Evaluation Brief

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

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Evaluation Briefs are produced by the Global Fund's Evaluation and Learning Office to synthesize the key learnings and takeaways formulated in independent evaluations.

This evaluation brief is a high-level summary of the documents developed for the *Evaluation of the Integration of Gender Approaches in HIV, TB and Malaria Programs* including:

- The Evaluation Report
- The Independent Evaluation Panel Commentary
- The Secretariat Management Response

For a more complete view of the evaluation, the final evaluation documents can be accessed individually through the above links.

This independent evaluation was managed by the Evaluation and Learning Office of the Global Fund and conducted by Equality Insights Lab. The evaluation was conducted under the oversight of the Global Fund Independent Evaluation Panel (IEP).

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Introduction[1]

The Global Fund Strategy 2023–2028 ("the Strategy"),[2] recognizes gender inequality as a barrier to accessing HIV, TB and malaria services and as a driver of increased vulnerability to these diseases. According to the Evaluation of the Integration of Gender Approaches in HIV, Tuberculosis and Malaria Programs ("the Evaluation"),

> *"…in practice, gender inequality manifests through unequal power relations, exposure to violence, mobility restrictions, stigma and discrimination, economic dependence, and differential health-seeking behaviors, all of which can impede service uptake, retention, and disease outcomes."*

The Strategy calls for stronger integration of gender equality into disease programs, expanded use of data to identify and address inequalities, scaling up programs to reduce gender-related barriers and efforts to address discriminatory laws, policies and practices.

The Evaluation asserts that gender intersects with HIV, TB and malaria in distinct ways, shaping both epidemiological risk, disease acquisition and care pathways. It proposes that in HIV, gendered-power dynamics, stigma, violence and structural inequalities influence exposure, acts as a barrier to testing, and treatment adherence. The Evaluation highlights that in TB, gender affects patterns of exposure and care-seeking, including delayed diagnosis among men and caregiving burdens among women. It also underscores that for malaria, biological vulnerability, gendered roles, household decision-making and mobility patterns influence prevention and treatment access. The Evaluation notes that these differences among the diseases influence the types of gender-related[3] interventions that are relevant and feasible for integration into national disease programs.

In Grant Cycle 7 (GC7), covering the 2023–2025 allocation period, at minimum, Global Fund grants are expected to demonstrate gender-responsive design in line with country epidemiology and to ensure that gender barriers do not undermine access, quality, or equity of services.[4] While considerations of gender equality approaches have become more visible in GC7, gaps remain in translating gender analyses into costed, implemented and monitored interventions.

To better understand this, the Global Fund commissioned the Evaluation in 2025. This formative Evaluation examines how – and the extent to which – gender equality approaches have been integrated into GC7 HIV, TB, and malaria programs. It focused on gender integration across the program cycle, including design, budgeting, implementation

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[1] The gender-related concepts summarized in this brief are presented in line with the terminology and analytical framing used by the independent evaluation team in its final report.
[2] See https://www.theglobalfund.org/en/strategy/ for more information.
[3] The independent evaluation's final report defines the following gender-related terms accordingly:
- "Gender-related interventions include gender-targeted, gender-responsive, and gender-transformative approaches."
- "Gender-targeted: "…address[es] specific population groups based on biological vulnerability or differentiated risk."
- "Gender-responsive: "… adapt[…]s service delivery models to address social, relational, or practical barriers."
- "Gender-transformative: "… seek[…]s to shift gender norms and unequal power relations."

[4] Technical Brief Removing Human Rights-related Barriers to TB Services; Technical Brief Equity, Human Rights, Gender Equality and Malaria; Technical Brief on Removing Rights-Related Barriers to HIV Services as cited in the Evaluation of the integration of gender approaches in HIV, TB and Malaria programs.



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and monitoring, primarily within HIV, TB, malaria, and selected resilient and sustainable systems for health (RSSH) investments.

This Evaluation was conducted at a transition point between GC7 and Grant Cycle 8 (GC8) to support more systematic integration of gender approaches across disease areas in GC8.

Evaluation Objectives

Purpose

The Evaluation is both formative and forward-looking and contributes to internal learning and accountability. It assesses current progress, best practices and successes in integrating gender equality approaches in HIV, TB, and malaria programs.

The Evaluation aims to contribute to broader global knowledge on how gender equality approaches can be meaningfully integrated into disease programming and to identify practices that should be prioritized.

Objectives

- To assess the extent to which gender equality approaches are being integrated into HIV, TB and malaria disease programs supported by the Global Fund.
- To identify internal and external enabling and hindering factors, and their causes and effects, for integrating gender equality approaches into Global Fund–supported disease programs.
- To identify key lessons and successes that would allow the Global Fund partnership to reinforce, advance and sustain the integration of gender equality approaches in national health programs.

A summary of the evaluation methodology is provided at the end of this brief.

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Evaluation Conclusions and Key Findings

The section below provides a high-level overview of the Evaluation's key conclusions and findings with some background and context where relevant. These are under each corresponding evaluation objective. This section is followed by a summary of the Evaluation recommendations, as well as the Secretariat's level of acceptance and initial response to each recommendation. For the full Evaluation recommendations, please see Evaluation Recommendations and the Secretariat Management Response.

Evaluation Objective 1

To assess the extent to which gender equality approaches are being integrated into HIV, TB, and malaria disease programs supported by the Global Fund.

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***Conclusion 1**: The GC7 country-components reviewed demonstrate substantial progress in integrating gender equality approaches in HIV, TB and malaria programs, where relevant to epidemiological context, at the design stage. For this progress to contribute lasting improvements in disease outcomes, the integration of gender equality approaches must extend consistently into budgeting, implementation and monitoring processes across disease programs*

The following findings support this conclusion:

- **Greater visibility in grant design**. According to the Evaluation, GC7 grant design shows clearer and more systematic attention to gender equality than earlier grant cycles. Funding Requests more explicitly recognize gender-related barriers, supported by an increased use of gender assessments, the Gender Equality Marker,[5] technical guidance and Secretariat technical support, Strategic Initiative support and inclusive country dialogue processes.
- **Uneven translation into interventions.** However, the Evaluation also concluded that gender integration remains uneven across design subdomains and disease areas. Evaluation findings suggest that engagement of communities, including women and AGYW, does not always translate into substantive influence over grant priorities or grant design. The extent to which community-identified gender priorities are reflected in Funding Requests varies across disease areas and national contexts, and is shaped by different legal, political and epidemiologic factors.
- **Variable quality of gender assessments.** The Evaluation observed that gender assessments, which inform Funding Requests and grant design, are increasingly used, but their recency, depth and methodological rigor vary across disease areas.

[5] The Gender Equality Marker was developed by the Global Fund Secretariat and introduced in GC7 to assess how gender equality is incorporated into Funding Requests and Performance Frameworks. Grants with a score of 1 were excluded to enable a clearer comparative analysis between those with no gender integration (0) and those with strong gender-transformative approaches (2).

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- **Limited budget and indicator alignment.** The Evaluation also noted that gender commitments in Funding Requests are not consistently reflected in budgets or Performance Frameworks – often embedded in broader modules or not clearly labeled, limiting visibility and systematic tracking.
- **Gaps between grant design and grant implementation on gender equality.** The Evaluation found that gender equality approaches in GC7 grants are only partly carried from design into implementation, with commitments sometimes adapted, scaled back or delayed. According to Evaluation findings, grant implementation is shaped by financing, institutional capacity and the national enabling environment.

Evaluation Objective 2

To identify internal and external enabling and hindering factors, and their causes and effects, for integrating gender equality approaches into Global Fund-supported diseases programs.

2

Conclusion 2: *The integration of gender equality approaches in HIV, TB and malaria programs in response to country epidemiology is strongest when design, financing, partnerships and data systems are mutually reinforcing.*

The following findings support this conclusion:

- **Partnership ecosystems influence the depth of gender integration.** The Evaluation identified partnerships as a key delivery channel for gender equality approaches. However, the Evaluation also noted that the inclusion of gender- and rights-specialized partners varies across disease areas and contexts, shaping how deeply gender is integrated into design and implementation.
- Gender commitments are not consistently reflected in *budgets* or Performance Frameworks, a finding also presented under Conclusion 1. In turn, this was found to limit visibility and the ability to track gender investments.
- **Design and implementation are partially aligned**. According to the Evaluation findings, commitments related to gender equality in grant design and implementation are only partially implemented and are sometimes adapted, reduced or delayed by financing, capacity and context.
- **Use of gender-relevant data varies.** Evaluation evidence indicated that sex-disaggregated data are widely collected, but use is inconsistent. It noted that few HIV, TB and malaria programs systematically capture or apply evidence on norms, gender-based violence, decision-making or gender-specific access barriers to inform programming.

Evaluation Objective 3

To identify internal and external enabling and hindering factors, and their causes and effects, for integrating gender equality approaches into Global Fund-supported diseases programs.

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***Conclusion 3**: Gender-responsive service adaptations embedded in routine HIV, TB and malaria service delivery platforms, especially when involving community actors, offer the most consistent short- to medium-term returns for achieving disease outcomes, and represent a pragmatic and scalable strategy for strengthening access.*

The following findings support this conclusion:

- **Embedded approaches are implemented more reliably.** The Evaluation highlighted that the implementation of gender equality approaches is implemented better when:
  - Interventions are integrated and embedded into existing HIV, malaria and TB programs and platforms, including reproductive, maternal, newborn, child and adolescent health and nutrition, as well as antenatal care services;
  - Interventions are supported by gender focused technical and community and rights-based actors, either through guidelines, community generated-evidence or interventions targeted at structural barriers; and
  - Identified structural and gender barriers are translated into practical outreach, referral and service delivery adaptations (as recommendations or interventions).
- **Service adaptations improve access and community.** Gender-responsive approaches are strongly associated with improved access, retention, trust and service quality, especially when delivered through trusted community actors and embedded in routine service delivery platforms.
- **Integrated HIV, TB and malaria service delivery platforms broaden entry points for addressing gender-related barriers to access.** Gender-responsive approaches operationalize these opportunities by adapting service delivery to address barriers related to time, mobility, safety, stigma and household decision-making, thereby improving access, acceptability, trust and continuity of care.
- **Partnerships strengthen delivery.** Partnerships are a major delivery channel for gender equality approaches, with community- and rights-based actors helping translate gender barriers into practical outreach, referral and service adaptations.
- **Stakeholder interpretations of gender equality shape programming.** According to the Evaluation, stakeholders interpret “gender” and “gender equality” integration through different lenses, shaping the depth and type of programming. Evaluation findings also underscore that integration of gender equality is shaped not only by formal guidance or technical inputs, but by how gender is understood and operationalized in practice, influencing whether gender-responsive service adaptations are embedded within routine delivery. For example, where gender is understood as a structural determinant of health and equity, it is more likely to inform substantive implementation decisions; where it is framed as equal access or biological vulnerability, integration remains more limited.

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4 ***Conclusion 4**: Gender-targeted approaches are essential for expanding reach and coverage, but achieving sustained and equitable HIV,TB and malaria disease outcomes depends on complementing these approaches with interventions that address the context-specific normative, relational and structural barriers affecting disease risk and vulnerability and access, retention and continuity of care.*

The following findings support this conclusion:

- **Gender-targeted and responsive approaches are the most prevalent.** According to the evaluation, gender-targeted approaches[6] to expand reach and coverage, and gender-responsive approaches to address barriers are the most common across GC7 grants, while transformative and gender-based-violence-focused interventions are less common.
- **Targeted approaches expand reach but do not address all barriers.** Gender-targeted approaches demonstrate reach and coverage gains, while gender-responsive approaches are more consistently linked to improved access, retention, trust and service quality.
- **Routine data miss deeper gender barriers.** The Evaluation concluded that few programs systematically collect or use data on norms, decision-making, gender-based violence or gender-specific access barriers to inform gender-responsive approaches.
- **Stakeholder understanding shapes programming depth.** The Evaluation reported that stakeholder understanding of gender varies widely, for example from narrow interpretations focused on equal access or biological vulnerability to more nuanced perspectives encompassing norms, power relations, gender-based violence and intersectionality. These varying understandings shape whether programs move beyond targeted approaches to address deeper structural barriers. The Evaluation concluded that, when gender is understood to be a structural determinant of health and equity, it is more likely to inform substantive implementation decisions, while narrower framing was found to limit integration.

5 ***Conclusion 5**: Gender-transformative approaches show context-specific potential for longer-term impact on disease outcomes, particularly in HIV programs, but available evidence in TB and malaria (beyond antenatal care) remains limited. These approaches require sufficient financial resources, dedicated capacity and partnerships, and high-quality implementation over longer timeframes.*

The following findings support this conclusion:

- **Gender-transformative approaches in HIV show promise.** The Evaluation concluded that these approaches can shift norms and decision-making when implemented with sufficient resources, at high quality and with specialized partners.

[6] Defined as interventions that "explicitly prioritize or focus on specific population groups defined by sex, age, or reproductive status" in the Evaluation of the Integration of Gender Approaches In HIV, TB, and Malaria Programs, p.15

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- **Multilayered approaches show strongest signs of success.** Evaluation findings indicated that the most successful interventions are multilayered – combining service delivery adaptation, community dialogue and norms change, response to gender-based violence, stigma reduction and rights-based mechanisms – and are explicitly tailored to lived realities. They were found to be more effective when supported by dedicated financing, strong partnerships, gender-responsive governance and data systems, and technical assistance.
- **Specialized partnerships shape quality of integrating gender in grant design and program implementation**. The inclusion of gender- and rights-specialized partners varies by disease area and context, influencing the depth of gender integration in grant design and implementation, according to the Evaluation. Evaluation evidence indicated that partnerships are most effective when formalized, resourced and embedded within core program structures, noting that these are more established in HIV programs; weaker and less-resourced partnership models in TB and malaria programs limit implementation despite recognized potential.
- **Sustained impact requires sufficient financial resources and technical capacity.** The Evaluation observed that gender-related activities are more likely to be implemented, adapted and embedded when explicitly budgeted for and supported by community-based actors, and that implementation quality is higher where gender technical capacity and assistance are present.

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***Conclusion 6**: The selected Strategic Initiatives examined in this Evaluation demonstrated strong contribution to driving the integration of gender equality approaches in HIV, TB and malaria programs, and their contribution is strongest when learning, evidence, and practices generated through these initiatives are actively taken up within disease programs.*

The following findings support this conclusion:

- **The selected Strategic Initiatives examined drive higher-quality gender integration.** The Community Engagement Strategic Initiative, which "…provides targeted engagement support to women, girls and gender diverse communities to advance gender-transformative programming through the Gender Equality Fund[7] [and] HER Voice Fund[8]…", among others – as well as the Breaking Down Barriers[9] Strategic Initiative-supported investments – strengthen gender integration by supporting community influence, gender-responsive data, rights-based programming, response to gender-based violence and AGYW leadership, while generating high-quality evidence, learning and accountability mechanisms.
- **Among the selected Strategic Initiatives examined, those focusing on community engagement and rights-based programming vary across disease areas.** The

[7] The Global Fund in partnership with GSK and ViiV Healthcare, created the Gender Equality Fund in 2023. For more information, please see https://www.theglobalfund.org/en/news/2024/2024-06-13-gender-equality-fund-announces-funding-partners/
[8] The objective of the Community Engagement Strategic Initiative, which includes the HER Voice Fund, is to strengthen the engagement and leadership of communities most affected by HIV, TB and malaria in Global Fund and related national processes. For more information, please see https://resources.theglobalfund.org/en/more-topics/technical-cooperation/community-engagement/
[9] The Breaking Down Barriers Strategic Initiative provides financial and technical support to tackle human rights-related and gender-related barriers to HIV, TB and malaria services. For more information, please see: https://www.theglobalfund.org/en/human-rights/breaking-down-barriers/

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Evaluation concluded that the reach of the Strategic Initiatives examined is expanding beyond HIV into TB and malaria components, but influence remains variable across contexts, pointing to the need for stronger uptake pathways into disease programs.

- **Data from selected Strategic Initiatives examined fill routine system gaps.** According to the Evaluation, Strategic Initiatives generate actionable gender- and rights-related data that complement gaps in routine systems and can inform grant design and implementation.
- **The select Strategic Initiatives examined strengthen partnership ecosystems and community engagement** by strengthening collaboration with gender and human-rights actors and improving participation in governance processes, enabling translation of gender evidence into program design, budgets and implementation.

Evaluation Recommendations and the Secretariat Management Response

This section summarizes the Secretariat's response to the evaluation and its recommendations.

Summary of the Secretariat uptake of recommendations: The Secretariat agrees with the Evaluation's findings and conclusions, having accepted or partially accepted all critical and important recommendations.[10] Of those recommendations made to the Secretariat, three were fully accepted and four partially accepted.

Views on utility: In a constrained financing environment, the Secretariat found the Evaluation useful in confirming that the Global Fund's approach to addressing gender-related barriers has contributed to its health objectives. The Evaluation provided key insights into the trajectory of gender integration across the portfolio, including progress achieved. It also identified the conditions under which gender-responsive approaches are most effective, which draw upon the combination of flexible financing and clearly budgeted activities, integration into established service-delivery platforms, evidence-informed design and delivery by strong national, women-led and community partners – thereby supporting more rigorous prioritization of limited resources. The Evaluation also proved useful in identifying key implementation facilitators and constraints, including limited and inflexible funding, gaps in gender expertise and disaggregated data, as well as other restrictive institutional, social, legal and political-related factors. The country case studies were particularly valuable in translating these findings into practical, portfolio-level evidence to inform more focused approaches for GC8.

[10] Evaluation recommendations are clustered into three groups:
a) **Critical recommendations for the Global Fund Secretariat**, which address areas that evaluators feel are essential and necessary for the Global Fund Secretariat to address to deliver the Strategy successfully;
b) **Important recommendations**, which focus on areas where changes made by the Global Fund Strategy will very likely increase the impact of investments. Whilst they may focus on near-term changes, they are more likely to be addressed by actions introduced over a longer period (one to three years); and
c) **Recommendations to partners,** which are grounded in the evaluation's findings and conclusions and address key changes beyond the Secretariat's span of control that are needed to support or enable greater impact from Global Fund investments. These changes may be the responsibility of Governance bodies, technical partners, or Principal Recipients.

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The recommendations, levels of acceptance and initial Secretariat responses are summarized below, as set out in the Secretariat Management Response.

Recommendation 1	**Level of acceptance:**
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.	Accepted
Critical Recommendations for the Global Fund Secretariat	

In response to recommendation 1, the Secretariat:

- Agrees to strengthen routine and integrated delivery platforms, including maternal, newborn and child health platforms, to deliver priority HIV, TB and malaria interventions through Catalytic Investments such as the GC8 Integrated Community and Health Services for Women and Children Matching Fund;[11] and
- Commits to prioritizing high-impact interventions in resource-constrained settings, as supported by the GC8 prioritization guidance on gender-related barriers[12] and evidence-based interventions.

Recommendation 2	**Level of acceptance:**
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 and with partners on how to contribute to addressing these barriers in malaria and TB programs.	Accepted
Critical Recommendations for the Global Fund Secretariat	

In response to recommendation 2, the Secretariat:

- Agrees to support high-impact approaches to address structural drivers of HIV vulnerability and service access, in line with GC8 prioritization guidance;[13]
- Also agrees to support the sustainability of priority structural interventions as countries transition from Global Fund financing, primarily through Component 2 of the Breaking Down Barriers Strategic Initiative; and
- Will continue building evidence and learning for malaria and TB through various efforts, including through use of evidence generated from the Catalytic Fund for Women and Girls, anticipated to be completed in late 2026.

[11] For information about the Integrated Community and Health Services for Women and Children Matching Fund, please see here: https://resources.theglobalfund.org/media/qeihdmc3/cr_gc8-matching-funds_guidance_en.pdf
[12] Grant Cycle 8 Enabling Impact: Tackling Human Rights & Gender Barriers to Accessing Services, available here: https://resources.theglobalfund.org/media/3gohzzdy/cr_gc8-enabling-guidance-hrg_presentation_en.pdf
[13] The specific guidance (Grant Cycle 8 Enabling Impact: Tackling Human Rights & Gender Barriers to Accessing Services, available above under footnote 14) includes prioritizing preventing and responding to intimate partner violence, strengthening women's access to health services, including antenatal care, and improving men's and boys' health-seeking behavior and treatment adherence.

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Recommendation 3	Level of acceptance:
Strengthen and reinforce the gender components of the Community Engagement Strategic Initiative 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.	Accepted

Critical Recommendations for the Global Fund Secretariat

In response to recommendation 3, the Secretariat:

- Will strengthen the gender components of catalytic investments and their links to disease programming, namely through Addressing Human Rights & Gender Barriers Catalytic Investment, which provides Matching Funds[14] embedded in country grants alongside implementation support; and
- Will enable a dedicated Catalytic Fund for Women and Girls under the Build Community Networks and Engagement to Enable Access to Services Catalytic Investment[15] during GC8.

Recommendation 4	Level of acceptance:
Require Funding Requests to be informed by high-quality, recent gender assessments (less than five 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.	Partially accepted

Critical Recommendations for the Global Fund Secretariat

In response to recommendation 4, the Secretariat:

- Will require barrier assessments for all High Impact country portfolios, which account for approximately 70% of Global Fund financing including high-impact country portfolios who submitted Funding Requests in Windows 1 and 2 of GC8; and
- Will continue to promote context-appropriate analysis of gender-related barriers across portfolios, in compliance with the Global Fund's differentiated approach across country portfolios.

[14] For more information on the Addressing Human Rights & Gender Barriers Catalytic Investment and Matching Fund conditions, please see here: https://resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/sources/matching-funds/
[15] For more information on the Build Community Networks and Engagement to Enable Access to Services Catalytic Investment, please see here: https://resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/sources/matching-funds/

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Recommendation 5	**Level of acceptance:**
Optimize the systematic use of the Gender Equality Marker to enhance accountability, strengthen portfolio-level learning, and improve the integration of gender equality considerations at key points in the grant life cycle.	Partially accepted
Critical Recommendations for the Global Fund Secretariat	

In response to recommendation 5, the Secretariat will optimize the systematic use of the evolved Gender Equality Marker tool across GC8 High Impact and Core portfolios and support gender integration in Focused portfolios in line with the Global Fund's differentiated approach.

Recommendation 6	**Level of acceptance:**
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.	Partially accepted
Important Recommendations for the Global Fund Secretariat	

In response to recommendation 6, the Secretariat adopted changes to the GC8 Modular Framework to enable gender-related vulnerabilities and barriers to be budgeted and tracked separately, while noting the Global Fund's current system limitations in tracking gender components embedded in broader disease or RSSH modules.

Recommendation 7	**Level of acceptance:**
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.	Partially accepted
Important Recommendations for the Global Fund Secretariat	

In response to recommendation 7, the Secretariat:

- Will adopt a more consistent approach to identifying and describing gender-related barriers at the Funding Request stage; and
- Will also adopt an enhanced set of standard indicators and revised corporate key performance indicators,[16] like the gender equality indicator E3b and the human rights indicator E1 methodologies throughout GC8, to strengthen the ability to track gender-related programming and outcomes.

[16] Please refer to the Key Performance Indicators (KPIs) Handbook for the 2023-2028 Strategy, November 2025.

The following recommendations to partners are provided for information-only purposes. The Global Fund Secretariat does not provide acceptance status to partner recommendations. In addition, the Secretariat provided no comments to the recommendations to partners below.

Recommendation 8 Strengthen the routine collection and use of sex-disaggregated and gender-relevant data across all disease areas, especially malaria, TB and RSSH, to inform program design, implementation and course correction.	**Level of acceptance:** Not applicable
Recommendation to Partners	

Recommendation 9 Expand and formalize partnerships with women-led, feminist and community-based organizations, particularly in TB, malaria and RSSH, to strengthen the delivery of gender-responsive interventions to improve disease outcomes.	**Level of acceptance:** Not applicable
Recommendation to Partners	

Independent Evaluation Panel Commentary

The IEP endorsed the evaluation and confirmed its independence.

The IEP rated the Evaluation "good",[17] citing its robust methodology, strong evidence base and stakeholder triangulation. It noted that some recommendations focus on maintaining the Secretariat's approach to gender, instead of challenging the Secretariat toward a stronger approach, while identifying the report's length and repetition as potential limitations to Evaluation users.

Evaluation Methodology

This Evaluation was designed as a formative evaluation, using mixed-methods and a process-oriented analysis. The Evaluation drew on the following primary and secondary data collection and analysis methods:

[17] The IEP's scale comprises the following ratings: less than acceptable, acceptable, good, very good and excellent.

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- **A comprehensive desk review-based portfolio analysis**, which considered 35 GC7 country components[18] across different diseases and regions,[19] and three RSSH country components. In total, the 38 country components equalled an allocation amount of US$3.097 billion, accounting for about 24% of the overall GC7 allocation. The Evaluation only featured components with a Gender Equality Marker score of 0 or 2, as well as grants that had been implemented for at least one year. Through a structured manual review, the evaluation assessed Funding Requests, grant budgets, Performance Frameworks, grant-making documentation, progress updates and relevant Strategic Initiative materials. The evaluation team developed a Gender Integration Score[20] to assess gender integration across the sampled country components and to support comparative analysis across components and disease areas, as well as opportunities for optimizing gender integration to improve access to health services that fight HIV, TB and malaria in GC7.
- **31 virtual stakeholder in-depth interviews and focus group discussions** were conducted with primarily Global Fund Secretariat stakeholders and global technical partners.
- **In-depth country studies** conducted in Cote d'Ivoire, Guinea, Lesotho, Pakistan and Tanzania, and seven grant programs, resulting in 248 country-level interviews, 23 focus group discussions and 17 site visits to explore how gender approaches translated into practice within disease programs, the factors shaping implementation, the role of partnerships, selected Global Fund Strategic Initiatives and national enabling environments.

[18] In Global Fund terminology, a "country component" refers to the portion of a given country's financing from the Global Fund corresponding to either a disease component (i.e. HIV, TB, or malaria) or to RSSH. Grants can cover more than one component (i.e. TB and HIV) and in many cases, countries may have more than one grant per country-component (i.e. HIV grant for Ministry of Health and a HIV grant for a Civil Society Organization).
[19] The full list of country portfolios considered under this sampling included Guinea, Côte d'Ivoire, Lesotho, Pakistan, Tanzania, Bangladesh, Ethiopia, Ghana, Guatemala, Guinea-Bissau, Haiti, Kenya, Kyrgyzstan, Lao (PDR), Malawi, Mongolia, Mozambique, Papua New Guinea, Philippines, Republic of the Congo, Rwanda, Senegal, Sudan, Suriname, Tajikistan, Zanzibar, Ukraine, Zambia and Zimbabwe.
[20] The Gender Integration Score assessed the extent and the quality of gender integration across 5 core domains of the Global Fund grant lifecycle: i) program design, ii) budgeting, iii) performance frameworks, iv) monitoring, evaluation and learning, and v) implementation.

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