

What we cannot live without!

A Manifesto

Women & Girls in all of our diversity must be at the centre of the response

Addressing Global Fund reprogramming from a feminist perspective

In response to funding disruptions, the Global Fund secretariat and country offices are working with Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) to reprioritize programming under Grant Cycle 7 (GC7). Countries have been requested to revise their original grant plans to protect essential, lifesaving interventions, while aligning with available domestic and external funding and, in some cases, broader health program planning. The Global Fund Board insisted that this process should be country-driven and involve meaningful engagement with civil society, communities, ministers of health, implementers, technical partners and key structures across the partnership. This reprioritization is seen as a chance to advance integration, cost-effectiveness, and sustainability of HIV, TB, and malaria programs, and to lay the groundwork for Grant Cycle 8, keeping and sustaining Global Fund's strategy pillars: putting communities at the centre, with human rights and gender. Yet, we know from experience that too often, gendered priorities—especially those of women, girls, and key populations—have been sidelined and defunded. In this moment of crisis, it is vital that women's and girls' priorities are fully recognized and included in decisions about lifesaving care¹.

Cuts or sidelining gender priorities will mean more women and girls in our diversity affected, untreated, and left behind. This is not a political choice, it's a matter of gender justice. [W4GF](#) and [ICW](#) jointly demand that all HIV, TB, and Malaria (HTM) Global Fund reprogramming processes preserve and strengthen the following critical, lifesaving and just priorities for women and girls in all of our diversity.

TOP FIVE PRIORITIES GLOBALLY

HIV

1.	Ensure uninterrupted access to PrEP, ART including essential diagnostics(viral load & CD4) and related support including nutrition supports for women, with gender-transformative adherence support (childcare during clinic/service visits, flexible hours).
2.	Respectful, rights-based maternal and infant care, including but not only prevention of vertical transmission of HIV, hepatitis B and syphilis free from coercion, stigma and discrimination.
3.	Sustain planning and preparation to ensure essential HIV, SRHR and maternal care and humanitarian services for women living with HIV in conflict, emergency and disaster settings
4.	Fund women-led responses including, peer support groups, peer-led treatment literacy programs, peer navigators and community health workers to improve testing, counseling, retention in care and viral suppression.
5.	Harm reduction services must be gender-responsive, community-led, and rooted in human rights and respond to the intersectional experiences of women living with HIV, transwomen, women who use drugs, and/ or who are sex workers.

¹ Read [“What “Lifesaving” means to us: A Feminist perspective from women and girls in all of our diversity”](#)

TUBERCULOSIS

1. Maintain and expand active case finding focused on women - including clinically diagnosed pulmonary TB and extra-pulmonary forms of TB, including maternal TB screening during antenatal care and postpartum.
2. Ensure TB diagnostic and treatment services are accessible to women who face mobility restrictions, with options for community combination screening services and home-based care. Ensure people-centred and gender-transformative TB comprehensive responses to treat drug-resistant TB, multidrug-resistant [MDR] and extensively drug-resistant [XDR] TB.
3. Address gendered barriers to TB diagnosis, treatment adherence and comprehensive healthcare, such as biological barriers, finances and economic status, caregiving responsibilities, and stigma
4. Maintain and expand routine TB screening for women living with HIV, including pregnant and lactating women.
5. Continued support for tools like CLM, TB OneImpact, human rights documentation, gender assessments, and the Stigma Index efforts that allow communities to monitor rights violations and demand accountability.

MALARIA

1. Support gender-transformative community-led malaria education programmes, including messaging addressing women's decision-making power in households, educational programs at schools and antenatal and postpartum care at healthcare facilities and community services.
2. Ensure access to malaria treatment and prevention in reproductive health settings, IPTp (Intermittent Preventive Treatment in pregnancy) included at the antenatal care.
3. Fund women-community health workers for malaria surveillance, prevention, and case management.
4. Enhance and optimize vector control and case management, strengthen the implementation and integration of the malaria matchbox assessment actions plans, prioritising gender-transformative and evidence-based tailored malaria interventions; including addressing the behavioural barriers and an effective distribution and monitoring of use of insecticide-treated nets to pregnant women and adolescent girls, acknowledging and addressing the increasing risk of (ACT) resistance.
5. Continued support for tools like CLM, human rights documentation, gender assessments, and the Stigma Index efforts that allow communities to monitor rights violations and demand accountability

The reprioritization process underway across many countries is not happening in a vacuum—it's happening in a moment of acute funding scarcity. This means that women, girls, and communities are being asked to choose between essential services: between mental health and maternal care, between harm reduction and safe childbirth, between peer support and protection from violence. These are not luxury items—they are fundamentals of a rights based approach to health. And yet, funding cuts are

forcing impossible choices that will cost lives. In this context, listening to women and centering their lived realities is more urgent than ever.

The top five priorities identified in our rapid assessment represent the most urgent needs to ensure survival. Yet the remaining priorities are equally vital to strengthening resilience and improving quality of life for women and girls in all of their diversity. Their current absence from the list highlights the reality of limited resources rather than a lack of importance, and underlines the ongoing need to mobilize greater support to address them too.

The cost of ignoring these priorities is high. Cutting them will result in:

- A rise in new HIV cases among adolescent girls and young women (AGYW), reversing hard-won progress.
- Increases in maternal deaths from TB and malaria, as maternal mortality for women living with HIV is already 8 times that of women who do not have HIV and health systems fail to reach women in emergencies.
- Unchecked gender-based violence, with no survivor support, driving women and girls—especially those already marginalized—away from life-saving services.
- The collapse of trusted, community-led systems that support adherence and retention in care.
- The silencing of women’s and girls’ voices in policymaking, weakening both program impact and social justice.

Women are already doing the impossible—surviving under pressure. Reprioritization must not become a cover for erasing gendered priorities.

Key Takeaways

A few key take-aways from our prioritization process. While there’s strong alignment across groups, some key differences highlight the urgency of lived experience in shaping priorities.

Both women living with HIV and other respondents ranked *uninterrupted access to ART, diagnostics, and gender-responsive adherence support* as the number one priority, alongside *respectful, rights-based maternal and infant care* free from coercion and discrimination.

Women living with HIV placed greater emphasis on:

- *Continuity of care in emergencies and conflict settings*
- *Peer-led, women-centered support systems* (including treatment literacy and community health workers)
- *Integrated SRHR and HIV services that safeguard autonomy and informed choice*

Other participants also valued these areas but ranked them slightly lower, with a broader spread across mental health, harm reduction, and digital inclusion.

Participants from Sub-Saharan Africa strongly prioritized respectful, rights-based maternal and infant care; uninterrupted access to PrEP, ART, and diagnostics; and, preparedness for HIV/SRHR services in humanitarian settings in this order of priority. While in Southern Asia, despite smaller numbers, participants showed a slightly stronger focus on harm reduction, supply chains, and digital inclusion—suggesting infrastructure and access concerns.

In Latin America & the Caribbean, participants prioritized continued support for community-led monitoring tools like CLM, human rights documentation, gender assessments, and the Stigma Index—signaling a clear demand for accountability and rights-based oversight. They also ranked investment in gender-transformative mental health services among their top five non-negotiables, underscoring the urgent need to address the emotional toll of stigma, violence, and systemic neglect faced by women and girls in all their diversity.

Across nearly every identity group, one priority stood out clearly: ensuring uninterrupted access to ART, diagnostics, and the support needed for adherence (like nutrition, child care, and flexible hours). This demand cuts across experiences and regions—affirming that access to HIV treatment and care remains non-negotiable.

Another widely shared priority was the call for respectful, rights-based maternal and infant care, especially among women living with HIV, cis women, and women affected by malaria. The emphasis here is on dignity, freedom from coercion, and care that centers both health and human rights. Women who use drugs and sex workers strongly emphasized harm reduction and respectful maternal care—likely shaped by experiences of coercion, abuse, and medical discrimination within mainstream systems.

These findings reinforce the need to center women living with HIV in the design and delivery of HIV and SRHR programming. Their priorities point directly to what’s needed to protect health, uphold rights, and ensure no one is left behind. These differences—while emerging from small samples—underscore how lived experience with HIV, and identity shape how people define what lifesaving, dignified care means. Even without statistical significance, these insights can inform advocacy by showing that the priorities of women aren’t monolithic, and that intersectionality must be factored in when identifying priorities.

Advocacy

The Global Fund is encouraging CCMs to ensure meaningful stakeholder engagement in the process. We hope these “non-negotiables” for women and girls living with HIV, affected and living with TB, and malaria, can provide a framework for advocacy for women and girls in all of our diversity, in the challenging discussions ahead.

Here are recommendations and practical tips for women and girls advocates aiming to ensure evidence-based advocacy during the GC7 reprioritisation and looking forward to GC8.

Present evidence in decision-making spaces
 Use GC7 reprioritisation documents (e.g., Community Guide to Reprogramming and Operational Updates) to extract and present compelling country- and gender-specific health data during CCM and stakeholder meetings. Use [W4GF GC7 Pathfinder cycle](#): this guide is essential for youth and women-led organizations aiming to navigate the GC7 allocation cycle effectively.



Establish women-led coordination networks and support movement building

Set up or strengthen national-level and regional women-led networks, to strategise advocacy efforts, share intel, consolidate feedback, and amplify collective priorities. Share your priorities and challenges with allies and with groups where you have shared focus to build supportive movements. Consider joining W4GF Advocacy & learning hubs for each region: [English speaking platform](#), [francophone speaking platform](#), [MENA advocates platform](#), [Latin America and the Caribbean platform](#), and [Asia and the Pacific](#).

Prepare concise advocacy briefs

Develop brief, accessible one-pagers highlighting data-backed gender barriers (e.g., GBV, adolescent access) to share with PRs, CCMs, MoH, and policy influencers ahead of reprioritisation discussions.

Diversify participation formats

Request both in-person and virtual meetings and spaces for discussion, offering flexible ways to participate (e.g., recordings, accessible materials) so that movements of diverse women can contribute meaningfully.

Use results from community-led monitoring (CLM), gender assessments, stigma index

Gather (if available) evidence using CLM, gender assessments, stigma index and other relevant tools to address gendered barriers to HIV/TB/malaria services. Present disaggregated data to reinforce advocacy points about inequitable service delivery, by age, sex, gender (if available).

Cost evidence-based interventions

Leverage costing tools to demonstrate cost-effectiveness of gender-transformative interventions in reprioritised budgets. Consider using and advocating with information and data connected to the return of the investment (ROI) and the cost of inaction connected to gender-linked priorities

Push for accountability channels

Advocate and request for transparent decision-making, regular feedback loops, public repurposing updates, and grievance pathways so communities can track GC7 changes and hold decision-makers accountable. Enhance your participation in CCM activities by utilizing the [CRG SI Learning Hubs Community Toolbox](#) provided by the regional learning hubs, to access a variety of resources, including training materials, guides, and best practice toolkits tailored to CCM participation and global health advocacy.

“Using Global Fund's Data for Advocacy.”

Please find below the links to the resources that are useful for advocacy:

[The CCM dashboard](#)

[The Global Advocacy Data Hub](#)

[W4GF resources to understand and navigate the Global Fund's GC7 adaptation processes](#)

[10-Step Guide to Become Effective Global Fund Country Coordinating Mechanism Members](#)

[W4GF Digital Dossier for Global Fund Advocacy](#)

[Key resources for gender-transformative advocacy](#)

[The slides from Global Fund's Data for Advocacy](#)

Our Methodology

In response to urgent funding gaps and shifting global health priorities, W4GF and ICW carried out a rapid global assessment to identify and elevate the most pressing priorities of women living with HIV, affected by and living with TB and malaria. This process built upon work done by W4GF to develop a feminist definition of life-saving. While resources were very limited, we conducted targeted consultations to develop a focused list of 15–20 critical issues rooted in lived experience of women living with HIV and frontline realities of women and girls around HIV, TB and malaria. We then invited women and girls in all of our diversity, living with HIV, affected by and living with TB and malaria, across diverse regions—including Sub-Saharan Africa, the Middle East and North Africa, Asia,, Eastern and Western Europe, Latin America, and the Caribbean—to rank these priorities and make the case for any additions to our list if we missed anything essential.

Nearly 100 women and girls participated, providing grounded, regionally diverse insight into what matters most right now. This rapid assessment offers an important snapshot of shared global concerns and serves as a powerful advocacy tool to ensure women's voices are not sidelined in policy and funding decisions.

Limitations

While participation was strong overall, we acknowledge some limitations: responses were fewer from certain regions and from some communities, such as women affected by malaria and TB, whose voices are often hardest to reach. Despite this, the consultation meaningfully captures perspectives that cut across diseases, highlighting priorities that integrate HIV, TB and malaria rather than treating them as isolated components. This strengthens its value as a collective call rooted in real, lived experiences from women and girls in all of our diversity, even within the constraints of time and resources.