

## **Women4GlobalFund Position Paper for The Global Fund 53rd Board Meeting**

A Call to the Global Fund Board to defend Gender Equality, Communities, Human Rights, and the Future of Health  
07 - 09 May 2025

### ***Distinguished Members of the Global Fund Board,***

*Women4GlobalFund (W4GF) is a global network of advocates from 75 countries, primarily based in the Global South, dedicated to promoting gender equality and equity. W4GF works to ensure that Global Fund projects are gender-sensitive and transformative, and address the specific needs of women and girls in all their diversity. We are committed to empowerment, especially adolescent girls and young women (AGYW), advocating for the meaningful participation in decision-making processes, influencing policies, and demanding accountability.*

As we approach the 8th Replenishment, this 53rd Board Meeting is more crucial than ever. W4GF writes is profoundly concerned and calls for urgent action. Across the globe, we are witnessing a dangerous shift: The increasing effects of the gender-backlash and the rising of the anti-rights movements. Donor priorities are narrowing, civic spaces are closing, and health investments are retreating into the false comfort of biomedical<sup>1</sup> solutions alone. **There is growing pressure to fund only treatment as mechanisms of lifesaving measures and interventions, to abandon the gender-transformative, community-driven, rights-based work that makes treatment and comprehensive services possible, effective, just, accessible, and sustainable. This is not just a policy shift, it is deviation from the Global Fund mission and current Strategy of putting communities at the centre.** It is crucial to mention that we need differentiated comprehensive services for women and girls in all of their diversity.

In 2023, 10 of 126 countries where the Global Fund invests in programs were classified as ‘open’, where civil society could operate. In 97 countries, CSOs face various risks, including surveillance; intimidation by both state and powerful non-state actors; bureaucratic harassment; deregistration; closure; and violence. Women4GlobalFund, in 2024 conducted a global consultation to explore how the anti-gender backlash affects gender-transformative health programming focusing on HIV, TB, and malaria responses. Of 259 survey respondents (Eastern & Southern Africa, Western & Central Africa, MENA, Eastern Europe & Central Asia, Asia & the Pacific, and Latin America & the Caribbean), 63% reported experiencing gender backlash in their countries. The most affected were transgender women (85%), sex workers (82%), women who use drugs (75%), and women living with HIV (65%). Key manifestations include human rights violations, increased stigma and discrimination, gender-based violence, reduced funding for gender-focused programs, restrictive laws, decreased community engagement, and harmful cultural norms. Other reported impacts include insecurity, shrinking civil society space, and criminalization. As part of the consultations, results showed that the top 3 priorities for women and girls, to counter the gender-backlash what is needed is: **a) increased funding for gender-transformative programming (20,32%), increased funding for women-led organisations and women-led programmes (17,85%), and greater representation of women and girls in key decision making spaces (16,20%).**

If the Global Fund turns its back on communities, human rights, and gender equality, it will not only erase decades of hard-fought progress, it will dismantle the very architecture that made success against HIV, TB, and Malaria possible and that has contributed to save the lives of women and girls in all of their diversity.

**Without communities and women-led comprehensive services, prevention, counseling and treatment will not reach the people who need it the most.**

**Without human rights focused programmes, stigma, discrimination and criminalization will increase and drive our diverse communities and key populations away from services.**

**Without gender equality and gender-transformative programming, women and girls in their diversity will remain the most neglected and affected, increasing the incidence of HIV, TB and malaria cases.**

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<sup>1</sup><https://bhekisisa.org/health-news-south-africa/2025-03-19-what-will-happen-if-trump-cuts-the-uss-global-fund-contributions-we-work-it-out/>

**Without holistic and people-centred responses, the three diseases will roar back stronger than ever, rolling back our fight and the progress we have achieved.**

We note with particular concern that:

- Globally, a staggering 736 million women, nearly one in three, have endured physical and/or sexual intimate partner violence or non-partner sexual violence at least once in their lives.
- Currently, an estimated 129 million girls worldwide are denied education, depriving them of vital information on HTM prevention.
- Global coverage of antiretroviral therapy among pregnant women has remained stagnant since 2016, signalling a concerning lack of progress.
- At the current rate, we need 300 years to end child marriage, 286 years to close gaps in legal protection and removal of discriminatory laws, and 140 years to achieve equal representation in leadership in the workplace.
- HIV is the leading cause of death among women of reproductive age in Sub-Saharan Africa. HIV in this region accounts for nearly 60% of new cases. In sub-Saharan Africa, 9 out of 10 new HIV infections among 15-19 year-olds are among girls.
- 68% of services for women who use drugs were reduced or halted in 2025.
- HIV cases have risen by 116% since 2010 in the MENA region and are expected to rise even further.
- TB remains a serious threat to women, especially those living in contexts of poverty, forced migration and secluded settings like prisons.
- In 2020, adult women made up 33% of all TB cases, followed by children (11%). In 2019, an estimated 150,000 new TB cases were recorded among pregnant women globally, with 67,500 cases reported in the South-East Asia region alone. In recent years, TB has led to 1.2 million deaths and severe disabilities, with at least 3.5 million women and children contracting the disease.
- It is estimated that 10 million people could die each year from AMR by 2050 if action is not taken quickly and equitably. AMR is increasingly an equity, human rights, and access issue. AMR across HIV, TB, and malaria threatens the efficacy of available treatment and jeopardises our progress and the lives of millions.
- Global malaria progress faces a number of challenges: drug and insecticide resistance, fragile health systems and critical gaps in access to core malaria control tools. Extreme weather events, conflict, and other crises threaten to deepen existing health inequities, drive population displacement and reverse achievements in malaria control.
- Malaria in pregnancy can progress to placental and congenital malaria and increase the risk of anaemia, maternal death, miscarriage, stillbirth, retarded foetal growth, and low birth weight.
- 321 trans and gender-diverse people were murdered between October 1, 2022 and September 30, 2023 worldwide simply for being themselves. 94% were transgender women, and Latin America and the Caribbean witnessed 74% of these acts of hate, being the most dangerous region for transgender women.
- Concernedly, Latin America and the Caribbean continue to be the most unequal regions in the world. High migration flows in LAC contribute to increased vulnerability among women and girls in all of their diversity.

**The Global Fund has always been more than only a funder.** It has been a partnership and a promise, to leave no one behind, with a strong focus on communities, rights, and gender. Today, that promise is under siege. Countries under siege from shrinking civic space and influenced by the gender-backlash will not be able to fill the gap with domestic resources alone, ensure sustainability of health care and women and girls in all their diversity will pay the price.

W4GF urges the Global Fund Board to **protect gender-transformative funding** in the Global Fund's **current (GC7 reprioritisation and reprogramming phase - mid cycle grant adaptations)** and **next GC8** and to align these investments with their own national commitments to gender equality, international health security, feminist foreign policy, and global stability and sustainable development. In the current funding scenario, simplification of processes and reduction of grants should not be at the cost of eliminating or reducing gender, communities, and human rights components, programmes and actions for enabling environments. **Life saving services must include gender-transformative approaches, as women and girls continue to be disproportionately affected.**

**The implementation of independent CLM should also be ensured and protected**, assuring communities and women-led ownership, as essential components for equitable health systems. As for the specific reprioritisation of the HTM programmes, we urge the Board to note that community-based responses with a **comprehensive gender-transformative and human rights approach is evidence-based and cost-effective**. Protecting and expanding prevention budgets enable communities to deliver effective and targeted prevention services and reduce HTM incidence rates, which is key to save lives and reduce health costs for countries.

To the Global Fund Partnership, we reiterate: **Gender equality is not yet achieved, it is at higher risk, and it should be integrated, funded and centred as a mandatory requirement.**

W4GF asks to protect and expand catalytic investments for community-led, gender-transformative, and human rights-based programs in the current cycle 7 and the cycle 8.

We urge the Global Fund Board to:

- Embed gender equality as an integral priority in all funding streams, not in name only, but with measurable targets, indicators, and accountability mechanisms.
- Make clear, in every replenishment message, that treatment without rights and gender-focus is a failed investment;
- Stand visibly and vocally with women and girls in all of their diversity, not just at replenishments, but in every decision that shapes the Global Fund's current work and future
- Increase mechanisms and funding directed to enhance women and girls meaningful participation in decision-making spaces
- Ensure funding for rights-based, gender-transformative, and community-led programmatic HTM responses as core part of resilient and sustainable health and community systems.
- Sustain and fund quality services, even in lowest funding scenarios, sustaining gender priorities as core elements for quality. Removing transformative gender components weakens prevention, treatment, and care outcomes.

We must **expand the circle of responsibility and global solidarity**,

- Private sector actors must step up as partners in advancing gender equality and public health, particularly in areas where their industries profit most.
- Implementing countries should demonstrate political will and ownership by increasing domestic investments in community-led responses and gender equity, ensuring sustainable community and health systems.

In solidarity and urgency,

[Women4GlobalFund \(W4GF\)](#)