Annex: Full set of Women's priorities

W4GF and ICW developed this full list of priorities from which the top 5 were ranked in our survey. These priorities may be more relevant for We continue to 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.

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.
6. Ensure funding and oversight for stable supply chains, community accountability in forecasting and procurement, and emergency buffer stock systems to avoid treatment interruptions.
7. Fund gender-differentiated HIV testing models targeting AGYW, including women and community-based, peer-led, and self-testing options with referral, linkage, and counseling services.
8. Ensure digital inclusion (devices, data subsidies, training) and accessible telehealth models with offline options as services are increasingly digital and may leave women behind
9. Maintain and expand integrated SHRH and HIV services (contraception counseling at HIV clinics/services, PMTCT integration). Women living with HIV need access to contraception, fertility services, and respectful maternal care *alongside* HIV care without coercion or discrimination.
10. Invest in gender-transformative mental health services within HIV programs to address discrimination, GBV, stigma-related effects and health conditions for women and girls in all of their diversity
11. Maintain, include and expand GBV comprehensive services within HIV programmes
12. Continued support for tools like CLM , human rights documentation, and the Stigma Index efforts that allow communities to monitor rights violations and demand accountability.
13. Sustain and invest in complaint mechanisms, and channels for rights-based redress — co-designed with communities.

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.
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.
6. Integrate TB and maternal health services to reduce TB-related maternal mortality and mother-to child TB transmission.
7. Ensure people-centred and gender-transformative TB comprehensive responses to treat drug-resistant TB, multidrug-resistant [MDR] and extensively drug-resistant [XDR] TB.

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
6.Ensure anemia and placental inflammation are addressed, treating leading causes of maternal and newborn complications.
7.Address gendered vulnerabilities to malaria exposure, like women's outdoor evening activities and increasing risks associated with climate change, disasters and human crises.