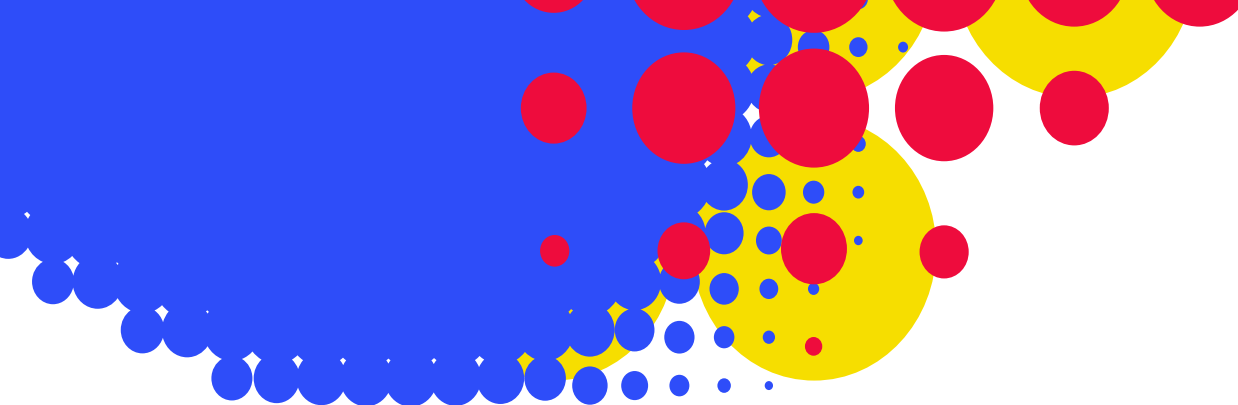




Evaluation of the Integration of Gender Approaches in HIV, TB, and Malaria Programs

Secretariat Management Response

GF/ELO/2026/03/04

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Geneva, Switzerland

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1. Introduction

The Global Fund invests in addressing gender-related barriers to HIV, tuberculosis (TB) and malaria services in order to accelerate progress against the three diseases. This is necessary to overcome a number of persistent challenges across the epidemics, including preventing malaria in pregnancy; reducing high HIV incidence among adolescent girls and young women in Eastern and Southern Africa; eliminating vertical transmission of HIV during pregnancy and breastfeeding; tackling the high burden of TB among men; and addressing intimate partner violence as a driver of HIV risk and a barrier to treatment uptake and adherence.

The Secretariat welcomes the independent evaluation of the integration of gender approaches in HIV, TB and malaria programs, which assessed the extent and evolution of gender integration across the portfolio, identified key enablers and barriers to such integration, and documented how these approaches are contributing to improved access to health services and stronger disease programming.

This management response to this evaluation has been developed in the context of the Grant Cycle 8 strategic shifts, which reflect an evolving global health ecosystem and constrained financing environment. This context reinforces the need for rigorous prioritization of limited resources, alongside greater integration, sustainability and progress towards country self-reliance. Accordingly, the Secretariat will take a differentiated approach to the evaluation recommendations across the portfolio, reflecting country context, disease burden, feasibility and value for money, focusing on actions with the greatest potential to improve disease outcomes. This will involve prioritizing interventions that address immediate gender-related barriers to services, followed, where feasible, by interventions addressing the underlying structural drivers of these barriers. Approaches to structural interventions will similarly be tailored to country context, including, where appropriate, the responsible transition of multisectoral programming into government systems and domestic financing, aligned with portfolio transition pathways.

2. Statement about the findings and conclusions of the evaluation - areas of agreement and/or disagreement

The Secretariat agrees with the findings and conclusions of the evaluation and accepts or partially accepts all 'critical' and 'important' recommendations.

The Secretariat welcomes the evaluation's finding that - where relevant to the epidemiological context - gender integration is routinely taking place in GC7 grant design and has progressed substantially from previous grant cycles. The evaluation recognizes that this progress has been underpinned by a range of measures introduced by the Secretariat to operationalize the commitments in the Global Fund's 2023-2028 Strategy. These measures included stronger

technical guidance to countries, expanded investment support from the Secretariat, greater use of gender barrier assessments, the use of catalytic investments to accelerate progress, and new institutional tools such as the Gender Equality Marker. Collectively, these efforts have helped support more systematic integration of gender considerations in grant design to improve the reach, acceptability and quality of HIV, TB and malaria services.

The Secretariat agrees with the areas for further strengthening identified in GC7. Gender integration has been less mature in TB, malaria and RSSH grants than in HIV; gender approaches in funding requests have not always translated consistently into implementation; and there have been challenges in the systematic use of gender-related data for tracking investments and results.

Several actions responding to these challenges are already being advanced through GC8. More consistent use of barriers assessments in High Impact portfolios will strengthen the identification of gender-related barriers in TB, malaria and RSSH. Changes to the modular framework, together with revised grant indicators and KPIs, will make it easier to track investments and results through implementation. Stronger gender integration across catalytic investments will provide an additional lever to address priority barriers across diseases. These actions will be taken forward proportionately, in line with the GC8 strategic shifts and differentiated according to country and disease context.

3. Concluding statement about the utility of the evaluation

The evaluation has confirmed that the Global Fund's approach to addressing gender-related barriers has contributed to its health objectives and documented how these investments are strengthening HIV, TB and malaria programming through improved service access, quality and outcomes. This is important in the context of constrained resources and the need for rigorous prioritization of interventions that maximize access to services for those most at risk.

The evaluation has also provided useful insight into the trajectory of gender integration across the portfolio, including positive progress over time, and has clarified the key enablers and barriers to effective gender integration in the context of the Global Fund's work on HIV, TB and malaria. The evaluation demonstrated that gender-responsive approaches were more effective where they were supported by flexible financing and clearly budgeted activities, integrated into established service-delivery platforms, informed by gender assessments and community-generated evidence, and delivered with strong national, women-led and community partners. Implementation was constrained by limited and inflexible funding, gaps in gender expertise and disaggregated data, weak institutional accountability, implementation capacity and delays, and restrictive social, legal and political environments.

The evaluation findings provide relevant considerations for implementing the Global Fund's Sustainability, Transition and Co-financing (STC) approach in GC8. The Secretariat will draw particularly on the evaluation's evidence regarding partnerships and integration within routine health platforms - including reproductive, maternal, newborn, child and adolescent health and immunization

services - to inform sustainability and transition planning and co-financing dialogue in countries progressing along defined transition pathways.

The country case studies and operational insights have been particularly valuable in informing GC8 preparation, providing portfolio-level evidence from a subset of countries to help shape more focused and prioritized approaches. These case studies have also created important opportunities for shared learning across technical and country teams to inform practical approaches to GC8

implementation. The evaluation will continue to inform learning and follow-up throughout the GC8 grant life cycle.

Annex 1 Detailed Secretariat Response to Recommendations

#	Recommendation		Type*	Response**	Responsible***
1	Continue to support effective gender-targeted programming, in line with country epidemiology, and strengthen implementation of gender-responsive approaches in HIV, TB, and malaria programs by reinforcing routine and integrated delivery platforms. When resources are constrained, prioritize high-impact barrier-removal interventions.		Critical	Accepted	SIID / GMD
	Justification for “partially accepted” and “rejected”	Not applicable			
	Description of intended change	To reinforce routine and integrated delivery platforms, GC8 will place particular focus on strengthening maternal, newborn and child health platforms as a route for delivering priority HIV, TB and malaria interventions. This will be accelerated through catalytic investments, particularly the <i>Integrated Community & Health Services for Women & Children</i> Matching Fund, for which 24 countries are eligible. Progress will be reflected in grant performance frameworks through new indicators, including RSSH O-9 which tracks antenatal care uptake, combined with indicators on priority disease interventions delivered through these antenatal platforms. To prioritize high-impact interventions in resource-constrained settings, the Secretariat has published prioritization guidance to help countries identify the most consequential gender-related barriers and prioritize evidence-based interventions to address them. The guidance has been informed by a published review of evidence on gender-related interventions in HIV, TB and malaria programming, helping focus limited resources on approaches most likely to improve service access, uptake and health outcomes.			
	Activities or initiatives required to achieve the intended change (including those already planned, under way or completed)	Activity/Initiative	Responsible ***	Planned Completion Date	Remarks/Assumptions
		Design and operationalization of the <i>Integrated Community and Health Services for Women and Children</i> Matching Fund	SIID / GMD	December 2029	Design is underway; operationalization from January 2027 to December 2029
		Support countries to align gender-related investments with the Global Fund's prioritization guidance through the GC8 funding request, grant-making and implementation periods	SIID / GMD	December 2029	Differentiated support is being provided across GC8 funding request windows 1-4 and will continue through grant-making and implementation

#	Recommendation		Type*	Response**	Responsible***
2	As relevant to the context, continue to support coordinated financing and partnership efforts that implement gender-transformative interventions that address structural drivers of HIV vulnerability and service access. Continue to learn through Strategic Initiatives (SIs) and with partners on how to contribute to addressing these barriers in malaria and TB programs		Critical	Accepted	SIID / GMD
	Justification for "partially accepted" and "rejected"	Not applicable			
	Description of intended change	To support high-impact approaches that address structural drivers of HIV vulnerability and service access, GC8 prioritization guidance identifies specific structural interventions that can be supported by Global Fund investment. These are: a) preventing and responding to intimate partner violence, where it drives HIV vulnerability and affects service access, uptake and retention; b) strengthening women's ability to access health services independently for themselves and their children, particularly antenatal care services as a key delivery platform for HIV and malaria, and c) strengthening men and boys' health-seeking behavior and treatment uptake/adherence. GC8 will also support the sustainability of priority structural interventions as countries transition from Global Fund financing. Component 2 of the <i>Addressing Human Rights and Gender Barriers to Services</i> Strategic Initiative will support countries to plan and progressively integrate effective interventions addressing gender-related barriers within sustainability and transition planning, national health and multisectoral programs and budgets. This support will be tailored and sequenced in line with each country's defined transition pathway and associated timeline, including alignment with co-financing requirements and broader domestic resource mobilization commitments established through country dialogue. The Secretariat will also continue to build evidence and learning for malaria and TB. For example, the Catalytic Fund for Women and Girls has generated rich practical learning, including work led by the Malaria Youth Corps to identify and address barriers to antenatal care in partnership with communities and local health authorities. Documentation of evidence and lessons learnt from the Catalytic Fund is planned for completion in December 2026. This, combined with a learning agenda embedded in the <i>Addressing Human Rights and Gender Barriers to Services</i> Strategic Initiative, will inform future partnership efforts to address structural barriers in ways that are relevant to disease and country context, including how priority gender-related and community-led programming can be integrated into domestic institutions and sustained through domestic financing.			
	Activities or initiatives required to achieve the intended change (including those already planned, under way or completed)	Activity/Initiative	Responsible ***	Planned Completion Date	Remarks/Assumptions
		Documentation of evidence and lessons learnt from the Catalytic Fund for Women and Girls	SIID	December 2026	Phase II of the Catalytic Fund for Women and Girls begins in January 2027 and will be informed by lessons learnt from Phase I.
		Through Component 2 of the <i>Addressing Human Rights and Gender Barriers to Services</i> Strategic Initiative, support responsible transitions and sustainable financing pathways for priority gender-related functions and structural interventions, while capturing learning to inform GC9	SIID / GMD	December 2029, with learning informing GC9	Tailored to country transition pathways

#	Recommendation		Type*	Response**	Responsible***
3	Strengthen and reinforce the gender components of the Community Engagement SI and Breaking Down Barriers, the Gender Equality Fund, and Her Voice Fund and enhance relationships and learning exchange with disease programs to enable adoption of effective gender interventions and gradual institutionalization of core functions where feasible.		Critical	Accepted	SIID / GMD
	Justification for “partially accepted” and “rejected”	Not applicable			
	Description of intended change	GC8 will strengthen the gender components of catalytic investments and their links to disease programming . The <i>Addressing Human Rights & Gender Barriers to Services</i> Catalytic Investment will provide Matching Funds and implementation support embedded <u>within</u> country grants, helping strengthen priority interventions within national HIV, TB and malaria programs and enabling learning from implementation to be shared across portfolios. In GC8, the <i>Build Community Networks & Engagement to Enable Access to Services</i> Catalytic Investment will include a dedicated Catalytic Fund for Women and Girls - a private-sector partnership for community-led action to remove gender-related barriers - which has been extended and evolved for GC8. Together, these mechanisms will strengthen links between gender, community and disease interventions, support wider uptake of effective approaches, and promote their integration into routine programming where appropriate.			
	Activities or initiatives required to achieve the intended change (including those already planned, under way or completed)	Activity/Initiative	Responsible ***	Planned Completion Date	Remarks/Assumptions
		Design and operationalization of the <i>Addressing Human Rights & Gender Barriers to Services</i> Catalytic Investment	SIID / GMD	December 2029	Design is underway. Operationalization will run from January 2027 to December 2029.
		Design and operationalization of the <i>Build Community Networks & Engagement to Enable Access to Services</i> Catalytic Investment	SIID / GMD	December 2029	Design is underway. Operationalization will run from January 2027 to December 2029.

#	Recommendation		Type*	Response**	Responsible***
4	Require Funding Requests to be informed by high-quality, recent gender assessments (<5 years old) that systematically examine gender barriers along the disease acquisition and care pathway. These assessments could be disease or RSSH component-specific, or integrated as per the Funding Request but must examine gender barriers to services for all diseases covered in the Funding Request and meet minimum quality standards.		Critical	Partially accepted	SIID
	Justification for “partially accepted” and “rejected”	The recommendation is partially accepted to reflect the Global Fund's differentiated approach across the portfolio. To strengthen systematic examination of gender barriers in GC8, a recent barrier assessment is mandatory for all High Impact portfolios , which account for the majority of Global Fund financing (approximately 70%). All countries submitting in Windows 1 and 2 have met this requirement. Extending the same mandatory requirement to all portfolios would be inconsistent with the critical need for differentiation and proportionality based on country context, disease burden and available resources. For other portfolios, the Secretariat will continue to promote appropriate analysis of gender-related barriers while allowing flexibility in how this is undertaken and evidenced, including in line with the Management Models for Focused Portfolios.			
	Description of intended change	The intended change is currently being implemented.			
	Activities or initiatives required to achieve the intended change (including those already planned, under way or completed)	Activity/Initiative	Responsible ***	Planned Completion Date	Remarks/Assumptions
		Apply the barrier assessment requirement to all High Impact portfolio funding requests in GC8.	SIID / GMD	End of GC8 funding request submission process	N/A

#	Recommendation		Type*	Response**	Responsible***
5	Optimize the systematic use of the Gender Equality Marker (GEM) to enhance accountability, strengthen portfolio-level learning, and improve the integration of gender equality considerations at key points in the grant life cycle.		Critical	Partially accepted	SIID / GMD
	Justification for “partially accepted” and “rejected”	The recommendation is partially accepted to reflect the Global Fund’s differentiated approach across the portfolio In GC8. The GEM will apply to High Impact and Core portfolios, while gender integration in Focused portfolios will be supported through proportionate approaches reflecting portfolio context, scale and available resources, and in line with the Management Models for Focused Portfolios.			
	Description of intended change	To optimize the systematic use of the Gender Equality Marker in GC8, the tool has been retained, streamlined and evolved to support more strategic use. A more systematic approach will be introduced for disseminating GEM findings to countries and following up on identified areas for strengthening.			
	Activities or initiatives required to achieve the intended change (including those already planned, under way or completed)	Activity/Initiative	Responsible ***	Planned Completion Date	Remarks/Assumptions
		Operationalize the optimized GEM across GC8 High Impact and Core portfolios, including systematic dissemination of findings and follow-up with relevant country and Secretariat teams.	SIID	December 2029	GEM assessments will be undertaken across GC8 funding request windows, with follow-up during grant-making and implementation as necessary

#	Recommendation		Type*	Response**	Responsible***
6	Ensure that gender interventions considered during design of HIV, TB, and malaria grants to improve disease outcomes are translated into costed and trackable investments in grants by establishing dedicated and clearly labeled budget lines that include gender-responsive and gender-transformative activities		Important	Partially accepted	SIID
	Justification for “partially accepted” and “rejected”	Changes to the GC8 Modular Framework now enable activities under the new RSSH module, <i>Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</i> , to be separately budgeted and tracked. However, the Global Fund’s systems do not currently allow gender-related components integrated and embedded within broader disease or RSSH modules to be consistently labeled or tagged. Introducing a parallel tracking mechanism is not considered feasible or proportionate at this stage. Once sufficient experience has been gained from using the new module, the Secretariat will reassess whether a lightweight mechanism for tagging embedded gender components could be introduced for GC9.			
	Description of intended change	For GC8, the Modular Framework includes a distinct module, <i>RSSH: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services</i> . Cross-cutting activities addressing gender-related barriers are to be budgeted under this module, allowing such investments to be clearly identified, costed and tracked at module and intervention level. This provides a standardized basis for tracking whether planned interventions are translated into funded grant activities and maintained through implementation.			
	Activities or initiatives required to achieve the intended change (including those already planned, under way or completed)	Activity/Initiative	Responsible ***	Planned Completion Date	Remarks/Assumptions
		Use the GC8 gender module to budget and track investments primarily addressing gender-related vulnerabilities and barriers	SIID	Conclusion of grant-making for all GC8 grants	The date will be updated once the final GC8 submission windows and associated grant-making timelines are confirmed

#	Recommendation		Type*	Response**	Responsible***
7	Adapt Global Fund levers, where relevant, to establish a coherent reporting and learning throughline across the grant cycle stages, to improve visibility and understanding of efforts and progress on the integration of gender approaches in Global Fund investments.		Important	Partially accepted	SIID / SPH / GMD
	Justification for “partially accepted” and “rejected”	The Secretariat agrees with the objective of strengthening continuity between the analysis of gender-related barriers, program design and performance monitoring. GC8 responds to this objective through a more consistent approach to identifying gender-related barriers at funding request stage, an enhanced set of standard indicators and revised corporate KPIs that strengthen the ability to track gender-related programming and outcomes . The recommendation is partially accepted because the Secretariat does not propose a broader expansion of mandatory gender-specific indicators across all diseases and portfolios. Further indicators or adaptations will be considered where there is a clear programmatic need and a technically feasible measure, taking account of data availability, reporting burden, prioritization and portfolio differentiation.			
	Description of intended change	For GC8, funding requests for high impact portfolios include more consistent requirements to identify gender-related barriers and describe the corresponding programmatic responses. The measurement framework includes new standard indicators in priority areas including gender-based violence and antenatal care attendance, alongside existing disease indicators relevant to gender-related outcomes such as the prevention of vertical transmission of HIV and IPTp3 coverage. The gender equality KPI (E3b) has been optimized to track grant performance around a smaller number of priority areas: vertical transmission of HIV, malaria in pregnancy through IPTp3 coverage, gender-based violence, sex-disaggregated TB notifications and antenatal care coverage. Human rights KPI (E1) scoring will also incorporate annual assessments of the scale of gender-related programming in 20 <i>Addressing Human Rights and Gender Barriers to Services</i> Matching Fund countries. These changes will be operationalized through existing grant and KPI reporting processes.			
	Activities or initiatives required to achieve the intended change (including those already planned, under way or completed)	Activity/Initiative	Responsible ***	Planned Completion Date	Remarks/Assumptions
		Operationalize the revised gender equality KPI (E3b) and human rights KPI (E1) methodologies throughout GC8	SIID	December 2029	KPI results will be reported annually to the Board

