidence. This in turn leads to transmission to other household members.²⁷

Strategies should be included to address gender considerations within malaria prevention and case management, as well as the design and delivery of services. Expanding collection of disaggregated data on the grounds of sex and gender, as well as income, geographic locations, race, ethnicity, migration status and other factors that are relevant in local contexts, is essential for increasing understanding of gender and intersecting barriers to malaria prevention and control and should be planned for within funding requests. Women and gender-diverse people who belong to at-risk populations, such as pregnant women, migrants and mobile populations if coming from an area with no/low transmission, sex workers, indigenous people and underserved populations, may face additional barriers to malaria treatment and prevention that should be considered in the design of programs.

The [Malaria Matchbox](#), the Global Fund's technical brief on [Malaria and Equity, Human Rights and Gender Equality](#), and the thematic brief on [Gender-responsive Strategies to End Malaria](#) are useful tools for assessing needs and developing funding requests. All funding requests should be based on the findings of a comprehensive gender assessment (**see section 5**).

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Lalloo, David G et al (2006). Malaria in adolescence: burden of disease, consequences, and opportunities for intervention, *The Lancet Infectious Diseases*, 6:12, 780 - 79; Bill and Melinda Gates Foundation (2020). *Gender and Malaria Evidence Review*. BMGF. Seattle.

Examples of gender-responsive interventions for malaria	Examples of gender-transformative interventions for malaria
<ul style="list-style-type: none"> • Community-based case management provided by female community health workers to reduce costs related to malaria treatment and increase accessibility for women. • Strengthening linkages between malaria and maternal and child health interventions and integrating malaria prophylaxis and net distribution into antenatal care and immunization programs. • Gender-responsive communications and messaging for malaria prevention and treatment. • Engaging women in vector control activities such as IRS and net distribution to increase acceptability in women-led households/when men are not present in households. • Integrating gender-responsive malaria education and prevention with services targeting affected populations, including for trans and gender-diverse people, indigenous people, and migrants and mobile populations, as relevant. • Partnerships with indigenous community-based organizations or community change agents to develop and disseminate messages on gender-responsive malaria prevention, treatment and control strategies in ways that are locally and culturally relevant. 	<ul style="list-style-type: none"> • Interventions to increase gender equality within the malaria workforce, including as IRS sprayers, SMC distributors and community health workers, by ensuring equal opportunities for participation, training, and leadership for women and gender-diverse people, closing gender pay gaps, increasing employment security, and eliminating sexual harassment and violence in the workplace. • Interventions to increase women’s economic independence and decision-making power within households, such as conditional cash transfers, and referral systems. • Health education interventions at the community level that reinforce women’s authority to make decisions about whether/when to seek care for themselves and family members.

4.4 Gender and the health workforce

Global health is primarily led by men and delivered by women. Gender-related inequalities within the health workforce, as well as the gender-related knowledge, attitudes and practices of health workers and other service providers should also be considered and addressed in HIV, TB and malaria programs. Where services are located, how they are paid for, who provides care and how they are supported and compensated all have an impact on the quality and effectiveness of programs and can either perpetuate gender inequalities or help to overcome them.²⁸

For example, programs that rely on unpaid or low paid community health workers to deliver services, the majority of whom are women, can perpetuate gender inequalities by failing to assign value to their work, increasing their economic precarity and increasing their burdens of unpaid care. Similarly, insecure terms of employment, gender pay gaps, unsafe working

²⁸ World Health Organization. (2019). Delivered by women, led by men: a gender and equity analysis of the global health and social workforce. World Health Organization. <https://apps.who.int/iris/handle/10665/311322>.

conditions, or sexual harassment and violence in the workplace, can negatively impact the health and well-being of health workers and the quality of care that they in turn provide to their patients. On the other hand, ensuring equal opportunities for training, employment, and leadership for women and gender-diverse people within the health workforce, addressing workplace safety including protections from sexual harassment, abuse and other forms of gender-based violence, and closing gender pay gaps is a powerful way of increasing gender equality and the use of human rights-based models of care.

Health services also reflect and reinforce broader social norms and values. Stigma and discrimination based on gender, gender identity, key population status, age and other factors within health care services can often act as a major barrier to access and use of services. Programs that train and support health workers to understand, prevent and respond to gender-based and intersectional stigma and discrimination can reduce barriers to access and increase the effectiveness of health interventions.

Finally, community-led and community-based organizations are a critical part of the health service infrastructure. They play a critical role in linking women, girls and gender-diverse people to care, including those who face multiple and intersecting forms of discrimination, providing information and education, and changing gender norms. Engaging them in the design, delivery, monitoring and evaluation of funding requests and services is not only essential for increasing the impact of HIV, TB and malaria programs, it is essential for gender equality. They should be compensated and supported to fulfill these roles.

All funding requests for health and community systems strengthening should aim to minimize inequalities in the health sector.

4.5 Gender in countries with challenging operating environments

Countries with challenging operating environments are defined by the Global Fund as those that have weak governance, poor access to health services, and/or are experiencing health emergencies, conflict, natural disasters, humanitarian crises or other crises. They face significant challenges providing quality HIV, TB and malaria services to populations who are most at risk, but they are among the countries most in need of robust responses and account for about a third of the global burden of HIV, TB and malaria.²⁹

Gender and other inequalities are often exacerbated in times of crisis, with increases in sexual and gender-based violence, harmful practices such as child, early and forced marriage, increased gender-based discrimination, reduced autonomy and decision-making power, and greater social marginalization.³⁰ Women, who are often informal workers, may have livelihoods interrupted, with impacts for their bargaining and decision-making power within relationships and households, as well as their economic independence. Adolescent

²⁹ The Global Fund (2022). *Conflicts, Crisis and Displaced People: How the Global Fund Works in Challenging Operating Environments*. Geneva.

³⁰ See for example, UN Women (2022). *Facts and figures: humanitarian action*. New York. Available at: <https://www.unwomen.org/en/what-we-do/humanitarian-action/facts-and-figures> (accessed Oct. 22, 2022); The Global Fund (2020). *Conflicts, Crisis and Displaced People: How the Global Fund Works in Challenging Operating Environments*. Geneva.

girls may lose access to schooling, with long-term consequences for the health, wellbeing and futures. Access to critical health services, including prevention, diagnosis, and treatment for the three diseases, as well as sexual and reproductive health services, is often disrupted, particularly in the aftermath of natural disasters, health emergencies or in cases of mass displacement, affecting women's ability to protect themselves from the three disease and unintended pregnancies.

For countries with challenging operating environments, funding requests should consider the ways that gender compounds risk and vulnerability to the three diseases in times of crisis and include appropriate strategies to address them, including by establishing and deepening linkages with other gender-focused programs and services. Additional attention should be given to addressing gender-based violence, including by equipping health services to respond effectively to the needs of survivors of violence, supporting initiatives to increase access to justice, legal aid, mediation, legal literacy, among other strategies. Funding requests should also include strategies to minimize disruptions for women, girls, and gender-diverse people in access to essential prevention, treatment and care, and support services. A key strategy includes strengthening community systems and the provision of community-based services, which are able to adapt quickly to changing and or volatile contexts and increase resiliency in times of crisis. Securing participation of community-based and community-led organizations, including women's groups, in the design and delivery of programs in challenging operating contexts is critical to ensure that they are responsive to women's and key populations' needs.

4.6 Gender in countries moving towards sustainability and transition

Countries that are moving towards fully funding and implementing their HIV, TB and malaria responses independent of Global Fund support should develop concrete plans to sustain and scale up gender-responsive and gender-transformative programs in the long term. A sustainability and transition assessment can help identify weaknesses and areas for strengthening, including in gender equality and human rights.

A key factor in successful transitions is legal, policy and normative environments that are oriented towards human rights, gender equality and strengthening the capacity of health and community systems to address gender barriers and inequalities. In particular, countries in transition should consider the following: (i) how their national laws and policies contribute to gender equality within health, including HIV, TB and malaria responses and prioritize areas for reform; (ii) gender equality and diversity within the health workforce and strategies to address gender-related discrimination, disrespect and abuse within health settings; (iii) strengthening health information systems to ensure robust collection of disaggregated data on the grounds of sex, gender and other key stratifiers; (iv) the integration of responses to the three diseases within primary care and sexual and reproductive health care; (v) and national sources of funding for gender equality to support women's, feminist and community-based organizations for both implementation of programs and advocacy and accountability. Strategies to address shortfalls and weaknesses in gender-responsive and gender-transformative programs should be included in funding proposals.

5. Integrating Gender Equality throughout the Global Fund’s Grant Cycle

The Global Fund expects that gender considerations are integrated into every element of the Global Fund’s funding cycle, from the development of funding requests and program implementation to monitoring, evaluation and learning. This ensures that investments in programs and strategies increase the impact of responses to HIV, TB and malaria, while advancing gender equality and the empowerment of women, girls and gender-diverse communities.

Stage 1: Gender-responsive and gender-transformative funding requests

All funding requests need to be based on inclusive country dialogues to identify funding priorities that are responsive to the needs of communities most affected by the three diseases. Women’s and feminist organizations and organizations led by gender-diverse people, along with people living with and affected by the diseases and other key population groups, should actively engage in country dialogues to identify gender-related barriers, inequalities, priorities, and gender-responsive and transformative interventions.

Meaningfully Engaging Women and Gender-Diverse Communities in Global Fund Processes

People most affected by HIV, TB and malaria are active players in all stages of a grant cycle: from country dialogues and the development of funding applications, to grant making, implementation, monitoring and evaluation. The engagement of civil society and communities affected by and responding to HIV, TB and malaria is also a key requirement of Country Coordinating Mechanisms. In contexts where women, girls and gender-diverse communities face major inequalities, such efforts require sustained energy, capacity building and supportive policies.

Meaningful engagement is about more than a “place at the table.” It is about communities having an active role, voicing their opinions, advocating for their priorities and influencing decisions. Such engagement is especially important for including gender considerations in funding requests since in some contexts these interventions may not be fully understood by all other stakeholders.

The Global Fund has implemented several initiatives to bolster the engagement of those affected by gender inequalities. For communities and civil society, an important source of technical assistance on gender equality is the [Community Engagement Strategic Initiative](#). The Community Engagement Strategic Initiative includes among its pillars a short-term demand-driven technical assistance program to promote the meaningful engagement of communities and civil society in the Global Fund and related processes.

Stage 1.1: Gender assessments

In addition to country dialogues, the Global Fund encourages countries to conduct gender assessments to better understand gender-related inequalities, barriers and needs that impact the effectiveness of HIV, TB and malaria responses in local contexts and plan appropriate responses. Some key resources developed by Global Fund and technical partners for this purpose are listed below.

Each of these sets out a participatory process through which stakeholders can work together to: (i) compile qualitative and (sex and age disaggregated) quantitative data; (ii) analyze the nature and impacts of gender disparities; (iii) and identify gaps in the current response and how to respond. However, gender considerations can also be integrated into broader disease-related assessments and into human rights assessments. Ideally, these assessments should inform the development of national strategies, which alongside strategies for health, Universal Health Coverage and specific areas (such as SRHR and adolescent health) form the backbone of Global Fund funding requests.

Gender Assessment Tools

[HIV Gender Assessment Tool](#)

This tool was relaunched by UNAIDS in 2018 to provide a comprehensive and participatory process to identify the gender-related risks to HIV and barriers to services. The information gained from the tool can be used to: (i) inform the development or review of a National Strategic Plan for HIV; (ii) increase the capacity of women in all their diversity; (iii) and leverage political commitment to advance gender equality. The Tool also serves as a critical input into country dialogue and funding request processes for the Global Fund.

[Gender Assessment Tool for National HIV and TB Responses](#)

This tool was developed by the Stop TB Partnership and UNAIDS to promote a participatory process through which countries can assess both epidemics from a gender perspective and move responses along a continuum from gender-blind to gender-sensitive and, ultimately, gender-transformative. The findings from the assessment support a range of national stakeholders to identify strategic priorities to be addressed in future national strategies and funding requests.

[Assessing Barriers to TB Services: Investment Package, Community, Rights and Gender](#)

This participatory tool was developed by the Stop TB Partnership to support countries (i) assess ways in which gender and other human rights-related barriers impact vulnerabilities to TB infection, access to TB services and treatment outcomes; (ii) develop recommendations for addressing barriers to improve TB responses; (iii) and develop costed plans and accountability frameworks to ensure implementation.

[Malaria Matchbox](#)

This tool was developed by the Global Fund and Roll Back Malaria to improve the equity and quality of malaria responses by considering how social, economic, cultural, human rights and

gender-related barriers shape malaria risk and access to services. It brings stakeholders together to identify which populations and subgroups are at increased risk of severe disease while also being most deprived of services. The Matchbox can be used by National Malaria Control Programs together with country stakeholders, including civil society, community groups and technical partners. The findings from the Matchbox help identify strategic priorities to be addressed in future national strategies on malaria, as well as funding requests.

Comprehensive gender assessments are participatory and include women, adolescent girls and gender-diverse people and representative organizations. They should be based on quantitative data and supplemented by qualitative data to capture information about people's experiences, opinions, attitudes and feelings and provide deeper insight into gender-related dimensions. Specifically, it is important to analyze information about the epidemics, their context, including epidemiological and behavioral data, social, cultural, and economic factors and legal and policy environments. Gender assessments also evaluate how gender equality is addressed in disease-specific policies, strategies and health and community systems, as well as those in adjacent areas such as sexual and reproductive health or primary health care, or education; map how gender equality is addressed in existing responses; and identify gaps, inequalities, barriers, and needs, based on consultation with communities. The data should be used to inform the design of context-specific, gender-responsive and gender-transformative interventions to be included in funding requests.

Data that is disaggregated on the basis of sex and gender and relevant variables such as age, income, geographic location, key population status, is essential for identifying which populations are most vulnerable, which populations experience the least access to services, and where they are located. Sex-disaggregated data can reveal if women and girls are experiencing negative health outcomes at a disproportionate level to their male counterparts. Similarly, age-disaggregated data can reveal if adolescent girls and young women require more focused support to improve care retention compared to their youth or adult counterparts. When available, it should be used to inform gender assessments and funding requests. If it is not available, the Global Fund expects that funding requests include strategies to strengthen health information systems to collect, analyze and use sex- and gender-disaggregated data to inform national disease responses.

Based on their assessments, countries can use the Global Fund's [Modular Framework](#) to plan and budget for the most appropriate programs to advance gender equality. **Gender-responsive and gender-transformative interventions** should be reflected in the prioritized funding request and included as activities in intervention packages across all relevant modules, as well as the ones that are specifically focused on women, girls, gender-diverse communities and other key populations. For example, strengthening capacity to collect, analyze and use sex- and gender-disaggregated data could be included in the intervention package for surveillance under the RSSH: Monitoring and Evaluation module in the Modular Framework. Addressing gender equality within the health workforce by reviewing contracting agreements for community health workers to eliminate gender pay gaps, addressing sexual harassment or abuse in the workplace could be included in the

intervention package for contracting, remuneration and retention of community health workers, under the RSSH: Human Resources for Health and Quality of Care module in the Modular Framework.

Section 2 of the application form requests details how the funding request maximizes gender equality. This section should describe **gender-transformative interventions** that have a specific objective of advancing gender equality, in addition to maximizing impact on the three diseases. In addition, gender analysis and considerations, including **gender-responsive approaches** to meet the different needs of women, girls, men, boys and gender-diverse communities should be integrated throughout the proposal. This includes in the rationale, context and lessons learned; the description of how the program contributes to ending AIDS, TB or malaria, resilient and sustainable systems for health, engaging most affected communities; and implementation arrangements.

Entry Points for Advancing Gender Equality through the Global Fund’s Modular Framework

The [Global Fund’s Modular Framework](#) supports countries develop and present their funding requests by providing different modules and interventions for strengthening investments in gender-responsive and transformative programs. Gender-related considerations are integrated across the framework, in different modules, interventions and intervention packages. For example, HIV and TB sections include interventions focused specifically on reducing gender discrimination, harmful gender norms, violence against women and girls in all their diversity. For malaria, the framework includes specific interventions on removing human rights and gender-related barriers to vector control, case management and specific prevention interventions. Gender-specific modules and interventions, such as integration of IPTp in antenatal care services for malaria, or prevention packages for adolescent girls and young women and their male sexual partners for HIV, are also included throughout the Modular Framework and are critical entry points for addressing gender equality.

Intervention packages include illustrative lists of activities, which can be tailored to meet country’s needs. Funding requests can add or modify activities to respond more effectively to gender-related differences, barriers and needs as identified in gender assessments and country dialogues.

An illustrative list of modules and interventions is included in [Annex 2](#) and provide entry-points for gender-responsive and gender-transformative activities.

Stage 2: Gender-responsive and gender-transformative grant-making and implementation

Implementing quality gender-responsive and gender-transformative programs requires specific capacities and technical expertise. CCMs should consider the skills required by Principal Recipients (PRs) and include them in decision-making criteria. At a minimum, PRs should have: (i) an explicit commitment to gender equality and respect for the human rights

of women, girls and gender-diverse communities and internal policies that promote gender equality within their workforce; (ii) staff with specific expertise on gender and health and sufficient seniority to inform program design and oversee quality program implementation of gender-responsive and gender-transformative interventions; (iii) the ability to provide or source quality technical assistance and capacity building on gender and health, HIV, TB and/or malaria as relevant for staff and sub-recipients; (iv) and capacities to implement gender-responsive monitoring, evaluation and learning, including the collection and analysis of disaggregated data by sex, gender and other relevant factors.

Similar criteria should be developed for sub-recipients, which should include community-based and community-led organizations with gender expertise or that address the gender-specific needs of different key population groups. At a minimum, all sub-recipients should have knowledge of gender and its intersections with health, and the capacity to design and deliver quality services in partnership with beneficiary populations that are gender-responsive, non-discriminatory, respect human rights, and do no harm by perpetuating inequalities. For example, service providers working with gender-diverse communities should provide care for trans people that is technically competent and delivered in a respectful, non-judgmental manner, free from stigma and discrimination and that meets the specific healthcare needs of gender-diverse individuals. Sub-recipients implementing gender-responsive and gender-transformative interventions should be experienced in respective areas of responsibility, whether in the design and delivery of comprehensive sexuality education programs or programs addressing gender-based violence. Non-traditional partners, such as gender or youth ministries, or organizations with expertise in addressing gender inequalities and barriers, should be engaged as partners in implementation.

Where gaps in capacities exist, capacity development plans need to include specific strategies to address them. If capacity to design and implement gender responsive programming does not exist, technical assistance should be requested, and partnerships developed with organizations offering expertise in this area.

Throughout program implementation, the Global Fund expects CCMs to conduct oversight over grant implementation, including through periodic meetings with PRs and collecting feedback from non-CCM members and people living with and affected by the diseases. Meetings with PRs are opportunities to assess bottlenecks and challenges when it comes to addressing gender-differentiated needs, implementing gender-responsive and gender-transformative programs. Consultations with non-CCM members during the implementation phase should include diverse stakeholders including women and adolescent girls and gender-diverse communities, including those living with or affected by the diseases and key populations and organizations with gender expertise. Consultations help to highlight gaps and implementation challenges and identify solutions, increase coordination, reduce duplication, and strengthen learning about effective strategies.

Stage 3: Gender-responsive monitoring, evaluation and learning

As countries bring gender-responsive and gender-transformative programs to scale, there is much to learn about effectively addressing gender-differentiated needs and underlying inequalities that drive vulnerabilities to HIV, TB and malaria. Throughout the implementation of grants, the Global Fund encourages countries to establish processes that allow for continuous learning among implementation partners to assess what is and is not working, identify common challenges and develop and/or adapt strategies to increase their effectiveness and impact. Throughout implementation, there is the possibility for grant revisions to respond to learning. Grants should be nimble enough to respond to new evidence and what is working well and adjust or end what is not working at all.

Key questions for monitoring, evaluation and learning **during program implementation** include:

- Are programs considering gender-related barriers faced by women, men, girls, boys and gender-diverse communities when accessing services?
- Are services and programs being delivered in ways that promote gender equality and the human rights of women, girls and gender-diverse communities?
- Are programs reaching people equitable and meeting their specific needs? If there are inequities, what factors are contributing to them?
- Are the programs and services improving health outcomes for women, men, girls, boys and gender-diverse communities?
- Are the programs improving outcomes related to gender equality (such as changing norms about the acceptability of violence or increasing women's and girls' decision-making power or access to and control over resources)?

At the end of a grant cycle, countries are encouraged to assess whether Global Fund-supported programs had a measurable impact on incidence, mortality and other key health indicators among women, men and gender-diverse communities. They should also assess whether health impacts were similar across these groups and whether inequalities in health outcomes changed, either positively or negatively. In answering these questions, program implementers should consider the intersections between gender and other inequalities and inequities, including those related to race and ethnicity, income, geographic location, disability, key population status and other relevant factors in their contexts.

To be effective, gender-responsive monitoring, evaluation and learning must be informed by both quantitative and qualitative data. Countries are required to submit a performance monitoring framework and a national monitoring and evaluation plan, which is ideally linked to national disease strategies capturing information beyond programs supported by the Global Fund. It is expected that that countries collect and report on disaggregated data across the three diseases in line with the minimum requirements in the Modular Framework. In addition to routine data collection on outputs from program implementers, monitoring and

evaluation plans should include program reviews, evaluations and surveys to capture impacts, assess overall performance and collect qualitative data to provide additional contextual information about factors affecting implementation. Gender considerations should be both integrated throughout performance monitoring frameworks and monitoring and evaluation plans, as well as addressed through specific gender-specific indicators, program reviews, evaluations and surveys where warranted. Because of continued risks of stigma and discrimination based on gender, data collection processes should establish safeguards to ensure data privacy and confidentiality, such as the use of unique identifier codes for key populations. Countries are encouraged to include budgets for gender-responsive monitoring, evaluation and learning, including to strengthen capacity for collecting and analyzing gender- and/or sex-disaggregated data.

The Global Fund's overall approach to monitoring, evaluation and learning is set out in the [Strategic Framework for Data Use for Action and Improvement at County Level](#). This document outlines how the Global Fund supports countries in strengthening capacities to collect high quality data and conducting high quality analyses, with the results used in decision-making throughout the grant cycle at all levels (from national to community). The framework is based on five components, all of which can be adapted to and utilized within gender-responsive and transformative programming:

1. Investing in country data systems and analytical capacity;
2. Program monitoring;
3. Systematic data analysis and synthesis;
4. Evaluations; and
5. Data use.

In addition, the Global Fund has developed specific [Measurement Guidance for Global Fund Supported HIV Prevention Programs](#).

Annexes

Annex 1: Glossary

Sex refers to the different biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive organs.

Gender refers to socially constructed norms, roles and relations of and between women, men, boys, girls, trans and gender-diverse people, as well as their expressions and identities.

Trans and gender diverse people are people whose gender identity and expression does not conform to the norms and expectations traditionally associated with their sex at birth. Trans and gender diverse people include individuals who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g., hormone therapy) and individuals who identify as having no gender, multiple genders, or alternative genders. Trans individuals may use one or more of a wide range of terms to describe themselves.

Gender discrimination is any distinction, exclusion or restriction that is based on sex or gender, with the purpose or effect of impairing the enjoyment by women, girls, trans and gender-diverse people of their human rights on an equal footing with men and boys.

Gender norms are a subset of social norms about gender roles, power relations, standards or expectations about how women, men, boys, girls and gender-diverse people are supposed to be or act in a particular social context and time. They are pervasive, deeply held and widely entrenched beliefs that are learned early in life, reinforced by individuals, communities and institutions, and often sustain inequalities in power, privilege and opportunity.

Gender equality is the absence of inequalities in rights and opportunities based on gender. In health, gender equality means that women, men and gender diverse communities have equal opportunities to exercise and enjoy their right to the highest attainable standard of health. Achieving gender equality in health requires the elimination of discrimination in access to health services and underlying determinants of health, as well as proactive measures to overcome gender-related barriers to health and well-being, such as creating enabling laws and policies and training health care providers and law enforcement, among others.

Gender-responsive approaches recognize and respond to sexr-related and gender-related health needs, risks, vulnerabilities and barriers.

Gender-transformative approaches seek to address the underlying factors that contribute to gender inequalities in health, including social norms, discrimination and power imbalances between women, men and gender-diverse communities.

Intersectional approaches recognize the ways that gender and other factors, including socioeconomic status, race, ethnicity, disability, sexual orientation and geographic location, intersect to influence people's access to power, opportunities and experiences of discrimination and marginalization. People who experience multiple and intersecting forms of discrimination often experience greater barriers in access to services and worse health outcomes than those who do not.

Annex 2: Entry points for addressing gender issues in the Global Fund's Modular Framework

Framework	Module	Interventions
RSSH	RSSH: Health Sector Planning and Governance for Integrated People- centered Services	<ul style="list-style-type: none"> National health sector strategy, policy & regulations Integration/coordination across disease programs and at the service delivery level
	RSSH: Community Systems Strengthening	<ul style="list-style-type: none"> Community-led monitoring Community-led research and advocacy Community engagement, linkages and coordination Capacity building and leadership development
	RSSH: Health Financing Systems	<ul style="list-style-type: none"> Health financing strategies and planning Community-led advocacy and monitoring of domestic resource mobilization Social contracting Health financing data and analytics Blended financing arrangements
	RSSH: Health Products Management Systems	<ul style="list-style-type: none"> Policy, strategy, governance
	RSSH/PP: Human Resources for Health (HRH) and Quality of Care	<ul style="list-style-type: none"> RSSH/PP: HRH planning, management and governance including for community health workers (CHWs) RSSH/PP: Education and production of new health workers (excluding community health workers) RSSH/PP: Remuneration and deployment of existing/new staff (excluding community health workers) RSSH/PP: In-service training (excluding community health workers) RSSH/PP: Integrated supportive supervision for health workers (excluding CHWs) RSSH/PP: Quality improvement and capacity building for quality of care RSSH/PP: Community health workers: selection, pre-service training and certification RSSH/PP: Community health workers: contracting, remuneration and retention RSSH/PP: Community health workers: In-service training RSSH/PP: Community health workers: Integrated supportive supervision
	RSSH/PP: Laboratory Systems (including national and peripheral)	<ul style="list-style-type: none"> RSSH/PP: National laboratory governance and management structures RSSH/PP: Laboratory Information Systems
	RSSH: Monitoring and Evaluation Systems	<ul style="list-style-type: none"> Routine reporting Surveillance for HIV, tuberculosis and malaria RSSH/PP: Surveillance for priority epidemic-prone diseases and events Surveys

		<ul style="list-style-type: none"> • Data quality • Analyses, evaluations, reviews and data use • Civil registration and vital statistics • Operational research
HIV	Prevention Packages for: <ul style="list-style-type: none"> • Men Who Have Sex with Men (MSM) and their Sexual Partners • Sex Workers, their Clients and Other Sexual Partners • Transgender People and their Sexual Partners • People who use drugs • People in prisons and other closed settings • Other vulnerable populations 	<ul style="list-style-type: none"> • Condom and lubricant programing • Pre-exposure prophylaxis (PrEP) programing • HIV prevention communication, information and demand creation • Community empowerment • Sexual and reproductive health services, including sexually transmitted infections (STIs), hepatitis, post-violence care • Removing human rights- related barriers to prevention • Needle and syringe programs for PWID • Opioid substitution therapy and other medically assisted drug dependence treatment for PWID • Overdose prevention and management for PWID
	Prevention Package for Adolescent Girls and Young Women and their Male Sexual Partners in High HIV Incidence Settings	<ul style="list-style-type: none"> • Condom and lubricant programing for AGYW in high HIV incidence settings • Condom and lubricant programing for male sexual partners of AGYW in high HIV incidence settings • HIV prevention communication, information and demand creation for AGYW in high HIV incidence settings • HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings • Comprehensive sexuality education for AGYW and adolescent boys and young men (ABYM) • Pre-exposure prophylaxis (PrEP) programing for AGYW in high HIV incidence settings • Pre-exposure prophylaxis (PrEP) programing for male sexual partners of AGYW in high HIV incidence settings • Sexual and reproductive health services, including STIs, hepatitis, post- violence care for AGYW and male sexual partners in high HIV incidence settings • Removing human rights- related barriers to prevention for AGYW in high HIV incidence settings • Social protection interventions for AGYW in high HIV incidence settings • Voluntary medical male circumcision
	Prevention Program Stewardship	<ul style="list-style-type: none"> • Prevention program stewardship
	Elimination of Vertical Transmission of HIV, Syphilis and Hepatitis B	<ul style="list-style-type: none"> • Integrated testing of pregnant women for HIV, syphilis and hepatitis B • Prevention of incident HIV among pregnant and breastfeeding women • Post-natal infant prophylaxis

	<ul style="list-style-type: none"> • Early infant diagnosis and follow-up HIV testing for exposed infants • Retention support for pregnant and breastfeeding women (facility and community)
Differentiated HIV Testing Services	<ul style="list-style-type: none"> • Facility-based testing for key population (KP) programs • Facility-based testing for adolescent girls and young women (AGYW) and their male sexual partners programs • Facility-based testing outside of key population (KP) and adolescent girls and young women (AGYW) programs • Community-based testing for KP programs • Community-based testing for AGYW and their male sexual partners programs • Community-based testing outside of KP and AGYW programs • Self-testing for KP programs • Self-testing for AGYW and their male sexual partners programs • Self-testing outside of KP and AGYW programs
Treatment, Care and Support	<ul style="list-style-type: none"> • HIV treatment and differentiated service delivery – adults (15 and above) • HIV treatment and differentiated service delivery - children (under 15) • Treatment monitoring - drug resistance • Treatment monitoring - viral load and antiretroviral (ARV) toxicity • Integrated management of common co-infections and co-morbidities (adults and children) • Diagnosis and management of advanced disease (adults and children)
TB/HIV	<ul style="list-style-type: none"> • TB/HIV - Collaborative interventions • TB/HIV - Screening, testing and diagnosis • TB/HIV - Treatment and care • TB/HIV - Prevention • TB/HIV - Community care delivery • TB/HIV - Key populations
Reducing Human Rights-related Barriers to HIV/TB Services	<ul style="list-style-type: none"> • Eliminating stigma and discrimination in all settings • Legal literacy (“Know Your Rights”) • Ensuring nondiscriminatory provision of health care • Increasing access to justice • Ensuring rights-based law enforcement practices • Improving laws, regulations and policies relating to HIV and HIV/TB • Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity • Community mobilization and advocacy for human rights

TB	TB Diagnosis, Treatment and Care	<ul style="list-style-type: none"> • TB screening and diagnosis • TB treatment, care and support
	Drug-resistant (DR)-TB Diagnosis, Treatment and Care	<ul style="list-style-type: none"> • DR-TB diagnosis/ drug susceptibility testing (DST) • DR-TB treatment, care and support
	TB/DR-TB Prevention	<ul style="list-style-type: none"> • Screening/testing for TB infection • Preventive treatment
	Collaboration with Other Providers and Sectors	<ul style="list-style-type: none"> • Private provider engagement in TB/DR-TB care • Community-based TB/DR- TB care • Collaboration with other programs/sectors
	Key and Vulnerable Populations (KVP) – TB/DR-TB	<ul style="list-style-type: none"> • KVP - Children and adolescents • KVP - People in prisons/jails/detention centers • KVP - Mobile population (migrants/refugees/IDPs) • KVP - Miners and mining communities • KVP - Urban poor/slum dwellers • KVP - Others
	TB/HIV	<ul style="list-style-type: none"> • TB/HIV - Collaborative interventions • TB/HIV - Screening, testing and diagnosis • TB/HIV - Treatment and care • TB/HIV - Prevention • TB/HIV - Community care delivery • TB/HIV - Key populations
	Removing Human Rights and Gender-related Barriers to TB Services	<ul style="list-style-type: none"> • Eliminating TB-related stigma and discrimination • Ensuring people-centered and rights-based TB services at health facilities • Ensuring people-centered and rights-based law enforcement practices • Legal literacy (“Know-Your Rights”) • Increasing access to justice • Monitoring and reforming policies, regulations and laws • Addressing needs of people in prisons and other closed settings • Reducing TB-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity • Community mobilization and advocacy, including support to TB survivor-led groups
Malaria	Vector Control	<ul style="list-style-type: none"> • Insecticide treated nets (ITNs) - mass campaign: universal • Insecticide treated nets (ITNs) - continuous distribution: ANC • Insecticide treated nets (ITNs) - continuous distribution: EPI • Insecticide treated nets (ITNs) - continuous distribution: school based • Insecticide treated nets (ITNs) - continuous distribution: community- based • Indoor residual spraying (IRS) • Other vector control measures

		<ul style="list-style-type: none"> • Social and behavior change (SBC) • Removing human rights and gender-related barriers to vector control
	Case Management	<ul style="list-style-type: none"> • Facility-based treatment • Integrated community case management (iCCM) • Private sector case management • Epidemic preparedness • Intensified activities for elimination • Social and behavior change (SBC) • Removing human rights and gender-related barriers to case management
	Special prevention Interventions	<ul style="list-style-type: none"> • Intermittent preventive treatment (IPT) - in pregnancy • Perennial malaria chemoprevention (PMC) • Seasonal malaria chemoprevention • Mass drug administration • Intermittent preventive treatment for school children (IPTsc) • Post discharge malaria chemoprevention (PDMC) • Social and behavior change (SBC) • Removing human rights and gender-related barriers to specific prevention interventions

Annex 3: The Global Fund’s partnerships for gender equality

The Global Fund is a partnership that brings together governments, civil society and communities, technical agencies and the private sector to drive country-level impact on HIV, TB and malaria. Technical agencies, civil society and other stakeholders can bring critical expertise and resources in gender-responsive and gender-transformative programming for HIV, TB, malaria and health and community systems strengthening to support country-level responses and increase impact. For advancing gender equality, the Global Fund engages in a range of partnerships as described below:

- **Technical agencies.** Examples include partnerships with the United Nations Joint Program on HIV/AIDS (UNAIDS), the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), UN Women, the United Nations Children’s Fund (UNICEF) and the World Health Organization.
- **Disease-specific partnerships.** The Global Fund works in close collaboration with UNAIDS, the Stop TB Partnership and Roll Back Malaria Partnership, to develop the assessment, support implementation, and strengthen gender-responsive and transformative programs at the country level.
- **Community and civil society organizations and networks,** are critical stakeholders in advancing gender equality, including among key and affected communities. The Global Fund’s support for the engagement of diverse communities in country-level processes is key to improving the quality of funding requests and ensure that the specific needs of women, men and gender diverse people across the life course are considered. *Her Voice* is a program focused on increasing the

engagement of women and girls in decision-making supported by the Global Fund. Women4Global Fund is a civil society network working for the inclusion of women and girls in Global Fund processes. The Global Fund also works in partnership with organizations addressing gender-related barriers for people living with and affected by the diseases, including key populations, such as the Network of Sex Work Projects, GATE (gender identity, gender expression, and bodily diversity), the International Network of People who Use Drugs (INPUD), the International Network of Women who Use Drugs (INWUD), Youth RISE (young people who use drugs), the Global Network of People Living with HIV (GNP+), IMPACT: Global Action for Gay Men's Health and Rights (formerly MSMGF), IRGT: A Global Network of Transgender Women and HIV, and the International Treatment Preparedness Coalition (ITPC).

- **Donors.** Gender equality is a priority for many key donors that are supporting country-level programs on HIV, TB, malaria, and health and community systems strengthening. The Global Fund aligns with the U.S. President's Emergency Fund for AIDS Relief (PEPFAR) DREAMS initiative to prioritize programming for adolescent girls and young women in select countries.
- **Private sector (including foundations).** The Global Fund partners with private sector to bring additional resources and expertise on key issues, including those on addressing gender related inequities in health outcomes. For example, the Global Fund launched HER: The HIV Epidemic Response in 2018 to leverage commitments and bring the unique capacity of resources from private sector to improve grant performance for adolescent girls and young women. The partners include (RED), Standard Bank, The Coca-Cola Company, Unilever and ViiV Healthcare. As part of their partnership with (RED), Durex was mobilized to commit a minimum of US\$5 million to a Keeping Girls in School program in South Africa. As an example of our partnership with private foundations, the Global Fund partners with Foundation CHANEL on the and Voix EssentiELLEs fund which helps women and girls in West and Central Africa organize and engage in decision-making around health policies and programs.