

Regional policy brief

The Global Fund's gender equality strategy: Regional implementation, gaps and strategic recommendations for W4GF & National Focal Points

EXECUTIVE SUMMARY

The Global Fund's gender equality strategy and Community, Rights & Gender (CRG) guidance aim to ensure that investments advocate for HIV, TB and malaria and remove gender-related barriers while delivering gender-transformative outcomes. This brief synthesises evidence from the Global Fund's core Gender Equality Strategy to assess regional progress across Sub-Saharan Africa, Asia-Pacific, Latin America & the Caribbean, Eastern Europe & Central Asia, and the Middle East & North Africa.

KEY FINDINGS:

The Global Fund has built a strong gender policy architecture (gender strategy, modular guidance, Gender Equality Marker) and invested in catalytic gender-focused programmes, notably AGYW packages and PMTCT scale-up in Sub-Saharan Africa, that produced measurable gains. However, implementation is uneven across regions and diseases. HIV programmes (particularly AGYW and PMTCT) show the greatest gender integration and visibility; TB and malaria lag behind. Critical gaps persist, such as the insufficient translation of gender analyses into funded, sustained activities; limited gender-transformative programming that addresses norms and power relationships; deficient sex/age-disaggregated M&E; and sustainability risks as donor funding transitions in several regions.

For W4GF and National Focal Points (NFPs) the appeals are practical:

(1) insist that Gender Equality Marker (GEM) scores are backed by specific budget lines and outcome indicators; (2) demand participatory gender assessments and that their findings be translated into funded actions; (3) protect and scale community-led and women and girls organisations through dual-track financing and transition safeguards; and (4) press donors during the 8th Replenishment to fund sustained gender-transformative efforts (including a durable Gender Equality Fund).

INTRODUCTION

Gender power dynamics shape who can access services, and who benefits from health investments. Recognising this, the Global Fund's Gender Equality Strategy and the CRG agenda have sought to mainstream gender across grant cycles and to catalyse gender-transformative approaches that go beyond service adaptation to address underlying norms and structural drivers of inequality.

The Strategy defines two core programming concepts used throughout this brief:

- Gender-responsive (adjusting programmes to meet different needs by sex/gender) and gender-transformative (strategies that change harmful norms and relationships of power).
- Operational tools include mandatory gender analyses for funding requests, modular guidance for integrating gender into programme design, and the Gender Equality Marker (GEM) introduced to track intent and focus on proposals.

This brief examines how those policy commitments have translated (or not) into regional programme design, implementation, results, visibility and sustainability, and identifies specific entry points and practical tactics for W4GF National Focal Points to strengthen gender outcomes during the 8th Replenishment.

REGIONAL ANALYSIS

1. Sub-Saharan Africa



The Global Fund prioritised the AGYW agenda in high-burden countries within SSA, seeking to reduce HIV incidence through layered interventions (prevention, education, social protection, GBV mitigation), expand PMTCT, and integrate gender and human rights programming within country grants. [In sub-Saharan Africa, six in seven adolescents aged 15-19 who contract HIV, are girls. With the 15- to 24-year-old population expected to increase by 40% over the next decade in the region, failure to protect adolescent girls and young women from HIV could lead to a resurgence of the epidemic.](#) The Strategy and subsequent CRG guidance emphasised participatory gender analyses, community-led monitoring, and the use of catalytic funds to demonstrate proof-of-concept for gender-transformative investment. The Fund deployed catalytic AGYW investments across a cohort of focus countries and scaled PMTCT and prevention services with substantial Global Fund financing. [CRG technical assistance](#) and strategic initiative grants were used to strengthen community systems and to support civil-society engagement in CCMs and grant implementation. Many funding requests in SSA included gender analyses and gender-related modules, and several countries reported expanded access to prevention and treatment services for women and girls.

These efforts yielded measurable outcomes in several countries: documented expansions in PMTCT coverage and the reach of AGYW layered packages (the Investing report documents hundreds of thousands of beneficiaries reached through catalytic investments). Implementation quality is uneven across countries. CRG reviews report that many gender analyses do not fully translate into funded, measurable, and sustained interventions: gender-related budget lines are often small or catalytic rather than mainstreamed. GBV remains widespread and insufficiently addressed at scale within grant M&E frameworks. Data limitations, particularly the inconsistent use of sex/age disaggregation for outcome indicators, hamper accountability and the ability to track whether interventions achieve transformative change. Sustainability is at risk where AGYW interventions were designed as short-term catalytic projects without clear domestic financing plans.

NFPs should prioritise institutionalising AGYW and GBV response packages in national budgets, press CCMs and PRs for explicit outcome indicators (AGYW retention on ART, GBV incidence reduction) with dedicated budget lines, and demand that GEM scoring maps to concrete funded activities and evaluation plans.

2. Asia-Pacific ►

The Strategy emphasised gender integration in concentrated epidemics; supporting sex workers, transgender women, migrant women and other key populations where gender and legal status intersect, increasing vulnerability.

CRG platforms (now learning hubs) in the region facilitated peer-to-peer technical assistance and helped integrate gender analyses into some national proposals. Where civil society is strong, gender-sensitive interventions were incorporated and community networks were funded to reach key populations.

Progress is heterogeneous. Country-level successes include programmes that incorporate transgender-specific services and harm-reduction adjustments, **but achievements are often localised**. The overall regional visibility of gender work in the Global Fund portfolio is lower than in SSA.

Cultural stigma, legal restrictions against sex work and same-sex relations, and the marginalisation of migrants and displaced persons restrict programme scale. Funding and capacity for grassroots women-led organisations remain weak relative to need, and gender-transformative work that addresses norms and structural drivers is limited compared with biomedical programming.

For NFPs and women advocates, priorities include insisting on gender analyses that address migration and intersectionality, securing ring-fenced funding for grassroots groups that serve displaced persons or key population women, and pushing for indicators that capture normative and service-quality change (not merely output metrics).



3. Latin America & the Caribbean



In LAC, the strategy targeted intersectional programming for women from key populations (trans women, sex workers, indigenous women) and sought to strengthen community leadership and rights-based advocacy.

Regional CRG grants supported feminist and LGBTQ+ networks, and civil society has been influential in CCMs. Several countries have used Global Fund resources to pilot rights-based, gender-sensitive service models and advocacy campaigns.

There are notable advocacy wins and policy changes in parts of the region, including increased recognition of trans rights in health programming and strengthened community-led services. Nevertheless, the region's work is less prominent in global GF gender narratives, and successes remain unevenly distributed across countries. LAC faces

particular risk from donor transition as many countries are classified as **middle-income**; this creates a sustainability threat for community-led gender programmes. Governments sometimes deprioritise the gender-transformative agenda during transition or absorb programmes into biomedical funding without attention to norms or rights.

NFPs in LAC must press for transition plans that explicitly safeguard gender/CRG budget lines, advocate for dual-track financing to preserve community-led service delivery, and document local successes to increase visibility and donor support.

4. Eastern Europe & Central Asia EECA



The Strategy sought to tailor gender-sensitive programming for concentrated epidemics: women who use drugs, sex workers, and partners of key populations, with emphasis on harm reduction and legal barriers.

CRG and regional organisations received TA and targeted grants; some countries piloted gender-sensitive harm reduction measures and adapted service delivery to women's needs.

The political climate and donor transition pressures have constrained scale and sustainability.

Shrinking civic space, political resistance to gender and human-rights work, and limited domestic financing pose acute impediments to sustaining gender-transformative programming in EECA. Data and gender-disaggregated measures are often incomplete.

5. Middle East & North Africa MENA



The Strategy recognised MENA's restrictive contexts and recommended adapted CRG approaches that protect rights while navigating legal and cultural constraints.

Only limited CRG grants and TA have been possible; investments have been cautious and tailored to safer entry points (maternal health, PMTCT where feasible).

The region shows minimal visibility in global GF gender communications. Documented achievements exist but are small-scale and often under-reported.

Legal barriers, war conflicts, criminalisation of key populations, limited civic space, and sparse sex/age-disaggregated data make the region the most difficult environment for gender-transformative work.

NFPs and women advocates should focus on context-sensitive advocacy, insisting on discreet but measurable commitments (funding for stigma-free SRH services, PMTCT, data commitments) and leveraging remote TA and regional platforms to strengthen community capacities without exposing local actors to risk.

CROSS-CUTTING SYNTHESIS

Across regions the Global Fund has created an enabling architecture for gender equality: a clear strategy, operational tools (gender analysis requirement, modular guidance), and monitoring intention (GEM). Where political will, funding, data, and strong community leadership converge; most clearly in parts of SSA; results are visible (PMTCT scale-up, AGYW packages). Yet the same policy architecture has not guaranteed uniform implementation. Major cross-cutting gaps include:

- GEM scores and gender analyses frequently document intent but do not always translate into clearly resourced, measurable interventions.
- HIV programming receives the lion's share of gender-focused work; TB and malaria remain comparatively under-resourced in gender-transformative approaches.
- Sex/gender/age-disaggregation and quality gender-transformative outcome metrics are inconsistent, GEM measures intent at proposal stage but not implementation quality.
- As countries transition away from external funding, gender/CRG modules risk being deprioritised or defunded
- In EECA, MENA, and some LAC settings, legal and political barriers limit the scope of gender programming and increase risks for community organisations.

These gaps show where W4GF and NFPs can most effectively push budget accountability (linking GEM to budget and indicators), data strengthening, sustainability planning for community-led work, and strategic donor advocacy to protect and scale gender-transformative investments.

Strategic recommendations

Below, W4GF suggests prioritised recommendations to be immediately operationalisable for women advocates and NFPs during the 8th Replenishment advocacy and engagement cycle.

1. Ask CCMs/PRs for a GEM translation table: where a funding request scores “significant/principal,” demand a table showing (a) specific budget lines, (b) proposed outcome indicators, and (c) responsible implementers and timelines. **NFPs and women CCM members must refuse “intent-only” answers; insist on line-item evidence.**

- Embed outcome-level gender indicators in grant agreements (examples in Annex). Metrics should include ART retention for AGYW, GBV incidence among target cohorts, and proportion of services reported as stigma-free by women and girls.

2. Push for dual-track financing that protects civil society implementers and community systems through transition. Advocate donors to allocate multi-year funding to community-led organisations via the Gender Equality Fund or similar new direct funding mechanisms, for women-led organisations, movements, and programmes.

- Promote domestic budget lines for proven AGYW/GBV programmes during transition planning.

3. Demand participatory gender assessments with explicit translation plans (assessment > activity > indicator > budget). Where assessments are absent or low quality, insist on funded timelines to produce them pre-implementation.

4. Use concrete country success stories (PMTCT gains in SSA, pilot harm-reduction adaptations in EECA) in embassy/donor briefings to argue for incremental and sustainable funding. Prepare one-page donor asks with local data and a single clear request (“increase global pledge for Gender Equality Fund by \$X million” or “protect gender/CRG allocations in transition plans”).

- Mobilise synchronised advocacy actions, coordinated social media pushes, joint letters from networks, and embassy visits; timed to donor decision points in the replenishment calendar. (See advocacy roadmap).

5. Advocate for contingency/resilience funds and rapid-response/emergency response mechanisms for local women's groups facing legal or security impediments. Embed security and legal support budgets in PR and CCM plans.

- Promote remote TA and regional peer-support for groups in high-risk environments to minimise public exposure while building capacity.

Monitoring framework & suggested indicators

Outcome-level (gender-transformative) indicators (annual):

- % reduction in self-reported intimate partner violence among target cohorts (baseline > annual).
- ART retention & viral suppression among AGYW (15–24) vs adult women (disaggregated).
- Proportion of target facilities reporting zero reported stigma incidents in the last quarter.

Implementation/process indicators:

- Presence and quality rating of a participatory gender assessment in funding request (yes/no; rated).
- GEM score and % of request budget expressly allocated to gender-transformative activities.
- % of grants with sex/age disaggregation for core disease indicators.

Community & accountability indicators:

- % of grants with funded community-led monitoring and evidence of CLM being used to inform grant changes.
- % of transition plans that include a protected budget line for gender/CRG
- NFPs should request these indicators in CCM meetings and use them in donor engagement materials.

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