

What “Lifesaving” means to us: A Feminist perspective from women and girls in all of our diversity¹

In the midst of the Global Fund’s reprioritisation process and ongoing adaptation measures introduced due to funding constraints, Women4GlobalFund (W4GF) acknowledges the financial pressures faced. Nevertheless, we strongly assert that lifesaving cannot be reduced to pills, diagnostics, clinical outcomes, or cold indicators.

The current global retreat from funding gender justice, human rights, community responses and HIV, TB, malaria - is not neutral, it is a violent political decision with real consequences for women and girls in all their diversity . We are watching:

- UNAIDS scale back its presence², weakening the only UN global agency placing gender equality at the center of the HIV response.
- The Global Fund is introducing a set of adaptation measures to Grant Cycle 7 (GC7) and the remaining Grant Cycle 6 (GC6) grants in implementation. These measures aim to ensure continuity of “essential” programming in the context of resource constraints, yet in doing so, some investments linked to human rights and gender-transformative components are being deprioritized or deferred, raising serious concerns about the sustainability of equity-focused progress.
- Donors merely shift toward “efficiencies” erase women’s realities and undermine accountability, only ensuring treatment continuity, a surge in anti-rights organizing, often funded, while feminist organizations fight for survival.

In the face of funding cuts, attacks on rights, and widening inequalities, we demand a feminist lens on survival. Lifesaving is not just about staying alive, it’s about the power to live with rights, dignity, choice, and justice. This vision is grounded in the [Global Fund Strategy 2023–2028](#), which commits to advancing equity, sustainability, and impact through stronger community leadership, gender-transformative approaches, and integrated, people-centred services. Our collective understanding of what is lifesaving must be expanded to reflect the structural and social determinants of health, including violence, criminalization, poverty, and gender inequality, which disproportionately affect women and girls in all their diversity.

Far too often, programmes and funding remain gender-blind, which is to say - failing to acknowledge the distinct needs, realities and rights of women and girls in all their diversity. Gender-blind approaches overlook how power, privilege and patriarchy shape access to care, rights and resources, thus invisibilizing the lived experiences of women and girls in all their diversity and leads to policies that are

¹W4GF focuses attention on women and girls in all of our diversity and our intersections, addressing issues faced by women living and/or affected by HIV, TB, and Malaria including heterosexual, lesbian, bisexual, intersex, non-binary, transgender women, sex workers over 18 years old, and adolescents, girls, and young women. We address challenges of indigenous, displaced, migrant, and refugee women; and women with disabilities.

²https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/may/20250510_unaids

not only ineffective and counterproductive, but harmful, for example; just counting pills we are not able to understand issue of access.

Gender-transformative approaches go further than simply including women. They confront the root causes of inequality by shifting harmful norms, redistributing power, and placing the leadership of the most marginalized, which in most cases are women and girls, at the centre. This is why gender-transformative and gender-integrated health responses are **the only path to reach global health equity**.

W4GF calls for a redefinition of “**essential**” that reflects the Global Fund’s guiding principles of country ownership, human rights, and meaningful community engagement, and that upholds the goals of the Global Fund’s Strategy: break down barriers, build enabling environments, and shift power to those most affected.

This call comes as global health funding narrows into biomedical approaches—leaving gender-transformative, women-led, and rights-based programmes underfunded. **Violence remains the single largest structural barrier to health access** for women and girls in all their diversity—even today. Consider:

- In the 2023–2025 allocation cycle, the Global Fund earmarked approximately US\$13.1 billion towards combating HIV, TB, and malaria across 104 countries. Of this, about 76% (US\$10 billion) was allocated to Africa³
- Bodily autonomy is lifesaving—yet criminalisation of abortion, sex work, and same-sex relations pushes women and LGBTQI+ people out of lifesaving systems.
- More than 4,000 adolescent girls and young women acquire HIV every week, 3,100 of them in sub-Saharan Africa⁴ This is not about awareness, but systems that criminalise survival.
- In South Africa, Eswatini, and Zimbabwe, school completion rates are above 50% at lower secondary level are associated with a 70% reduction in new HIV infections⁵
- TB remains a serious threat: 33% of cases in 2020 were adult women, followed by 11% in children; 150,000 new cases occurred in pregnant women in 2019 with 67,500 cases reported in the South-East Asia region alone.
- Malaria in pregnancy can progress to placental and congenital malaria and increase the risk of anaemia, maternal death, miscarriage, stillbirth, and low birth weight.

When donors cut funds, **women-led groups are the first to close**—yet they drive accountability, peer-led care, and legal support. In 2015, the Lancet Commission on Women and Health estimated that women contribute \$3 trillion to global health annually, half in the form of unpaid work⁶. And yet, even with limited resources, women-led organisations are not only responding with services—they are

³ <https://www.africanconstituency.org/analysis/analysis-of-global-fund-allocation-letters>

⁴ https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-adolescent-girls-young-women_en.pdf

⁵ <https://who.foundation/blogs-post/why-health-equity-is-the-way-to-end-hiv/#:~:text=Research%20shows%20that%20higher%20completion,reduction%20in%20new%20HIV%20infections>

⁶ <https://womeningh.org/wp-content/uploads/2022/06/Pay-Women-Report-July-7-Release.pdf>

mobilising radical solidarity, legal accompaniment, peer-led mental health care, and accountability mechanisms. Feminist and women's leadership is not an add-on; it is the most effective way to reach the most at-risk.

You cannot survive a health system that refuses to see you. That is why lifesaving action means:

- Integrating gender-transformative approaches in all actions, interventions, and programmes for a comprehensive HIV, TB, and malaria response
- Decriminalizing diverse identities, self-identifications, sexual orientations, HIV, sex work, drug use, and queer lives.
- Building women-led and community-led monitoring to report and respond to Gender-based violence, stigma and discrimination and quality of comprehensive healthcare services.
- Funding trans-inclusive legal support, especially for migrants, sex workers, and women living or/and affected by and with HIV, TB, malaria.

We are calling this what it is: A political choice. W4GF calls for 5 gender-just, lifesaving essentials:

1. Allocate dedicated, flexible, and long-term core funding to feminist and women-led groups, movements, networks particularly those led by women and girls in all of their diversity: living and/or affected by HIV, TB, Malaria, sex workers, transgender women, young women and girls, LGBTQI+ people, women with disabilities, migrants, indigenous women.
2. Lifesaving means funding and integrating gender-transformative health systems and programmes, education, school retention, bodily autonomy, and gender-based violence prevention and elimination programs. Lifesaving actions to eliminate all forms of stigma and discrimination.
3. Governments must repeal punitive laws, implement rights-based protections, and integrate gender-transformative legal services into national HIV, TB, and malaria programs⁷
4. Fund comprehensive gender-transformative care, such as mental health, social protection, and justice and not only treatment.
5. Ensure women's and girls' leadership in decision-making and resource women-led networks, guaranteeing seats and voting power in CCMs, and ensuring feminist accountability mechanisms at national, regional, and global levels.

Lifesaving means gender justice. Lifesaving means balanced power. Lifesaving means long-term and sustained funding for women and girls in all of our diversity, not only in crisis, but as a constant lifesaving action.

w o m e n 4 g f . o r g

✕ @w4_gf @ @women4globalfund

[JOIN US](#)

Global Coordinator: Ángela León Cáceres / Email address: angela@women4gf.org
Inquiries: info@women4gf.org / To subscribe to our newsletter and updates: communications@women4gf.org

⁷ https://www.unaids.org/sites/default/files/media_asset/hiv-related-human-rights-crisis_en.pdf