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Evelyn Letio (left) is an advocate dreaming of a world where women living with HIV can live with dignity. As co-founder of Nepwu, she supports young mothers and challenges HIV stigma in communities across South Sudan. Too often, stigma - not HIV itself - costs lives. That's why Global Fund-supported programmes go beyond providing treatment: they work to ensure people living with HIV are safe and supported.

GENDER & HEALTH

GENDER MATTERS IN HIV, TUBERCULOSIS AND
MALARIA – HOW **THE GLOBAL FUND** RESPONDS

WHAT IS GLOBAL FUND?

Established in 2002 and headquartered in Geneva, **the Global Fund to Fight AIDS, Tuberculosis and Malaria** is a global financing mechanism supporting country-led programmes to end these epidemics. It invests in prevention, testing and treatment services, focusing on equity and vulnerable populations. The Global Fund invests more than US\$5 billion a year to defeat HIV, TB and malaria and ensure a healthier, safer, more equitable future for all.

1. WHY GENDER IS CRUCIAL

Gender norms (e.g. common stereotype among men: health services are for women and children), unequal power and legal barriers influence who can protect themselves, get tested or stay on treatment. The Global Fund ties every grant to gender equality and human-rights plans so that key populations (including women and girls) are not left behind.

2. HIV: FOCUS ON ADOLESCENT GIRLS AND YOUNG WOMEN

Adolescent girls and young women (ages 15–24) remain one of the populations most at risk of HIV. In 2024, they accounted for 63% of new HIV infections in sub-Saharan Africa. Gender norms, such as unequal power in relationships or fear of partner violence, directly impact testing, prevention, and treatment.

Common gender-related barriers to HIV prevention and treatment:

- In 29 countries, spousal or parental approval is still required for women or adolescents to test for HIV, directly suppressing testing rates.
- Unequal power in relationships limits condom or pre-exposure prophylaxis (PrEP) negotiation.
- Fear of intimate-partner violence deters clinic visits.
- Consent laws for minors or married women restrict testing and treatment.
- Stigma toward key populations and gender-diverse people drives them underground.
- Economic dependence makes transport or user fees prohibitive.
- Clinic hours and queues conflict with women's household responsibilities.

GLOBAL FUND'S RESPONSE:

In the 13 highest-burden countries for Adolescent Girls and Young Women (AGYW) – Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe – Global Fund investments in HIV prevention and testing for AGYW increased by 107% between 2018 and 2020.

Comprehensive approaches tailored to young women's lives include:

- Adolescent-friendly HIV prevention and comprehensive sexuality education.
- Tailored HIV treatment services for AGYW living with HIV.
- Keeping girls in school is linked to delayed sexual debut and lower HIV risk.
- Safe spaces and empowerment programs to raise voices and build confidence.
- Support for economic independence, reducing vulnerability to transactional sex.
- Prevention and response to gender-based violence.
- Meaningful participation of AGYW in health decision-making.
- HER Voice Fund: Provides microgrants to young female advocates. In Kenya and Zimbabwe, their work helped change laws to lower the age of consent for HIV testing.
- Importantly, the Global Fund also works with boys and men to transform social norms and ensure they are tested and supported to start and stay on treatment.

3. TUBERCULOSIS: “MISSING” WOMEN

Because people gossip that a cough is “shameful,” many women delay visiting a clinic, so TB spreads at home.

Common gender-related barriers to TB diagnosis and care:

- Gender norms and stigma can hide TB among women, leading to delayed or missed diagnoses.
- Women may face financial constraints or require permission to travel for diagnostic services.
- Male-dominated health facilities can feel unsafe or unwelcoming for women.
- Limited female community TB workers may restrict effective outreach to women.
- Symptom checklists based on male presentations may miss TB in women.
- Clinic hours may conflict with women’s domestic and caregiving responsibilities.
- Conversely, TB prevalence is significantly higher among men, linked to occupational exposure, behavioural risk factors (e.g., smoking and alcohol use), and higher incarceration rates.
- Social norms and stigma may discourage men from seeking care, as health services are sometimes perceived as something primarily for women and children.
- Treatment success rates are generally higher among women than among men.

GLOBAL FUND’S RESPONSE:

The Global Fund takes a gender-responsive approach to TB by identifying barriers through community assessments and supporting interventions that reduce stigma and improve access:

- Campaigns in communities, workplaces and schools to help people understand TB and protect privacy, making it easier for women to seek care. In India, a major outreach initiative in Odisha trained NGOs to engage communities with locally tailored messages about TB. This helped reduce stigma and improve support for people with TB. In Kunming, China, outreach targeted to migrant workers, many of whom are women, at construction sites and factories raised TB care awareness and reduced discrimination.
- Programs support adjustments like extended hours, home sputum collection, and women-friendly clinics to overcome access hurdles driven by social norms.
- Community-based or peer-led legal aid programs empower people with TB, especially women, to demand respectful and timely services, and challenge discriminatory practices.
- Global Fund support includes sensitising health workers, lawmakers, and law enforcement on rights, confidentiality, and ethical TB care.



For nearly a decade, Grace has been on the front lines treating tuberculosis at Kator Primary Health Care Centre - one of Juba’s busiest facilities. With support from Cordaid, made possible by the Global Fund, health workers like Grace are saving lives every day.

4. MALARIA: PREGNANCY'S DOUBLE BURDEN

Malaria is extra dangerous for pregnant women and their babies, yet preventive measures (like pills or bed nets) often miss women.

Common gender-related barriers to malaria prevention and treatment:

- Pregnant women may not receive intermittent preventive treatment (IPTp) if antenatal care visits are late or infrequent.
- Control of household spending by men limits the purchase or repair of bed nets.
- Heat and sleeping arrangements reduce women's willingness to use nets.
- Women have less access to timely diagnosis and treatment when caring for children.
- Community messaging often targets mothers, overlooking men's role in decision-making.

GLOBAL FUND'S RESPONSE:

- Conducts gender analysis, using tools like the [Malaria Matchbox](#) to identify access gaps (e.g., among women, IDPs).
- Supports female community health workers to lead malaria outreach and care. Global Fund supported the government to train and pay [40,000 female health workers in Ethiopia](#), strengthening malaria care and creating jobs for women.
- Includes malaria prevention in antenatal care (ANC). [In Benin Mothers 2 Mothers](#), a community health worker organisation, leverages group-based antenatal care to provide routine pregnancy services and monitor adherence to Intermittent Preventive Treatment. [In Tanzania](#), women's groups boost ANC visits through local storytelling, songs and small income-generating projects that help cover transport costs.
- Engaging respected community and religious leaders as advocates helps challenge harmful gender norms and encourages men to support health services. [In Niger, Husbands' Schools](#) train "Model Husbands" to promote positive masculinity and support reproductive health. These men foster better couple communication, shared decision-making, and greater use of services like antenatal care and family planning.



PHOTO ADRIANA PAREJO PAGADOR/ CORDAID

A mosquito bed net is one of the most cost-effective health tools in the world. One mosquito bed net can protect an entire family from malaria. With support from the Global Fund, simple tools like these save millions of lives every year.

5. HOW THE GLOBAL FUND INVESTS IN GENDER EQUALITY

The Global Fund embeds gender equality across its entire partnership, from demand-driven funding proposals to grant-making, implementation, monitoring and evaluation. This is clearly outlined in its internal strategy and its 2023–2028 strategy, which commits to scaling up programs that remove gender barriers and promote sexual and reproductive health and rights (SRHR).

Since adopting its first gender strategy in 2009, the Fund has developed key policies to guide action:

- Gender Equality Strategy – calls for gender-responsive programming across all diseases, especially for women, girls, and LGBTQIA+ people.
- Sexual Orientation and Gender Identity (SOGI) Strategy – ensures the needs of LGBTQIA+ communities are addressed in grants and governance.
- Human Rights and Gender Technical Briefs – provide tools to integrate gender analysis and tackle legal and social barriers.
- Country Coordinating Mechanism (CCM) Policy – mandates the inclusion of women and key populations in decision-making.

What this looks like in practice:

- Grants must include a gender and human rights analysis.
- Health systems support includes sex-disaggregated data and gender-responsive training for providers.
- Countries receive technical support to design gender-transformative programs (e.g. addressing violence, stigma, or economic barriers).
- Gender equality is being embedded in grant evaluations and governance structures, with board members expected to champion gender issues.

The Global Fund is currently working on a Gender Equality Marker to track how well funding contributes to closing gender gaps. These integrated efforts embed gender equity into every phase of planning, financing, and implementation, ensuring that Global Fund investments work not only to end HIV, TB, and malaria, but also to transform gender structures that prevent health justice.

6. REMAINING CHALLENGES

Despite strong progress, challenges remain. Thematic Discussion on Gender Equality (Global Fund) recommends scaling up programs that go beyond basic services to tackle harmful gender norms, expand access to sexual and reproductive health and rights (SRHR), and empower affected communities, especially adolescent girls, young women, LGBTQIA+ people, and key populations.

Key recommendations include:

1. Make gender equality a core part of all HIV, TB and malaria programs.
2. Use sex- and age-disaggregated data to track progress and tailor interventions.
3. Strengthen support for community- and women-led organisations.
4. Engage gender ministries and cross-sector partners in program design.
5. Ensure Country Coordinating Mechanisms (CCMs) and leadership bodies reflect gender diversity and expertise.
6. Include gender results as a requirement for funding performance.

ABOUT CORDAID

Cordaid is a value-based international development and emergency relief organisation, based in the Netherlands with offices in 14 countries. We work in and on fragility and support communities in their efforts to improve health care, education, food security, and justice. Where disaster strikes, we offer humanitarian assistance.

Cordaid is deeply rooted in the Dutch society with more than 260,000 private donors. The Christian values of human dignity, justice, compassion and care for the planet guide us in our work. Cordaid is a founding member of Caritas and CIDSE, and member of the ACT Alliance.

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